

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

(WNB / DNA) October 2023

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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 people failing to attend a health appointment are individually assessed and managed with consideration to their welfare.

2.0 INTRODUCTION

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. Neglect cases typically include poor dental hygiene and untreated dental caries, incomplete vaccinations due to missed routine healthcare appointments, poor school attendance and developmental delays due to lack of stimulation (Research in Practice 2019).

Within health the concept of 'Was Not Brought' (WNB) rather than Did Not Attend (DNA) for children and young people has now been adopted, this is to acknowledge that it is rarely the child's fault that they miss appointments and parents/carers have a responsibility to take their children to appointments.

The CQC review of safeguarding children's 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.'

Repeated cancellation and rescheduling of appointments should be treated with the same degree of concern as repeated non-attendance, potentially harmful and possibly a feature of disguised compliance. Disguised compliance or apparently legitimate excuses for not attending appointments should not be accepted at face value. Professionals need to be prepared to challenge excuses for non-attendance and where appropriate carry out relevant safeguarding assessments in order to establish any risk posed to the child

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.

It is therefore important that Primary Care has processes in place to address any clinical and/or safeguarding children's issues which may arise as a result of children and young people who are not brought for appointments. This guidance specifically explains the responsibility of Primary Care practitioners in relation to safeguarding children and young people who are not brought to appointments.

Please note that Secondary Care and other health care providers will have their own Safeguarding WNB/DNA Policy that they will follow.

3.0 GUIDANCE

Children and Young People Not Attending Appointments in Primary Care

It is accepted that there is a significant amount 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.

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

- Identify when children are not brought for appointments.
- Make contact with the parents/ carers of the child who has not being brought for appointments especially if there are multiple instances.
- 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.

Children Not Attending Appointments with Other Health Professionals

Other Health Providers' WNB/DNA policies should state that when children miss appointments the referring clinician and GP is notified informing them of actions taken by the provider.

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

- Code WNB /DNA event with the other provider service.
- Consider whether this additional information alongside information already known to the Practice raises concerns including safeguarding and take any appropriate actions. Each practice should develop their own process for managing this.
- Document decision making including any subsequent actions taken as a result.

4.0 **RECOGNISING CHILD ABUSE AND NEGLECT**

Refer to NICE Guidance and flowchart 'When to suspect child maltreatment'

<http://pathways.nice.org.uk/pathways/when-to-suspect-child-maltreatment>

<http://www.nice.org.uk/guidance/cg89/chapter/introduction>

Refer to Neglect Safeguarding Children's Partnership Practice Guidance / Strategies:

- **City of York:**
<https://www.saferchildrenyork.org.uk/>
- **North Yorkshire:**
<https://www.safeguardingchildren.co.uk/professionals/procedures-practice-guidance-and-one-minute-guides/neglect-practice-guidance/>
- **East Riding:**
<https://www.erscp.co.uk/practitioners-and-professionals/neglect/>

Refer to Practice Safeguarding Children Policy

5.0 **TO SEEK FUTHER INFORMATION /SHARE CONCERNS**

Midwife (link as applicable for practice):

Specialist Public Health /0-19 Practitioner (link as applicable for practice)

To seek further safeguarding advice contact:

- **Named Nurse Safeguarding Children and Adults Primary Care**
Nicky Hields - Mobile Number: 07738 898819
- **Children's Social Care contact numbers:**
North Yorkshire - Professional hotline 01609 536993
North Yorkshire MAST - 0300 131 2 131
City of York MASH - 01904 551900
Out of hours Emergency Duty team (York & North Yorkshire) - 0300 131 2 131
East Riding - 01482 395500
Out of hours Emergency Duty Team (East Riding) 01377 241273

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 Lead, Named Nurse Primary Care, Named GP or Deputy or Designated Nurse or Children's Social Care Team.

If a child protection referral is required, please refer to the appropriate local safeguarding children website (Referral forms available on LSOP websites noted below) and complete the required referral form. The referral form should be emailed to the stated address.

Retain a copy of your referral in the patient record and consider whether this entry should be hidden from patient online access.

Wherever possible, share your intent to refer with parents/carers of child (exceptions outlined in Child Protection Procedures).

Always follow Child Protection Procedures. If you believe that a child is at risk of immediate harm, call the Police/ Children's Social Care as an emergency.

Further information and child protection procedures can be found on the North Yorkshire, City of York and East Riding Safeguarding Children Partnership websites:

Local Safeguarding Children Partnerships:

North Yorkshire: www.safeguardingchildren.co.uk

City of York: www.saferchildrenyork.org.uk

East Riding: <https://www.erscp.co.uk/>

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

http://www.cqc.org.uk/sites/default/files/20160707_not_seen_not_heard_report.pdf

HM Government (2018) Working Together to Safeguard Children

<https://www.gov.uk/government/publications/working-together-to-safeguard-children-2>

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

<http://www.nice.org.uk/guidance/cg89/chapter/introduction>

Research in Practice (2019): Triennial Analysis of Serious Case Reviews

<https://scr.researchinpractice.org.uk/>

APPENDIX ONE

**Child /Young Person Was Not Brought / Did Not Attend a
GP appointment**

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

- Previous nonattendances, 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 HV/SN midwife Social Worker other if required

GP/ Clinician has concerns about the welfare of the child 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 are applied
- Liaise with the HV / SN / Midwife/ Social Worker/ Other regarding the best way forward for the child
- Follow Safeguarding Children Policy and Procedures if child / young person is considered to be at risk of significant harm and a safeguarding referral is required, **or** if a child is in need of children's services support and a Child in Need referral is required.
- Assess at next review / prescription review and document any actions/plans