



# Policy for managing informal service users' non compliance with treatment and managing DNA (did not attend) or cancelled appointments

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| Author and contact number | CSM West Locality - 01244 397298                  |

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|------------------|--|
| Type of document | Policy   |
| Target audience  | All inpatient staff  |
| Document purpose | If a service user does not follow a treatment plan, there should be a review of that plan and the reasons for non-compliance discussed with the service user, family or carer. |

| Document consultation |     |   |
|-----------------------|-----|---|
| AMH – Wirral          | Yes | Business Support Manager (BSM)  |
| AMH – West            | Yes | Business Support Manager (BSM), CMHT Manager, Clinical Service Manager (CSM), CRHT Manager  |
| AMH – East            | Yes | Clinical Support Managers (CSMs)  |
| D&A services          | Yes | Deputy Service Manager, Clinical Support Manager  |
| CAMHS                 | Yes | CSM, Modern Matron  |
| LD services           | Yes | Senior Nurse - East   |
| CCWC services         | Yes | BSM, Head of Therapy  |
| Corporate services    | Yes | Compliance manager, Clinical Governance Manager, L&D Manager, Pharmacists, Security Manager, Health & Safety Advisor, Deputy Head of Facilities |
| Staff side            | Yes | Staff side representatives - West   |
| Other –               | Yes | Research and Effectiveness Manager, Knowledge Manager, E&D Lead, IPC Team, Health Records Manager   |
| Involvement taskforce | Yes | Lived Experienced Advisors  |

|                     |  |           |
|---------------------|--|-----------|
| Approving meeting   | Patient Safety and Effectiveness Sub Committee | 15-Aug-13 |
| Original issue date | Feb-06   |           |
| Implementation date | Aug-13   |           |
| Review date         | Aug-18   |           |

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| CWP documents to be read in conjunction with | <a href="#">HR6</a><br><a href="#">GR1</a> | Mandatory Employee Learning (MEL) policy<br>Incident reporting and management policy |
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| Training requirements | No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) |
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| Financial resource implications | No |
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## Equality Impact Assessment (EIA)

| Initial assessment   | Yes/No | Comments |
|--|--------|----------|
| Does this document affect one group less or more favourably than another on the basis of:  |        |          |
| • Race   | No     |          |
| • Ethnic origins (including gypsies and travellers)  | No     |          |
| • Nationality  | No     |          |
| • Gender   | No     |          |
| • Culture  | No     |          |
| • Religion or belief   | No     |          |
| • Sexual orientation including lesbian, gay and bisexual people  | No     |          |
| • Age  | No     |          |
| • Disability - learning disabilities, physical disability, sensory impairment and mental health problems   | No     |          |
| Is there any evidence that some groups are affected differently?   | No     |          |
| If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?<br>N/A  |        |          |
| Is the impact of the document likely to be negative?   | No     |          |
| • If so can the impact be avoided?   | N/A    |          |
| • What alternatives are there to achieving the document without the impact?  | N/A    |          |
| • Can we reduce the impact by taking different action?   | N/A    |          |
| Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. |        |          |

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

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| Was a full impact assessment required? | No  |  |
| What is the level of impact?           | Low |  |

### Document change history

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| Changes made with rationale and impact on practice |
| 1. Full document review - minimal changes          |

### External references

|                           |
|---------------------------|
| References                |
| 1. Mental Health Act 1983 |

### Monitoring compliance with the processes outlined within this document

|   |   |
|---|---|
| Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below. | This process will be monitored by the Patient Safety and Effectiveness Sub Committee (PSESC). |
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## Content

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## 1. Introduction

In some cases service users do not follow their treatment plan. In these circumstances it is necessary to have clear arrangements which will ensure the safety of the service user and make certain that the treatment meets their needs.

This policy establishes a framework to ensure:

- Treatment plans take into account individual's preferences;
- Treatment is regularly reviewed to take account of changing needs;
- Mechanisms are in place to protect individuals who may be at risk if they do not follow their treatment plan.

This policy applies to all staff and informal service users of CWP services.

