

GP and Practice Staff Guidance on Adults who do not Attend Healthcare Appointments

(WNB / DNA) August 2023

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AIM

This guidance has been developed to ensure that the circumstances and consequences of any adult failing to attend a health appointment are individually assessed and managed with consideration to their welfare and to support health professionals to take proportionate steps to respond to adults who are not brought to or repeatedly fail to attend medical appointments, which are likely to have an adverse effect on either their physical and/or mental health.

INTRODUCTION

At its core, adult safeguarding in Primary Care is:

- Identifying adults at risk in order to support and empower.
- Working together with the adult at risk and other partner organisations to prevent/reduce the risk of abuse or neglect.
- Advocating for, and giving a voice to, those who are struggling to be, or not being heard.
- Protecting the basic human rights of all in our communities, particularly those who are unable to protect themselves from harm.
- Simply part of the holistic care already given to patients and a fundamental part of patient safety and wellbeing.

[The Equality Act \(2010\)](#) protects those receiving care and the workers that provide it from being treated unfairly because of any characteristics that are protected under the legislation. All Practice Staff must respect patients' religious beliefs, culture, gender, and sexuality and make reasonable adjustments to ensure equal access to provision of services. However, this must not prevent action to safeguard adults who are at risk of or experiencing abuse.

All reasonable endeavours should be used to establish the adult at risk and their family/carers preferred method of communication, and to communicate in a way they can understand.

Learning from Safeguarding Adults Reviews (SARs) and Learning Disabilities Mortality Reviews (LeDeR) evidence that many adults are not enabled or brought to health appointments, including annual health checks, screening, and optical and dental health appointments. This may not be a deliberate act by the parents/carers of the adult and may reflect their need for support and help; however, learning from local Safeguarding Adults Reviews indicates that failure to bring adults to appointments may be a sign of neglect or wilful neglect by family or carers.

[The Care Act \(2014\)](#) defines safeguarding as “Protecting an adult’s right to live in safety, free from abuse and neglect”. This applies to adults who have care and support needs and is experiencing, or at risk of, abuse or neglect and, as a result of those care and support needs are unable to protect themselves from either the risk of or the experience of abuse or neglect.

The [Mental Capacity Act \(MCA\)](#) which is supported by a [Code of Practice](#) and sets out the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future.

Everyone working with and/or caring for an adult who may lack capacity to make specific decisions at the time the decision needs to be made, must comply with the MCA. It is essential that safeguarding adults is considered in line with the MCA. A person who lacks capacity may not always recognise that they are at risk of or are being abused or neglected.

GUIDANCE

Adults have a right to choose to attend or decline attendance at health appointments; however, some adults may:

- Lack capacity to make decisions about attending.
- Lack the literacy skills to identify that they have been invited for an appointment and rely on family to provide this information/arrange an appointment.
- Require support to attend an appointment, e.g., by family, friend, advocate etc., reliant on support to attend physically, engage with the appointment due to cognition issues etc

This guidance covers all adults detailed above.

The guidance supports the use of the term 'Was Not Brought' (WNB) rather than 'Did Not Attend' (DNA) for adults who are unable to make decisions about attending or require support to attend appointments. Being able to recognise patterns of repeated missed appointments is important to recognising if there may be concerns about the safety and wellbeing of the adult.

Whilst clinical systems may only be able to record that an individual 'Did Not Attend', to ensure appropriate safeguarding considerations are made it is important that for adults who are unable to make decisions about attending appointments or require support or assistance of others to attend with consider these as 'Patient not brought' episodes. Similar to how in child safeguarding we utilise the thought process and the read code 'Child was not brought'. It is important that all health providers develop and use systems that supports:

- Identification of adults who are unable to attend appointments without support from family/friends/others/carers.
- Identification of adults not brought for their annual learning disability health checks.
- Appointments are regularly cancelled and rearranged by family/carers.
- Families/carers who regularly change primary care providers to reduce access to adults unable to attend appointments without support.
- Identification of prescriptions that are not collected on behalf of adults unable to manage their medication.
- Identification of adults not attending appointments in other services.

- Notifying the referrer of missed appointments and notifying the GP if they are not the referrer.
- Considering whether there are any clinical consequences that require action because of the missed appointment.
- Exploring if there are any other safeguarding concerns.
- Raise a safeguarding concern.
- Record all actions taken, including any risk assessments and action taken to mitigate these.

Recognising adults included in this guidance.

All health providers should ensure that when appointments are missed, there is consideration around whether that person can attend independently and, if not, to ensure this is documented and concerns are shared appropriately. This may require a safeguarding referral if a history of non-attendance is evidenced.

Health professionals supporting an adult with limited contact with the service should make sure that any referrals to other health organisations highlight when adults may not be able to attend independently. Where appropriate if this impacts on an adult accessing appropriate health care a safeguarding referral should be considered.

Recording non-attendance of annual health checks

GPs who have adults registered with them on the learning disability register should have a process in place to follow up with the family/carer when adults are not brought to annual health checks. If a follow-up letter or call does not result in the adult being brought for the health check, a safeguarding concern should be considered.

Cancellation or failure to make appointments.

All referrers should include in referral letters to other organisations the adult's inability to attend independently. If they are informed that an appointment was not made or the adult did not attend; contact must be made with the family/carer, if this information is available, to explore why the appointment was not made/kept. If the family/carer requires support, a referral for a carer assessment should be discussed with them. If declined and the adult is not supported to attend future appointments, a safeguarding concern should be raised.

