

7**In Practice...**

For some adults missing appointments can be an indicator that there is an increased risk of abuse or neglect.

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6**Practicalities...**

If you have noted frequent DNAs and have made attempts to make appointments more accessible, then please speak to your Safeguarding Lead. A safeguarding referral maybe required. Discuss at the practice meeting with the multi-agency group involved, in relation to any concerns around DNAs. A single missed appointment is unlikely to be a cause for concern. It will depend on the likely impact and other factors such as time since the person was last seen. However, numerous studies have shown that missing healthcare appointments is a feature in many Safeguarding Adult Reviews and Domestic Homicide reviews,

5**Missing appointments matter...**

Remember disengagement is a key risk factor for adults with care and support needs and may be an indicator of a crisis or that something more serious is happening. Retain professional curiosity and consider the reason for the failed appointment. Consideration should also be given to the reason why individuals or carers may disengage with services as this will inform the course of action to take e.g., distrust or fear of health professionals. Cancellation or failure to bring a vulnerable adult to key appointments may be an indicator of neglect, which is a form of abuse. Frequent failure to attend appointments is often seen in safeguarding reviews.

Bury Safeguarding Partnership

7 Minute Briefing:

Challenge to engage person to the service/ Did Not Attend



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1**Background...**

Adults with care and support needs or who are 'at risk' may rely on others to facilitate their attendance at appointments. In some cases, when an adult at risk has cancelled or failed to attend an appointment, it is the carer that has failed to bring them. Maybe the patient has learning difficulties, or lacks the capacity to make a decision about attending the appointment or care home staff have failed to bring the patient to the appointment. Context and patterns are crucial.

2**Consent...**

It is recognised that in adolescence or adulthood, the person may choose not to attend. In this case consideration should be given to whether the person is putting themselves at risk of significant harm by failing to attend. Consider the individual's capacity to decide (based on their level of maturity, knowledge and understanding regarding the implications of their decision); and the issue itself-maturity to consent depends on the significance and understanding of the decision and its implications.

3**Accessibility...**

Practitioners should ensure appointments are accessible to families. That the timing of appointments/home visits and the location of services, optimise the opportunities for people to take into consideration knowledge of their history. Services should ensure that there is provision for a person to access support/care without a carer in attendance, if they wish to do this and they have capacity maybe transport should be considered or financial support.

4**What should you do?**

Firstly call the carer/ family. If within a reasonable timescale, rearrange the appointment, perhaps in an alternative setting, if possible. 'Did Not Attend' can relate to the individual/carer's behaviour, for example: mental health issue, substance misuse or domestic violence. Look at the impact of the failed appointment on the health and well-being of the individual and the carer's ability to provide adequate care for them. Record any discussions with the individual and/or family/carers, other professionals, the actions, and outcomes relating to the concerns. Some settings may be able to try a home visit. Ensure all safeguarding documentation is completed as advised in the guidance.