

General Practice Staff Guidance on Children and Young People Who Are Not Brought to Healthcare Appointments

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1	November 2018	General Practice Staff Guidance on Children and Young People Who Are Not Brought to Healthcare Appointments	December 2021 or earlier to reflect new national guidance
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1.0. AIM

This guidance has been developed to ensure that the circumstances and consequences of any child and/or young person failing to attend health appointments are individually assessed and managed with consideration to their welfare.

2.0. INTRODUCTION

- 2.1. Missing appointments for some children may be an indicator that they are at an increased risk of neglect and or abuse. There may be many innocent reasons why children miss appointments, but numerous studies have shown that missing healthcare appointments is a feature in many Serious Case Reviews, including those into child deaths (DfE, 2016).

Within healthcare environments there is now a move towards the concept of 'Was Not Brought' (WNB), rather than Did Not Attend (DNA) for children and young people. This is to acknowledge that children and young people often rely on adults to be able to access appointments.

- 2.2. The CQC review of safeguarding children arrangements in the NHS (July 2016), identified that there should be a process in place for following up children who fail to attend appointments.

'Concerns about children are less likely to be missed when there are jointly agreed ways of working that everyone understands and knows how to access.'

One example is a policy for when children do not attend (DNA) an appointment. It is important to highlight that children themselves do not actually DNA, rather it is that they are not brought to appointments by their parents or carers which could be a flag for safeguarding concerns. This has led to the proposal that DNA should be reframed as 'was not brought' which should trigger the question, why were they not brought?'

- 2.3. Repeated cancellation or rescheduling of appointments should be treated with the same degree of concern as repeated non-attendance, this would include repeated not attendance for immunisations when parents or carers have not formally opted out. Repeated cancellation or not attendance is potentially harmful and possibly a feature of disguised compliance, or an early indicator of neglect. Disguised compliance or apparently legitimate excuses for not attending appointments should not be accepted at face value. Professionals need to challenge explanations for non-attendance and where appropriate carry out relevant safeguarding assessments in order to establish any risk posed to the child (DfE, 2016).
- 2.4. The RCGP/NSPCC Safeguarding Toolkit for General Practice makes the recommendations that practices have in place:

- Procedures for identifying and following children who do not attend scheduled appointments within the Practice or with other Agencies such as therapies, secondary or community care;
 - Procedures to identify and follow up children with more than expected unscheduled appointments at the GP Practice, Out of Hours, Accident and Emergency / Emergency Departments, Walk-in Centres / Urgent Care Centres.
- 2.5. It should be remembered that parents have the right to make decisions in respect of their child's health. Parental responsibility allows a parent or carer to accept or decline a health service or treatment on behalf of their child. However, if by declining a health appointment or treatment this may be detrimental to the child or young person's health, growth or development, an assessment should be made of the risk this poses to the child or young person.
- 2.6. It is therefore important that Primary Care services have processes in place to address any clinical or safeguarding children issues which may arise as a result of children and young people who are not brought for appointments both in Secondary and Primary Care. This guidance specifically explains the responsibility of Primary Care practitioners in relation to safeguarding children and young people who are not brought to appointments both in Primary Care and any Secondary Care providers or other Health Professionals that they have referred to.

Please note that Secondary Care and other health care providers are responsible for having and following their own Safeguarding WNB/DNA Policy.

3.0. GUIDANCE

3.1. Children and Young People Not Attending Appointments in Primary Care Settings

3.1.1. It is accepted there are a significant number of missed appointments in Primary Care that are due to the transient nature of many conditions and therefore these may not give rise to concerns about the child or young person's welfare. However, if there is no process in place to identify when children are not brought to appointments, there is no opportunity to recognise when such missed appointments could give rise to concerns.

3.1.2. It is therefore essential that Primary Care Practices have in place systems to:

- Identify when children are not brought for appointments;
- Identify when children's appointments have been repeatedly rescheduled or cancelled;
- Make contact with the parents/carers of the child who has not been brought for appointments especially if there are multiple instances. Determine the reason for the child not being brought and anything that can be done to help facilitate attendance (for example this may include being flexible in the delivery of

services by offering different appointment times or perhaps offering an immunisation to a child whilst in surgery for an unrelated matter; looking at wider support that can be offered by other professionals; or support that might be offered by the wider family);

- Notify the referrer of any missed appointment by a child;
- Consider whether there are any clinical consequences as a result of the missed appointment and if any actions are required;
- Consider any other safeguarding concerns especially when there are multiple episodes of not attending health appointments in Primary Care or other settings;
- Take appropriate action if there are clinical or safeguarding concerns;
- Ensure that there is clear documentation of this process, including risk assessment and any actions taken as a result.

