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Did Not Attend (DNA) / Was not Brought (WNB) Policy

Version:	Review date:	Edited by:	Approved by:	Comments:
2.0	Oct 2025		HGB	

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1 Introduction

1.1 Policy statement

The purpose of this document is to provide guidance regarding the management of patients who fail to attend their appointments. It is essential to make the best use of the clinicians' availability to ensure that all patients have access to appointments within an acceptable time frame.

This document sets out the procedures for monitoring and recording, and the required actions to be taken to effectively manage missed appointments at Almondbury Surgery. Within general practice, failure to attend appointments is commonplace. It is therefore essential that an efficient management system is in place.

1.2 Status

The organisation will aim to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](#). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

2 Policy

2.1 Overview

When a patient fails to attend an appointment or fails to notify this organisation 24 hours prior to the scheduled appointment of the need to cancel or change the appointment, it is referred to as a Did Not Attend (DNA) or Was Not Brought (WNB).

2.2 Purpose

To ensure safe, consistent, auditable handling of missed appointments so that:

- children and adults at risk are protected,
- clinical risk is minimised, and
- practice capacity is used efficiently.

2.3 Scope

Applies to all booked patient contacts in the practice: face-to-face clinic appointments, telephone/remote appointments, video consultations, and arranged home visits. It covers: children/young people (WNB), adults (DNA), adults at risk/vulnerable adults, and people dependent on third-party transport or carers.

2.4 Definitions

- **DNA (Did Not Attend)** — an adult patient who fails to attend a planned appointment without prior cancellation.
- **Was Not Brought (WNB)** — term used for children and young people who were expected at an appointment but were not brought by their parent/carer. (Recommended preferred terminology in child safeguarding guidance.)
- **Vulnerable adult** — adult with care/support needs whose failure to attend raises safeguarding concern.

2.5 Overarching principles

1. Treat missed appointments from the **child's/patient's perspective** — non-attendance can indicate risk.
2. Apply proportionality and clinical judgment — triage missed contacts by risk, not simply by number.
3. Make reasonable, timely attempts to re-engage and to establish whether there is risk of harm. Record every step in the clinical record.
4. Keep safeguarding thresholds low for children and adults at risk — escalate early where there is any doubt.

2.6 Roles and Responsibilities

- **Reception/admin staff:** flag DNAs/WNBs, make first contact attempts per script, record outcomes.
- **Practice nurse/GP/clinician:** review flagged cases, perform clinical/safeguarding risk assessment, decide next actions (repeat attempt, home visit, referral).
- **Safeguarding lead (GP or named nurse):** oversee WNBs that raise safeguarding concerns, advise on referrals to children's services/Adult Social Care

2.7 Recording DNAs

All DNAs are to be recorded on the clinical system in the individual's healthcare record with the following [SNOMED CT CODES](#):

- Did not attend – No reason given – 270426007
- Did not attend – No advance warning given – 1778011000006103
- Failed encounter – no answer when rang back – 185337004
- Adult not brought to appointment - 1323481000000100
- Child not brought to appointment – 901441000000108

All DNAs/WNBs and attempts to contact must be recorded in the clinical system with date/time, method, who attempted, and outcome. Use searchable codes (DNA/WNB/contact attempts). This supports audit and multi-agency work.

This organisation will review DNA statistics and present this information at relevant internal meetings.

DNA statistical information is displayed in the waiting area, website and social media.

2.8 Audit and Quality Improvement

Monitor DNAs/WNB with breakdown by age, reason, and clinical area.

Discuss in weekly practice meetings.

Use data to target barriers (transport, reminders, interpreter needs). NHS England encourages active work to reduce DNAs as part of capacity and equity goals.

- Run regular audits:
- **WNB identification and coding:** Check whether the practice is accurately identifying and coding missed child appointments as WNB, separate from adult DNAs. This ensures safeguarding concerns are considered.
- **Safeguarding procedures:** Audit compliance with the practice's WNB and safeguarding policies, focusing on the following actions after a missed appointment:
 - **Follow-up contact:** Was the family/carer contacted to determine the reason for the missed appointment?
 - **Risk assessment:** Was a holistic risk assessment conducted, including a review of the patients/child's and family's records?
 - **Communication with agencies:** If appropriate, was information shared with other health professionals and relevant agencies?
 - **Documentation:** Is all communication and action taken clearly documented in the patient's clinical record?