This policy is based on the belief that service users have the right to expect that Cheshire and Wirral Partnership NHS Foundation Trust (CWP) will provide treatment which reflects their needs and preferences within national guidance and resource allocations.

This policy accepts that service users have the right to refuse treatment providing that they have the capacity to understand the consequences of giving or withholding consent to treatment and are not subject to compulsory treatment under the Mental Health Act 1983.

## 2. Definition

### 2.1 Definition of DNA

#### **(Standard cases) clinic**

Is when a service user has a pre-booked appointment and fails to attend with no communication received, this is then discussed at full weekly Multidisciplinary Team (MDT) meetings and appropriate action taken, someone is identified to make contact with the service user to find the reason why for non attendance and any appropriate action taken given the particulars of the case.

#### **CPA service users**

This is followed up by the care coordinator for the service user, to ascertain the reason why for non attendance, again discussed at full MDT meeting and appropriate action taken given the particulars of the case.

### 2.2 Definition of cancellations

#### **Both CPA service users and standard cases**

Is when a service user has a pre-booked appointment and either the service user notifies the team of pending non attendance at that appointment, or CWP has to inform the service user of changes of appointments because of exceptional circumstances.

This is again discussed at full MDT meetings any deemed appropriate action is taken given the circumstances of the particular case.

### 2.3 Treatment plans

All treatment plans should be devised with the involvement of the service user and where appropriate family / carer / multidisciplinary team (MDT) and information provided about any treatments and the likely consequence of non-compliance.

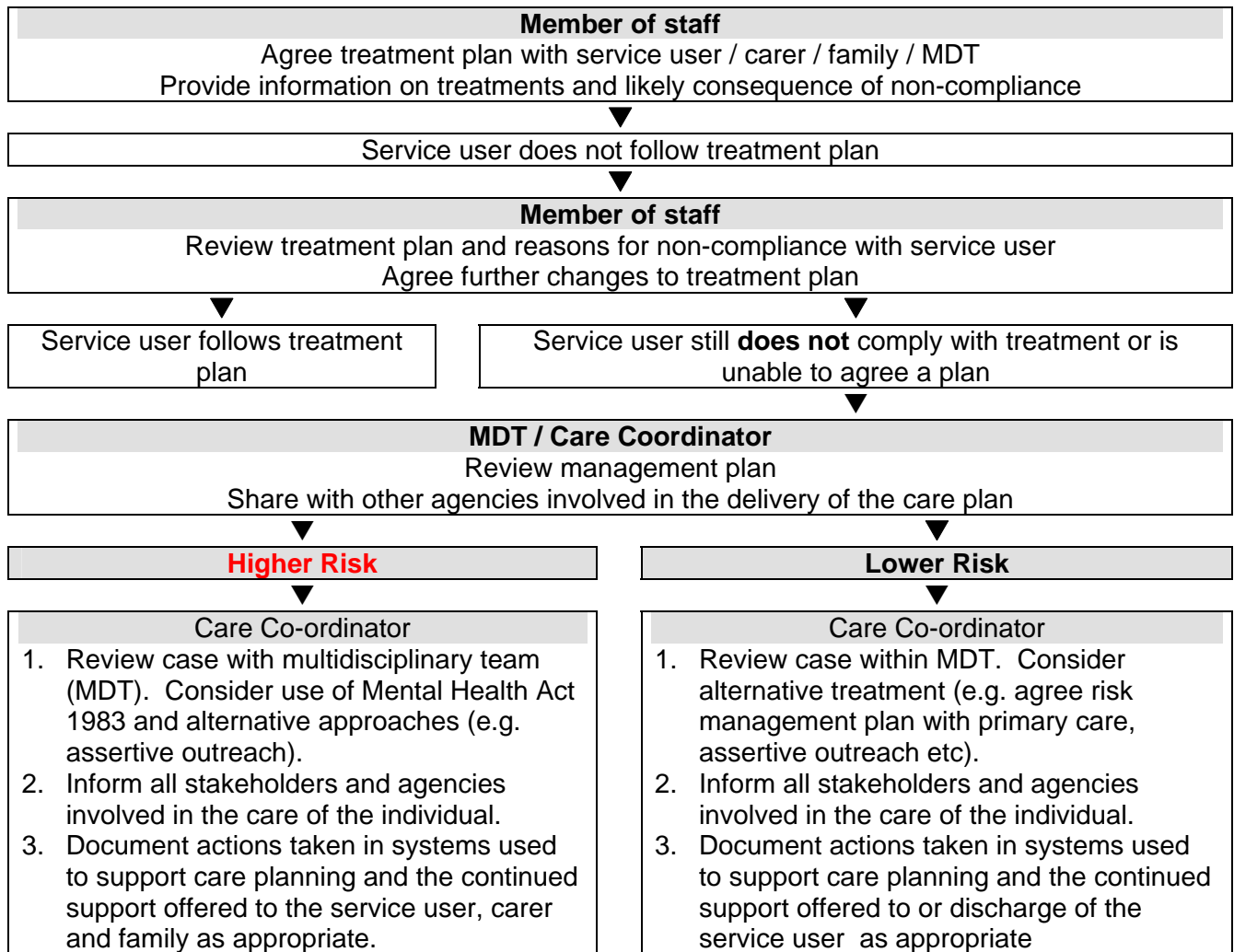
If a service user does not follow a treatment plan, there should be a review of that plan and the reasons for non-compliance discussed with the service user, family or carer.

