

1. Introduction and Who Guideline applies to

The Trust Access policy is to discharge a patient back to the referrer if they do not attend (DNA), or was not brought (WNB) by carers, their appointment once providing that it can be demonstrated that the appointment was clearly communicated to the patient with reasonable notice and that the patient's notes have been clinically reviewed prior to discharge to ensure it is in the best interest of the patient.

There are however some patient groups who should still be offered further appointments in the event of non-attendance. These are:

- Clinically very urgent referrals including rapid access chest pain, and other critical illnesses.
- Children of 16 years and under
- Patients between ages 16 and 24, especially those with special educational needs and disabilities (SEND), care leavers or who are transitioning from children's services, these patients need to be contacted by the relevant service and given further opportunities to engage, with communication to referrer of outcome as per National Institute for Health and Care Excellence (NICE) guidelines
- Patients with additional care and support needs

This document provides additional advice to Electrodiagnostics Service (EDS) staff on recommended actions when a paediatric patient is not brought to their appointment(s).

2. Guideline Standards and Procedures

It is a clinical decision if the child should be offered a further appointment. If the child is discharged as per the UHL Access to Elective Care Policy then this should be clearly documented in the medical notes (*In EDS this should be recorded in the patient management system, Tiara*).

The recommended actions change depending on the number of WNB appointments:

- **WNB x1:** contact made with the family via phone, establish reason for the WNB and offer an alternative. Inform the health visitor (for newborns).
 - Telephone parent/carer within 24 hrs (If unable to make contact liaise with GP for correct telephone number. If still no contact proceed to making a new appointment)
 - Ask if any special reason why was not brought
 - Make reasonable adjustments to enable attendance (e.g. non standard appointment times, or an appointment at a Community Hospital (if feasible with test constraints))
 - Explain the importance of attending and risks if they are not brought
 - Offer new appointment

- Notify parent/carer of the new appointment via the usual hospital process, checking they can read, the address is correct, do they understand English
 - Make a record of the telephone contact in Tiara. Record reason for WNB in Tiara. Ensure any communication/accessibility needs are updated in HISS.
 - **Note: If they have an allocated Social worker - Notify the UHL Safeguarding Children Team** by making a Safeguarding referral via the child's ICE record or child.protectionteam@uhl-tr.nhs.uk with:
 - Full details of the child
 - Details of the missed appointment
 - Any risk to the Child of non-attendance
 - Details of the new appointment
- **WNB x2** - At this point it is a **clinical** decision if the child still needs to be seen and a further appointment offered. Decision should be documented in the medical records (*for EDS this should be recorded in Tiara*)
 - As per WNBx1 above, contact the parent/carer to establish the reason for WNB – record telephone contact and reason in Tiara.
 - If the clinical review determines there is **no clinical need for further appointment**:
 - Discharge back to the original referrer/GP. Copy letter to family and Social Worker (if open) advising of discharge and route for re-referral.
 - If the clinical review determines there is a **Clinical reason for further appointment**, a 3rd Appointment is to be offered. In which case you should write to the family, inform them of:
 - Clinical reason for attending
 - Risks/consequences to the child's health if not reviewed
 - Appointments that have been provided and attended/missed
 - New appointment date/time
 - Family to be advised that further non-attendance may prompt a referral to children's safeguarding team, as per UHL policy

Save a copy of the letter to Tiara.

- **WNB x3** - Inform the children's safeguarding team who can explore further; this may result in further referrals/notifications to external agencies, such as GP/HV, early help or social care.
 - Referral to children's safeguarding team should contain:
 - Dates that child was not brought to appointments.
 - Details of attempts to contact the family/accommodate family's needs. Diagnosis of child and any ongoing treatment/investigations
 - Clinical reason for why the child needs to attend
 - Health consequences to the child of not being brought

- Any other known vulnerabilities i.e. Looked After Child, known to Social Care, previous referrals to Children’s Safeguarding Team.
- A Letter should be sent to family/GP advising of referral to Children’s Safeguarding Team.
- A record of the actions taken should be made on Tiara

3. Education and Training

None

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Audit WNB appointments on Tiara to monitor compliance with this guideline	Annual Audit	EDS Lead Audiologist	Annually	Cascade to Head of Clinical Measurements

5. Supporting References (maximum of 3)

UHL Access to Elective Care Policy, B3/2004
 UHL Safeguarding Children Policy, B1/2012
 Accessible Information Standard – The Process and Procedure for Recording and Actioning Additional Patient Communication Needs, B27/2022

6. Key Words

WNB, DNA, was not brought, safeguarding, Electrodiagnostics

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title)	Executive Lead
Details of Changes made during review:	