

**Non-attendance
At
Outpatient
Appointments**

A DISCUSSION PAPER



Susie Liggett
Southern Health & Social Services Council

May 2002

CONTENTS

	Page No.
1. Introduction	1
- Non-attendance as a consumer issue	1
- Outpatient appointments in the Southern Board	2
- Focus of this paper	3
2. Non-attendance in the Southern Board's Area	4
- Armagh & Dungannon Trust	5
- Craigavon Area Hospital Group Trust	8
- Craigavon & Banbridge Community Trust	10
- Newry & Mourne Trust	11
3. Reasons for non-attendance	14
- Sociodemographic factors	14
- Patient factors	15
- Hospital factors	18
- Other factors	20
- Local research	21
4. Discussion	22
- Variation in rates	22
- Recommendations	23
5. References	28
6. Appendix	33

1. INTRODUCTION

As part of its 2001/2002 Programme of Work, the Southern Health and Social Services Council (the Council) identified non-attendance at health and social service appointments as an area of interest for research. It stated that a report would be conducted to “identify the reasons for non-attendance at health and social service appointments” (SHSSC, p6, 2001). A person who does not keep an appointment and who fails to notify the hospital or clinic is referred to as a ‘Did Not Attend’ or ‘DNA’ (ACHCEW, 1997).

Non-attendance has been identified as a common source of inefficiency within the health service (Stone et al., 1999). The DHSSPS estimated that in 2000/2001 non-attendance in Northern Ireland cost over £12 million, of which in excess of £2 million pounds was in the Southern Board’s area. Missed appointments occur throughout health and social services, effecting dental appointments, general practice appointments, and hospital inpatient appointments. However the problem appears to be more acute in relation to hospital outpatient appointments (ACHCEW, 1997) and this paper will concentrate on non-attendance in this area.

Non-attendance as a consumer issue

Non-attendance is not just an issue for hospital management to address. Apart from leading to inefficiencies within the health service non-attendance is a consumer issue because it also has an effect on the services that other patients receive.

■ Lengthening waiting lists

Non-attendance leads to the lengthening of waiting lists (Stone et al., 1999; Ritichie, Jenkins & Cameron, 2000; Merry, Miller & Harris, 1997; Aylesbury Vale CHC, 1999). Waiting lists are being unnecessarily lengthened by non-attendance. If patients gave prior notification when

they are unable to attend, their appointment could be offered to other patients (ACHCEW, 1994).

■ **Overbooking Clinics**

Waiting times are extended when all patients turn up to clinics that have been overbooked to compensate for expected non-attendance (Lancaster, 1996). This is detrimental to patients, as they may have to be available for a whole morning or afternoon because of the increased wait. There can also be a 'knock-on' effect of the clinics running late (Lancaster, 1996), this can lead to scheduled patient operations being late or cancelled, as the consultant has been held up by the over-run clinic.

Outpatient appointments in the Southern Board

As part of the research into outpatient non-attendances, the Council aimed to identify examples of good practice at a local level. A letter was sent to each of the Chief Executives of the four Health and Social Services Trusts in the Southern Board, asking them to forward details of any initiatives they had taken (or were aware of) to reduce the number of unused appointments in their area.

■ **How appointments are made**

In the Southern Board most appointments are sent out by letter one to two weeks before the appointment date with the exception of Craigavon Area Hospital (CAH). CAH has a computerised system, which issues appointments when a slot becomes available. In September 2001 appointments for some specialties were issued for July 2002 (10 months in advance). The appointment letters of all Trusts are very similar and most ask patients to inform the clinic as soon as possible if they cannot attend and include telephone numbers on which to do so. Most hospitals also request that patients inform the receptionists on arrival, of any changes to name, address, or GP, so that they can update their records.

■ Non-attendance policy

There is no standard 'did not attend' policy within the Trusts. At most hospitals patients who do not attend will be given one or two chances at the discretion of the Consultants. If the patients continue to miss their appointments they are then discharged back into the care of their GPs. However, in some cases non-attenders will be discharged after their first default.¹

Focus of this paper

The issue of non-attendance is an important one for the Council to address in light of the current climate faced by patients of ever lengthening waiting lists. In Northern Ireland the total number of patients waiting for admission as outpatients at 31 December 2001 was 131166, an increase of 9.8% on that of the previous year. In the Southern Board at 31 December 2001, 19613 patients were waiting for admission as outpatients, an increase of 10.4% on the previous year. Therefore, it is important to identify any measures, which can reduce the trend of non-attendance, shorten waiting times and ultimately improve the quality of care to all patients.

