Commentary

McClure and colleagues invite us to think again about children who are not brought up for outpatient appointments. The non-attendance rates they quote are in line with previous studies but I was surprised that attendance was no better at specialty clinics. They do not say whether attendance was influenced if the child was seen previously by a consultant or a junior doctor. It is also a pity that they do not provide separate data for first and follow up appointments; my experience in Birmingham is that non-attendance is about 50% higher for follow up visits and the reasons in the two cases could be different. Three questions need addressing: should we be concerned? Do we need to do anything about it? If so, what?

SHOULD WE BE CONCERNED?

We should, if only because of the waste of resources involved. But what proportion of the children come to any harm? This paper does not address that issue. All paediatricians presumably look through their 'did not attend notes' after a clinic and decide for each child what should be done. If any concern remains, then efforts must be made to contact the family, usually through the general practitioner or health visitor, to make sure that the child receives appropriate care. Although they are a small minority we must not dismiss the possibility of uncaring parents, or those who are incompetent, or stressed. The paediatrician's responsibility must be to the child, for whom there must be a safety net to protect the few who might come to harm from not being reviewed.

DO WE NEED TO DO ANYTHING ABOUT IT AND, IF SO, WHAT?

McClure and colleagues make some useful suggestions. It surprises me that most parents, even if they live lives of considerable personal and social disarray, remember to bring their child up for appointments made weeks or months in advance. Sometimes the simplest solutions are the best. In our department non-attendance rates fell dramatically when we began to send out reminder letters before approaching appointments.

It is intriguing that McClure and colleagues were able to demonstrate so many factors of statistical significance on the basis of a single attendance or non-attendance, when those who attend on one occasion might well not attend on another and vice versa. Some parents undoubtedly attend when it is most convenient for them, at intervals they consider appropriate. These authors suggest there should be more explanation and negotiation in clinics about future appointments.

They also state that parents who didn't attend gave their children a higher mark for illness severity. Perhaps there are personality characteristics which lead to non-attendance that also lead to exaggeration or perhaps non-attenders felt obliged to emphasise their child's illness to ensure another appointment.

It's not a new problem and we seem to have made little headway with it in the past, but with economic necessity in the driving seat it is to be hoped we can find a solution that will serve the interests of both trusts and patients.

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