GUIDELINES FOR MANAGEMENT OF A CHILD WHO WAS NOT BROUGHT (WNB) TO APPOINTMENTS

1. INTRODUCTION

1.1 Historically, children and young people who did not attend (DNA) appointments have often been considered in the same way as an adult DNA. In recognition of the fact that children differ from adults in that they do not take direct responsibility for their own health needs, these guidelines have been produced to provide overarching principles around managing children who was not brought (WNB) to appointments for primary and secondary healthcare by their parents/carers.

1.2 It is recognised that some teenagers will however have the capacity to make some decisions about elements of their healthcare and may be in a position to make their own judgments around whether or not they attend appointments. This decision needs to be fully recorded in the child’s health record and evidenced that informed consent has be made.

1.3 These guidelines apply to all children under the age of 18 years of age who have been referred for emergency health care and secondary health care settings or WNB to GP practice led appointments or there are cancellations prior to the date of the appointment.

1.4 Inevitably each family situation will be different and therefore there needs to be a flexible approach on behalf of children and young people who WNB to health appointments. In considering a response to the health risk to the children any response should be proportionate to that risk. As a minimum, the child should either be offered a further appointment or referred back to the required service provider.

1.5 Repeated cancellations and Non attendances may be as a result of disguised compliance. Children’s Safeguarding Serious Case Reviews indicate that trends in WNB (nee DNA) and cancellation rates may be an early marker for subsequent harm.

2. GUIDELINES and PROCESS

2.1 New Appointments

2.1.1 In the event that the child or young person has failed to attend, or the parent/carer has failed to bring the child to an appointment, there should be consideration regarding the future plan. Assessment of the likely risk to the child’s health should be made.

2.1.2 1st WNB (DNA) to secondary care

- Offer further relevant follow up appointment
- Alternatively, the child or young person may be discharged from the clinic after one non-attendance if there is not likely to be any harm to the child’s health as a consequence of the non-attendance.
- If discharging, a letter should be written explaining that they have been discharged, however if the parent felt that they needed to be seen again then they could contact the clinic and ask for a follow up within a month of the follow up appointment.
A letter should be written to the parents of the non-attendance and the proposed care plan. A copy of the letter should go to:

- Parents/Carer
- GP – if provider
- The referrer if this is different
- Young Person if appropriate
- Health Visitor/School Nurse (0-19 Public Health Nurse) if known. If not known, a copy should be sent to the Paediatric Liaison Nurse (PLN) who will send on to the Health Visitor/ School Nurse, informing them of the non-attendance and the fact that the child will be discharged from the clinic.

A copy of this letter must be filed in the child’s health record OR having assessed a likely risk a letter should be written as above but a further appointment should be offered. A request should be included for the support of the health visitor/school nurse (0-19 Public Health Nurse)/GP to encourage the family to attend (if this is deemed to be appropriate, given the context).

2.1.3 In all cases it should be made clear to the referrer that if at any time in the future the parent/carer or young person wish to engage with services that they should be re-referred and an appointment will be offered as this is in the best interests of the child.

2.1.4 If there is a judgement that failure to attend the appointment poses a significant risk to the child’s health

- This must be specified to the GP/Health Visitor/School Nurse. (0-19 Public Health Nurse)
- The lead clinician should attempt verbal contact with the family in order to establish any difficulties for not attending.
- A third appointment may be offered with notification to the GP/Health Visitor/School Nurse (0-19 Public Health Nurse) to encourage attendance. The letter sent to parents should include information pertaining to the detrimental effects that non-attendance may have on the health and wellbeing of the child. Therefore it may be proportionate to make a referral to Social Care if there is a further WMB (DNA) and Social Care should always be notified if the child is known to be subject to a child protection plan.

Further liaison with referrer may occur to consider ways to facilitate attendance and to consider future risks to the child’s health and development

2nd WNB (DNA) to secondary care

2.1.5 In the case of a second DNA a letter from secondary care provider should be written to:

- Parents
- GP
- The referrer if this is different
- Young Person if appropriate

and copies sent to

- Health Visitor/School Nurse (0-19 Public Health Nurse) if known. If not known, a copy should be sent to the Paediatric Liaison Nurse (PLN) who will send on to the Health Visitor/ School Nurse(0-19 Public Health Nurse)
- Social care if child is on a Child Protection Plan or there are safeguarding concerns.
A copy of this letter must be filed in the child’s health record.

