Did Not Attend Appointments Sub Group/Task Group Report

Report from:	**Helen Oglivy on behalf of the DNA (did not attend clinic appointments) subgroup**
Report to:	**LINk Core Group**
Date:	**11th August 2009**
Subject:	**Non-attendance at Clinics: What are the issues?**

Activity Brief

Introduction/Background

Figures produced by Stockport PCT (now Stockport NHS) Provider Services for the year to end of February 2009 indicate varying levels of attendance at community-based clinics. Realistically, one would not expect a 100% take-up rate across all services. However, given the resource implications and the impact on individuals' health, one would want to see percentage figures for attendance in the high 90's. Therefore, an understanding of the factors contributing to non-attendance would be a helpful first step in developing a strategy to improve take-up.

Purpose/Aim

This paper, produced by a small Task Force of Stockport LINk members does not seek to provide the definitive answers – this would require substantial research resources. It does however set out to explore potential causal factors which might point to potential solutions. The content is based on the range of knowledge and experience within the Task Force and within local communities.

Objectives

- Research potential reasons why people do not attend clinic appointments
- Suggest improvements to tackle these issues

Team Members

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Activity Report

Activity

The figures produced by Stockport PCT (Appendix 1) show considerable variation in take up of Provider Services. Primary Care and Community Services such as District Nursing, Specialist Palliative Care and Diabetes Specialist Nursing show a relatively low level of 'Did Not Attends' (DNA's) – 2333 out of 191426 appointments or 1.22%. Of rather more concern, Rehab and Continuing Care Services, which includes the Community Rehabilitation Team, Wheelchair Service, Intermediate Care and Podiatry show 7422 DNA's from 87033 possible attendances or 8.53%. Two questions immediately spring to mind – Is this variation related to any difference in practice in these two divisions, either in terms of administration or in terms of patient care? Is this variation related to the nature of the patients who predominantly use these services – for example, the nature and seriousness of the presenting condition, the complexity of interacting conditions or the social and caring situations they live in?

The figures for Tier 2 services such as Community Heart Service, Chronic Obstructive Pulmonary Disease (COPD) Service at Kingsgate and Gynaecology Service show even higher levels of DNA – an average of 9.8% across seven services. Of particular concern is COPD Service at Kingsgate where 157 of 383 appointments were missed (41%). Interestingly, this service is located in a building on the A6 which has access issues for people travelling by public transport. If for arguments' sake one was approaching by bus from the south, one would have to alight at the nearest bus stop, walk downhill to cross safely then walk up an incline which might not be an issue for many people but which is prohibitively steep for people with breathing difficulties. It would therefore be helpful to know what percentage of patients using this service rely upon public transport. Applying the same principle to other services, to what extent does the location of the service lend itself to the needs of the patients using the service? Alternatively, is it simply the case that for people who have COPD the risk is high that on the day of the appointment they will be too unwell to attend? Is there any evidence that those who do not attend are those patients whose COPD is most serious?

The figures provided do not show any geographical breakdown but it would be helpful to know whether patients who do not attend come from particular areas of the community and whether this gives any clues in terms of strategy to increase take up.

Similarly, the figures provided do not give finer detail in terms of which types of clinic have particular issues. For example, within Rehab and Continuing Care we know that 8.53% of patients do not attend but the figures do not show what the respective figures are for (say) Falls Service or Direct Access Physiotherapy. If such information is available, does it show any pattern that might help us understand the issues?

Is there any pattern in terms of times of day that people fail to show? For example, are early appointments less likely to be kept? Are appointments that coincide with pick-up times from school less likely to be kept? Or is it the case that there is an even spread throughout the day?

The figures do not show whether there is an age, ethnicity or gender issue in terms of non-attendance. This information might also offer clues in terms of reasons for not attending.

Rather than commenting on each set of figures individually, let us look at some broader brush strokes on the canvas, some potential causal factors that might apply to many of the service areas.

What might some of the causal factors be?

