

SUMMARY REPORT

Plymouth Health and Adult Social Care Overview and Scrutiny Committee

29 January 2020

Subject University Hospitals Plymouth NHS Trust CQC Action Plan:
Emergency Department Inspection

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Purpose

To provide assurance to the Committee around outpatient appointments provided by University Hospitals Plymouth NHS Trust and in particular DNAs (Did Not Attends).

Decision	
Approval	
Information	
Assurance	●

Corporate Objectives

Improve Quality	Develop our Workforce	Improve Financial Position	Create Sustainable Future
●			

Executive Summary

The Trust is one of the best performing in the country for DNA (Did Not Attends) rates, ranking 14 best out of 127 Trusts across the country. The report gives an update on work done to reduce DNAs and survey work to understand what matters to patients about their outpatient appointments.

Quality Impact Assessment

Maximising attendances at outpatient appointments contributes to better quality care for our local population..

Financial Impact Assessment

There is a cost both to the provider and to the individual patient of missing their outpatient appointment.

Regulatory Impact Assessment

Not applicable.

Equality and Diversity Impact Assessment

No equality and diversity issues are identified in this report.

Main points

Introduction

- 1.1 The Committee has requested an update regarding the number of missed hospital appointments at University Hospitals Plymouth NHS Trust, these are commonly referred to as DNAs – Did Not Attends.

- 1.2 Please note the scope of this report. This covers missed outpatient appointments in clinics run by University Hospitals Plymouth NHS Trust. It does not cover community outpatient appointments in clinics run by Livewell Southwest or missed appointments with GPs. An update on these will need to be sources from those providers.

Encouraging patients to attend – a reminder

- 2.1 UHP has used a text reminder service since May 2014.

Seven days beforehand, adults or parents/carers of children are contacted by an automated call and offered the opportunity to either confirm attendance at their appointment or reschedule. Adults or parents/carers are authenticated prior to appointment confirmation request.

If this automated call is not responded to, the process is repeated on day six and day five and two days before the appointment, provided we have a mobile number, everyone receives a reminder text.

- 2.2 Validating contact details

When patients check-in for appointments, we ensure we validate their contact to confirm we have the most up-to-date on record.

Performance and Benchmarking

- 3.1 University Hospital Plymouth's DNA's rate for Quarter 2 (July to Sept 2019) was well below average at 5.17% (national median is 7.13%, peer median 6.88%), as shown in Figure 1 below.

The Trust ranks 14th lowest (best) out of 127 Trusts.

The Trust has been on an improving (reduced %) trajectory consistently over the last three years (UHP are the blue line in Figure 2 below).

This data is taken from [Model Hospital](#), a digital information service designed to help NHS providers improve their productivity and efficiency. Hospitals can drill down into data to see where they are performing well and where there are opportunities to improve.

