

UHDB Paediatric Diabetes service - Non-Attendance at appointments

Paediatric Full Clinical Guideline(Derby and Burton sites)

Reference no.: CH CLIN D13

1. Introduction

This guidance should be read in conjunction with the 'Trust policy for the Management of Appointments Planned DNA (Did Not Attend) - Children, Young People and Neonates who are not brought for their Appointments' (Reference Number POL-CL/1887-233/2011) but is specific for Children and Young People with diabetes mellitus.

There is a need for robust follow up for children and young people who do not attend their appointments in a clinic setting, as highlighted in Lord Laming recommendations (2009). It must be remembered that parents/carers have a responsibility to ensurechildren receive health care.

Children and Young People with diabetes always require secondary care follow-up, rather than discharge to their General Practitioner.

The purpose of this guideline is to ensure that there is a system in place to effectively manage the risks in relation to any child who does not attend an appointment with the paediatric diabetes team.

2. Aim and Purpose

This guideline is intended to provide structure for the management of Children and Young People with diabetes mellitus to ensure that they benefit from on-going supportfor the complexities of their condition and that Safeguarding concerns are appropriately addressed. As these children require frequent clinic appointments, in addition to home and school visits, non-attendance at occasional appointments is likely.

3. Definitions

WNB (was not brought): The term is used when the patient, in this case a child / young person is not brought for their booked appointment and the parents/carer fail to contact the department in advance to cancel and reschedule the appointment.

NA (no access): It is appropriate to use the term when a child or adult is not available at the home at a booked home appointment

Safeguarding: The action we take to promote the welfare of children to ensure we
protect them from harm and is further defined for the purposes of this guidance as: \Box
protecting from maltreatment; □ preventing impairment of health or development; □
ensuring that vulnerable children and adults are living in circumstances consistent with the provision of safe and effective care; and \square taking action to enable all to have the best

Child Protection Concerns: Suspicion that a child is at risk of, or has experienced, significant harm, neglect or abuse.

Key to this policy is the category of **neglect** defined as:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health and development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

• provide adequate food, shelter and clothing (including exclusion from home or abandonment) • protect a child from physical and emotional harm or danger, • ensure adequate supervision (including the use of inadequate care givers) • ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Children and Young People: Defined in the Children Acts (1989 and 2004), a child or young person is anyone who has not yet reached their 18th Birthday or 21yrs if in Local Authority Care (LAC) or disabled. Issues of neglect as defined in Working Together 2010 can apply to the unborn baby.

Missing Child / children and Families: This is child/children within a family who has disappeared from a known address with no forward address and for whom there are child welfare concerns in respect of unmet need, vulnerability or abuse. This includes risks to unborn children.

4. Main body of Guidelines

- Non-attendance will be discussed at the meeting after each multi-disciplinary clinic. We will consider known adult risk factors and the vulnerability of each child.
- Patient details and contact addresses and number should be confirmed via the Patient Administrative System (Lorenzo) prior to sending a second appointment.

Non-attendance Pathway:

The Trust safeguarding team maybe contacted for advice at any time during this pathway and must be informed when a referral to social care is made (please send copyof referral letter to named nurse for safeguarding). Depending on other factors a decision to refer to social care for neglect may be necessary earlier then the 3rd 'WNB'.

Please note – if a parent repeatedly cancels a clinic appointment so the child is not brought to a minimum of 4 clinics a year then the consultant must be alerted and the case must be discussed at MDT to decide on most appropriate course of action which may include safe guarding referral.

First 'WNB': Paediatric Diabetes Nurse Specialist to contact family.

PDSN to arrange a review as appropriate before next consultant appointment e.g. nurse clinic appointment, home visit, email review, pump review

Arrange consultant led clinic within 4-8 weeks to allow time for family to receive consultant's letter and be contacted by Paediatric Diabetes

Nurse Specialist.

Standard letter to family and GP from Consultant. See below

Second 'WNB': either 2 consecutive consultant clinic appointments or one consultant then one nurse led clinic appointment

Paediatric Diabetes Nurse Specialist (PDSN) to contact:

1. Family

Arrange review as appropriate before next consultant appointment e.g. nurse clinic appointment, home visit, email review, pump review.