2.9 Preventative measures

In order to reduce the number of DNAs, the organisation may offer:

- **Easy cancellation:** Rapid access is provided for patients who wish/or are able to contact the organisation to cancel an appointment by telephone or an Admin Request via Patchs on our website using the link: [Patchs](#).
- **Appointment reminders:** Patients with mobile numbers recorded are sent a text message to remind them about a forthcoming appointment. The reminder includes a link of how to cancel the appointment if it is no longer wanted.
- **Read back:** The administrative team will routinely repeat the details of the appointment to check that they have remembered and recorded it correctly.
- **Patient engagement:** Discuss the issue with the Patient Participation Group (PPG) to highlight the numbers and plans for improving the DNA rates.
- **Patient information leaflet:** Our DNA/WNB Policy is shared on our website: www.thealmondburysurgery.co.uk

2.10 Managing DNAs (face-to-face appointment)

Should a patient fail to attend their appointment without notice, this will be recorded as: Did not attend – No reason given – 270426007

Should a patient advise that they need to cancel an appointment, although less than 24 hours' notice is given, this will be recorded as: Did not attend – No advance warning given – 1778011000006103

It should be noted that, while unacceptable in most cases, there may be extenuating circumstances as to why the patient failed to attend their appointment. Therefore, prior to any letter being sent to a patient, it would be reasonable to discuss this with their clinician.

Should there not be any mitigating reasons, then a form of communication explaining the DNA will be sent to the patient using the template at Annex A. If the patient fails to attend a second appointment within a 6 month period, and should there be no reasonable mitigating circumstances, a form of communication will be sent to the patient using the template at Annex B.

Should the patient then fail to attend a third appointment within the same 6 month period, a further form of communication will be sent to the patient using the template at Annex C, and a copy given to the Practice Manager, for the next management meeting, where a decision will be made by the management team as to whether the patient is to be removed from the organisation's list upon a further failed to attend appointment.

Prior to writing to the patient using the template at Annex D, the senior GP will assess whether removing the patient from the organisation's list would be detrimental to the patient's health or wellbeing and cause significant harm. Should the decision be made to remove the patient from the list, the organisation will consider this [BMA guidance](#).

Letters sent to patients are only valid for a rolling 6-month period.

2.11 Managing failed telephone encounters

Telephone consultation failed encounters must also be managed appropriately to ensure patient safety is not compromised.

If a patient fails to answer a pre-booked telephone consultation, it is the responsibility of the clinician initiating the call to code this as a "Failed encounter – no answer when rang back" – 185337004.

The patient must then be sent a message using the organisation's messaging system asking them to contact the organisation. This must also be recorded in the patient's healthcare record.

When the patient contacts the organisation to rearrange, where possible, the receptionist or administrator is to ask why the patient failed to answer the previous pre-booked call. There are many feasible reasons for doing so; see examples below (this list is not exhaustive):

- Lost signal

- Was on another call
- Phone went straight to voice mail
- Caller ID was blocked

By doing so, this organisation can determine the root cause of such failed encounters and take appropriate action, i.e., advise all patients that the call will be coming from a withheld number thereby preventing future failed encounters.

If a patient has requested a call-back from a clinician and they fail to answer, the same principle applies although the clinician should, at another opportunity within that same session, make a second attempt to call the patient, not within 10 minutes of the first call.

Should the patient fail to answer the call for the second time, the clinician is to code this as a “Failed Encounter – no answer when rang back” –185337004.

2.11a Managing failed home Visits

- If a clinician attends and nobody answers: do **not** force entry. Make **two attempts** at different times (one should be later in the day), leave a clear safeguarded note, and contact next of kin/carers where appropriate. Record time, location, and attempts. If there is **immediate concern for welfare**, call emergency services (999) and inform safeguarding leads.

2.12 Vulnerable Adults who fail to attend

Almondbury Surgery understands that this group needs to be classified as “Adult not brought to appointment” – 1323481000000100.

Vulnerable Adults include, but are not limited to,

- adults where being vulnerable is defined as in need of special care, support, or protection because of ages, disability, risk of abuse or neglect,
- those with learning difficulties and cognitive impairment, including those with dementia
- those with disabilities that rely on others.

