

Healthier Communities Select Committee			
Title	GP Do Not Attends: Scoping Paper	Item No	7
Contributors	Interim Overview and Scrutiny Manager		
Class	Part 1	Date	9 September 2015

1. Purpose of paper

- 1.1 It has been suggested that the Committee might wish to undertake an in-depth review into GP missed appointments known as 'Do Not Attends' (DNAs).
- 1.2 This paper provides some background information on the issue and sets out proposed terms of reference for a review, should the Committee wish to carry one out.
- 1.3 The in-depth review process is outlined at Appendix A.

2. Recommendations

The Select Committee is asked to:

- Note the content of the report.
- Consider the proposed key lines of enquiry for the review, outlined in section 6 and the timetable, outlined in section 7.
- Decide whether or not to carry out a review.

3. Policy context

National policy

- 3.1 The NHS was created out of the ideal that good healthcare should be free at the point of delivery, available to everyone and provided based on clinical need. In March 2011, the Department of Health published the NHS Constitution which clearly sets out the guiding principles of the NHS, including providing a comprehensive service available to all; ensuring that access to NHS services is based on clinical need, not an individual's ability to pay; and providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources. The NHS Constitution emphasises patients' responsibilities in terms of having access to GP services, asking patients to "please keep appointments, or cancel within reasonable time".¹

¹ See: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/448466/NHS_Constitution_WEB.pdf , P11

- 3.2 The issue of GP missed appointments is of particular concern to the current Secretary of State for Health, Jeremy Hunt, who in July 2015 announced that “patients who miss appointments will be told how much they have cost the NHS”.² He suggested that missed GP appointments were costing the taxpayer £162m a year and stated that he sympathised with the idea of charging patients for missing GP appointments, although was clear that there were no plans for this to happen.
- 3.3 However, it is worth noting that the cost of missed GP appointments has been disputed. The ‘Full Facts’ website subsequently reported that they were unable to find a good source for the figure he quoted beyond a survey of GPs that took place a decade ago; and they doubted that the figure was representative of the situation now as it was reported at the time that the proportion of missed appointments was falling.³
- 3.4 Understanding the true extent of missed appointments and the cost of this to the NHS is difficult, as the government does not collect data on missed GP appointments. Some individual GP practices do collect data but not all, and they are under no obligation to do so. It is therefore very difficult to understand the scale of the problem⁴.

Local policy

- 3.5 Lewisham’s Sustainable Communities Strategy (2008-2020) sets out a partnership vision of a resilient, healthy and prosperous borough. One of the governing principles of the strategy is *‘delivering together efficiently, effectively and equitably – ensuring that all citizens have appropriate access to and choice of high quality local services’*, including health services. Furthermore, one of the six strategic priorities within the strategy is *“healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and well-being”*.
- 3.6 The Lewisham Adult Integrated Care Programme, established by Lewisham’s Health and Wellbeing Board, has the aim of increasing the pace and scale of integration across health (primary, community and secondary care) and social care. Its overall purpose is to deliver the vision of ‘Better Health, Better Care, Stronger Communities’. As the population ages, it develops more complex health needs and an increasing number of people are living with long term health conditions. This means that there is increasing pressure on health services. Health partners across the borough therefore believe that, through the Integrated Care Programme, it is essential to manage resources in a more effective way, including GP resources.

4. GP DNAs in Lewisham

² See: <http://www.bbc.co.uk/news/uk-33375976>

³ See: https://fullfact.org/live/2014/jun/160m_cost_missed_GP_appointments-33194

⁴ See:

http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131126/text/131126w0004.htm#131126w0004.htm_wqn67

Background

- 4.1 In March 2015, the Chair of the Committee received a letter from the Chair of the Patient Participation Group at the Grove Medical Centre in Deptford. The letter explained that the issue of DNAs was a key one for the group, who felt that DNAs wasted the time of GPs and receptionists, as well as inconveniencing other patients. He therefore suggested that the Committee might want to look into this issue.
- 4.2 Subsequently the Lewisham Local Medical Committee, a statutory body which represents the interests of Lewisham GPs and their teams, was asked for its view on the issue. The Chair of the LMC made the following points:
- Data on missed GP appointments is not collected nationally. However, some GP practices in Lewisham keep their own records and the LMC could look to collate figures for DNAs locally.
 - DNAs are often generated by vulnerable patients so in addition to wasting time through the appointment not being used, they also regularly require GPs to follow them up and rebook - as it is often the case that the patient's health needs require being seen by a GP.
 - Whilst he would not personally advocate charging patients for DNAs as this could impact on the most in need, work did need to take place to address the causes of DNAs. GPs needed to reach out to the local population in a more effective way and engage them in understanding that healthcare is a finite resource and missed appointments have a health impact both for themselves and for others.
 - DNAs represent a public health and commissioning concern and all parties should engage in this agenda.