Changing primary care providers regularly

When a patient registers with a new GP provider, if this is not because of a change of address, the provider should review if there have been repeated changes of provider and be alert to any missed appointments, failure to attend for investigations, or disengagement with treatment plans or follow-ups.

Recognising adult neglect

NHS England defines neglect as “Ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating”. The Care Act places a duty on all professionals to safeguard adults.

Examples will include the failure of families and carers to:

- Arrange the necessary medical care and treatment for an adult who cannot make this decision/arrangement without support.
- Administer prescribed medication.
- Feed, clothe or house the adult appropriately.
- Seek support when they are unable to meet the adult's needs.
- Meet the psychological needs of the adult, including denying them access to other family members, friends, social groups etc.

Not all neglect is deliberate, families/carers may be struggling to support an adult, and they would benefit from a carer's assessment/respite etc. In these cases, a referral to Adult Social Care for assessment should be completed. If a referral is refused and the adult continues to be neglected or at risk of abuse, a safeguarding concern should be considered.

Disengagement

Disengagement is when an adult, family member, or carer does not respond to requests from health professionals. Behaviours of disengagement are usually cumulative and may include:

- Not being registered with a GP
- Not being home for visits from professionals
- Not allowing professionals into the home
- Agreeing to take action/deliver change but failing to do so
- Hostile behaviour towards professionals
- Disguised compliance with or active avoidance of health staff that is likely to result in the adult failing to receive the necessary health care
- Actively avoiding contact with professionals. (This has been featured in many reviews of adult and children's deaths.)
- Attendance at urgent care centres and emergency departments but not waiting to be seen/taking own discharge or using false details.

Disguised compliance: Involves a relative or carer giving the appearance of engagement; they may cancel appointments frequently at the last minute or after a period of non-engagement and may attend appointments to reduce professionals' concerns.

Patterns of this behaviour should generate a conversation with your safeguarding lead about the need for a safeguarding concern to be generated.

TO SEEK FUTHER INFORMATION /SHARE CONCERNS

See Appendix A and Appendix B for contact details for ICB (North Yorkshire and York) safeguarding professionals.

REFERENCES AND RESOURCES

Department of Health (2016) Care and Support Statuary Guidance-section 14 safeguarding <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Department of Health (2014) Care and Support Statuary Guidance: Issued under the Care Act 2014
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/506202/23902777_Care_Act_Book.pdf

Health and Social Care Act 2008 (Regulated Activities)

HM Government (2014) The Care Act
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Making Safeguarding Personal (2014)
<https://www.local.gov.uk/sites/default/files/documents/Making%20Safeguarding%20Personal%20-%20Guide%202014.pdf>

Mental Capacity Act 2005 <http://www.legislation.gov.uk/ukpga/2005/9/contents>

Mental Capacity Act Code of Practice (Updated 2020)
<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

RCGP Learning – Adult Safeguarding Toolkit [Adult safeguarding toolkit: Introduction \(rcgp.org.uk\)](https://www.rcgp.org.uk/adult-safeguarding-toolkit/)

Appendix A: Flowchart for Management or Primary Care Was Not Brought/Did Not Attend Appointments for Adults with Care and Support Needs.



Appendix B: ICB (North Yorkshire and York) Adult Safeguarding Contact Details

<u>ICB (North Yorkshire and York) Adult Safeguarding Health Professionals contact details</u>		
<u>ADULT SAFEGUARDING ADVICE:</u> (In office hours. Out of hours contact EDT) (Not to be given out to members of the public)		
Name	Email Address	Mobile Number
Nicky Hields – (Named Nurse Safeguarding Primary Care)	nicola.hields@nhs.net	07738 898819
Christine Pearson - (Designated Professional for Adult Safeguarding)	christine.pearson15@nhs.net	07872 117125
Olwen Fisher - (Designated Professional for Adult Safeguarding) Mon-Wed	o.fisher@nhs.net	07970 832926
Emma Stevens - (Designated Professional for Adult Safeguarding) Wed-Fri	emma.stevens8@nhs.net	07971 006272
Jackie Short - (Safeguarding Officer)	jacqueline.short@nhs.net	07970 833008
Jane Arrowsmith - (Safeguarding Officer)	jane.arrowsmith@nhs.net	07702 622194
Generic Team E-mail – hnyicb-ny.adultsafeguarding@nhs.net		

Appendix C: Contact Details for Adult Safeguarding referrals and Local Adult Safeguarding Boards

Safeguarding Adults Referrals	
North Yorkshire	Telephone: 01609 534527 Out of hours: 0300 131 2 131 Website: https://www.northyorks.gov.uk/safeguarding-vulnerable-adults Email: social.care@northyorks.gov.uk
City Of York	Telephone: 01904 555111 Out of hours: 0300 131 2 131 Website: https://www.york.gov.uk/safeguarding-adults/report-adult-abuse-york-safeguarding-adults Email: adult.socialsupport@york.gov.uk
East Riding	Telephone: 01482 396940 Out of hours: 01377 241273 Complete online form: http://www.ersab.org.uk/reporting-abuse Email: safeguardingadultsteam@eastriding.go.uk
Local Safeguarding Adults Boards	
North Yorkshire	https://safeguardingadults.co.uk/
City Of York	https://www.safeguardingadultsyork.org.uk/
East Riding	https://www.ersab.org.uk/
Independent Mental Capacity Advocacy services	
North Yorkshire	https://cloverleaf-advocacy.co.uk/areas/north-yorkshire Tel: 01609 765355
City Of York	https://www.yorkadvocacy.org.uk/ Tel: 01904 414357
East Riding	https://www.voiceability.org/make-a-referral Tel: 0300 303 1660