Although it is a subtle difference, coding non-attendance of vulnerable adults as “Adult not brought to appointment” – 1323481000000100 may be considered to enable more accurate safeguarding auditing. Always check clinical risk (medication reviews, anticoagulation, mental health risks).

If an adult has care/support needs and repeatedly misses or is uncontactable, treat as potential safeguarding concern and liaise with Safeguarding lead or Adult social Care. Consider whether a home visit is clinically indicated to establish welfare; use local safeguarding guidance before arranging unannounced home visits.

Refer promptly to social care;

- repeated non-attendance with deterioration in health;
- suspected neglect or withholding of medical care;
- adult with care/support needs uncontactable and at risk;

- professional judgement indicates immediate risk of harm.

It should be noted that not having capacity, not being able to attend by themselves, a vulnerable adult non-attendance will still be treated as above, but the carer will be contacted via the steps mentioned above.

2.13 Children who fail to attend

The British Journal of General Practice explains that while all missed appointments have traditionally been classified as a DNA, this group needs to be classified as **Was Not Brought** as it is not a child's responsibility to attend the appointment; it is the responsibility of their parents or carers to take them. Awareness must be given to this and the consideration that this could be termed as medical neglect.

- Coding missed appointments correctly – “Child not brought to appointment”
- Coding cancelled appointments correctly – “Appointment cancelled by parent”
- Review patient records for any previous or ongoing safeguarding concerns, including if they are a Child in Care.
- Review any adjustments needed for the person; eg. check practice letters/referrals highlighted appropriately any communication needs or reasonable adjustments required to support the patient in accessing their health appointment appropriately (eg. language barriers, non-electronic communication, appointments at a specific day of the week)
- Think Family – Does the carer or do other family members who also miss their appointments? Consider whether the carer may themselves require intervention or support – see link below.
- Consider clinical consequences of this missed appointment/non-engagement and take further action as required – see Risk Assessment Tool below.
- Communication with other professionals involved.
- Clear documentation that WNB/DNA policy was actioned – document that you have considered all points listed above and actioned the outcome of your risk assessment as highlighted below.
- Ensure professional curiosity is implemented at subsequent contacts (eg. exploring why appointments were missed or cancelled, explore why letters or text messages were not responded to).
- Explore, offer and document outcomes of reasonable adjustment and communication needs review (eg. flag on patient records if translator is needed or written/verbal communication is required, use OneCare digital flag). NB: Missing the 6–8-week check has been a factor in several child deaths, so please pay particular attention to WNB for this appointment & escalate as necessary.

Refer promptly to children's services if any of the following apply:

- child/infant not brought and unable to contact parent/carer AND concerns about health/welfare;
- repeated non-attendance with deterioration in health;
- suspected neglect or withholding of medical care;
- professional judgement indicates immediate risk of harm.

2.14 Actions needed for a Was Not Brought - Vaccinations

Although it is a subtle difference, coding non-attendance of children as “Child not brought to appointment” – 901441000000108 may be considered to enable more accurate safeguarding auditing in addition to emphasising the potential failure by those responsible for the child’s welfare.

It should be noted that not having capacity, nor being able to attend by themselves, a child non-attendance should not be classified as a DNA.

a. Actions following the first non-attendance for Vaccinations:

- This nursing team will attempt to call the patient’s parent or guardian to rebook the vaccination, if no answer, a task will be sent to the Admin team to send a letter to contact for rebooking using template letter for a child who Was Not Brought Annex E.

b. Following the second non-attendance for Vaccinations

- A letter will be sent to the parent or carer to ascertain the reasons behind the non-attendance. If appropriate, a copy of the WHO leaflet titled [‘If you choose not to vaccinate your child, understand the risks and responsibilities’](#) is to also be forwarded
- If appropriate, any response from the parent or guardian will also be noted in the patient’s clinical record, including if there is a valid reason not to attend or to vaccinate
- A template letter for a child who Was Not Brought is at Annex E

c. Actions following the third non-attendance for vaccinations:

