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Declarative Title: Non-Attendance at Hospital Appointments is a Poorly Communicated to General Practice, Despite Links With Deprivation and Safeguarding Concerns

STUDY DESIGN

Design: Mixed methods.

STUDY QUESTION

Quantitative Section

Setting: A children's hospital and referring general practices in South-West England.

Patients: All children newly referred to the above children's hospital as outpatients.

Exposure: Non-attendance at hospital appointments.

Outcomes: Likelihood of coming from deprived background or having a child protection alert on file.

Qualitative Section

Study cohort: General practitioners from practices with notably high or low non-attendance rates at hospital appointments.

Approach: Semi-structured interviews.

Themes: Communication of non-attendance from secondary to primary care, coding of non-attendance within primary care records, primary care approaches to non-attendance at hospital appointments.

MAIN RESULTS:

5.7% of children failed to attend their hospital appointments. Rates were highest for endocrinology, dermatology and neurology appointments (11.4%, 11.2% and 11.1%, respectively). There were no non-attenders to oncology appointments. Likelihood of being from a deprived area and of having a child protection alert on file were calculated for children who did not attend hospital appointments compared with those who did attend. Results are summarised in table 1 below.

	Adjusted odds ratio	95% confidence interval	P-value
Likelihood of being from deprived area*	1.02	1.00-1.02	P=0.04
Likelihood of having child protection alert on file*	2.72	1.26-5.88	P=0.01

Table 1: Likelihood of being from a deprived area and of having a child protection alert on file in children who did not attend

hospital appointments *For children who did not attend hospital appointments compared to those who did attend.

During semi-structured interviews, it was found that non-attendance at hospital appointments was not well communicated to general practices, and even when it was, it was poorly recorded. The majority of practices had no policy for managing patients with non-attendance at hospital appointments.

CONCLUSION: Children who do not attend hospital appointments are significantly more likely to have known child protection concerns; however non-attendance is poorly communicated to and monitored in general practice.

ABSTRACTED FROM: French, L.R., Turner, K.M., Morley, H., Goldsworthy, L., Sharp, D.J. and Hamilton-Shield, J., 2017. Characteristics of children who do not attend their hospital appointments, and GPs' response: a mixed methods study in primary and secondary care. *Br J Gen Pract*, 67(660), pp.e483-e489.

Non-attendance at healthcare appointments is known to be associated with child maltreatment. There have been suggestions that healthcare professionals change their terminology and refer to a child who "was not brought (WNB)" to, rather than "did not attend (DNA)", an appointment¹. This emphasises that children themselves are reliant on their caregivers to attend appointments and that lack of attendance reflects a failure of the caregiver to bring them, rather than a child's disengagement with their own care. The study by French *et al.* adds further weight to the link between non-attendance and safeguarding concerns.

Interestingly, they also highlight a lack of communication of non-attendance to general practitioners. With general practitioners arguably better placed than hospital clinicians to notice repeated non-attendance (eg to multiple specialties) and to consider this in the context of family social circumstances, ensuring they are informed when their patients don't attend clinics is essential.

However, this is only of use if non-attendance is appropriately recorded and acted upon. Work between professionals with expertise in child safe-guarding and those working in general practice may be warranted to enable general practitioners to develop appropriate strategies for

investigating cases where children fail to attend hospital appointments.

Non-attendance rates appeared to vary significantly between specialties. This is not explored in detail in the study, but may be due to a number of factors. Perceived (lack of) importance, resolution of symptoms, clashes with other appointments and forgetting or not being aware of appointments may all impact on attendance². These factors must also be explored when considering whether non-attendance is cause for concern.

1. Powell, C. and Appleton, J.V., 2012. Children and young people's missed health care appointments: reconceptualising 'Did Not Attend' to 'Was Not Brought'-a review of the evidence for practice. *Journal of Research in Nursing*, 17(2), pp.181-192.
2. Hirani, N., Karafillakis, E.N. and Majeed, A., 2016. Why children do not attend their appointments: is there a need for an interface between general practitioners and hospitals allowing for the exchange of patients' contact details?. *JRSM open*, 7(8), p.2054270416648046.