NHS Devon

Audit of Hospital Did Not Attend (DNA) Appointments for 0-18 Year Olds

1. Introduction

1.1 The Care Quality Commission Safeguarding Children report, July 2009, highlighted a number of issues that organisations should address in order to safeguard children. Following publication of this report, the Chief Executive of the NHS, Sir David Nicolson, wrote to all Chairs and Chief Executives of NHS and Primary Care Trusts (PCTs) highlighting areas requiring urgent attention. This included being able to provide assurance that procedures for following up children who do not attend hospital out patient appointments (OPA) are robust. An issue identified locally is the need for secondary care to be able to assure themselves that information on patients who do not attend outpatient appointments is received by primary care partners.

1.2 When children do not attend (DNA) appointments, the Royal Devon and Exeter Hospital (RD&E) policy is for the clinician to ensure their contact details are checked, the notes reviewed for any safeguarding concerns and a letter written to their General Practitioner (GP) to inform them that the patient did not turn up. As GPs often have the fullest information about vulnerable families it is important for the hospital to be assured that GPs receive notification of any child that fails to attend an appointment.

1.3 As children are seen throughout the RD&E and across numerous specialties, it is difficult to establish how closely the policy is conformed to across the hospital. Currently GPs may receive a letter from the outpatient clinic alerting them to the child's non-attendance. However, clinic letters may not reach the GP practice for a week or two and there are acknowledged inconsistencies as to how such letters are dealt with once received.

1.4 A new IT system for alerting GPs, on a weekly basis, to all children within their practice who had not attended their OPA was suggested to improve the completeness and timeliness of communication between the hospital and GPs.

1.5 The system was trialed with one GP practice for a four week period from February 11th 2012. A list of all children registered with the practice who were marked as DNA was emailed weekly from the hospital IT department to the lead GP for safeguarding children in the practice. The GP checked whether the children were on their vulnerable families list and then reviewed the notes of the children to look for any safeguarding concerns, and if concerns were identified these were raised with the registered GP. The attached triangle of risk and protective factors (see Figure 1) was used when assessing each case.

1.6 This report outlines the results of the audit of this new system and makes recommendations for improving the ways in which children aged 0-18 are followed up if they do not attend hospital out patient appointments.

2. Audit Results

2.1 The GP practice that trialled the new system has 16,500 patients on its books and serves one of the least deprived practices in Devon (3rd lowest out of 104), with an older population profile than the Devon average. Between May 2011 and April 2012 the practice made 354 referrals for 0-18 year olds. In addition to these referrals, patients in the practice are also referred directly to outpatients, for instance, from the Accident and Emergency Department or dental practices.

2.2 Over the four week trial period there were a total of 25 children aged 0-18 on the email lists sent to the practice as having not attended appointments. On further investigation the reasons for non-attendance were established and are listed in Table 1.

Table 1: Outcome of investigation of reason for DNA

Outcome of investigation of reason for DNA	Number of patients
Attended	13
No appointment received	6
Appointment cancelled by parent	2
Patient moved practice	4

2.3 It was found that half of the children on the DNA list had actually attended their appointments. The reason the information was inaccurate is due to the non-completion of outpatient clinic outcome slips. When clinicians do not complete the clinic outcome slips there is no information about the outcome of a patient appointment for entering onto the Patient Administration System (PAS). To ensure that no potential DNA is missed these patients appeared automatically on the DNA list sent to the GP practice.

2.4 Six families never received an appointment. Three of these were appointments for orthodontics, two for orthoptics, and one for a plastic surgery clinic following inpatient surgery.

2.5 Two families cancelled their appointments, with good notice, but this information does not appear to have been relayed to the clinic list.

2.6 Four families have moved house since the initial referral was made and are no longer patients of the GP practice.

3. Discussion

Data inaccuracies

3.1 The audit has shown that there are currently too many inaccuracies in the data to make the proposed IT solution very useful. Half the children on the emailed lists were wrongly included and this is because outcome slips from OPA are not always completed. If more outcome slips were completed the data would be more accurate and the system might then be an effective way of communicating DNAs to GPs. It is possible that commissioners may no

longer pay for appointments that are not recorded on outcome slips and this may lead to improvements in the accuracy of data.

Following up non attendance

3.2 As children are seen across a very large number of departments within the RD&E this poses a challenge for the hospital in ensuring that children who do not attend appointments are appropriately followed up. There is greater awareness of the importance of following up patients who DNA in paediatrics than in other parts of the Trust.

Patients not receiving notification of an appointment

3.3 It is difficult to establish the reason for an appointment not being received by a patient. The hospital may not have sent it out, the post office may have failed to deliver it or a patient may have forgotten that they received an appointment and report not having received one.