- The responsible clinician will contact the parent or guardian (either face to face or via telephone) to discuss the reasons and the importance of the appointment or vaccination
- The contents of the Was Not Brought letter should be discussed, reiterating that this could be considered as a safeguarding concern
- Additionally, in cases of missed vaccinations, the contents of the WHO leaflet should be reiterated, explaining the importance of childhood immunisations

- Clinician to make 0-19 Team aware that child is outstanding immunisations. Discuss in monthly MDT meeting with 0-19 Team representative.
- Dependent on parent/guardian response, the clinician noting that the child remains unseen or unvaccinated despite all attempts to recall the patient is to discuss their concerns with the safeguarding lead at next GP meeting
- Where appropriate, a further letter is to be forwarded to the parent or guardian advising them that, due to the persistent failure to bring their child, this has been referred to the safeguarding lead
- Should any clinician have significant concerns, they are to initiate a child protection referral using the contact numbers as below and as detailed within the Safeguarding Policy

2.15 Actions of “Was not brought” (External Appointments)

In the event of any DNA correspondence of hospital medical appointments or mental health appointments received, that states non-attendance and that patient is now discharged (i.e patient needs re-referral to access services). The relevant SNOMED codes will be recorded in the patient’s individual healthcare record:

- “Child not brought to appointment” – 901441000000108
- Adult not brought to appointment - 1323481000000100

Any non-attendance by a child or vulnerable adult to their hospital medical appointment will trigger administration contacting the parent or care to find out why they did not attend. Any response from the parent or guardian will also be noted in the patient’s clinical record. All missed appointments should be flagged with the safeguarding lead. If required, such non-attendance will be discussed at the next GP meeting as they arise. If the parents/carer are not able to be contacted a letter should be sent to the parents/carer as well as contacting the safeguarding lead.

Template for Was Not Brought letter (external appointments) Annex F.

Annex A – First communication to patient

If patient has mobile number / email address on record – the following will be sent:

We're sorry you missed your appointment on XX.XX.XX.

There are various ways to cancel your appointment if no longer needed:

- Calling the surgery
- Admin Request via Patchs on our website using the link below: [Patchs](#)
Our DNA/WNB Policy is available on our website [Almondbury Surgery](#)

If no mobile number/email address on record – the following will be sent via letter:

Our records show that you had an appointment booked with [insert clinician's name] on [insert day and date] but failed to attend this appointment. If you believe this to be incorrect, please contact us to discuss.

Appointments at Almondbury Surgery are at a premium and this missed appointment could have been used by another patient if you had provided the practice with adequate notice that the appointment was no longer required.

Please be advised that this organisation has a DNA policy which, for patients who repeatedly fail to attend, may result in them being removed from the organisation's list.

Appointments can be cancelled:

- Calling the surgery
- Admin Request via Patchs on our website using the link below: [Patchs](#)
Our DNA/WNB Policy is available on our website [Almondbury Surgery](#)

Please ensure your contact details are up to date with the practice and help us to maximise appointment availability in the future. Your cooperation is very much appreciated.

Annex B – Second Communication to patient

Dear [insert patient name],

Our records show that you had an appointment booked with [insert clinician's name] on [insert day and date] but failed to attend this appointment. If you believe this to be incorrect, please contact us on [insert phone number] to discuss.

Appointments at Almondbury Surgery are at a premium and this missed appointment could have been used by another patient if you had provided the practice with adequate notice that the appointment was no longer required.

Please be advised that this organisation has a DNA policy which, for patients who repeatedly fail to attend, may result in them being removed from the organisation's list and/or online appointment access being removed without notice.

If you need to cancel an appointment, you can:

- Calling the surgery
- Admin Request via Patchs on our website using the link below: [Patchs](#)
Our DNA/WNB Policy is available on our website [Almondbury Surgery](#)

Please help us to maximise appointment availability in the future. Your cooperation is very much appreciated.

Yours sincerely

GP Partners at Almondbury Surgery

Annex C – Third Communication to patient

Dear [insert patient name],

Our records show that you had an appointment booked with [insert clinician's name] on [insert day and date] but failed to attend this appointment. If you believe this to be incorrect, please contact us on [insert phone number] to discuss.

We previously communicated to you on [insert day and date] regarding an appointment you had missed on [insert day and date] and wrote to you on [insert day and date] regarding an appointment you had missed on [insert day and date]. This is the third occasion you have failed to attend a scheduled appointment within a 6 month period.