Figure 1

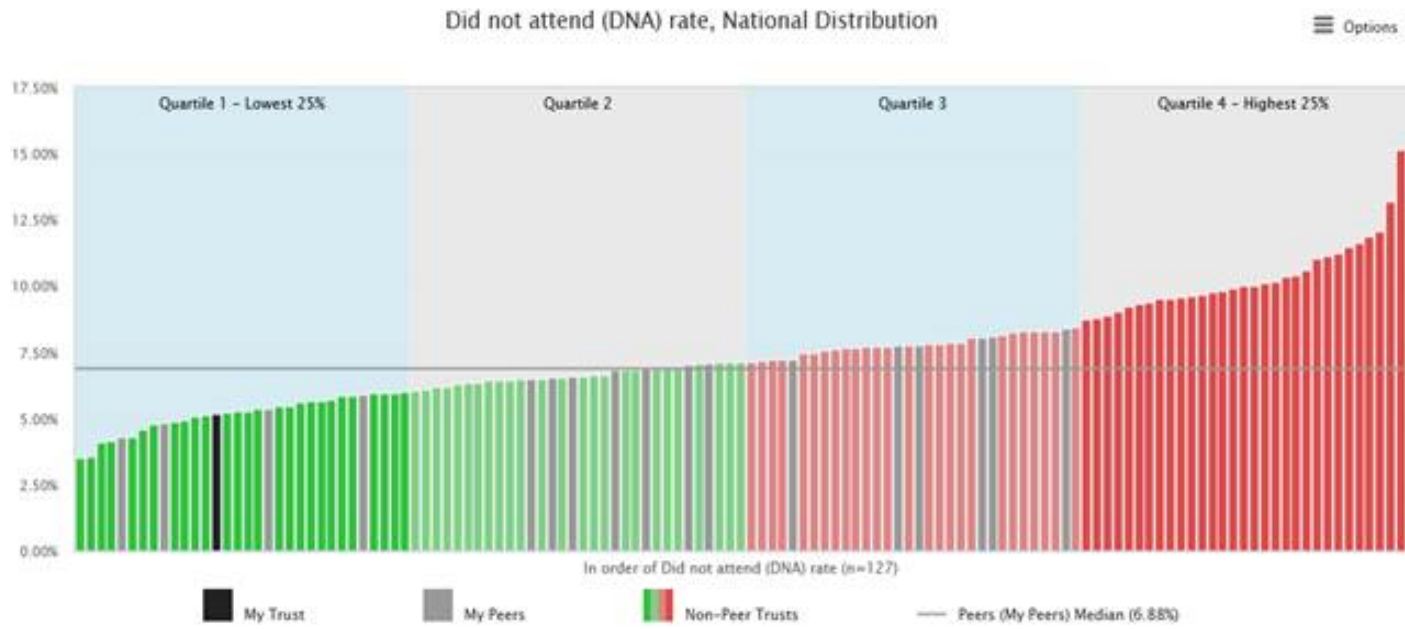
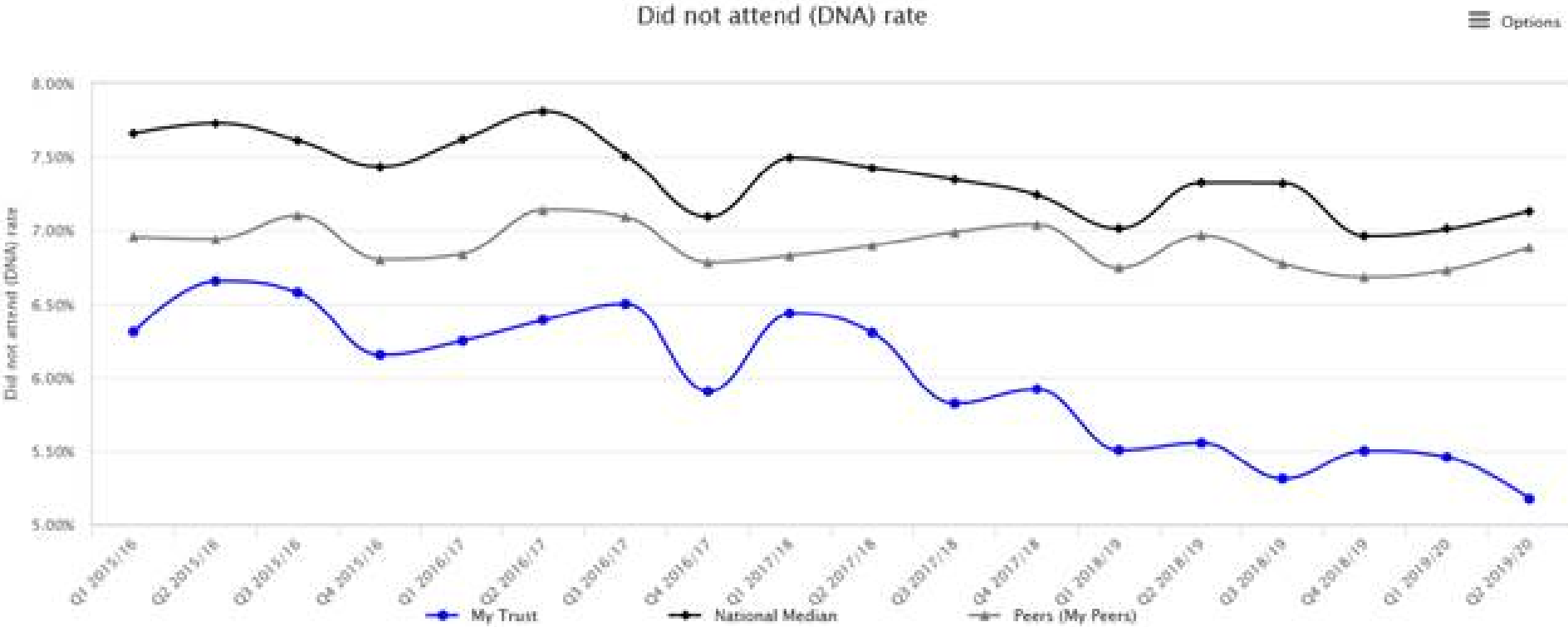