3.2. Children Not Attending Appointments with Other Health Professionals

3.2.1. Other Health Providers' WNB/DNA policies should state that when children miss appointments the referring clinician is notified, and their GP receives notification.

3.2.2. In Primary Care the process of managing these notifications should be:

- Establishing a system where all WNB/DNA notifications for children are identified and flagged up with the child's individual GP;
- Establish what action has been taken by the Health Provider following the missed appointment;
- Review the reason for referral and assess if any further action is required to manage the clinical problem that prompted the referral;
- Note if there have been any other episodes of missing appointments in any setting including Primary Care;
- Consider whether there are any safeguarding concerns and if there are take any appropriate action. Determine the reason for the child not being brought and anything that can be done to help facilitate attendance (this may include different appointment times, looking at wider support that can be offered by other professionals or the wider family);
- Consider contacting the family about children not being brought for appointments especially if there are multiple instances;
- Document this process and decision making including any subsequent actions taken as a result;

- Consider liaising with other professionals (e.g. 0-19 service) to inform the assessment of concerns (see paragraph 5).

3.3. Children Not Attending Appointments for tests or investigations

3.2.3. When requesting tests or investigations for a child or young person it is important that the requester ensures that the test or investigation is followed up.

3.2.4. It is also important that if a test has been requested for a child or young person, that processes are in place to ensure that the test or investigation takes place. If a parent or carer does not make arrangements to attend the test or investigation, this should also be treated as a 'was not brought' episode.

4.0. RECOGNISING CHILD ABUSE AND NEGLECT

4.1. Refer to [NICE Guidance](#) and [flowchart](#) 'When to suspect child maltreatment'

4.2. Refer to [ChildSafe Trigger Tool](#)

4.3. Refer to practice Safeguarding Policy

5.0. TO SEEK FURTHER INFORMATION/SHARE CONCERNS

Specialist Public Health Nurse / 0-19 Practitioner (previously known as the health visitor and school nursing services) – SPA 01226 774411

5.1. To seek further safeguarding advice, contact:

Designated Nurse Safeguarding Children:

Angela Fawcett angela.fawcett@nhs.net 01226 433708 or 07887530291

Named GP Safeguarding Vulnerable People:

Lee Oughton lee.oughton@nhs.net

5.2. Making a child protection referral

- Clearly document concerns and collate any family information known to you:
- If you are unsure how to proceed, seek advice from one of the following:
 - Line Manager
 - Practice Safeguarding Children Lead or Deputy
 - Designated Nurse Safeguarding Children
 - Named GP Safeguarding Vulnerable People
 - Children's Social Care
 - Duty-on-call Paediatrician at local hospital
- If child protection referral is required, contact Children's Social Care on the numbers below. Give all details/information regarding your concerns and be

clear that you are making a child protection referral. Make use of the [thresholds for intervention guidance](#) to inform your referral

- Follow verbal referral up in writing within 24 hours. Retain a copy of your referral for your reference. (Referral forms available [on Safeguarding Children Partnership websites](#))
- Wherever possible, share your intent to refer with parents/carers of child.
- Always follow [Child Protection Procedures](#). If you believe that a child is at immediate risk of harm, call the Police/Children's Social Care as an emergency.
- Further information and child protection procedures can be found in the [Barnsley Safeguarding Children Partnership policy and procedures manual](#).

