

Missed outpatient appointments and unplanned healthcare: Was Not Brought... but why?

Jane V. Appleton.

Missed NHS outpatient appointments, whether the patient fails to attend, or the appointment is cancelled by the provider, are a huge cost burden to the NHS and a waste of resources¹. When children are affected this should also lead to a consideration of the significance and outcomes for the child of their failure to attend the appointment. Children and young people with neurological conditions, are often required to attend hospital out-patient appointments to manage the condition and their associated health needs. If children's neurological conditions are well managed in out-patient clinics this should result in less unplanned care, and a reduction in A&E attendance and emergency admissions¹. Yet the literature shows that a range of factors can influence children's attendance at such appointments, including parents' experiencing child care difficulties, financial, transport and parking problems, chaotic lifestyles, complex hospital appointment booking systems and lack of weekend or evening out-patient clinics on offer^{2,3}, and even parents and children not being clear about the purpose of the out-patient appointment^{4,5}.

The paper by Jarvis and colleagues¹ is important as it reports on the analysis of existing NHS datasets for a large cohort of 0-19 year olds and provides clear evidence of an association between children and young people with neurological conditions who missed outpatient appointments and an increase in unplanned care. This was particularly the case for those children and young people who "did not attend" and where there was no prior cancellation of the appointment by either the provider or the patient or patient's family.

What makes this study very interesting is that it distinguishes between different modes of children and young people's non-attendance; differentiating missed appointments as either: DNA – patient did not attend and did not cancel; CNA - patient could not attend and the appointment was cancelled by the child/family, and PCA – the provider cancelled the appointment. What we of course don't know from the data is how many of these non-attendances (across the three categories) were followed up. Previously, Munro⁶ writing from a child safeguarding perspective has suggested that it is difficult to discern between "the parent who phones to cancel and the parent who just fails to turn up. In both cases, the child is not seen by a health professional despite someone having deemed this in his or her interests. There are of course many benign reasons for cancelling appointments just as there are for failing to attend, but the same argument applies that they merit being followed up" (P.193).

It is because of this last point, that I prefer the term Was Not Brought (WNB) to DNA or CNA as it provides a prompt to health professionals to follow-up on a child or young person's non-attendance. Our children and young people have a right to access health care services and we need to consider the consequences *for them* of non-attendance and not being seen⁶. A greater awareness of this message can be raised in clinical practice by signposting staff to Nottingham's very useful collaborative YouTube video animation at: <https://www.youtube.com/watch?v=dAdNL6d4lpk>. Jarvis and colleagues¹ paper provides a valuable quantitative picture of the extent of the problem of non-attendance at hospital outpatient appointments in a large cohort of young patients diagnosed with neurological conditions, but there remains a gap in knowledge about why this is happening. Rightly, the authors recommend the need for future qualitative research to explore the reasons why children do not attend, or *are not brought*, for out-patient appointments.

References

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