



Pre-appointment – no assumptions, maintain professional curiosity

- **Referrer** to make sure known up to date information about patient, carer and contact detail is communicated.
- **Self-referral** – ensure staff receiving referral check the patient, carer and contact detail.
- **Ensure Reasonable Adjustments** made at setting of appointment including consideration of when it is possible for patient to attend. Always use appropriate **accessible/Easyread** invites/communication. Check your [Reasonable Adjustment flag](#) information on your clinical system
Consider [Reasonable Adjustment Campaign « Learning Disability Network \(neclidnetwork.co.uk\)](#) posters and information to be present on walls/website/appointment information .
- **Consider** [Poverty Proofing ©](#) -what is available in your service/trust? [Money in Mind: money and mental health signposting tool | Money and Pensions Service \(maps.org.uk\)](#) [Healthcare professionals guide : Mental Health & Money Advice \(mentalhealthandmoneyadvice.org\)](#)
- Consider [consent, confidentiality, Fraser competence, parental responsibility \[PR\], consent to data \[CTD\]](#).
- **Consider Digital exclusion** and its implications for child and carer.
- **Recheck information at every contact** as this may change.
- Consider **repeated late cancellations** as well as appointments not attended

At an incident of young adult not brought

- **Consider difference between a known/not known** patient - https://www.nenc-healthiertogether.nhs.uk/download_file/2721/0
- **Try again** to contact and **check who** do we contact (trusted adult/support network)
- If unsuccessful contact at time of incident, **follow-up** over coming days
- **Risk stratification** – consider need for **urgent** action
- Documentation of rationale for any **action/discharge**, document it
- **Primary care** to be informed to notify other agencies as appropriate
- Do you need **safeguarding** procedures? [North and South of Tyne Safeguarding Procedures Online](#)
- **Mitigation** of any other risk e.g. crisis team needed?
- Consider repeated **cancellations** at last minute/previous history
- **Outreach** needed? How do we use the network/**MDT** around the child, e.g., primary care link workers/social care planners, school

Review of policy

- **Themes** of child/young adult not brought to review policies ongoing
Incorporate **new** guidance/local policy
- **Be proactive** – can we identify patient groups at risk of CNB?
- **Are there new initiatives** in your area to Poverty Proof©?

Principles

[WNB-Guidance-Primary-Care-final-july-20.pdf \(northyorkshireccg.nhs.uk\)](#)

[NCEPOD - Transition: \(2023\)](#)

[B0467 i sensory-friendly-resource-pack.pdf \(england.nhs.uk\)](#)

[Prevention of Adult Not Brought Strategy « Learning Disability Network \(neclidnetwork.co.uk\)](#)

[Did not attend \(dna\) was not brought \(wnb\) policy - Tees Esk and Wear Valley NHS Foundation Trust \(tevv.nhs.uk\)](#)

[The NHS's role in tackling poverty \(kingsfund.org.uk\)](#)