**DID NOT ATTEND (DNA)/**

**WAS NOT BROUGHT (WNB) / FAILED ENCOUNTER Policy**

**for:**

* **Children** **and Young People (CYP)**
* **Adults with care and support needs**
* **Other Vulnerable Adults**
* **Any Adult who is a Parent**

**INTRODUCTION**

**YARDLEY WOOD HEALTH CENTRE** has a responsibility to deliver safe and effective services and to safeguard children and young people, adults with care and support needs and other vulnerable adults within its activities and interactions with other organisations.

In the review of arrangements in the NHS for Safeguarding Children, the Care Quality Commission (2009) states that a process must be in place for following up children who disengage or do not attend appointments.

In the Intercollegiate document Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, 4th edition, January 2019, the following is listed as a Level 1 Competency:

*Awareness that a child not being brought to a health appointment may be a potential indicator of neglect or other forms of abuse and awareness of the potential significance on the wellbeing of children of parents/carers not attending or changing health appointments, particularly if the appointments are for mental health, alcohol or substance misuse problems (where appropriate to role).*

Under level 2 Skills, the document states that we should be:

*Able to identify repeated patterns of children who are not being brought to their appointments or appointments cancelled repeatedly, or parents/carers not attending appointments, and report this to the appropriate person/s in their organisation to take action if necessary*

*Able to, where relevant to role, document and code appropriately when a child is not brought to a health appointment;*

This highlights that we must also review adults who have responsibility for children who disengage or do not attend appointments.

Therefore, this policy applies to children and young people, adults with care and support needs, other vulnerable adults and any adult who is a parent or has responsibility for a child or children.

The importance of attending Practice and Secondary Care appointments should be discussed with the child / young person/ adult patient/ parent/ carer/ legal guardian. Failure to attend appointments should be discussed as early as possible. This also applies to telephone consultations that have been arranged by the Practice or the patient/ parents/ carers but then the patient is not contactable on the phone.

**A).** **DNA/ WNB to PRACTICE APPOINTMENTS or TELEPHONE ENCOUNTERS**

When a child or young person (CYP), adult with care and support needs, other vulnerable adult or any adult who is a parent or has responsibility for a child or children is not brought to or does not attend their appointment here at the surgery or is uncontactable by telephone after arranging a telephone call back, then the Clinician who was meant to see/ speak to that patient performs the following actions:

1. Enters a code:
* “Adult not brought to appointment” into the records of the adult with care and support needs
* “Did not attend – no reason” into the records of any other adult
* “Did not attend – reason given” into the record of any other adult
* “Child not brought to appointment” into the CYP’s medical record if no reason given for non-attendance
* “Failed encounter – message left on answer machine”
* “Failed encounter – no answer when rang back”
* “Failed encounter – phone number unobtainable”
* “Failed encounter – message left with household member”
1. Performs a risk assessment by reviewing the medical record of the patient, looking for the reason the appointment was made, considering any potential negative health consequences of missing the appointment, any DNA/ WNB history and/ or any other causes for concern, coded or uncoded e.g., mental health, substance misuse, neurodiversity, domestic abuse, frequent A and E attendances, frequent use of OOH services, frequent use of 999 to call out ambulances or Police.

2a. If the Clinician is satisfied that there is no cause for concern then no further action is taken apart from entering a code “No cause for concern” into the record with a free text statement that the notes have been checked for other concerns and a decision has been made not to take the matter further.

2b. If there is information in the record of the patient which causes concern e.g., negative health consequences, more than 2 DNAs/ WNB in the last 12 months, other cause for concern - coded or uncoded, appointments being cancelled regularly, not accessing services correctly etc. then the Clinician, at their discretion, may choose any of the following options:

1. Sends a practice note or task to Natalia/Reception asking for the face- to-face or telephone appointment to be rescheduled within a certain time period. N.B. Natalia/reception should keep a task open to check the records to make sure the patient has been followed up within that set time period. If the patient has not made contact, then the original Clinician should be notified and one of the other options listed below should be considered
2. Sends DNA/ WNB first letter or second letter to the vulnerable adult, adult who is a parent or has responsibility for children, carer of adult or parents/ guardian/ carer of CYP– see appendix A and B
3. Sends “Failed encounter of a telephone appointment” letter to vulnerable adult, carer of adult or parents/ carers/ guardians of CYP who are uncontactable by telephone for their own appointment or the appointment of the CYP – see Appendix C
4. Sends DNA/ WNB letter to Health Visitors/School Designated Safeguarding Lead – see appendix D
5. Sends a practice note or task to Natalia/reception asking for the case to be discussed at a forthcoming safeguarding meeting at the Practice.
6. Discusses the case with the Practice’s Safeguarding Lead or their deputy
7. Discusses the case with the BSolICB Safeguarding team on **07730 318 3000**
8. Discusses the case with Children’s or Adult Social Services
9. Completes a referral to Children’s or Adult Social Services using the appropriate referral process.