- **2. Social care** to see if any other concerns with young person or family.
- **3. School/health visitor** to check if any concerns e.g. with attendance/non engagement with other services.
- **4. GP** to check prescriptions being collected/any other concerns.
- **5.** Review **twinkle database** to identify other missed appointments with diabetes team.

Arrange consultant led clinic within 4-8 weeks to allow time for family to receive consultant's letter and be contacted by Paediatric Diabetes Nurse Specialist

PDSN to inform Consultant of outcome of above contacts within 7 days of missed appointment via email using standard proforma which must then be filed in patients folder on paediatric diabetes team shared drive

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Standard letter to family and GP from Consultant - see below

Third 'WNB':

either 3 consecutive consultant clinic appointments or a combination of consecutive consultant and nurse led clinic appointments

Paediatric Diabetes Nurse Specialist (PDSN) to contact

1. Family

Arrange review if necessary before next consultant appointment e.g. nurse clinic appointment, home visit, email review, pump review.

- **2. Social care** to see if any other concerns with young person or family.
- **3. School/health visitor** to check if any concerns e.g. with attendance/non engagement with other services.
- **4. GP** to check prescriptions being collected/any other concerns.
- **5.** Review **twinkle data base** to identify other missed appointments with diabetes team.

Arrange consultant led clinic within 4-8 weeks to allow time for family to receive consultant's letter and be contacted by Paediatric Diabetes Nurse Specialist

PDSN to inform Consultant of outcome of above contacts within 7 days of missed appointment via email using standard proforma which must then be filed in medical notes and an electronic copy saved on diabetes shared drive (folder 'DNA'.)

Standard letter to family and GP from Consultant see below

Consultant to refer to social care once PDSN has provided them with above information on standard DNA proforma by completing standard social care referral form (available via Flo).

To find form:

Consultant to use template (see below) and to add additional information according to individual situation.

Letters:

First 'WNB':

I was sorry not to see you with in clinic today. As you are aware, diabetes is a complex condition with serious long-term health concerns. It is important that has regular monitoring and is seen in the doctor-led diabetes clinic at least every 3 months.

It is essential that we see in the doctor-led diabetes clinic as soon as possible and another appointment has been arranged for.......

In the meantime, the Paediatric Diabetes Specialist Nurse will be in contact to discuss any concerns.

If your contact numbers or address have changed please let us know by contacting the diabetes team on 01332 786963.

Second 'WNB'

I was sorry not to see you with In clinic today. I note that this is the second time you have not managed to make it to an appointment. As you are aware, diabetes is a complex condition with serious long-term health concerns. It is important that has regular monitoring of growth and diabetes control and is seen in the doctor-led diabetes clinic at least every 3 months.

It is the shared responsibility of family and the diabetes team to support ... with his/her health needs and it is our duty to consider the risks of non-attendance at clinic. If you have practical difficulties attending appointments, please let us know as we may be able to offer help.

Your GP is also aware that has missed a number of appointments and we will contact the GP to ensure that you are collecting prescriptions.

It is essential that we see in the doctor-led diabetes clinic as soon as possible and another appointment has been arranged for.......

In the meantime, the Paediatric Diabetes Specialist Nurse will be in contact to discuss any concerns

If your contact numbers or address have changed please let us know by contacting the diabetes team on 01332 786963.

If you and ... do not attend this appointment in the **doctor-led diabetes clinic** I will have no choice but to refer to social care in line with the local safeguarding policy due to non- attendance at medical appointments, as failure to bring a child/young person to an appointment could significantly impair the child's future health.

If you have any concerns, please contact the diabetes team on 01332 786963.

Third 'WNB': (please address to parent regardless of age of young person

I was sorry not to see you with in clinic today. I note that this is the third time you have not managed to make it to an appointment. As you are aware, diabetes is a complex condition with serious long-term health concerns. It is important that has regular monitoring of growth and diabetes control and is seen in the doctor-led diabetes clinic at least every 3 months.

As you have now failed to bringfor 3 appointments I will be making a referral to social care in line with the local safeguarding policy due to non-attendance at medical appointments, as failure to bring a child/young person to an appointment could significantly impair the child's future health.

Your GP is also aware that has missed a number of appointments and we will contact the GP to ensure that you are collecting prescriptions.

It is essential that we see in the doctor-led diabetes clinic as soon as possible and another appointment has been arranged for.......

