

Survey of Did Not Attends (DNA's) at GP Practices

February 2018

Background

Healthwatch North East Lincolnshire (HWNEL) attends the local quarterly Patient Participation Group (PPG) Chairs Meetings where there has been some recent discussions around patients that do not attend appointments and whether financial sanctions should be introduced. Some Chairs present were able to identify how DNA's were being dealt with by their practice but it was clear that there was no repository for bringing together wider activity across local practices. HWNEL was asked to see what information, if any, local GP practices hold on did not attend activity so that comparisons could be made and any best practice identified.

Method

HWNEL wrote to all GP practices in North East Lincolnshire asking them to share information that was already being collated or which they could briefly comment on. The purpose of this exercise was given as being to:

1. Get a better understanding of the level of the issue locally including any trend comparisons over time (where available) and how this impacts e.g. waste of clinician time/resources.
2. To identify whether it is identified as a particular issue for certain groups e.g. for children or for older people.
3. To identify what steps practices take to tackle the problem e.g. information on screens in waiting areas or on websites or telephone or letter contact with patients affected.
4. What initiatives have been taken which have proved effective in reducing the monthly out-turn.

A deadline for replies was set at 31 December 2017.

Findings

The following ten practices have now provided responses:

- Fieldhouse Medical Group
- Scartho Medical Centre
- Medi-Access Surgery, Weelsby View Health Centre
- Quayside Medical Centre
- Open Door

- Cleve Medical Centre
- Birkwood Medical Centre
- Dr A Kumar (Stirling Medical Centre)
- Roxton
- Dr P Suresh Babu

1. Statistical Data

The level of detail collated on Did Not Attends seems to vary considerably. Some practices routinely collate details monthly by age bracket which are expressed as a percentage of number of appointments available while others did not actively monitor rates.

Fieldhouse provided the following breakdown on DNA's as a % of attendees:

Date	GP	P Nurse	HCA	DNA's	Total Attendances	DNA % (rounded)
Jul-16	2146	1524	1222	307	4892	6.28
Aug-16	2184	1452	1331	277	4967	5.58
Sep-16	2642	1533	1427	356	5602	6.35
Oct-16	2180	1748	1473	314	5401	5.81
Nov-16	2443	1839	1427	359	5709	6.29
Dec-16	1886	1323	1066	271	4275	6.34
Jan-17	2584	1500	1336	313	5420	5.77
Feb-17	2323	1209	1302	282	4834	5.83
Mar-17	2735	1383	1516	329	5634	5.83
Apr-17	2076	1013	1179	315	4268	7.38
May-17	2289	1286	1329	301	4904	6.13
Jun-17	2181	1444	1205	328	4803	6.79
Jul-17	1851	1233	1294	327	4378	7.47
Aug-17	2525	1180	1370	321	5075	6.33
Sep-17	2193	1006	1204	268	4403	6.09
				4668	74592	5.90

Birkwood was able to give a breakdown for the last 12 months as follows:

Age range	DNA PT Count	DNA Count	PT Attended Count	Attended Count	DNA %
0-9	190	347	855	4379	8%
10-19	129	177	754	3306	5%
20-29	193	319	777	4846	7%
30-39	201	394	853	5790	7%
40-49	181	341	945	7171	5%
50-59	185	262	1022	8152	3%
60-69	149	207	1000	8591	2%
70-79	100	141	702	8267	2%
80 +	84	123	498	7016	2%
	1412	2311	7406	57518	4%

Dr Kumar's practice gave a breakdown of recent appointments and minutes 'wasted' which is placed on the notice board in their reception:

Month	Appts wasted	Mins wasted
October	138	1610
September	76	1165
August	114	1542
July	136	1710

Dr P Suresh Babu also has provided the following audit figures for Q3 2017/18 which are printed every month and displayed in the waiting area and all DNA's are documented in the patient record:

MONTH	DNA GP	DNA NURSE	TIME WASTED
OCTOBER	17	41	763
NOVEMBER	13	38	663
DECEMBER	19	29	626

Weelsby View provided a graphic which is included as an appendix to this report.

Roxton also provided data for the last year which is also appended to this report.

