

## PLYMOUTH CITY COUNCIL

**Subject:** Missed Hospital Appointments

**Committee:** Health and Adult Social Care Overview and Scrutiny Committee

**Date:** 23 January 2019

**Cabinet Member:** Councillor Tuffin (Cabinet Member for Health and Adult Social Care)

**CMT Member:** Carole Burgoyne (Strategic Director for People)

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**Ref:**

**Key Decision:** No

**Part:** I

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### **Purpose of the report:**

The purpose of this report is to respond to the Committee's request for information on outpatient missed appointments and the cost of this at University Hospitals Plymouth NHS Trust.

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### **Corporate Plan**

The relationship to the Corporate Plan (and Plymouth Plan) – comment must be made including how it helps to meet the City Vision, values, Objectives and outcomes contained within the plan, for, Pioneering Plymouth, Growing Plymouth, Caring Plymouth and Confident Plymouth.

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### **Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land**

None for Plymouth City Council - This report has been produced by University Hospitals Plymouth NHS Trust (UHP); any financial and resource implications will be relevant to the Trust rather than to the Council.

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### **Equality and Diversity**

Has an Equality Impact Assessment been undertaken? No

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### **Recommendations and Reasons for recommended action:**

It is recommended that the Committee takes assurance from the fact UHP is among the best performing trusts in the country for Did Not Attend (DNA) and the measures it is taking to further reduce these.

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**Alternative options considered and rejected:**

Not applicable

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**Published work / information:**

Stating Appointment Costs in SMS Reminders Reduces Missed Hospital Appointments: Findings from Two Randomised Controlled Trials (2015):

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0137306>

**Background papers:**

Not applicable

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**Sign off:**

Approved by: Kevin Baber, Chief Operating Officer University Hospitals Plymouth NHS Trust.

## **1.0 Introduction**

- 1.1 The Committee has requested information 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.

## **2.0 Encouraging patients to attend**

- 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.

## **3.0 Performance and Benchmarking**

Annex 1 shows how UHP compares to similar hospitals for the number of occasions when patients Did Not Attend appointments. 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.

Performance in Quartile 1 shows trusts which are among the lowest 25% in the country for DNAs. Conversely, performance in Quartile 4 shows those trusts with the highest level of DNAs.

Annex 1 shows data for Quarter 2 of 2018/19 (July-September) and is the latest available. It shows UHP in the best performing quartile for this measure with a ranking of 14.

The overall DNA rate for UHP is 5.6%. This compares to a peer median of 6.15% and a national median of 7.3%.

## 4.0 The costs of DNAs

In Quarter 2, a DNA rate of 5.6% equated to 7,090 outpatient appointments missed.

The cost of DNAs is twofold:

- To the patient
- To the organisation and the NHS

The average cost of an outpatient appointment at UHP is £85. This means that the total cost in Quarter 2 of missed appointments was £602,650. Alternatively, if the loss was measured in terms of lost income to the trust under a Payment By Results contract, it would equate to £121 per appointment.

We take measures to mitigate against a high number of missed clinic slots and loss of income by:

- Rebooking appointments with a suitable alternative patient when someone cancels in advance
- Several internal processes to review and communicate booked utilisation of clinics in advance
- Wherever possible enable clinics to be nonspecific, ensuring different types of patients can be seen within the specialty

## 5.0 Following up with patients

5.1 Any patient who does not attend their agreed appointment (new or follow up) will be clinically reviewed and discharged if appropriate back to the care of their GP. Both patient and GP will be notified of this in writing to ensure the referring GP is aware and can action further management of the patient if necessary.

Exceptions to this are:

- when a clinical decision is taken that discharging the patient is contrary to the patient's clinical interests
- clinically very urgent referrals including cancer, or active surveillance for cancer, rapid access chest pain, and other critical illnesses
- Children of 18 years and under or vulnerable adults. For these patients after the reason for a DNA has been established, this should be documented in the health records. A further appointment needs to be offered to the patient and the importance of attendance needs to be reiterated to the parent / carer. If there are any safeguarding concerns about a child or young person under the age of 18 years further guidance should be sought from the relevant Trust policy or safeguarding lead.

When one of the following can be confirmed

- The appointment was sent to the incorrect patient address
- The appointment was not offered with reasonable notice

Where circumstances were beyond the patient's control, the trust will endeavour to be as flexible as possible. The patient must first be contacted to ascertain the reasons for DNA and ensure compliance to attend a rescheduled appointment.

## 6.0 Further measures

We continue to work with NHS Improvement to look at national initiatives which may help further reduce DNA rates.

We are working to introduce new wording in text reminders to further encourage attendance. This is 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.

As a trust, we are also planning to undertake a survey to understand why patients DNA and then look to see how best we can address these underlying causes.

University Hospitals Plymouth NHS Trust

Select chart type  
Variation Chart

Did not attend (DNA) rate, National Distribution

Options

