National Quality Board

National Patient Recall Framework

Purpose

1. The overall objective of a patient recall is to limit or mitigate the harm to patients and provide a clear focus for their ongoing care. Patient safety is the priority concern for all recall processes.

2. The purpose of the national recall framework is to provide guidance on the arrangement of a recall of patients. This guidance is for patients who need to be called back by a healthcare provider for further consultation, review and/or clinical management because a potential or actual problem has been identified. There is a need to:
   - understand if and how patients may have been affected and/or
   - provide any further information, treatment and support needed.

Guiding principles

3. The patients' needs must always be placed at the centre of a recall process and their voice should always be heard. The following are guiding principles for how to conduct a patient recall:

   - Patient safety should be the main priority
   - There should be appropriate and compassionate engagement with patients to ensure that the process remains patient-focused
   - The patient recall should be carried out in a collaborative and engaging manner to ensure openness and transparency as well as safeguarding sensitive information
   - There should be an objective and expert-led clinical review of patient care, to identify impact and harm to patients, followed by appropriate investigation and treatment as a result of that review
   - There should be compliance with values, policies and procedures which foster good practice
   - There should be fair and just engagement with healthcare practitioners and colleagues
   - Patients should receive an acknowledgement and explanation of what the concerns are
   - There should be a willing offer of an apology where warranted or appropriate in an open and transparent manner to support better relationships going forward
   - Patients should be made aware of the organisation's complaints process in appropriate cases

- There should be professional, respectful and timely engagement with other key stakeholders (e.g. regulators, other healthcare providers) with a default to share relevant information where this is possible
- There should be a focus to identify learning that can inform practice and continuous improvement (note this is not the primary purpose)
- Variation in how recalls are conducted is likely to exacerbate and perpetuate pre-existing health inequalities. We expect the introduction of this framework to provide clarity and drive consistency, reducing unwarranted variation, and ensuring patient's individual needs are at the centre of the decision making process.

Scope of patient inclusion and exclusion criteria

4. There should be a robust process for identifying which patients are in and out of scope for the patient recall. This should be evidence-based where possible. Flexibility may be required in amending the criteria if new information comes to light.

5. There are a number of factors to consider when prioritising patients, including the impact of involving patients in review and the potential harm that may cause.

6. It can be potentially stressful for a patient when they are recalled for a review of their care or treatment, therefore ensuring that you do not include patients unnecessarily is important. Each patient experience will be unique and must be reviewed with patient safety as the priority concern.

7. If the patient recall started through another organisation, the agreed inclusion and exclusion criteria should align as much as possible. A main contact must be nominated by the lead organisation before contacting the patient.

Patient engagement

8. As set out in the guiding principles, the recall must be patient-centred and must uphold the principles of honesty, openness and transparency.

9. The recall must recognise the right of the patient to make decisions about their own care, with appropriate space, time and information which should be maintained throughout the recall process.

10. The recall process must seek approval from the patient on whether they would want their family, carer or loved ones to be involved. If so, their wellbeing and the impact on them should also be considered.

11. Patients who do not want to participate in the recall should be provided contact details, should they change their minds at a future point.

12. Patients should have support with transport, accessibility and language needs where necessary. Patients should be provided with access to emotional and psychological support where necessary.

13. Patients must receive frequent communication throughout the recall process with a specific and named contact. The patient's GP must also be kept informed of discussions and ongoing investigations.

Patient recall team resources

14. The recall process requires a skilled and competent team who clearly understand their roles and responsibilities. For example, this should include the informatics team, who identify all the patients to be considered in the recall, and the team of clinicians required for the review of patient care.

15. An executive director, or person of equivalent seniority within the organisation's governance, must be identified as sponsor of the recall process. This sponsor must appoint a named individual who is then responsible for the operational delivery of the recall process.

16. Staff members must be provided appropriate briefing ahead of initiating the recall. Adequate pastoral support should be provided to all staff members involved in both the incident and recall process.

17. All members of the team must have the skills and competencies to effectively support patients, who may be anxious during the recall process.