This paper addresses the issue of non-attendance by:

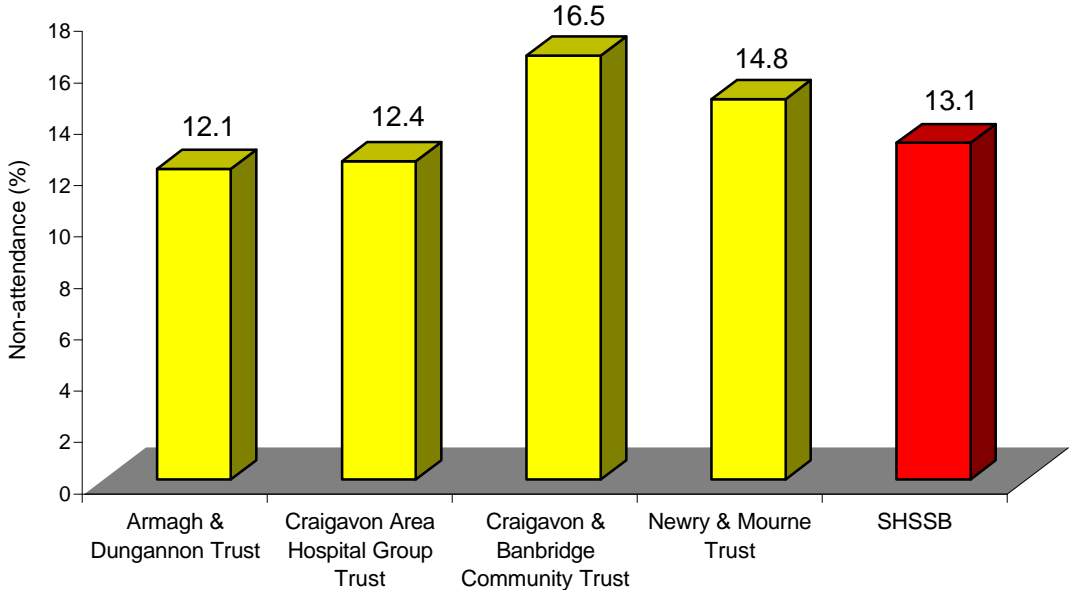
1. Outlining the rates of non-attendance at outpatient appointments in the Southern Board
2. Identifying, from the literature, the reasons behind non-attendance
3. Identifying any initiatives for improving non-attendance
4. Making recommendations on the ways in which non-attendance rates in the Southern Board can be improved

¹ This is the case at Speech & Language Therapy appointments at Craigavon & Banbridge Trust. PAMS have not been included in this study as not all of them collate useable data on DNAs.

2. NON-ATTENDANCE IN THE SOUTHERN BOARD'S AREA

According to the DHSSPS in 2000/2001 more than 1.7 million outpatient appointments were booked at Northern Ireland hospitals, of which, over 200000 patients did not attend (13.1%). In 2000/2001 in the Southern Board's area 32495 people did not attend their outpatient appointments (13.1%). Within the Southern Board the rates of non-attendance varied between Trusts with the highest being Craigavon & Banbridge Community Trust (16.5%) and the lowest being Armagh & Dungannon Trust (12.1%).