5.3. Children's Social Care contact numbers:

- Barnsley Children's Social Care Assessment Service on (01226) 772423

5.4. Local Safeguarding Children Partnership contact information:

- Information available via the local authority [website](#)

6.0. REFERENCES

[Care Quality Commission \(July 2016\) Not Seen Not Heard: A review of the arrangements for child safeguarding and health care for looked after Children in England](#)

[Department for Education \(2016\) Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014](#)

[HM Government \(2018\) Working Together to Safeguard Children](#)

[NICE guidelines \(2009\) Child maltreatment: when to suspect maltreatment in under 16s \[CG89\]](#)

APPENDIX ONE: FLOWCHART FOR PRIMARY CARE ATTENDANCES:

Child/Young Person Was Not Brought/Did Not Attend a Primary Care appointment

At the time the Child WNB/DNA appointment responsible GP/Clinician will review child's records undertaking an assessment of risk to the child's/young person's welfare of non-attendance at appointment considering:

- Previous non attendances, cancellations and rescheduling
- The reasons for non-attendance
- Potential and actual impact of non- attendance on child's/ young person's health and wellbeing
- Any Child Protection concerns (past and present); Is the child Looked After?
- Any concerns with regards to child / young person's, parents and carers which may impact on their ability to parent (drug and alcohol misuse, domestic abuse, mental health concerns, chronic life limiting illness , and or learning disability

GP/Clinician has no concerns about welfare of the child, young person after review of records

GP/Clinician will

- Document actions and assessment in records
- Ensure appropriate code present in child's records re non-attendance at appointment
- Arrange a further appointment if it is in the medical interests of the child/young person
- Write to the parents / carers with the plan if appropriate.
- Discuss with 0-19 service, midwife, Social Worker, or others as required

GP/Clinician has concerns about the welfare of the child, or is unsure if there are concerns, after reviewing record

GP/Clinician will

- Attempt to contact parents/carers by telephone to discuss concerns of non-attendance, impact on their child and current plan. Follow up any contact in writing as appropriate
- Arrange a further appointment if it is in the medical interests of the child/young person
- Document assessment, concerns, and actions in records and ensure appropriate codes applied
- Liaise with the 0-19 service/Midwife/Social Worker/Other regarding the best way forward
- Follow safeguarding children policies and procedures if child/young person is considered to be at risk of significant harm or in need of children's services support and safeguarding referral is required
- Assess at next review/prescription review and plan action

APPENDIX TWO: FLOWCHART FOR NON-PRIMARY CARE ATTENDANCES

Action required by GP on receiving notification that child or young person Was Not Brought or Did Not Attend a health appointment e.g. hospital outpatient appointment

GP Practice receives notification that a child/young person WNB/DNA a hospital appointment. Letter copied to child/young person's parents/carers, and 0-19 practitioner and Social Worker if applicable

Hospital letter states that there are **no likely adverse effects on child/young person's health and wellbeing** through non-attendance and no further action will be taken by the hospital

Hospital letter states that clinician has **concerns about child/young person's health and wellbeing (or is unsure)** and action taken by them. Letter copied to parents, 0-19 service and Social Worker if applicable

Information passed to the child/young person's GP for review of records and undertaking of assessment of risk to child's/young person's welfare of non-attendance at appointment considering;

GP will review the child / young person's records considering:

- Previous non attendances;
- The reasons for non-attendance
- Potential and actual impact of non-attendance on child's/young person's health and wellbeing;
- Any Child Protection concerns (past and present);
- Any concerns with regards to child/young person's, parents and carers which may impact on their ability to parent (drug and alcohol use, domestic abuse, mental health concerns, chronic life limiting illness, and or learning disability)

- Previous non attendances
- Potential and actual impact of non-attendances on child's/ young person's health and wellbeing;
- Any Child Protection concerns (past and present);
- Any concerns with regards to child / young person's, parents and carers which may impact on their ability to parent (drug and alcohol misuse, domestic abuse , mental health concerns, chronic life limiting illness , and or learning disability

GP has no concerns about welfare of the child, young person after review of records

GP will

- Re-refer if it is in the medical interests of the child/young person
- Write to the parents/carers with the plan to refer or not if appropriate
- Document actions and assessment in records
- Discuss with 0-19 service/Social Worker if required

GP has concerns about the welfare of the child/young person after reviewing record GP will

- Attempt to contact parents / carers by telephone to discuss concerns of non-attendance, impact on their child and current plan. Follow up any contact in writing
Re-refer if it is in the medical interests of the child /young person
- Document assessment, concerns and actions in records
- Liaise with the 0-19 service/Social Worker/others regarding the best way forward
- Follow Local Safeguarding Children Board Policy and Procedures if child/young person are considered to be at risk of significant harm or in need of children's services support
- Assess at next review / prescription review and plan action

- Consider contacting the hospital clinician with any additional information for further action
- Document assessments actions and hospital concerns and outcomes in records