

Safeguarding Adults

Was Not Brought / Did Not Attend / Non-engagement Guidance for Primary Care

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Introduction/Background

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect”

(Care and Support Statutory Guidance 2024)

Safeguarding duty applies to “adults at risk” who are defined by the Care Act 2014 as adults who have care and support needs (whether or not the local authority is meeting any of those needs), are experiencing, or at risk of, abuse or neglect (including self-neglect), and as a result of those care and support needs are unable to protect themselves.

Domestic Homicide Reviews (DHRs) and Safeguarding Adults Reviews (SARs) have evidenced that repeated missed appointments and/or lack of response to practice communications *can* be an indicator of neglect, self-neglect or abuse. It is therefore important that all health care providers can recognise patterns in missed appointments and/or lack of response to practice communications to identify safeguarding concerns, so that appropriate action can be taken.

There are many legitimate reasons for adults missing appointments. However, in order to ensure causes for concern are not missed there should be a process in place to identify and act on cases of a missed appointments.

It is recommended that practices have procedures to identify and follow children and adults at risk who do not attend scheduled appointments in the practice. Missed appointments with other providers should also be considered if the practice becomes aware of this.

Repeated cancellation, with or without rescheduling, of appointments should be treated with the same concern as non-attendance. Scenarios such as this *can* also be an indicator of disguised compliance.

Professional curiosity should be used to review these events, as apparent legitimate reasons for not attending appointments should not always be taken at face value and may require further exploration.

Vulnerable adults, even those with capacity, may have cognitive and/or physical impairment which may require more support to attend appointments and/or respond to practice communications. If a vulnerable adult is reliant on a carer to bring them to appointments and they are ‘not brought’, this *may* be due to neglect or abuse. If there are concerns regarding potential or known neglect (including self-neglect) or abuse involving any adult who has missed appointments, then appropriate follow up needs to be considered, including a variety of communication methods (telephone calls, text messages, letters) as well as home visits and/or safeguarding referrals if no contact can be achieved or there is ongoing non-engagement.

Considerations and Actions for GPs

- Coding missed appointments correctly – **“Adult not brought to appointment”**
- Coding cancelled appointments correctly – **“Appointment cancelled by patient”** or **“Appointment cancelled by parent”**
- Review patient records for any previous or ongoing safeguarding concerns

- Review any adjustments needed for the person; eg. check practice letters/referrals highlighted appropriately any communication needs or reasonable adjustments required to support the patient in accessing the health appointment appropriately (eg. language barriers, non-electronic communication, appointments at a specific day of the week).
- Think Family – Does the carer or do other family members who also miss their appointments? Consider whether the carer may themselves require intervention or support – see link below.
- Consider clinical consequences of this missed appointment/non-engagement and take further action as required – see Risk Assessment Tool below
- Communication with other professionals involved (eg. Other health or social care professionals involved).
- Clear documentation that WNB/DNA policy was actioned – document that you have considered all points listed above and actioned the outcome of your risk assessment as highlighted below.
- Ensure professional curiosity is implemented at subsequent contacts (eg. exploring why appointments were missed or cancelled, explore why letters or text messages were not responded to)
- Explore, offer and document outcomes of reasonable adjustment and communication needs review (eg. flag on patient records if translator is needed or written/verbal communication is required, use onecare digital flag)

Risk Assessment Tool for WNB/DNA

Level of Concern	LOW	MEDIUM	HIGH
Concerns	<p>1 or 2 missed/cancelled appointments</p> <p>No known safeguarding concerns or alerts</p> <p>No known physical or mental health concerns</p> <p>No known communication needs or disability</p>	<p>2 or more missed/cancelled appointments</p> <p>Known safeguarding concerns or alerts</p> <p>Known ongoing physical or mental health conditions</p> <p>Known communication needs or disability</p>	<p>Persistent pattern of non-attendance or non-engagement.</p> <p>Active ongoing safeguarding concerns or open to Social Care (eg. allocated social worker)</p> <p>Known significant physical or mental ill-health, drug or alcohol misuse, housing instability or domestic abuse.</p>
Actions	<p>Low Risk - Local Response:</p> <p>Is escalation necessary?</p> <p>Do you need to clarify with the patient the importance of attending the missed appointment and/or re-book and/or re-refer?</p> <p>Do you need to discuss with colleagues e.g. usual GP?</p>	<p>Medium Risk – Local Response:</p> <p>Inform usual GP or safeguarding lead GP Is further escalation necessary?</p> <p>Usual GP or safeguarding lead GP to diarise a time to review the records, complete Risk Assessment Tool and document outcome, then arrange patient follow-up.</p>	<p>High Risk – Local Response:</p> <p>Inform usual GP or safeguarding lead GP Is further escalation necessary?</p> <p>Usual GP or safeguarding lead GP to diarise a time to review the records, complete Risk Assessment Tool and document outcome, then arrange patient follow-up.</p> <p>Additional steps:</p> <ul style="list-style-type: none"> • Use a variety of communication methods to