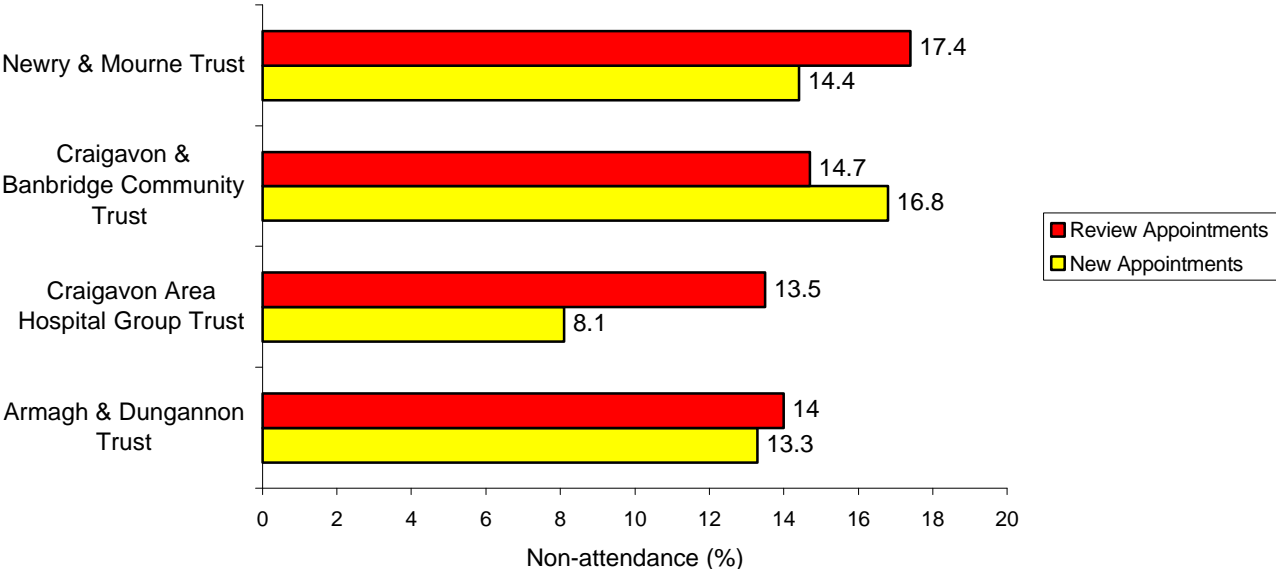
Figure 1. Non-attendance rates in the Southern Board 2000-2001



Generally, there is a lower rate of non-attendance for first appointments than for subsequent appointments. The overall rate in the Southern Board's area for non-attendance at first appointments was 13.1% compared to 14.9% for review appointments. This pattern exists within the Trusts with the exception of Craigavon & Banbridge Community Trust. Craigavon & Banbridge Community Trust had a non-attendance

rate of 16.8% for new appointments, which was higher than that for review appointments (14.7%).²

Figure 2. Non-attendance at 'new' and 'review' appointments in the SHSSB 2000-2001



The following sections provide an overview of non-attendance rates at outpatient appointments by speciality in each of the Trusts within the Southern Board's area. This information was taken from the Northern Ireland Statistics & Research Agency's Hospital Statistics 1 April 2000 – 31 March 2001.

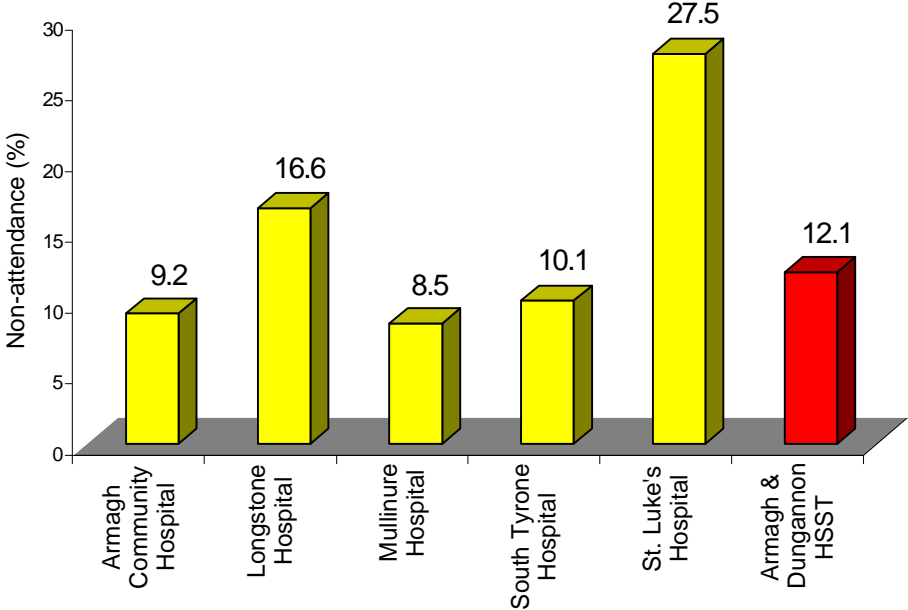
Armagh & Dungannon Health & Social Services Trust

Overall in 2000/2001 Armagh & Dungannon Trust had a DNA rate of 12.1%. In the Trust area there are five providers of outpatient appointments: Armagh Community Hospital, Longstone Hospital, Mullinure Hospital, South Tyrone Hospital and St. Luke's Hospital. South Tyrone Hospital's clinical services transferred to Craigavon Area Hospital Group Trust in December 2000. However for convenience the Hospitals

² Craigavon & Banbridge Community Trust provides psychiatric and mental health outpatient services. The nature of the speciality can impact on attendance rates – particularly so for psychiatric appointments.