Others provided more generalised data as follows:

Name of Practice	Details
Fieldhouse	See above + stats are published monthly on their website under Practice Consultation Data. Younger people aged 16-40 are said to be the worst offenders along with parents with younger children.
Scartho	We have a good understanding of DNA's which formed part of a PPG Action Plan last year. We do a monthly review of rates but these do not normally increase above 3%. We do not DNA children but use 'Was Not Brought' instead.
Quayside	2,800 registered patients with average of 150-200 DNA's per month.
Open Door	1,300 registered patients and up to 100 DNA's per month.
Clee Medical	We do not actively monitor DNA's – we used to display the figures but found it made no difference to the rates.

Some additional observations on the data and information provided are as follows:

- DNA rates appear either overall or by age category to vary from 2 – 7.7% presented as a % of attendances.
- Some of these practices break down their stats by age category and others do not.

- Information from Birkwood, Weelsby View and comments by Fieldhouse suggest that younger people or parents with young children are for them the worst 'offenders'. Dr Kumar, however, felt it was across all age groups so it was difficult to target.
- Open Door relate their perceived high levels of DNA's to the nature of many of their patients that have 'extremely chaotic lifestyles'.

How practices tackle DNA's

A range of processes are in place to mitigate DNA's which include:

Action identified	Mentioned by Practice
1. Putting information on monthly DNA's on screens in patient areas	Scartho; Birkwood; Fieldhouse; Quayside; Open Door; Dr Babu
2. Putting monthly information on DNA's website, Facebook or Twitter	Fieldhouse; Scartho
3. Breaking down DNA's around number of minutes lost and/or total cost.	Birkwood; Scartho; Dr Kumar Fieldhouse (considered at PPG but not implemented)
4. Sending confirmation and/or prior appointment text/email reminders.	Fieldhouse; Scartho; Clee; Roxton; Dr Kumar (includes cost of a missed appointment)
5. Facebook, email and text to mobile number all available to cancel appointments.	Roxton
5. Follow-up text after missed appointment re monitoring of this and cost to practice.	Dr Kumar
6. Calling those not using a texting option.	Fieldhouse; Scartho
7. Calls to DNA's by HCA to discuss reasons and what practice can do to help	Open Door (trial)
8. Warning letters sent (but content may vary).	Scartho; Fieldhouse; Birkwood; Dr Kumar; Dr Babu
9. Persistent DNA's referred to the Partners for consideration of removal from list (non-compliance being a breakdown in relationship).	Birkwood; Scartho
10. Persistent DNA's only allowed to have on the day appointments.	Dr Kumar
11. Have an agreed DNA policy in place.	Scartho
12. Pre-booking for HCA and specialist clinics	Clee
13. Call back on all requests for appointments and introduction of review appointments slots has reduced DNA's.	Clee
14. Automated 24x7 system for cancellation or changing of bookings + systmone	Clee

Please note that this is a list of what the nine practices indicated that they did but is not necessarily a definitive outline of all their current actions to mitigate DNA's.

Patient responses

Although we did not ask practices specifically about patient responses, Fieldhouse did comment that, when tackled, patients typically claimed they had forgotten about their appointment or were too busy to attend or that something else urgent had cropped up but that these responses underlined the lack of concern or realisation of the impact of this on other patients (wanting an appointment). Dr Kumar added that they have tried everything possible to tackle this problem but feel as though they are 'banging their heads against a brick wall'. They particularly felt that the online service for patients to book and cancel was largely unused.

Roxton have provided details of a survey of patients that they carried out in 2016. 224 responded and 33 (14.7%) admitted not having attended an appointment made for them. Of this group one third (11) said they had forgotten while 2 said they were unaware of the appointment with the rest giving a range of other explanations. When asked what would make it easier to cancel an appointment only 4 responded, suggesting a dedicated phone line would help. The practice now offers Facebook, email and text cancellation options. Perhaps significantly, 91% of all respondents felt that there should be a penalty for not attending with 42.6% suggesting fines and 12.3% mentioning '3 strikes and you are out' and 6.9% 'being struck off'. 29.4% offered other options while 20% were not sure what actions to take.