Key issues

- 4.3 The Lewisham Clinical Commissioning Group (CCG) has made the following points in relation to this issue:
- As of 1 April 2015 the Lewisham Clinical Commissioning Group is jointly co-commissioning primary care services (GP practices) with NHS England. This new working arrangement is delivered via the Lewisham CCG and NHS England Primary Care Joint Committee.
 - During February and March of this year, as a part of delivering the CCG Primary Care Strategy (shared with the HCSC on 14 January 2015), the CCG ran a series of workshops at a 'neighbourhood level' with Patient Participation Groups (PPGs). Over 70 representatives from PPGs across the borough attended the four neighbourhood workshops. The purpose of the workshops was to ensure patient involvement in the delivery of primary care services. PPGs were asked to consider 3 specific areas; (i) the role of Local PPGs; (ii) accessing GP services; and (ii) collaborative working. PPGs representing practices raised a number of issues with regard to accessing GP services, which included addressing DNAs. PPGs

themselves recommended a number of solutions and techniques that practices could utilise/adopt to address this issue. These outcomes were shared with practices and incorporated in the CCG's support programme to GP practices to improve access for patients.

- Lewisham CCG recommends that in its deliberations the committee considers that: (a) data on the number of patient DNAs is not collected nationally or routinely for GP services; and (b) If individual GP practices do collect this data of this nature on a regular basis, it will be pertinent and relative to how that particular practice chooses to determine their capacity and appointment structure. Therefore, it will prove difficult to consider benchmarking practices in the borough or indeed develop a baseline to assess any improvements from any likely initiatives.
- The CCG is keen to work with the Committee and would welcome a discussion on how best to approach this subject given that data is not routinely or systematically collected, without placing additional demands on GP practices.
- The CCG would welcome the Committee's support and resources in its wider programme to improve access to primary care services.
- In addition, the CCG would recommend that the Committee considers approaching this from a patient perspective as the CCG has recently done, perhaps utilising the expertise of patient groups like Healthwatch.

4.4 Should the Committee agree to investigate this issue further, it will be necessary to understand some of the causes of DNAs and if there are specific factors behind the generation of DNAs in Lewisham.

4.5 The two most commonly cited reasons for DNAs are patients forgetting appointments and clerical errors or communication failures which mean the patient was unaware of the appointment. Other reasons might include:

- Socio-demographic factors including: age and gender; distance from GP; deprivation.
- Patient factors including: no longer need to attend; too unwell to attend; employment; previous experience; seriousness of illness; nature of illness, childcare; cost of travel prohibitive; travel difficult to organise; public transport difficult to access.
- GP practice factors including: difficulty in cancelling appointments; incorrect recording; poor appointment card design; lack of notification; short notification; organisation of clinics; booking issues; time or day of appointment may be inconvenient; transport / parking; GP/patient communication⁵.

4.6 In order to consider which strategies might reduce DNAs it is first important for individual GP practices to understand the specific reasons behind their DNAs. This might involve considering any patterns in their DNAs (e.g. whether

⁵ http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/dnas_-_reducing_did_not_attends.html

patients DNA at certain times of the day) and investigating the reasons behind the patterns. The aim should be to understand the patient profile so attending appointments can be made as easy as possible. GP practices might also consider conducting a telephone or postal patient questionnaire, which may uncover issues such as difficulty in understanding appointment cards or transport and parking problems.

4.7 Once the major causes are understood, one or more of the following strategies for dealing with DNAs might be appropriate:

- Making sure the appointment is necessary (e.g. reducing the number of inappropriate follow-ups to free up time and reduce the number of patients who don't attend because they feel the appointment is unnecessary).
- Improving communication (e.g. making sure appointment cards are easy to read and understand taking into account the font, style of language and layout; making sure appointment times and dates are communicated clearly over the phone (and repeated back to the receptionist); and considering if translation is required).
- Ensuring, where possible, that appointments are made at a convenient time for patients, taking into account their transport, childcare, employment requirements etc.
- Making it easy to cancel appointments by having a freephone telephone number and a 24-hour answering machine.
- Training staff so they are able to accurately record cancellations and reschedule appointments electronically.
- Reminding patients about their appointments (e.g. letters/emails in relation to appointments booked well in advance and text messages for imminent appointments).
- Allowing patients to check, book and cancel appointments at their own convenience (and order repeat medication) online.
- Introducing telephone consultations (possibly via Skype) for patients who do not need a physical examination.
- Partially abandoning appointments and moving, for example, to a 'walk-in' system in the morning and appointments in the afternoon.

4.8 There is some evidence that simple interventions can have a significant impact on reducing DNAs. In 2013, NHS Bedfordshire trained reception staff at two primary care sites in Bedfordshire to implement three interventions in relation to DNAs. It was subsequently reported that the package of three interventions successfully reduced the number of appointments wasted by patients who missed appointments by 31.7% (124 appointments per month in total across the two sites)⁶. The interventions included:

- On the telephone: reception staff asking patients to repeat back verbally the day and time of the appointment they are given before completing the call.