Statistics Publication presented all of this activity under Armagh & Dungannon Trust. In 2000/2001 Longstone Hospital and St. Luke's Hospital had the highest rates of non-attendance in the Trust. The rate for St. Luke's Hospital was particularly high (27.5%).

Figure 3. Non-attendance rates for Armagh & Dungannon Trust (2000-2001)



■ Armagh Community Hospital

Armagh Community Hospital provides a range of outpatient appointments. During 2000/2001 the hospital had a lower than Trust average rate of missed appointments (9.2%). Out of 11392 outpatient appointments 1049 were not kept in 2000/2001. Paediatrics, ENT and Dermatology had rates of non-attendance over 10%.

Table 1. Non-attendance rates at Armagh Community Hospital (2000/2001)

Specialty	Non-attendance (%)	Specialty	Non-attendance (%)
Paediatrics	13.5	General Medicine	7.0
ENT	13.2	Ophthalmology	6.9
Dermatology	12.8	Cardiology	4.7
General Surgery	9.7	Obstetrics	3.8
Gynaecology	9.3	(ante-natal)	

■ Longstone Hospital

Longstone hospital provides outpatient services for people with learning disabilities. In 2000/2001 it had a high rate of non-attendance of 16.6%. Review appointments had a much higher non-attendance rate (17.3%) than new appointments (5.1%) (see appendix – table E).

■ Mullinure Hospital

Mullinure Hospital provides outpatient services for Geriatric Medicine. In 2000/2001, 33 appointments were missed out of 386, a rate of 8.5%. The rate of DNA was much higher for review appointments (9.4%) than for new appointments (4.5%) (see appendix – table H).

■ South Tyrone Hospital

South Tyrone Hospital had a non-attendance rate of 10.1%, which was less than the average for the Trust. However around half of the outpatient specialties had a non-attendance rate of above 10.1%. Gynaecology, General Surgery and Dermatology had the highest rates of missed appointments (13.6%, 12.4%, 12%). Oral Surgery had no missed appointments at all in 2000/2001.

Table 2. Non-attendance rates at South Tyrone Hospital (2000/2001)

Specialty	Non-attendance (%)	Specialty	Non-attendance (%)
Gynaecology	13.6	General Medicine	9.6
General Surgery	12.4	Ophthalmology	9.5
Dermatology	12.0	Pain Management	7.0
Nephrology	11.8	Geriatric Medicine	5.4
Paediatrics	11.6	Rheumatology	5.1
Thoracic Surgery	11.2	Palliative Medicine	4.9
Haematology (clinical)	11.1	Obstetrics (ante-natal)	2.9
ENT	10.9		

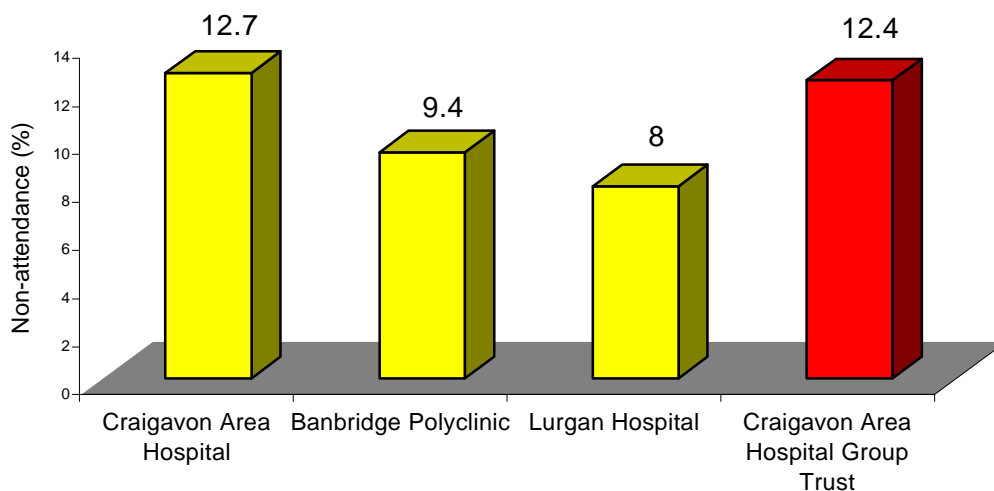
■ St. Luke's Hospital

St. Luke's Hospital provides outpatient services in relation to mental health. In 2000/2001 it had the highest rate of non-attendance in the Trust. Of 6 169 appointments, 1 694 were not attended (27.5%). New appointments had a much higher rate of non-attendance (39.8%) than review appointments (22.2%) (see appendix – table J).