Conclusions

DNA is a persistent problem that will not go away but it can be reduced and, in a period of increasing pressures upon the NHS system, it is imperative that practices are proactive in reminding patients of the importance of keeping their appointments so that, if they are not needed, they can be given to others.

The use of text reminders and telephone calls in advance (at least the day before) is common practice in dentistry and, while numbers of patients at GP surgeries are much greater, there is value in maintaining a high level of checking. If practices do not have the resources to check on all patients, they might like to consider targeting certain groups such as younger people and the parents with young children booked in. Making cancellation as easy as possible through a range of options as offered by Roxton should be considered by all practices.

In addition, all practices will have an awareness of those with known difficulties whether it is those with 'chaotic lifestyles' as described by Open Door or, for example, people with increasing levels of dementia where a known carer may need to be prompted. No practices mentioned positive promotion of attendance looking at how many patients did turn up as opposed to those that did not but there is a school of thought that this approach may encourage defaulters to 'get on board'.

Some practices responding indicated that they had an agreed policy on tackling DNA's and it is important that such a reference point is established to secure a more consistent approach by staff across the practice.

Recommendations

We would recommend that:

1. The findings from this survey are shared with local GP practices and that they consider what methods used elsewhere might be useful to them in tackling this problem. In particular, that all practices consider whether additional information about the cost of non-attendance is included in their individual and general communications with patients.
2. To explore with the Clinical Commissioning Group whether a local poster campaign could be supported to further raise the profile of this issue.
3. That the Clinical Commissioning Group consider ways of promoting and encouraging consistent approaches to tackling patient non-attendance e.g. similar reporting formats through its Local Quality Scheme or other initiative

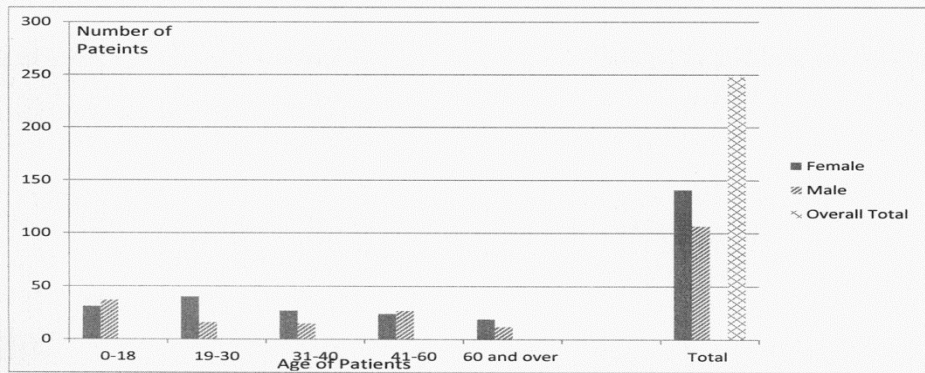
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Delivery Manager

5.2.18

Appendix 1 - Weelsby View (graphic supplied)

<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Overall Total</u>
0-18	31	37	
19-30	40	16	
31-40	27	15	
41-60	24	27	
60 and over	19	12	
Total	141	107	248



Metric 6: DNA Analysis (contd.)

Clinician Type	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Total
Nurse	2.7%	2.3%	2.1%	2.0%	2.9%	2.8%	2.7%	2.5%	2.3%	2.7%	2.7%	1.8%	2.5%
GP	3.8%	4.0%	4.5%	4.1%	4.0%	5.8%	4.5%	4.2%	4.9%	3.6%	4.1%	3.4%	4.2%
HCA	3.8%	3.4%	2.6%	3.6%	3.4%	5.0%	3.7%	4.7%	4.3%	3.6%	3.2%	4.2%	3.8%
Pharmacist	5.0%	4.8%	19.0%	0.0%	0.0%	5.6%	0.0%		19.0%	9.6%	0.0%	0.0%	7.9%
Other					0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	3.4%	3.2%	3.2%	3.1%	3.4%	4.3%	3.5%	3.6%	3.7%	3.3%	3.3%	2.9%	3.4%

