Willie Hamilton,
Professor of Primary Care, University of Exeter.

REFERENCES

DOI: https://doi.org/10.3399/bjgp17X692261

Child not brought to appointment

French et al’s paper highlighted that non-attendances at hospital paediatric clinics is associated with greater social deprivation and likelihood of a child protection alert in their hospital notes.¹ We would like to make two suggestions. First, we feel that it is probably no longer appropriate to use the term ‘Did Not Attend’ (DNA) when describing a child’s non-attendance at clinic. Because it is not a child’s responsibility to attend clinic (it is their parent’s responsibility to take them), it would be more appropriate to say that the child was not brought to appointment. The Nottingham Safeguarding Children Board has developed a video to get this point across.² This is not a new idea, but was proposed by Powell et al in 2012.³ Although it is a subtle difference, by coding non-attendance of children as ‘Child not brought to appointment’ (SystmOne: Xab0Q; EMIS: 9Nz1) we are emphasising potential failure on the part of those responsible for the child’s welfare.

Second, we also feel it is important for GPs to have policies and procedures in place that clarify what they should do if a child is not brought to a GP appointment. Such a non-attendance should not only be coded correctly but also trigger an appropriate response, perhaps a follow-up phone call from a receptionist or GP. Of course, hospitals should also have clear guidance on what action to take if a child is not brought.

Jeremy Gibson,
GP, Southern Derbyshire Clinical Commissioning Group.
E-mail: jeremy.gibson@nhs.net

Jenny Evennett,
Paediatrician, Derby Teaching Hospitals NHS Foundation Trust.

REFERENCES

DOI: https://doi.org/10.3399/bjgp17X692285