Craigavon Area Hospital Group Trust

There are three providers of outpatient services in Craigavon Area Hospital Group Trust: Banbridge Polyclinic, Craigavon Area Hospital, and Lurgan Hospital. The overall rate of non-attendance rate of non-attendance for the Trust during 2000/2001 was 12.4%.

Figure 4. Non-attendance rates for Craigavon Area Hospital Group Trust (2000-2001)



■ Craigavon Area Hospital

Of the three outpatient services providers within the Trust, Craigavon Area Hospital (CAH) had the highest overall rate of DNA (12.7%). The hospital provides 28 outpatient services, of which, 21 had rates of non-attendance over 10%. Rates of non-attendance varied from 22.6% to 1.6%. Rates were highest for Restorative Dentistry (22.6%), Neurology (21.5%) and Chemical Pathology (19%), and lowest for Palliative

Medicine (1.6%), Geriatric Medicine (2.9%) and Ante-natal Obstetrics (3.3%).

Table 3. Non-attendance rates at Craigavon Area Hospital (2000/2001)

Specialty	Non-attendance (%)	Specialty	Non-attendance (%)
Restorative Dentistry	22.6	Gynaecology	14.2
Neurology	21.5	General Medicine	12.7
Chemical Pathology	19.0	ENT	12.6
A & E	18.9	T & O	12.5
Endocrinology	17.0	Thoracic Medicine	12.2
Oral Surgery	16.9	Rheumatology	12.1
Ophthalmology	16.4	Cardiology	11.7
Paediatric Dentistry	16.4	Orthodontics	8.7
Paediatric Neurology	15.8	Haematology (clinical)	8.2
Plastic Surgery	15.7	Pain Management	6.4
Urology	15.4	Obstetrics (ante-natal)	3.3
General Surgery	14.6	Geriatric Medicine	2.9
Dermatology	14.6	Palliative Medicine	1.6
Paediatrics	14.5		

■ Banbridge Polyclinic

Banbridge Polyclinic provides a more limited range of outpatient appointments than Craigavon Area Hospital. In 2000/2001 the clinic had an overall rate of missed appointments of 9.4%. Rates varied from 2.3% to 21.7%. Four specialties had non-attendance rates above 10% (Chemical Pathology, 21.7%; Urology, 16.3%; Paediatrics, 14.9% and Gynaecology, 11.5%). Obstetrics (ante-natal) and Gastroenterology had low rates of non-attendance at 2.9% and 2.3% respectively.

Table 4. Non-attendance rates at Banbridge Polyclinic (2000/2001)

Specialty	Non-attendance (%)	Specialty	Non-attendance (%)
Chemical Pathology	21.7	ENT	8.1
Urology	16.3	Cardiology	7.2
Paediatrics	14.9	Rheumatology	5.0
Gynaecology	11.5	Obstetrics	2.9
General Medicine	8.9	(ante-natal)	
General Surgery	8.8	Gastroenterology	2.3

■ Lurgan Hospital

Lurgan Hospital provides two outpatient services, Geriatric Medicine and Dermatology. The non-attendance rate for Geriatric Medicine was 8.2% with a higher percentage of review appointments missed (8.5%) than new appointments (5.9%) (see appendix – table F). The other outpatient service - Dermatology had no incidence of non-attendance in the year 2000-2001.³

Craigavon & Banbridge Community Health & Social Services Trust

Craigavon & Banbridge Community Trust provides outpatient appointments in relation to mental health services at Craigavon Psychiatric Unit. The Psychiatric Unit had the highest rate of non-attendance in the Southern Board (16.5%). It provides two outpatient services - Mental Illness and Child & Adolescent Psychiatry. Both of these services had high rates of non-attendance - Mental Illness, 15.7%, Child & Adolescent Psychiatry, 19.1%. Mental Illness had a higher rate of non-attendance for review appointments (16.3%) than new appointments (11.9%) whereas, Child & Adolescent Psychiatry had a higher rate of non-attendance for new appointments (27.9%) than review appointments (17.1%).