In our previous letter, we advised you that you can cancel or change an appointment by:

- Calling the surgery
- Admin Request via Patchs on our website using the link below: [Patchs](#)
Our DNA/WNB Policy is available on our website [Almondbury Surgery](#)

If you fail to attend another appointment within the same 6-month period, we will consider removing you from the organisation's list and/or cancelling your online appointment access without notice.

Please help us to maximise appointment availability in the future by contacting us as soon as you know you will be unable to attend your scheduled appointment. Your cooperation is very much appreciated.

Yours sincerely

GP Partners at Almondbury Surgery

Annex D – Removal of a patient

Dear [insert patient name],

Our records show that you had an appointment booked with [insert clinician's name] on [insert day and date] but failed to attend this appointment. If you believe this to be incorrect, please contact us on [insert phone number] to discuss.

We previously wrote to you on [insert day and date] regarding the appointments you missed on [insert day and date] and [insert day and date]. You have now missed three appointments within a 6-month period without justification.

Having discussed this with the GP Partners, it has been decided that we are removing you from our organisation's list. We notified NHS England on [insert date] of our decision and **you will be removed on the eighth day following notification.**

You are advised to register with another practice in the local area as soon as possible. A list of primary care organisations can be found at www.nhs.uk by entering your postcode in the "Find local services" section.

The decision to remove you from the list was not taken lightly but it is imperative that we provide an efficient service for all of our listed patients, and we are unable to do so if a patient repeatedly fails to attend scheduled appointments.

The practice team wishes you well for the future.

Yours sincerely

GP Partners at Almondbury Surgery

Annex E – Letter regarding child who was not brought

[Reference - Insert patient name]

Dear [insert name],

Our records show that your child had an appointment booked with [insert clinician's name] on [insert day and date] but failed to attend this appointment. If you believe this to be incorrect, please contact us on [insert phone number] to discuss.

Appointments at Almondbury Surgery are at a premium and this missed appointment could have been used by another patient if you had provided the practice with adequate notice that the appointment was no longer required.

If the appointment was a missed vaccination insert the following:

Vaccination is the most important thing we can do to protect ourselves and our children against ill health. They prevent up to three million deaths worldwide every year. Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people have either been eradicated or are seen very rarely. Other diseases like measles and diphtheria have been reduced by up to 99.9% since vaccines against them were introduced.

A child who lacks capacity needs to be brought to their clinical appointment by their parent or the person with parental responsibility. Failure to bring a child to a medical appointment will always be classified as a "Was not brought" with a note being placed within the patient's medical record.

Please be advised that, should there be continued failures to bring a child to their medical appointment, we would consider this as potential neglect towards that child and, as a result, this practice would be obliged to advise the local safeguarding team and/or Health Visiting Team of any concern that we may have.

If you need to cancel or change any appointment, you can:

- Call the surgery on 01484 514555
- Admin Request via Patches on our website using the link below: [Patches](#)
Our DNA/WNB Policy is available on our website [Almondbury Surgery](#)

Please help us to maximise appointment availability in the future. Your cooperation is very much appreciated.

Yours sincerely

GP Partners at Almondbury Surgery

Annex F – Letter regarding child who was not brought to hospital or mental health appointment

[Reference - Insert patient name]

Dear [insert name],

Our records show that your child had an appointment booked with [insert hospital/mental health service] on [insert day and date] but failed to attend this appointment. If you believe this to be incorrect, or your appointment has been missed for some reason, please contact the service provider immediately on [insert their telephone number] to discuss.

Appointments within the NHS are at a premium and this missed appointment could have been used by another patient if you had provided the practice with adequate notice that the appointment was no longer required.

A child who lacks capacity needs to be brought to their appointment by their parent or the person with parental responsibility. Failure to bring a child to a medical appointment will always be classified as a “Was not brought” with a note being placed within the patient’s medical record.