3.4 Previous audits at the Royal Devon and Exeter (RD&E) Hospital have shown that letters do go out from the hospital and large proportions are delivered but patients often say that they have not received them although on further questioning admit they did receive the appointment but had forgotten about it.

3.5 The RD&E are currently piloting a reminder service whereby patients are contacted by phone two weeks before their appointment to check whether they still wish to attend. Early results show a marked improvement in DNA rates and the hospital is planning to roll the reminder service out across the whole Trust in the coming months.

Patients who cancel an appointment

3.6 Patients who have cancelled or changed an appointment should not appear on the clinic lists unless this is with very short notice. If an appointment is rearranged then no action needs to be taken but if an appointment is cancelled, the notes should be returned to the Consultant so that the GP can be informed and any further action taken. The results of the audit have highlighted the need for clinic lists to be properly amended following a cancellation so that children do not appear as a DNA unnecessarily.

4. Recommendations

4.1 GP Practices

- LMC GP Lead on the Devon Safeguarding Board to identify opportunities to promote the use of the triangle of risk and protective factors (see Figure 1) amongst GPs

- LMC GP Lead on the Devon Safeguarding Board to request that practices review how they respond to DNA letters

- LMC GP Lead on the Devon Safeguarding Board to request that practices identify their system for dealing with repeat DNAs, of both OPA and appointments within the practice

4.2 Secondary Care Trusts

All secondary care trusts that see Devon patients need to have robust systems for communicating information about children that do not attend appointments with the patient's GP practice

- investigate how information is communicated from North Devon Healthcare Trust and from Torbay Care Trust to GP practices.

- Once clinic outcome slip data collection at the RD&E has improved retrial the IT system alerting GPs of DNAs

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SPortch/Z/Safeguarding children assurance group/July mtg/Hospital DNA audit of 0-18yr olds Feb-Mar 2012-08-06

5. References

- Safeguarding Children: a Review of Arrangements in the NHS for Safeguarding Children, Care Quality Commission, July 2009.

- David Nicolson, letter to chairs and chief executives of NHS Trusts and PCTs re: Safeguarding children and the CQC review, gateway reference number 12228, July 16th 2009.

6. Acknowledgements

6.1 We are grateful to Salford Primary Care Trust for the use of the risk and protective factor diagrams, attached here in Figure 1.

Figure 1: Risk and Protective Factors

Risk and Protective Factors

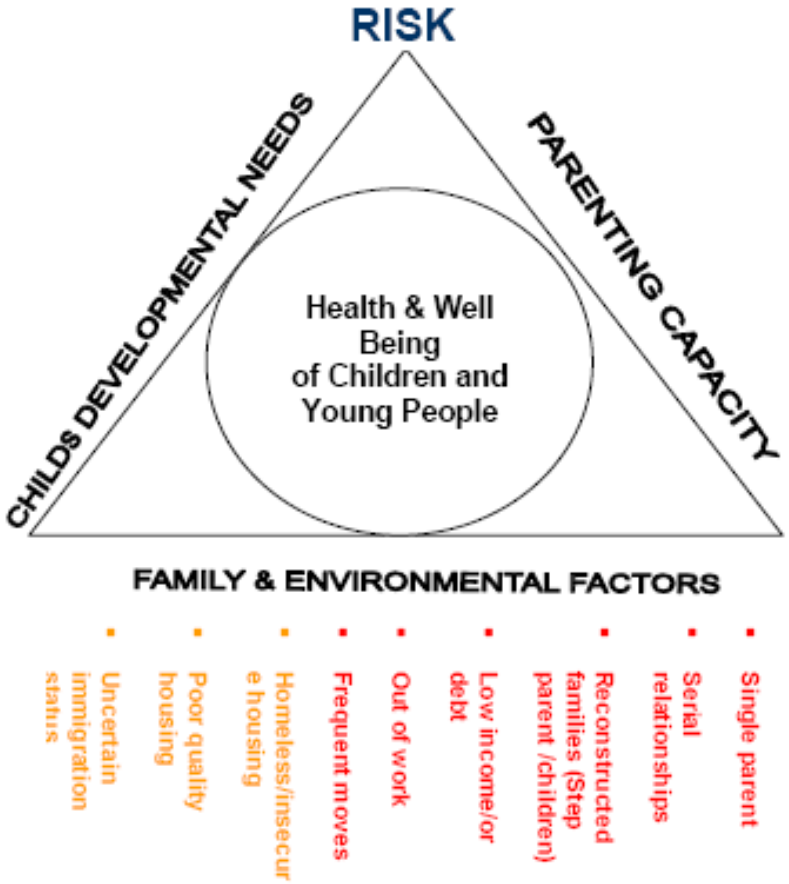
The following risk and protective factors are based on long-standing research evidence. The protective interventions have been shown to alleviate some of the predicted negative outcomes for children by building resilience. If the risk factors are present in a family, and there are no corresponding protective factors, the evidence tells us that a high percentage of these children will have poor life outcomes (offending/mental ill health/repeat abuse-neglect as parents). It is important to have knowledge of the potential risks and the protective factors in a family, and also to remember that these are only predictive indicators: we do not fully understand why some children 'escape' the poor outcomes.