18. Adequate financial resource should be agreed before beginning the recall to ensure it is managed in a timely fashion.

19. Ensuring adequate resource for conducting the recall should include the identification of backfill/overtime for staff who are involved in the recall and are doing so on top of their full-time job to provide the time needed for this task.

Patient review process

20. No matter how the patient was treated, including NHS patients receiving care in the independent sector, all patients should be treated equally in the recall process and their care should be individualised to each patient's need.

21. Recall of activity should be undertaken by the provider of care in which the incident occurred unless there is a compelling reason why it cannot. There should be timely and co-operative agreement between providers, with documented evidence that those discussions happened.

22. The protocol for conducting the review of patients, and the clinical care pathway if required, should be clearly documented to ensure all steps are carried out consistently across the patient cohort. This should be reviewed as part of an ongoing learning process.

23. Providers should commence a timeline record to track the overall recall process as soon as the patient recall begins. It is advisable for both patients and providers to have a clear audit trail which is regularly updated.

24. The potential for media attention should be considered and providers should take care to issue clear communication to ensure reporting is accurate and does not cause additional stress or harm to those impacted.

25. Providers should consider the possibility that claims and eventually litigation may arise out of any recall. Organisations should therefore ensure that their in-house legal team is involved from the outset and, where appropriate, should advise patients where they can obtain support. Guidance will be available from NHS Resolution to its scheme members, or from other relevant bodies, on the management of such claims.

26. The statutory 'Duty of Candour' found in regulation 20 of SI 2014/2936 requires providers of health and adult social care services (regulated by the Care Quality Commission) to be open with patients when things go wrong. It must be followed as applicable by health care providers and other registered persons. Emotional support, empathy and respect should also be provided where necessary as part of a patient-centred recall process.

27. In putting together the recall process, providers should consider best practice and lessons learned from across the system. Subject always to the requirements of the statutory duty of candour the following are suggested steps to take for a patient recall process:

- Patients should be made aware that they are being recalled as soon as the healthcare organisation is in a position to do so. Once the recall processes are set up to support them, with reasons for the recall agreed, they should receive an apology where appropriate and be told of the likely steps that will be taken. Patients must also be able to share their experiences and ask questions.

- Following the initial assessments, patients should receive individualised plans for their further care, which should be documented. Processes should also be in place to ensure these plans are followed.

- A patient-tracking database should be initiated to track and monitor progress of the delivery of the patient recall. This database should include demographic details of the patients and information on their planned pathway. A member of the recall team should be given responsibility to update and oversee the patient-tracking database. If a recall is happening across multiple providers, this tracker should be shared with the relevant teams, subject to compliance with satisfactory safeguards in accordance with the Data Protection Act 2018 and UK GDPR – Art 9(2)(h) and (3).

- Reviews and assessment should reflect the standard practice at the time in which care and treatment were originally undertaken.

- At the end of the consultation, the patient should be updated directly with a written letter in simple language, outlining the details of the consultation and the next steps. Contact details for further information can also be provided.

Learning for continuous improvement

28. While the process of learning and improvement should be carried out as a separate process to the recall, it should follow immediately from it and be informed by what is found through the recall process.

29. There must be recognition that delivery of any effective change and sustainable improvements require continuing commitment. A mechanism for how any recommendations and quality improvement can be delivered and monitored should be agreed.

30. The process of learning following a recall process should include consideration of how the recall itself was conducted and feedback from the patients who were involved, to identify ways in which improvements could be made to future recalls.

31. A final report is recommended to provide a summary of the findings and recommendations for continuing improvement. This report should be open and transparent in its findings and available to patients and the public.

The National Quality Board (NQB) champions the importance of quality and drives system alignment across health and care on behalf of the national bodies. The organisations represented on the NQB are: NHS England and NHS Improvement, Care Quality Commission, Health Education England, NHS Digital, National Institute for Health and Care Excellence, Department of Health and Social Care, Office for Health Improvement and Disparities, UK Health and Security Agency and Healthwatch England.