³ Dermatology at Lurgan Hospital only had a small number of attendances (22) in 2000-2001

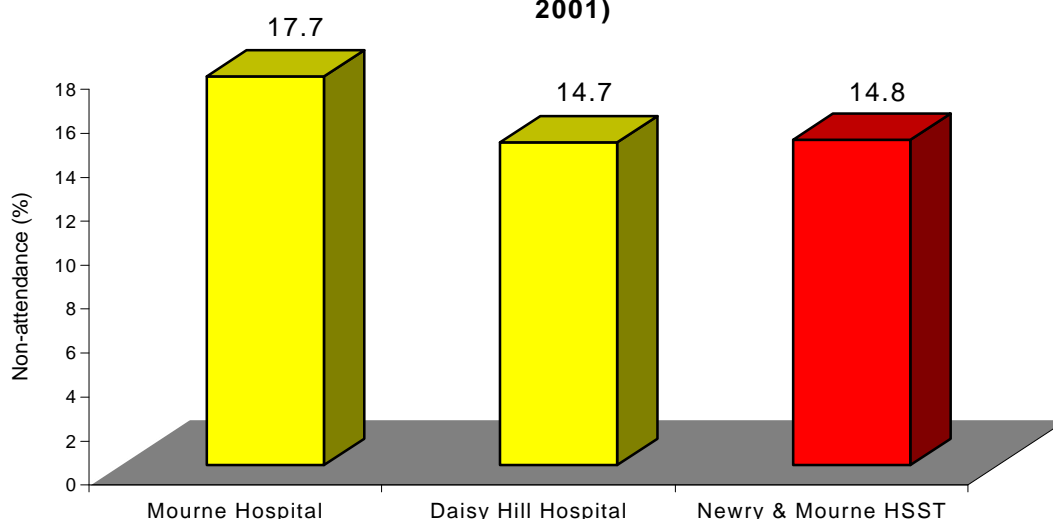
Table 5. Non-attendance rates at Craigavon Psychiatric Unit (2000/2001)

Specialty	Non-attendance (%)		
	NEW	REVIEW	TOTAL
Child & Adolescent Psychiatry	27.9	17.1	19.1
Mental Illness	11.9	16.3	15.7

Newry & Mourne Health & Social Services Trust

In 2000/2001 the non-attendance rate for outpatient appointments at Newry & Mourne Trust was 14.8%. Within the Newry & Mourne Trust area there are two hospitals, which provide outpatient services, Daisy Hill Hospital and Mourne Hospital. Daisy Hill Hospital had a rate of DNA of 14.7% and Mourne Hospital had a rate of 17.7%

Figure 5. Non-attendance rates for Newry & Mourne Trust (2000-2001)



■ Daisy Hill Hospital

Daisy Hill Hospital provides a broad range of outpatient services. During 2000/2001 the hospital had an overall non-attendance rate of 14.7%.

DNA rates by specialty ranged from 3% to 22.3%. Three quarters of the services provided had rates of non-attendance above 10%. Mental Illness, Obstetrics (post-natal), Oral Surgery, Gynaecology, General Medicine and Paediatrics had the highest rates of non-attendance. Genito-Urinary Medicine and Ante-natal Obstetrics had the lowest rates of non-attendance (3.5% and 3% respectively).

Table 6. Non-attendance rates at Daisy Hill Hospital (2000/2001)

Specialty	Non-attendance (%)	Specialty	Non-attendance (%)
Mental Illness	22.3	Thoracic Surgery	14.7
Obstetrics (post-natal)	19.0	ENT	14.4
Oral Surgery	18.8	General Surgery	14.1
Gynaecology	17.6	Nephrology	12.6
General Medicine	17.0	Haematology (clinical)	9.1
Paediatrics	16.6	Cardiology	6.7
Dermatology	15.8	GUM	3.5
Ophthalmology	15.2	Obstetrics (ante-natal)	3.0

■ **Mourne Hospital**

Mourne Hospital provides five outpatient specialties: General Medicine, Ante & Post-natal Obstetrics, Gynaecology and General Surgery. During 2000/2001 the hospital had an outpatient non-attendance rate of 17.7%. General medicine, Obstetrics (post-natal) and gynaecology had the highest rates of missed appointments (27.1%, 23.5%, 18.2%). Ante-natal Obstetrics had a low rate of non-attendance at 0.9%.