		<p>Communicate with practice colleagues as required, eg. discuss case at practice safeguarding meeting.</p> <p>Medium Risk – Wider Response:</p> <p>Communicate with relevant colleagues in MDT and other agencies or health providers to share concerns and create a collaborative action plan.</p>	<p>communicate with patient/carer (eg. SMS, letter, email, telephone, easy read)</p> <ul style="list-style-type: none"> • Consider home visit • Consider possible cognitive impairment, document • Consider possible lack of capacity, has there been a previous/recent capacity assessment? Consider fluctuating capacity. • Consider whether self-neglect pathway is applicable, is a referral to social care required? (see link below) <p>Communicate with practice colleagues; notify safeguarding lead GP and consider further support request from ICB Safeguarding team</p> <p>High Risk – Wider Response:</p> <p>Communicate with relevant colleagues in MDT and other agencies or health providers.</p> <p>Action safeguarding referral to relevant Local Authority – referral pathways on REMEDY (link below)</p> <p>Request High Risk professionals meeting if required – please contact ICB team for support with this if needed.</p> <p>Request Police input if required – please report a patient as ‘missing person’ if no contact has been made after reasonable attempts (including a home visit).</p>
<p>Outcome</p>	<p>Document your review and actions in EMIS record.</p> <p>Continued reassessment of communication needs and level of concern.</p>	<p>Document your review and actions in EMIS record.</p> <p>Adult receives support to re-engage with services.</p> <p>Plan communicated to all professionals involved.</p>	<p>Document your review and actions in EMIS record.</p> <p>Multi-agency response initiated.</p> <p>Plan communicated to all professionals involved.</p>

			ICB safeguarding team support sought as required.
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Definitions

Was Not Brought (WNB) applies to children, young people and adults who rely on the support or presence of a parent or carer to attend appointments, who did not attend a planned appointment and had not cancelled or rearranged the appointment in advance.

Did Not Attend (DNA) applies to young people and adults who have the capacity to make a decision to attend appointments without a parent or carer.

Disengagement may occur when the family or adult does not respond to requests from staff to attend an appointment for health services or treatment. This may include;

- Disregarding health appointments
- Not being home for planned visits
- Agreeing to take action – but not doing so
- Hostile behaviour towards staff
- Manipulative behaviour resulting in health care not being received
- Actively avoiding contact with professionals
- Attendance at minor injury unit/A&E but did not wait to be seen
- Refusal of service

Resistant Behaviour/Disguised Compliance involves a relative/carer or the patient giving the appearance of engagement. They may cancel appointments frequently at the last minute, or after a period of non-engagement may attend appointments to reduce professionals' concerns. Examples of 'resistant behaviour' include:

- Deflecting attention; the patient/carer may focus on engaging well with one set of professionals to deflect attention from their lack of engagement with other services.
- Criticism of (other) professionals to divert attention away from their own behaviour.
- Pre-arranging home visits and presenting the home as clean and tidy, or only allowing professionals into a single room.
- Promising to take up services offered but then failing to engage or promising to change their behaviour and then avoiding contact with the professional.
- Frequent last-minute cancellations and rescheduling of appointments.

Communication needs: contact details; level of literacy; language barrier to verbal or written communication etc. must be considered and documented, and reasonable adjustments made to support access and understanding.

Supporting attendance: consider the time and location of appointments to support attendance based on the individual's (and their carer's) physical, mental, emotional and practical needs.

Reasonable adjustments: Legal requirement for practices to make provisions and changes their approach to ensure that services are accessible to people with additional needs as they are for everybody else. Examples could be help with making appointments, longer appointments and certain appointment times, easy read information.

Resources:

Safeguarding referrals:

- Remedy page for referral pathways - [Adult Safeguarding \(Remedy BNSSG ICB\)](#)

Self-neglect:

- Bristol KBSP - multiagency self-neglect guidance (June 2021)
- North Somerset SAB - self-neglect protocol and risk assessment (Dec 2019)
- South Gloucestershire SAB - self-neglect practice guidance (June 2022)

Carer support:

- Remedy page for carer support information - [Carer Support \(Remedy BNSSG ICB\)](#)
- Bristol and South Glos - [Carers Support Centre](#)
- North Somerset - [Care Connect](#)

Connecting Care:

- GPs can access further information about families and identify whether Social Care is involved through Connecting Care, [Connecting Care - login page](#)

Learning Disability:

- Remedy page for referral pathways - [Adult Learning Disability Health Service \(Remedy BNSSG ICB\)](#)

Drug & Alcohol Services:

- Remedy page for drug & alcohol services - [Drug and Alcohol Misuse \(Remedy BNSSG ICB\)](#)

Homelessness:

- Remedy page for support services - [Homelessness Support \(Remedy BNSSG ICB\)](#)

Missing Person:

- Avon + Somerset Police pathway for reporting - [Report a missing person | Avon and Somerset Police](#)