The content of the letter should inform the parent/carer of the non-attendance and the fact that the child will be discharged from the secondary care service.

In all cases it should be clear to the referrer that if at any time in the future the parent/carer wishes to engage with the service that they would be accepted as this is in the best interest of the child.

2.2 Cancelled Appointments

2.2.1 After 1 cancelled appointment (new or follow up) there is an expectation that a new appointment may be booked.

2.2.2 Under all circumstances where a further appointment is not offered, the following must apply:
   • Letter to GP/referrer informing them the reason for discharge, with copy to Health Visitor/School Nurse (0-19 Public Health Nurse) and Parent, child/young person if appropriate or Guardian. A copy of this letter must be filed in the child’s health record.

2.2.3 If there is a judgment that failure to attend the appointment poses a significant risk to the child’s health
   • This must be specified to the GP/ Health Visitor/School Nurse. (0-19 Public Health Nurse)
   • A referral to Social Care should be considered if the welfare concern is sufficiently great.
   • Social Care should always be notified if the child is known to be subject to a child protection plan.
   • Further liaison with referrer should be considered to enable a risk assessment to be completed and a follow up plan discussed.

2.2.4 If a parent /carer cancels a follow up appointment and states that they do not need a further appointment, the notes should be brought to the attention of the responsible consultant/professional and, as a minimum response, a letter should be sent to the child’s general practitioner informing them of this (with a copy to the parent and Health Visitor/School Nurse. 0-19 Public Health Nurse)

2.3 GP and Primary Care Staff responsibility to manage the risk of WNB

2.3.1 GPs are usually the lead health professional with the knowledge to understand the relevance to the child should they not be taken for health appointments. Children who are recognised as WNB and there are concerns that failure to receive treatment would have a detrimental impact on the child should consider Medical Neglect.

2.3.2 It is helpful to discuss these cases with the 0-19 nursing service (Health Visitors/School Nurse) and where relevant Midwives, to acquire other relevant information through the normal communication route such as the regular Primary Care Safeguarding Meetings.

2.4 No Access Visits (NAV) and responsibility of primary care staff

2.4.1 Community Health Staff working together to provide primary care with GP should understand and consider the relevance of NAV. It is recognised that family life can be busy and unpredictable however, in situations where following an appointment being made the visit is not facilitated due to the parent either
changing the appointment or not being at the agreed venue (e.g. at home) for the third time an assessment of risk should be undertaken with other primary care team members and a discussion with the line manager to consider risks to the child and next steps to address concerns.

2.5 Risk to child/young person who WNB/NAV

2.5.1 It is often difficult to quantify the likely risk to the child/young person of a non-attendance. The calculation and management of risk is optimally carried out by the GP or the referrer if this is different. It is important to recognise when attempting to seek best outcomes for children and young people that the decision to not attend the appointment was often made for them. Therefore this must form part of the risk assessment. Discussion with the Safeguarding GP/Nurse is strongly advised in order to agree the best course of action.

2.5.2 **Low/medium risk** might be considered for children/young people with a stable condition or where the clinical judgement is that attendance at an appointment provides monitoring or provides minimal beneficial interventions/treatment. This may be considered for families who are known to engage with services when they perceive the need arises. These cases will require individual consideration. An Early Help assessment may be considered by the referrer or another professional involved with the family may identify unmet need within the family and could improve the outcome for the child from the point of view of health and other areas.

2.5.3 **High risk** will be all children/young people whom it is thought require assessment/ intervention to prevent permanent or serious deterioration of their condition; this constitutes a risk of significant harm as a result of non-attendance (DOH 1999). These cases will require individual consideration.

2.5.4 A referral to Social Care should be made if there are welfare concerns. Social Care should always be notified of any non-attendance if the child is known to be subject to a child protection plan.

3 REFERENCES

- Centre for Change and Innovation (2004)
- Tackling DNA Department of Health (2004)
- Outpatient Activity England
- Healthcare Commission (formally Commission for Health Improvement ) 2003 Paediatric outpatient did not attend rates

https://youtu.be/dAdNL6d4lpk