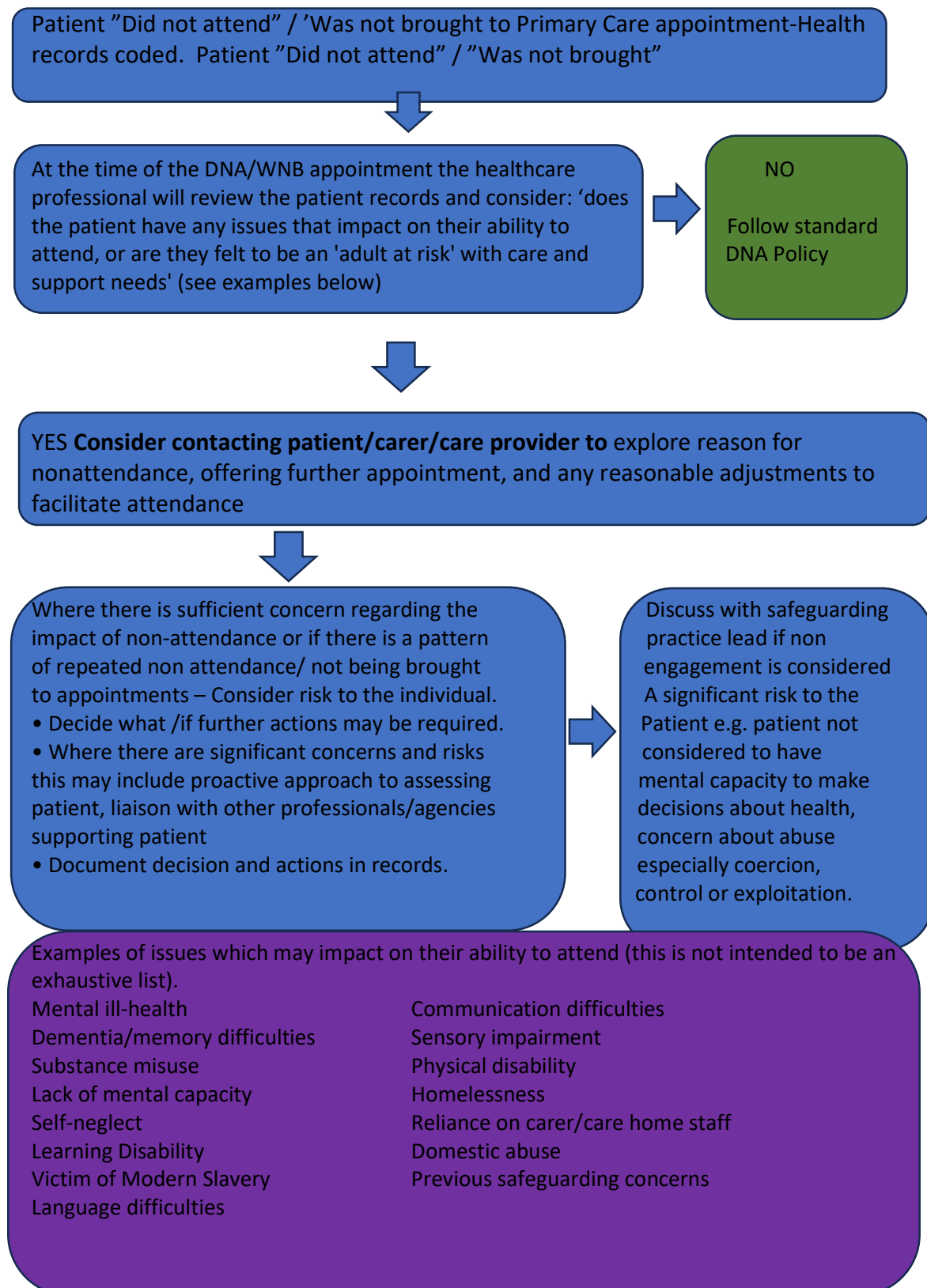
If the service provider has now removed, you from their appointment waiting list we will need to re-refer your child into the service if the original medical reason for referral has not resolved. If this has occurred, you will need to telephone 01484 514555 to request a clinician to re-refer your child. Please note, that if there is a significant time delay between the original referral and the service provider appointment, the clinician may refuse to re-refer until they have re-examined/discussed your child’s health once again. This may require a clinician appointment at the surgery.

Please help us to maximise appointments within all sectors of the NHS. Your cooperation is very much appreciated.

