# Version history

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<th>Version</th>
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<tr>
<td>V2.0</td>
<td>21/06/2021</td>
<td>Additional paragraph added to include details on &quot;Unavailability&quot;</td>
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Digital Appointment Data Recording Guidance

The judgement about the appropriateness of the clinical/therapeutic purpose of a digital or non-face to face appointment (e.g. telephone call, video conference or app) rests with the clinician.

There are three conditions that require to be clinically applied and assessed when considering what an appropriate digital offer is:

1. Assessment of risk if offered a digital appointment – cases that are the most clinically complex and at risk (e.g. actively suicidal, psychotic, complex trauma, anorexia), or the individual is at risk of breach of confidentiality (e.g. concerns about the unseen child, potential risk to the child, young person or vulnerable adult through a lack of privacy at the patients’ home)

2. Digital deprivation where digital platforms cannot be accessed by the patient as they do not have access to a computer or the internet

3. Where the clinician deems the neuropsychological or neurodevelopmental assessment cannot be delivered via video call for reasons of validity

The patients' needs in the context of the above criteria must therefore be clinically considered when applying the standard of a reasonable offer to stop the clock.

Assuming that the clinician considers all three points and all three points are satisfied, then a digital (or telephone) appointment is an appropriate digital offer.

The recording and reporting of a digital appointment that meets the 'appropriate digital offer' standard should be treated as equivalent to a face to face appointment for reporting purposes and apply the same criteria as a face to face (F2F) appointment.

Boards may wish to allow patients to 'choose' to be seen face to face but that should not affect recording of an appropriate digital first treatment appointment as described above. However, if it is deemed clinically appropriate to offer the patient a digital appointment and it is the patient’s preference to be seen face to face instead, then the clock should be paused and a period of unavailability recorded. These patients should be reviewed on a regular basis to update their appointment preference. If a patient continues to refuse a digital offer, the clinician may wish to discharge the patient under the terms that the patient has received an offer that has been deemed reasonable and clinically appropriate. It is then at the clinician’s and/or service discretion upon review and after appropriate risk assessment whether a patient should be discharged. The period of unavailability will end when the patient either accepts a digital or face to face appointment or is subsequently discharged.

Any subsequent appointments after the first treatment appointment in the same episode of care would not be reported in the current aggregate dataset, unless the case was closed and a new referral received.