⁶ See: <https://arms.evidence.nhs.uk/resources/qipp/915463/attachment>

- In the GP Practice: providing patients with a card to write the details of their appointment themselves rather than a receptionist, nurse or doctor doing so.
- Replacing the poster highlighting the number of missed appointments with a poster that showed the much larger number of patients who do turn up on time.

12 months after implementation it was reported that a reduction in the DNA rate of about 30% had been maintained.

5. Meeting the criteria for a review

5.1 A review into GP DNAs meets the criteria for carrying out a scrutiny review, because:

- Maximising the use of NHS resources is an issue of concern both nationally and locally.
- Scrutiny could add value in this area by highlighting ways in which this issue could be tackled more comprehensively/holistically.

5.2 However, before agreeing to commence an in-depth review, the Committee should consider some of the drawbacks and limitations associated with carrying out a review into GP DNAs, as well as the expected benefits.

Limitations / Drawbacks

- There is no centrally held data about the numbers of patients that do not attend their appointments - dealing with missed appointment is predominantly an issue for individual practices. This will have an impact on the data that can be collated as evidence for the review.
- The Lewisham CCG, acting on advice from NHS England, does not believe that GP DNAs are a significant issue in Lewisham.
- The factors behind DNAs can be unique and specific to the GP practice in question. What causes DNAs in one GP practice may not cause DNAs in another. If sharing 'good practice' is a desired outcome of the review, it's value may be limited.
- It can be argued that GP DNAs are only a problem if they occur in very large numbers and that a low level of DNAs actually provide GPs with much needed 'catch up time'. GP appointments often overrun and the odd DNA can allow slippages to be rectified, reducing the amount of time subsequent patients have to wait for their appointment. They can also provide time for GPs to catch up on key tasks such as submitting referrals and writing letters on behalf of patients.

Benefits

- Some GP practices in Lewisham feel that DNAs are a significant issue for them and a review might help these practices think of new and more effective ways of tackling the issue.
- DNAs can result in reduced NHS efficiency. Anything further that can be done to reduce high levels of DNAs will save GP time, patient time and tax payers' money.

6. Key lines of enquiry (KLOE)

6.1 It is suggested that, should a review be carried out, it covers the following key lines of enquiry:

6.2 The scale and impact of DNAs in Lewisham

- What data is available to reveal the extent of the DNA problem in Lewisham?
- What is the average cost to the NHS of a GP appointment in Lewisham?
- How much money is being lost in Lewisham as a result of DNAs?
- What impact are DNAs having on GPs and other patients?

6.3 The causes of DNAs

- What are the causes of DNAs?
- What are the most common causes of DNAs in Lewisham and does this vary from practice to practice?

6.4 Strategies to tackle DNAs

- What strategies are there to tackle DNAs?
- What strategies are already being used by Lewisham GP practices to reduce DNAs?
- Are there any examples of successful strategies being implemented elsewhere in the country that might be successful in Lewisham?

6.5 As suggested by Lewisham CCG, the expertise of patient groups like Healthwatch could be utilised in this review, to ensure that the patient perspective is taken into consideration.

7. Timetable

7.1 The Committee is asked to consider the following outline timetable for a review, should one be agreed. It is suggested that two evidence sessions are held: one receiving relevant data on the issue; and considering the work already being carried out in Lewisham (focussing on two Lewisham GP surgeries with different approaches to the issue); and one focussing on good practice elsewhere and the applicability of these approaches to the issue as it appears in Lewisham.

First evidence-taking session (November 2015)

- Receiving available data on GP DNAs in Lewisham (sought from individual practices / the Lewisham LMC).
- Receiving information on the probable causes of DNAs (generally and in Lewisham in particular).
- Receiving written/verbal evidence from two GP practices in Lewisham on their experience of DNAs (numbers and causes) and their approach to tackling DNAs.
- Hearing the views of Lewisham Healthwatch.

Second evidence-taking session (January 2016)

- Receiving written/verbal evidence from GP practices outside of the borough who have innovative/successful approaches to managing DNAs.
- Considering if any of the approaches being taken by GP Practices (in Lewisham and elsewhere) should be promoted to all GP practices in Lewisham, taking into consideration the main causes of DNAs in the borough.

Recommendations and final report (March 2016)

- Considering a final report presenting all the evidence taken and agreeing recommendations for submission to Mayor & Cabinet / the Lewisham LMC / Lewisham CCG.

8. Further implications

At this stage there are no specific financial, legal, environmental or equalities implications to consider. However, each will be addressed as part of the review.

For further information please contact Charlotte Dale, Interim Overview and Scrutiny Manager on 020-8314-9534

Appendix A

How to carry out an in-depth review