In the meantime, the Paediatric Diabetes Specialist Nurse will be in contact to discuss any concerns

If your contact numbers or address have changed please let us know by contacting the diabetes team on 01332 786963.

Template for Referral to social care: please fill in social care referral form but can 'copy' and 'paste this information onto the form

I am a consultant paediatrician at the Derbyshire Children's hospital. I am a specialist in paediatric diabetes.

I would like to make a referral to social care under section 47 of the Children's Act because of neglect of this child's medical condition.

....suffers from ...diabetes. This is a complex long term condition with serious health concerns. It is important that a child/young person with diabetes has regular monitoring of growth and diabetes control. It is a national requirement that children with diabetes are seen in the consultant led diabetes clinic at least every 3 months and have at least a further 8 contacts with the diabetes team each year. Failure to attend appointments and engage with the diabetes team will have a detrimental effect on diabetes control putting the child/young person at risk of both immediate and long term life threatening conditions.

In ...case, ...he/she has now not been brought to the clinic on 3 consecutive occasions. She was last seen at the hospital on ...

In addition, please include information on the following as appropriate:

- Any other concerns in the past e.g. date of diagnosis and previous concerns with non-attendance
- Other missed appointments with diabetes team
- o Admissions to hospital e.g. DKA
- o Other issues engaging with team
- o HbA1c
- Family issues

If you have any questions the paediatric diabetes team can be contacted on 01332 786963 Summary Guideline for non-attendance at paediatric diabetes clinic

1st 'WNB'

Standard letter to parent/carer and GP with date and time of next appointment. Paediatric diabetes specialist nurse (PDSN) to contact family and arrange additional review if necessary

2nd 'WNB'

PDSN contacts

Family Social care School / HV

GP

Review twinkle for other DNAs

PDSN informs consultant within 7 days of outcome of enquiries by email using standard proforma (see appendix 1) and saves copy of proforma on diabetes shared drive

Standard letter to parent/carer and GP with date and time of next appointment. Inform parent/carer that a referral will be made to social care if 3rd DNA.

3rd 'WNB'

PDSN contacts

Family Social care School / HV

GP

Review twinkle

PDSN informs consultant within 7 days of outcome of enquiries by email using standard proforma (see appendix 2) and saves copy of proforma on diabetes shared drive (DNA folder).

Consultant to refer to social care including above information from PDSN using standard referral form for either Derby City social care or Derbyshire County social care. Referral forms available on 'Flo'

Standard letter to parent/carer and GP with date and time of next appointment. Inform parent/carer that a referral has been made to social care.

The Trust safeguarding team may be contacted at any time during this pathway for advice and depending on other factors a decision to refer to safeguarding for neglect can be made earlier then 3rd 'WNB'.

5. References (including any links to NICE Guidance etc.)

TRUST POLICY FOR THE MANAGEMENT OF CHILDREN, YOUNG PEOPLE AND NEONATES WHO ARE NOT BROUGHT FOR THEIR APPOINTMENTS' (Reference Number POL-CL/1887-233/2011)

Diabetes (type 1 and type 2) in children and young people: diagnosis and management. NICE guideline (NG18) August 2015.

6. Documentation Controls

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Review Date	Review Date			July 2026					
Contact for Review			Dr Julie Smith						

Appendices -

Appendix 1: 2 nd 'WNB'enquiries		Name
School/nursery		DOB
Date of last clinic attended		
Date of 1st WNB		
Date of 2nd WNB		
Other missed appointments (give dates and appointment type)	PDSN	
	Dietician	
	Psychology	
Contact family	Date contacted Concerns	
	Additional Appointmen made?	t
Information from school /HV		
Information from GP		
Information from social care. Please record concerns	Concerns: y	/es/no
Any other information		

Appendix 2: 3 rd ' WNB ' enquiries			Name				
School/nursery			DOB				
Date of last clinic attended							
Date of 1st WNB							
Date of 2nd WNB							
Date of 3 rd WNB							
Other missed appointments (give dates and appointment type)	PDS	SN					
	Diet	ician					
	psyd	chology					
Contact family		tacted					
	Con	cerns					
		itional ointmer le?	nt				
Information from school /HV							
Information from GP							
Information from social care. Please record concerns	Con	cerns:	ye	es/no			
Any other information							