Figure 2



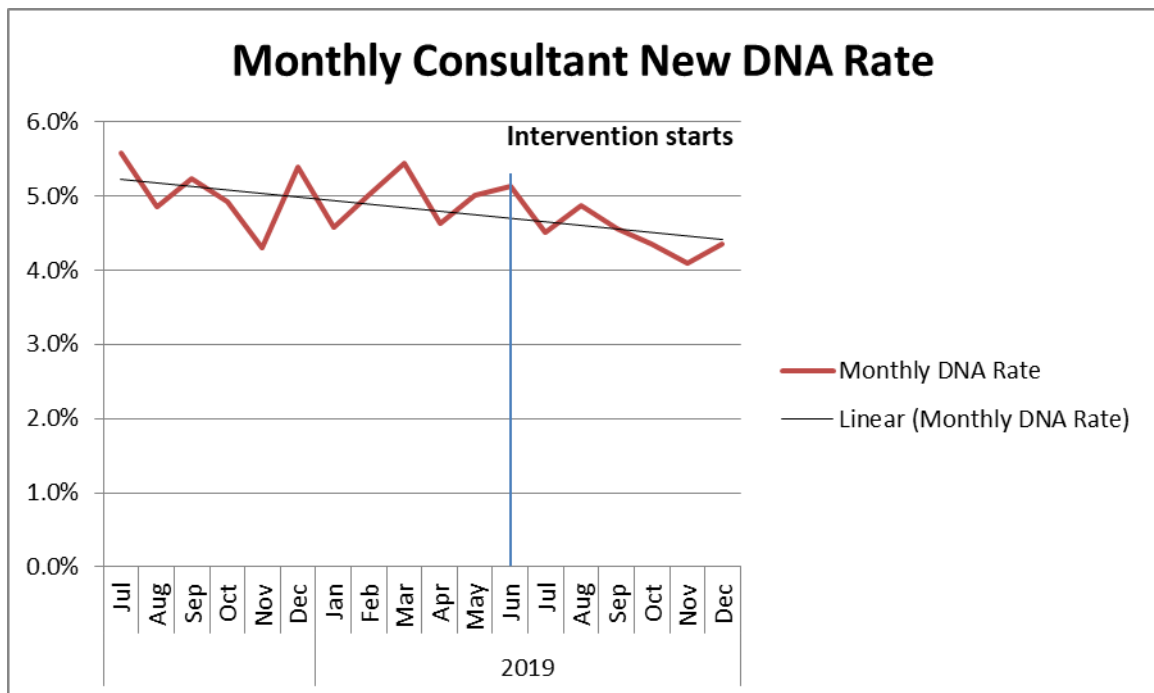
Further Improvements

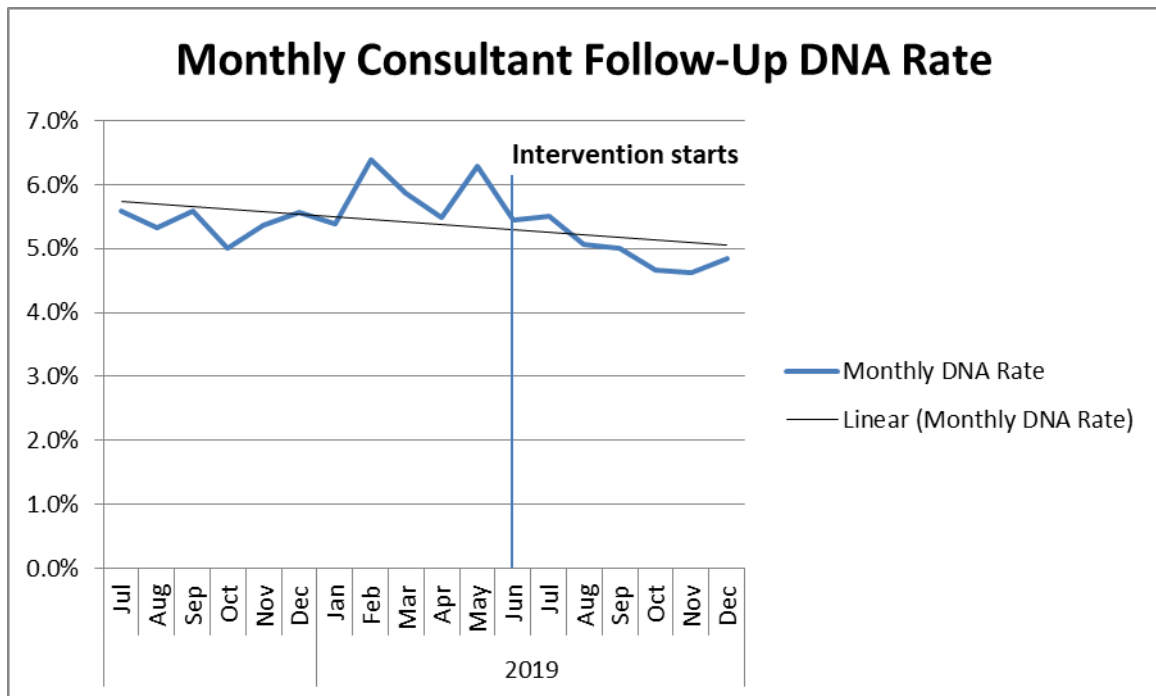
- 4.1 In line with evidence, the Trust introduced new wording into text reminders and patient appointment letters in June 2019. The next text stated that an appointment costs an average of £100 and was based on evidence from a 2015 trial in Barts which showed that a change in wording can reduce DNAs. In the first trial, a change in message including the cost of a missed appointment to the health system produced a DNA rate of 8.4%, compared to the control group of 11.1% The study is available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0137306>