Administrative issues

The figures indicate in the region of 450,000 Provider Service appointments per annum – no simple task to administer. On one level, it is cause for congratulations to administrative staff that the DNA level is so low in so many settings. However, with improvement constantly in mind, are there ways in which the administrative process could be improved? The following questions may be worth pursuing:

- Appointments may be made but are patients always informed?
- For appointments made some substantial time in advance, are reminders sent close to the date of the appointment? If so, do these encourage people to inform the service that they are unable to attend so that the appointment can be re-allocated?
- Does the administrative system offer the option of text messages or emails to remind people?
- How accurate are the records of contact details? Are they checked at point of referral and at each appointment?
- How does the system update in terms of patients who have died?

- When appointments are sent out, are details of location of clinic, parking, transport links and so on sent? As resources are relocated throughout the borough, people may not be familiar with locations and may be put off attending.
- Do operational and administrative staff have views about how the system could improve? They are in a strong position to offer clear examples of where the system of communication breaks down.

Promotional Issues

How are there Provider Resources promoted? Is access through referral by a professional or can people self-refer? Are the resources promoted in a way to help people understand why they may be relevant for them? Are they promoted in a non-stigmatising way?

Ability to attend

Realistically, we have to acknowledge that for some people, keeping appointments will not be a priority for a whole range of reasons, thus the illusory 100% will remain exactly that, an illusion. However, we have to work on the assumption that those patients form a very small minority and that there are causal factors that will influence the ability of many to attend. These include

- Traffic congestion or parking problems making someone so late that they give up and miss the appointment
- For those in work, particularly in the current financial climate, concern that taking time off for a clinic appointment will bring them into conflict with their employer
- For those who are informal carers, having no-one else who can take over their responsibilities and not being able to leave the cared-for person or bring them to the appointment
- For those who are informal carers, being allocated an appointment time that does not fit in with (say) the times the cared for person is in Day Care
- For those who are informal carers, there is a crisis with the person they care for on the day of the appointment and the carer prioritises the needs of the cared-for over their own health needs
- For single parents of young children who have no back-up at home, the complexity of juggling school journeys, toddlers, work commitments and public transport in order to attend an appointment may prove too complex to manage, particularly if this is a regular requirement and particularly if one is unwell
- For parents with young children, not having anywhere safe to leave the children while going in to see the practice nurse or other professional
- For working parent(s) who have already had to take time off to attend appointments for the children, not wanting to take more time off and therefore not prioritising their own health
- For people with mental health needs, feeling too nervous to attend without support and no-one being available to support them.

Willingness to Attend

In addition to ability to attend, we need to consider what factors might influence someone's willingness to attend? Here are some possible factors:

- Previous bad experience at a clinic, such as negative or indifferent attitude of staff or discriminatory practice.
- Getting the message that you have to be at death's door to have an appointment so not bothering

- Long waiting times
- Uncomfortable or noisy environment
- Nothing apparently achieved at previous visit
- Lack of understanding as to why the appointment is important. Are people given written information to help them understand? Or details of a helpline that might help reassure them?
- Scared of what tests or examinations might show
- Scared to go to appointments alone but not having anyone they can ask for support
- Access to prescribed medication not being co-located with clinics, therefore another journey being needed to get the medication prescribed at the appointment

Outcomes of the Activity

As you can see from the report, the group was able to find a whole host of possible reasons for DNAs for Clinic Appointments. The group produced a lot of questions that should be asked and factors that may affect the willingness of patients to attend clinic appointments.

Resources

Group members gave up their own time to research and compile the report.

Conclusion

The group found that the main reasons for DNAs for clinic appointments are:

- Administrative issues
- Promotional issues
- Ability to attend
- Willingness to attend.

Recommendations

What might some of the solutions be?

- Addressing the administrative and systemic issues – for example, ensuring that reminders are sent by appropriate media close to the date of appointment and ensuring that patient contact details are up to date.
- Identifying/developing services that can provide alternative care to enable care givers to prioritise their own health needs – for example crèche-facilities for young children or sitting service to enable the carers of adults to leave them. (There are some developments underway in Signpost Stockport for Carers to address this latter issue, with a launch of a 'Back Me Up' service anticipated in the Autumn 2009. Stockport Care Schemes are also able to help care givers of both children and adults in this respect)
- Having identified/developed such services, ensuring that details of them are well publicised and reference to them included in appointment letters that go out
- Ensuring that the geographical location of a service, and the nature of the building in which it is located, is consistent with the needs of the patients using that service.