- Irritable/sleepless child
- Child with additional needs/specific learning disabilities including ASD, Aspergers, or ADHD
- Child with communication difficulties
- Poor school attendance & attainment
- Low self-esteem/self harming
- Defiant / angry child
- Child affected by bereavement

Key code:

High evidence risk

Medium evidence risk



- Mother under 20 yrs at first pregnancy
- Parent with history of poor school attendance & attainment
- Parent formerly "Looked After"
- Parent misuses substance or alcohol
- Parent with mental health difficulties
- Poor attendance at health appointments (GP, midwife, health visitor, clinic)
- Domestic abuse
- Parent with learning difficulties
- Parent with physical disability
- Parent affected by bereavement

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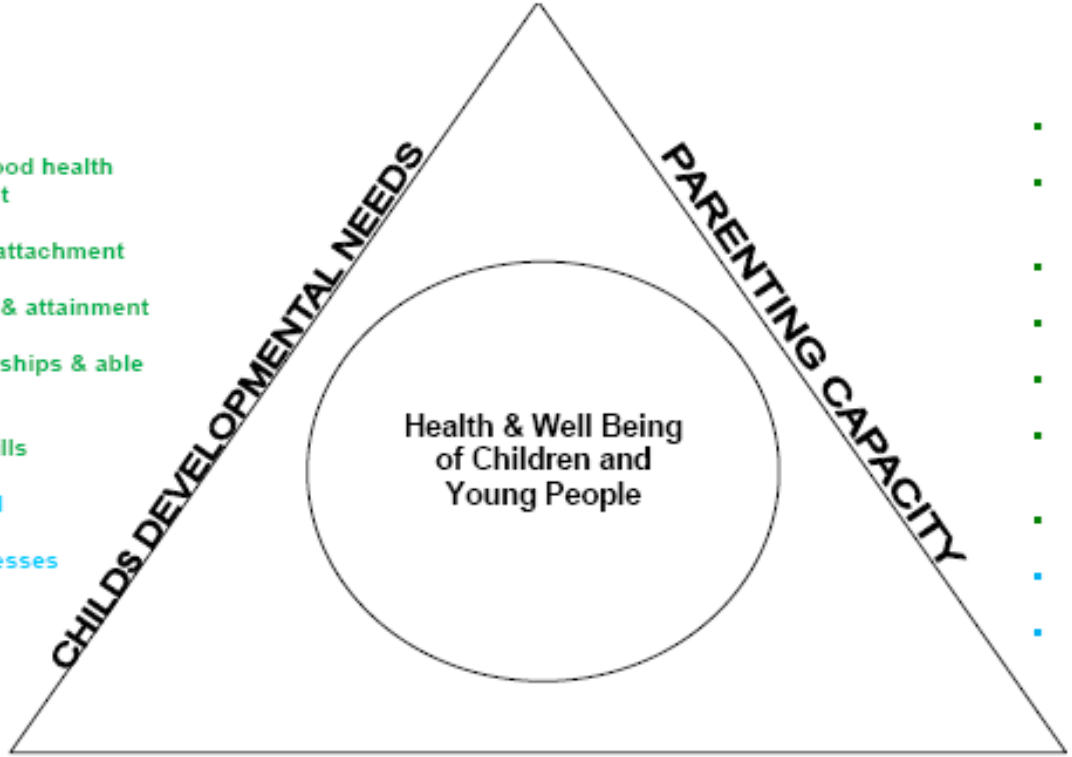
PROTECTIVE FACTORS



- Able bodied child with good health and positive development
- Calm child with positive attachment
- Good school attendance & attainment
- Child has secure relationships & able to express self verbally
- Good communication skills
- Calm and accepting child
- Acceptance of loss processes

- "Older" mother
- Parent with good physical and mental health
- Controlled use of substances
- Positive attitude to education
- Family support
- Good attendance at health checks & other appointments
- Shared parental responsibility
- Parent with no additional needs
- Acceptance of loss processes

- Housing meets decent housing standards
- Positive acceptance of child
- Secure tenancy or owned occupier
- Stable neighbourhood / community links
- Employed
- Stable and well managed income
- Positive contact with absent parent
- Stable relationships

Key code:

High evidence

Medium evidence

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