If a treatment plan that the service user is able to comply with cannot be agreed, there will be a review of the management plan. This may include a decision that CWP can't provide a service to the user in those circumstances.

Where the service user is considered a high risk to themselves or others if they do not comply with the proposed treatment, use of the Mental Health Act 1983 may be necessary. Depending on the level of risk other options will also need to be considered, such as assertive outreach, a primary care management plan etc.

Any changes to treatment plans or approaches should be communicated to all appropriate stakeholders and agencies involved in the care of the individual service user, taking into account confidentiality issues.

### 3. Flowchart illustrating the procedure for managing non-compliance with treatment



### 4. Managing Did Not Attend (DNA) appointments and cancelled appointments

This is to ensure the safety and wellbeing of service users who do not attend or who cancel a prior arranged appointment. It is recognised that some service users may pose a risk to themselves or others if they do not maintain contact with CWP services. This policy is therefore necessary to ensure CWP fulfils its duty to ensure the safety of these service users.

This policy applies to staff and service users of CWP services and also may be supported by service specific local guidelines.

A DNA is any scheduled appointment that is missed without prior notification by the service user. It applies to planned periods of inpatient admission, outpatient appointments and any other agreed appointment with staff of CWP. Cancellation refers to appointments where the service user, carer or family provides notification that they will not be attending.

Clinical judgement is paramount and if safeguarding issues are suspected then this will need to be followed up. Capacity of the service user to make these decisions should always be taken into consideration.

All outpatient clinics, inpatient wards and any other teams arranging appointments should have mechanisms in place to minimise DNA's (e.g. provide information to service users, carers or their family about how to change or cancel appointments), offer choice of appointment to meet the service users social / domestic circumstance where possible and contact prior to appointment,.

When 'new referral' DNA occurs the referrer should be informed as soon as possible so that they can make an up to date assessment and decide on the next course of action. This could mean a re-referral, a cancellation of the referral or a request for an emergency psychiatric assessment etc.

When a 'follow up' DNA occurs the staff member should make an assessment of risk if any posed by the DNA and should decide and document the course of action if any to be taken. In all cases the staff member must document their judgment and plan. If assessment is that urgent action is required this should be taken without waiting for the weekly MDT meeting. The DNA should be discussed in the weekly MDT meeting; the team should assess the case. Depending on the outcome of the MDT assessment the next course of action can be determined. This could be another appointment, a request for an effective care coordination meeting, a visit, or a discussion with the GP, discharge etc.

All agencies / stakeholders involved in the care of the individual should be informed about the outcomes and actions taken subject to usual rules on confidentiality.

All information about the DNA / cancellation should be recorded on the patient information system as appropriate / or case notes if the patient information system is unavailable.

### 5. Flowchart illustrating the corporate procedure for managing DNAs or Cancelled Appointments