Yours sincerely

GP Partners at Almondbury Surgery

Annexe G - Flowchart for Management or Primary Care Was Not Brought/Did Not Attend Appointments for Adults with Care and Support Needs



Annexe H - Risk Assessment Tool for WNB/DNA

Level of Concern	LOW	MEDIUM	HIGH
Concerns	<p>1 or 2 missed/cancelled appointments</p> <p>Think family approach: No known safeguarding concerns or alerts in patients and/or family member's notes</p> <p>No known physical or mental health concerns</p> <p>No known communication needs, learning disability or autism.</p>	<p>2 or more missed/cancelled appointments</p> <p>Think family approach: Known safeguarding concerns or alerts in patients and/or family member's notes</p> <p>Known ongoing physical or mental health conditions</p> <p>Child has autism or learning disability</p>	<p>Persistent pattern of non-attendance or non-engagement.</p> <p>Think family approach: Active ongoing safeguarding concerns or open to Social Care (eg. allocated social worker due to including being a CiC/UASC or on a CIN/CPP)</p> <p>Known significant physical or mental ill-health, drug or alcohol misuse, housing instability or domestic abuse.</p>
Actions	<p>Low Risk - Local Response:</p> <p>Is escalation necessary?</p> <p>Do you need to clarify with the family/carer the importance of attending the missed appointment and/or re-book and/or re-refer?</p> <p>Do you need to discuss with colleagues e.g.</p>	<p>Medium Risk - Local Response:</p> <p>Inform usual GP or safeguarding lead GP, is further escalation necessary?</p> <p>Telephone contact with family/carer: ideally on same working day to discuss reasons for not attending and to facilitate future appointments.</p> <p>Communicate with</p>	<p>High Risk – Local Response:</p> <p>Inform usual GP or safeguarding lead GP, is further escalation necessary?</p> <p>Telephone contact with family/carer: ideally on same working day to discuss reasons for not attending and to facilitate future appointments.</p> <p>Communicate with practice colleagues</p>

	<p>usual GP?</p> <p>For a Child In Care; ensure a flexible approach to care is offered, understanding that the Foster Carer and Child may be required to prioritise other meetings and appointments, depending on the stage of care/legal proceedings they are in.</p> <p>If the child is autistic or has a learning disability, consider whether the family need more support in order to access their appointment.</p>	<p>practice colleagues as required, eg. discuss case at practice safeguarding meeting.</p> <p>Medium Risk – Wider Response: Communicate with Relevant colleagues in MDT and other providers/agencies to share concerns and create a collaborative action plan (eg. Midwifery, Health Visitors, School Nurses, Children in Care Nurses, Secondary care teams, autism/ LD keyworker, Social worker).</p> <p>Action safeguarding referral to Children’s social care duty and advice team.</p>	<p>as required, eg. discuss case at practice safeguarding meeting.</p> <p>Additional steps:</p> <ul style="list-style-type: none"> • Use a variety of communication methods to communicate with family/carers (eg. SMS, letter, email, telephone) • Consider a home visit • Consider possible cognitive impairment or capacity issues for family/carers • Triangulate information; consider review of relatives’ records and social care records via Connecting Care <p>Communicate with practice colleagues; notify safeguarding lead GP and consider further support request from ICB Safeguarding team</p> <p>High Risk – Wider Response:</p> <p>Communicate with relevant colleagues in MDT and other providers/ agencies to share concerns and create a collaborative action plan (eg. Midwifery, Health Visitors,</p>
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			<p>School Nurses, Children in Care Nurses including the Named Nurse for Children in Care, Secondary care teams, autism/LD keyworker, Social worker).</p> <p>Action safeguarding referral to Children's social care duty and advice team.</p> <p>Request High Risk professionals meeting if required – please contact ICB team for support with this if needed.</p>
Outcome	<p>Document your review and actions in SystmOne record.</p> <p>Continued reassessment of communication needs and level of concern.</p>	<p>Document your review and actions in SystmOne record.</p> <p>Family/carer receive support to re-engage with services.</p> <p>Plan communicated to all professionals involved.</p>	<p>Document your review and actions in SystmOne record.</p> <p>Multi-agency response initiated.</p> <p>Plan communicated to all professionals involved.</p> <p>ICB safeguarding team support sought as required.</p>