

**MISSING PATIENT PROTOCOL**

**INTRODUCTION**

Where a vulnerable patient is reported missing by a carer or a member of the family there is a potential conflict between the need to respect patient confidentiality, and the need to co-operate as far as possible to help with what could be an emergency situation.

Patients suffering from depression, with a mental condition, or with a propensity to commit suicide are the most likely involve the Practice, and the first indication of this may be when a family member or carer telephones to enquire whether the patient has seen a doctor or has turned up for an appointment.

Normal rules of confidentiality would initially dictate that information of this nature would not be provided to a third party who may well be acting independently or in a manipulative way. There is however the overriding need to ensure the safety and well-being of the patient which may take priority over the more normal rules, and the purpose of this protocol is to define the procedure to follow within the Practice when this circumstance applies.

**CONTEXT**

In a genuine case of concern the person requesting the information from the Practice is likely to be anxious, upset, and suffering from stress. They may request information from the receptionist without explaining themselves, or the situation fully, or they may ask to speak to a doctor directly and react badly if questioned as to the reason.

If initially refused information they may react in an illogical or an aggressive way. Once aware that the situation may involve a missing vulnerable person the staff member should attempt to calm the caller whilst escalating the issue internally.

## **MANAGEMENT PROTOCOL**

- If the facility is available ensure that the conversation is being recorded.
- Identify the caller and record their full contact details together with the nature of their relationship with the patient.
- Ensure that you can identify the patient in the clinical system to check that they are registered with the Practice.
- Reassure the caller that you understand the importance of the situation and that you are able to consider the call as a special case. Ask the caller to hold, or if they are unable to confirm to them that they will be telephoned back within 10 minutes.
- Check the clinical record for evidence of depression or any of the above related conditions.

### *Within 10 minutes*

- Immediately speak with the patient's usual doctor, who may be aware of the patient's condition and may also be aware of the caller and their involvement in the care of the patient. Interrupt the doctor in surgery if necessary, or telephone the doctor if out on calls.
- In the event that the patient's usual doctor is not available an alternative doctor may be consulted.
- Where the doctor gives consent to the information being provided the reception staff will ring the caller back within the required timescale and provide them with non-clinical information relating to the patient (e.g. whether they have been into the surgery or not, whether we have any further information as to their whereabouts etc).
- Where the caller requests clinical information in addition to non-clinical information the call is to be returned by the doctor in person.
- Where a doctor is not available within 10 minutes the call will be referred to the Practice Manager who will make a decision on the extent of the information which may be provided to the third party.

## **Junction Surgery Ltd Policies & Protocols**

In the unlikely event that the above procedures are unable to be completed within the 10 minute time span the caller is to be telephoned and provided with an update.

Once the call has been completed a record is to be made within the clinical system and a significant event report is to be prepared by each staff member / clinician involved.

### **ETHICS and LAW**

Where the patient is not available to give express consent the disclosure of information is made on the overriding basis that it is in the patient's best interests and is protecting them from harm. Ideally there should be reasonable grounds for assuming that this is the case. This decision is best made from a doctor's personal knowledge of the patient and / or their family, or failing that, by accurate patient clinical records.

The extent of the information provided to the caller will normally be the minimum necessary to ensure that this occurs. A full record of the decision taken, the extent of the disclosure (or not) and the reasons for it must be made as soon as possible following the event as there may be a need to justify this to the General Medical Council or the courts at a later date.