Table 7. Non-attendance rates at Mourne Hospital (2000/2001)

Specialty	Non-attendance (%)	Specialty	Non-attendance (%)
General Medicine	27.1	General Surgery	10.4
Obstetrics (post-natal)	23.5	Obstetrics (ante-natal)	0.9
Gynaecology	18.2		

3. REASONS FOR NON-ATTENDANCE

There have been many factors identified in the literature on the reasons why some patients do not attend appointments. Some of the reasons identified are related to the processes used to administer appointments by the hospitals. Others are related to the characteristics of the patients. This section outlines the reasons for non-attendance – sociodemographic features, patient characteristics, hospital administration procedures and others, as identified in the literature.

Sociodemographic factors

Many authors have found that sociodemographic factors such as age, gender, distance, and deprivation have contributed to some patients missing their appointments.

■ Age and Gender

There are contradictory findings in the literature as regards to the age and gender of those who miss appointments. Butler et al. (2001) found no differences with regard to age and gender between non-attenders and attenders. Needleman & Mikhail (1997) and Lloyd et al., (1993) also found that attendance was not related to gender, but Beauchant and Jones (1997) found that males were slightly more likely not to attend than females.

In terms of age, Needleman & Mikhail (1997) found that on average, non-attenders were younger than attenders. Other research obtained similar results. The Department of Health (2001) found that many of those who did not attend were young and able bodied, and Beauchant & Jones (1997), concluded that non-attendance was more likely in people aged 23-27 years old. Waller & Hodgkin (2000) also found non-attendance to be highest among young adults.

Dyer et al., (1998) found that patients with children at home and single parents were more likely to default on their appointment. The Department of Health (2001) found that people of all social classes and ethnic backgrounds fail to attend appointments.

■ Distance

Beauchant & Jones (1997) found that non-attendance rates varied in relation to the distance from the hospital. Rates for those living in rural areas was 6% whereas for those living in town centre areas (i.e. nearer to the hospitals) the rate was much higher at 15%. The authors concluded that non-attendance rates in general were slightly lower for those having to travel appreciable distances. However, in contradiction to this study, Butler et al.'s (2001) study found that one of the most common reasons for non-attendance was having a long distance to travel to the hospital. ACHCEW (1997) found that a lack of transport or transport problems also contributed to non-attendance.

■ Deprivation

Beauchant & Jones (1997) concluded that there was a correlation between all measures of deprivation or lack of family support and non-attendance. Waller & Hodgkin (2000) also found non-attendance to have been highly related with the deprivation level of the patients. Neal et al., (2001) found that patients living in a deprived area were three times more likely to miss appointments compared to those not living in a deprived area.

Patient factors

Patient factors that have been recognised as contributing to non-attendance include forgetfulness and employment issues. Not all of the reasons in this section are exclusively patient factors. For example, the Hospital's management system might have a role to play in some of the reasons stated below.

■ Forgetfulness

Patient forgetfulness has been identified as a reason for non-attendance at appointments, many patients quite simply forget that they have an appointment (ACHCEW, 1997; Cosgrove, 1990; DoH, 2001; Herrick et al., 1994; Lancaster, 1996; Stone et al., 1999). South Durham & Weardale CHC (1996) found that 45% of non-attenders had forgotten their appointments, similar results have been found by other studies (Scunthorpe & Goole Hospitals NHS Trust & Scunthorpe CHC, 1995; ACHCEW, 1994).

■ No longer needed to attend

Many people do not attend their appointments because they felt better (ACHCEW, 1997; DoH, 2001), or the condition had cleared up (Cosgrove, 1990; Scunthorpe & Goole Hospitals NHS Trust & Scunthorpe CHC, 1995). In some cases parents decided their children were better and no longer needed to attend, or carers decided that the person they cared for was better and no longer needed to attend (DoH, 2001). Lancaster (1996) found that some patients had received treatment from another source. The author also stated that some patients said that the consultant told them not to attend if they felt better. Burton (1993) also considered this as a contributing factor to DNA rates.

■ Too unwell to attend

Other patients were unable to attend as they felt unwell (Cosgrove, 1990; DoH, 2001; Stone et al., 1999). In some studies this accounted for up to 25% of DNAs (South Durham & Weardale CHC, 1996; Scunthorpe & Goole Hospitals NHS Trust & Scunthorpe CHC, 1995). Lancaster (1996) identified that the reason why some patients who were very ill did not attend was because they did not want to be admitted into hospital.

