

Was Not Brought Process – for under 18 year olds

The terminology “Was Not Brought” (WNB) replaces the phrase “Did Not Attend” for children, in order to protect babies and young people who are not brought to appointments when an adult does not take them resulting in possible medical neglect. There may be many reasonable and innocent explanations why a child WNB to an appointment but WNB is a frequent theme seen in serious case reviews. Clinicians should be aware of the concept of disguised compliance when seeking reasons for non-attendance; this is when parents or carers give the appearance of co-operating to avoid suspicions or allay concerns.

While “child” refers to those less than 18 years of age, some teenagers will have capacity to be able to make decisions about elements of their healthcare. In cases of non-attendance at appointments however, this capacity should not be assumed and requires a formal assessment of their capacity, which should be clearly documented in their records.

The EMIS, SystmOne and Snomed code for WNB “*child not brought to appointment*”.

Description	S1	EMIS	Snomed
*Child not brought to appointment	Xab0Q	9Nz1	901441000000108

If a child WNB to a practice appointment (GP or NP appointment, immunisations, chronic disease monitoring etc.) the reason(s) should be established with potential proportionate subsequent action.

Consider the following factors:

- Has the appointment already been rescheduled?
- Is the child already on a child protection plan (CPP) or known to have safeguarding concerns?
- Are there previous entries in the notes for WNB/DNAs?
- What is the potential impact of non-attendance on child’s health and wellbeing?
- Are there known issues that may affect the adult to parent/care appropriately for the child (e.g. substance or alcohol misuse, chronic health problems, social situations, domestic violence, learning disability)?
- Are there more than expected attendances at Outpatient, A&E or Urgent care Centres?

Reasons for non-attendance may be easily resolved by ringing the parent/carer to establish the reason, which can be done by a member of the practice administrator team.

If the GP/clinician is concerned about the young person’s welfare they should take one or more of the actions below:

- If the patient is on a Child Protection Plan or child in need plan inform and discuss with the child's social worker
- Share the information of WNB with the health visitor or school nurse (either at the practice child safeguarding meetings or via phone/email)
- If necessary arrange a further appointment
- Document actions in patient's medical records

If the threshold of significant harm is met (whether by multiple WNB resulting in medical neglect or WNB being amongst other safeguarding concerns) then referral to children's social care through usual processes is required. It is important that the referral to Children Social Care specifies the concerns and the likely impact on the child of not receiving the appropriate healthcare. Please see link below for Derby & Derbyshire safeguarding children procedures: <https://derbyshirescbs.proceduresonline.com/index.htm>

Making a referral to Children Social Care:

Please see link below for information on [Making a Referral to Social Care](#)

In Derbyshire: Contact Starting Point 01629 533190 or via an online referral form [Starting Point \(online referral form\)](#)

In Derby City: Urgent referrals via Initial Contact Team during normal working days between 9 am and 5 pm on 01332 641172. At all other times concerns can be discussed with Careline who can be contacted on 01332 786968. Remember: all telephone referrals should be followed up within 48 hours using the [Derby Children's Social Care Online Referral System](#).

Non-urgent concerns should be submitted via the [Derby Children's Social Care Online Referral System](#). Online referrals will only be checked during normal working days between 9am and 5pm, only urgent referrals made via 01332 786968 will be responded to out of hours, on weekends and bank holidays.

For a child who WNB to a hospital appointment the hospital's own policy/procedure should apply and there should be clear evidence recorded of what steps have been taken by the setting regarding the WNB.

If the child has been re-referred back to the GP it is important that the GP practice reviews the action that the Hospital has taken and make a clinical decision if further action is required to address the WNB. This may involve the GP practice making contact with the parent / carer regarding the WSB or discussing the case with the 0-19 Service to ascertain what other information is known.

It is important that good communication and information sharing takes place with relevant professionals when there are concerns that a child was not brought to appointments, including the actions taken to ascertain the reasons for this.

Resources available:

Was Not Brought: Re-thinking 'Did Not Attend'

<https://www.youtube.com/watch?v=dAdNL6d4lpk>

Nottingham City Council, NHS Nottingham City CCG and the NCSCB have jointly commissioned a video animation to encourage practitioners to identify children as 'Was Not Brought' as opposed to 'Did Not Attend' when referring to them as not being presented at medical appointments.

'Every Appointment Matters':

<https://vimeo.com/user21885323/review/261080642/976133564f>

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