**B). DNA/ WNB to SECONDARY CARE APPOINTMENTS**

When the data entry clerk is in receipt of a Secondary Care DNA /WNB letter:

1. The code “DNA hospital appointment” is entered into record of the patient.
2. The letter is sent to the inbox of the referring Clinician or the key/ named doctor for the patient.
3. The Clinician, upon receiving this Secondary Care DNA/ WNB notification, performs a risk assessment by reviewing the medical record looking for potential negative health consequences of missing this appointment, DNA/ WNB history and other causes for concern, coded or uncoded or frequent non-attendances.

3a. If the Clinician is satisfied that there is no cause for concern then no further action is taken apart from making a coded “No cause for concern” entry into the record with a free text statement that the notes have been checked for other concerns and a decision has been made not to take the matter further.

3b. If there is information in the record of the patient, which causes concern e.g., negative health consequences, more than 2 DNAs/ WNB in the last 12 months, other cause for concern codes, appointments being cancelled regularly, not accessing the services correctly etc. then the Clinician at their discretion may choose to do any of the following:

1. Sends a practice note or task to their secretary or administrative team asking for a face-to-face or telephone consultation with the adult patient, the carer of an adult with care and support needs, or one of the parents/ carers/ guardians of the CYP, to be arranged within a certain time period. N.B. The secretary or member of the administrative team should keep a task open to check the records to make sure that the patient/ parent/ carer/ guardian has been followed up within that set time period. If the patient/ parent/ carer/ guardian has not made contact, then the original Clinician should be notified and one of the other options listed below should be considered
2. Sends a DNA/ WNB letter to Health Visitors/ School Designated Safeguarding Lead – appendix D
3. Sends a SECONDARY CARE DNA/ WNB first letter or second letter to the vulnerable adult, carer of the adult with care and support needs, the adult who is a parent or has responsibility for a child or children or parents/ carers/ guardians of the CYP – appendix E and F
4. Sends a practice note or task to the secretaries asking for the case to be discussed at a forthcoming safeguarding meeting at the Practice.
5. Discusses the case with the Practice’s Safeguarding Lead or their deputy
6. Discusses the case with the BSolICB Safeguarding team on **07730 318 300**
7. Discusses the case with Children’s or Adult Social Services
8. Completes a referral to Children’s or Adult Social Services using the appropriate referral process

**C).** **RECURRENT OR INCREMENTAL CANCELLATIONS OF APPOINTMENTS INITIATED BY THE SURGERY**

Sometimes patients or parents book appointments but then cancel them. They may repeatedly re-book and cancel or not attend. This surgery is aware that these actions could be signs of **disguised compliance.** Therefore, if the surgery is informed of non-attendance 1 hour or more before the appointment:

1. The code “Appointment cancelled by patient” or “Appointment cancelled by parent” should be entered.
2. The appointment should be re-booked at the time of cancellation whenever possible. Freetext – “rebooked” and put date or “not possible to rebook” and reason why.

If the patient or parent is unable or unwilling to re-book at that time, further action by the surgery is required if the reason for the appointment was initiated by the surgery e.g., for a review of a chronic disease or a follow-up:

1. The member of Staff being informed of the cancellation should set up a practice note or task to check after one week that the appointment has been rebooked.
2. If it hasn’t been rebooked then the surgery should try to make contact with that patient/ carer/ parent/ adult who has responsibility for a child or children and make all efforts to rebook the outstanding appointment.
3. If it is not possible to contact the patient/ carer/ parent/ adult who has responsibility for a child or children follow pathway **A).** **DNA/ WNB to PRACTICE APPOINTMENTS**

**N.B.** As there could be disguised compliance,Option 2a. should not be followed –i.e. the code **"no cause for concern"** must **NOT** be entered on the notes**. Further action needs to be taken.**

1. The code “Compliance issues discussed with patient” can be added at the next consultation with the CYP/ patient/ carer/ adult who has responsibility for a child or children.
2. If disguised compliance is suspected, the code “Patient noncompliance – general” can be added with appropriate freetext. N.B. The Clinician adding the code will need to decide whether it is appropriate to remove this entry into the medical record from online visibility.

**D).** **RECURRENT OR INCREMENTAL CANCELLATIONS OF APPOINTMENTS INITIATED BY THE PATIENT**

Sometimes adults who do not have any care or support needs, do not have any obvious vulnerabilities and are not parents or have any responsibility for a child or any children may repeatedly make appointments but keep cancelling them or not attending.

If a member of Staff becomes aware of this pattern this should be highlighted to a Clinician for consideration of domestic abuse and/ or coercive control preventing the patient from attending.

**YARDLEY WOOD HEALTH CENTRE**

**DNA’s PROTOCOL (Nov 2023)**

**Run audit weekly (Monday) and look out for DNA’s – SMS to patients are sent out usually on Mondays**

**Run audit end of every month for patients with 3 x DNAs or more.**

If patient DNA’d check notes & address if necessary:

Send Letter if:

3 X DNA within 1 year – this is an informative letter advising of the disruption caused through DNA’s

If DNA again within 1 year – send final firm letter. Before this letter is sent, please consult with the registered Dr to check for any clinical issues which may need to be taken into consideration

If DNA again – Removal? Registered GP to discuss with colleagues.