

Date: 10/07/2019

FREEDOM OF INFORMATION REQUEST FOI/014886 - Primary care/missed out patient appointments

Please could you provide answers to each separate question covering the following time periods:

The first covering the time period 1st January 2015 – 31st December 2015;
The second covering the time period 1st January 2016 – 31st December 2016;
The third covering the time period 1st January 2017 – 31st December 2017;
and the fourth covering the time period 1st January 2018 – 31st December 2018.

1. How many patients missed outpatient appointments in each time period? - Information can be found <https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/quarterly-hospital-activity/qar-data/>
2. For each of the time periods, how many patients that missed their outpatient appointment did the trust discharge from follow-up? -
2015 - 15545, 2016 - 16311, 2017 - 17212, 2018 - 10771
3. What is the trust's policy on re-referrals when a patient does not attend an outpatient appointment? Please provide all relevant documents. Please see extract from Trust's access policy:-

10.2 Adult Did Not Attend (DNA's) New and Follow Up Appointments

All patients who DNA their first outpatient appointment will have their records reviewed by an appropriate clinician at the end of clinic to review clinical urgency. If deemed safe to do so; patients will be notified in writing of their missed appointment and offered the choice to 'Opt In' to have a second appointment arranged without the requirement for another GP referral if they make contact with the Outpatient Booking Team within 4 weeks of the letter date.

Should the patient not respond to the letter, they will be discharged back to their GP providing that;

Discharging the patient is not contrary to their best clinical interest.

The clinical interests of vulnerable patients (see the Safeguarding Adults at Risk Policy and Procedure, or the Child Protection Policy) are protected.

The RTT clock will stop from the date of the DNA.

Patients who do not attend 2 consecutive appointments will be discharged back to their GP, and will require referral from their GP if secondary care is required providing that:

Discharging the patient is not contrary to their best clinical interest.

The clinical interests of vulnerable patients (see the Safeguarding Adults at Risk Policy and Procedure, or the Child Protection Policy) are protected.

If a patient DNA's a subsequent appointment and the clinician decides that it is against the clinical interest of the patient to discharge back to their GP, the RTT clock will continue until first definitive treatment