1. **Code on EMIS Child not brought to appointment 9Nz1**
2. **Consider using child safeguarding (cSG) template to document your SG review/plan**
3. **Consider using online invisibility**

**consider**: clinician or admin enquiry contact call same day depending on booking reason

**Inform allocated social worker** (consent not needed)

**Consider**

If secondary care failed encounters they may need re- referral for the original complaint

**Child not brought to appointment (CNBA) flowchart** (previously known as DNAs)

This guidance has been written to support practices in appropriate processing of failed health encounters for children (u18) as these unfortunately can be a marker of neglect/risk. We acknowledge the rights of the child to confidentiality when accessing health and especially for older children (over 12s) would prompt colleagues to be cautious if sharing information with parents without the YP’s consent (eg re CAMHS, sexual health) and follow best interests approach. [Principles of confidentiality - professional standards - GMC (gmc-uk.org)](https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/0-18-years/principles-of-confidentiality)

**FAILED ENCOUNTER planned face to face @ GP practice**

**Consider**

Do other agencies need to be informed? Children’s social care / secondary care/ CAMHS etc

Decided on a case by case basis but **consider** rebook via either:

* Admin to call
* Clinician to call
* Text to prompt them to pick up/attend/reply
* Letter
* Consider use of safety net template to ensure they take up offer of appointment

**Under 5?** Bring to vulnerable child MDT to discuss with colleagues and health visitor. Do you need to refer to Multi Agency Safeguarding Team (MAST)?

**Over 5?** Consider discussing with school nurse and your colleagues. Do you need to refer to MAST?

**Doesn’t meet referral threshold?** Review case in meeting eg in 4 weeks.

**FAILED ENCOUNTER Telephone appointment @ GP practice**

Consider:

Sending text prompt to pick up your 2nd call

Sending text allowing option to reply

If older YP (with capacity) try to contact directly if possible

**Child subject to a plan (on a child protection plan)** or

**child in our care (looked after)?**

**Please Consider:**

**Are there any safeguarding concerns or indicators of neglect?**

Eg.

Is the child subject to a plan or looked after?

Have there been multiple CNBA’s?

Are there MH, DV, substance misuse issues, other siblings with vulnerabilites at home that may be compromising parenting?

**FAILED ENCOUNTER**

**with external health offer** e.g. hospital, community

Typically information received via workflow/docman

No

Yes