The precise wording used in the trial builds on a number of psychological principles that are known to influence behaviour, namely the consistency principle, salient cost linked to individual action and the ease with which people can rearrange if needed.

- 4.1 These changes have correlated with further falls in DNAs, with November 2019 seeing our lowest rates ever for both new and follow-up appointments.

Figure 3





Work with patients

- 5.1 With the continued reductions in DNA and the excellent national benchmarking, the need to undertake survey work to understand why patients miss appointments was replaced with work supporting a move to provide alternatives to face-to-face follow-up appointments.
- 5.2 UHP offers more than half a million outpatient appointments every year but still has 40,000+patients waiting for a follow-up appointment beyond their required date to be seen. UHP is keen to change the way some of its services run in order to reduce the number of patients waiting beyond their required date to be seen and to reduce the burden on patients and their families of having to come to the hospital or clinic setting.
- 5.3 As part of the Devon NHS Long Term Plan engagement work, as the Committee was made aware, in July and August 2019 UHP staff, support by our Patient Council, undertook survey work with patients to understand more about what matters to them in an outpatient appointment and their appetite for possible alternatives. We would like to formally thank our Patient Council for their support with this work and Healthwatch Plymouth for their advice and guidance in advance of undertaking it.
- 5.4 Face-to-face surveys were undertaken with 163 patients or guardians of patients in 17 clinics. The total number of patients booked for these clinics was 434, representing 38% of all patients in the clinics selected. Key findings included:

The majority of patients did not undergo a test/examination at their outpatient appointments

The majority of patients interviewed (67%) did not have a physical examination or undergo a diagnostic test on the day of their appointment. The majority of patients had a discussion with a healthcare professional about their health or were given updates or information about their condition.

Information-sharing and reassurance matters most to patients; but being seen in a timely way is also a concern for 10% of patients

In terms of what matters to people about their outpatient appointments, the most important

factor was ongoing monitoring, information and reassurance (n = 56 respondents). The next most often-cited factor was obtaining results, a diagnosis and/or prognosis. Being seen in a timely way or getting an appointment at all was third place in terms of mentions (n=16). Two patients had waited more than a year for their appointment.

There is a cost to patients in attending outpatient appointments. 20% of those interviewed had to take time off work and a further 19% have a caring responsibility
Healthcare costs are most often talked about in relation to provider expenses. When we examine the costs to patients of attending appointments, the majority do experience a cost – financial or otherwise.

- More than half had to pay for parking (n =65) or bus/taxi fare (20).
- 20% (32) had to take time off work.
- 19% of respondents (31) were carers and had to make alternative arrangements for someone they care for to be looked after.

Three-quarters of patients would prefer to return for a face-to-face appointment
Out of the 134 respondents for whom this question was applicable, 101 said they preferred to return for a face-to-face appointment with their specialist. 33 (25%) would be happy with an alternative method.

Scheduled phone calls are the most popular alternative
The most popular choice amongst respondents for an alternative to face-to-face appointments was a scheduled phone call (78), followed by patient-initiated contact via phone or email (55) - as already used in other services, such as Rheumatology.

These findings have been fed into the work of UHP's Outpatient Steering Group.

Conclusion and Recommendations

It is recommended the Committee takes assurance from the benchmarking data and work undertaken.