■ Employment

In a study by Stone et al. (1999) 8% of DNAs gave work related reasons for their non-attendance. Some patients were unable to attend as they were worried that they might have lost their jobs if they had taken time off

to attend (Lancaster, 1996). In a study by Scunthorpe & Goole Hospitals NHS Trust & Scunthorpe CHC (1995), 8% said they just could not get time off work.

■ Previous experience

In a study by Hillman (1994), 12% of DNAs had found previous outpatient experiences unpleasant and they did not wish to return. Similarly McCarthy et al. (2000) found that 17% of DNAs in their study did not attend because of previous negative experiences and 12% of non-attenders just did not want to attend.

■ Seriousness of Illness

Lloyd, Bradford & Webb (1993) said that non-attendance was unrelated to the seriousness of the illness but, Hillman (1994) and Butler et al. (2001) concluded that patients who do not attend may have high morbidity. On the other hand Herrick et al. (1994) found that non-attenders viewed their problem as less serious than attenders. Beauchant & Jones (1997) found clinical urgency to have been a contributing factor to a low rate of DNA. However they said that this difference in DNA rates between clinical and routine patients could have simply arisen from the length of time the patient had to wait (routine patients had to wait longer than urgent patients) on their appointment (Beauchant & Jones, 1997).

■ Nature of illness

Different specialties/illnesses have different rates of non-attendance. One area which frequently has a high rate of non-attendance is mental health. Aylesbury Vale CHC (1999) found that in general the rate of non-attendance for mental health services was higher than that for most other services.

Mental health patients are a vulnerable group of patients, who have very varied needs. There is the particular concern that non-attendance by mental health patients can be a signal of deterioration in their mental

health and an indicator of possible risk of harm to the patient or others (Ritchie et al., 1994; Steering Committee of the Confidential Inquiry into Homicides and Suicides by Mentally Ill People, 1996). Killaspy et al. (2000), found that mentally ill patients who missed their appointments were more unwell, more socially impaired and had a higher chance of subsequent admission than those who did attend.

Reasons for the non-attendance of mental health patients can be similar to those already identified. In addition a number of other factors could also exist. Aylesbury Vale CHC (1999) documented that one of the main reasons mental health patients gave for their non-attendance was that their appointment made them more anxious/worried. Phobias and a lack of motivation were also identified by the authors as factors in non-attendance for this group of patients. The authors also found that many mental health patients were on strong medication, which could cause confusion and forgetfulness, thus making them more likely to forget their appointments.

Hospital factors

Some studies have identified deficiencies in the communication and administrative processes as playing a role in patient non-attendance. In one study 58.2% of DNAs were attributed to communication & administration problems (ACHCEW, 1994).

■ Communication

A lack of communication within hospitals has some times been blamed for high patient non-attendance rates. In some cases people did not attend outpatient appointments, as they were inpatients at the hospital at the time of their appointment (South Durham & Weardale CHC, 1996; Lancaster, 1996).

■ **Difficulty in cancelling appointments**

In a study by Cardiff CHC the authors found that patients often had difficulties when trying to cancel their appointment by telephone (ACHCEW, 1997). Similarly, in studies by ACHCEW (1994) and Scunthorpe & Goole Hospitals NHS Trust & Scunthorpe CHC (1995), patients reported that phone lines were engaged, or there was difficulty in reaching the appropriate department. In a study by South Durham and Weardale CHC (1996) almost 50% of gynaecology patients and nearly 25% of general surgery patients had tried to cancel their appointments.

■ **Incorrect recording**

Some patients who had cancelled their appointments were still registered as DNAs (ACHCEW, 1994; Cottrell, Hill, Walk, Dearnaley & Ieroutheou, 1988). Lancaster (1996) noted that sometimes, existing appointments were not cancelled when new appointments were made.

ACHCEW (1997) concluded that some DNAs were not actually DNAs, these patients did attend their appointments but were incorrectly recorded as not attending. In some studies this has been shown to account for up to 10% of DNAs (Lancaster, 1996; Scunthorpe & Goole Hospitals NHS Trust & Scunthorpe CHC, 1995).

■ **Understanding appointment cards**

Appointment cards/letters sent out to patients have also been identified as a factor in non-attendance. ACHCEW (1997) concluded that many people missed appointments because they did not understand what the appointment cards/letters said. This was especially the case for those patients whose first language was not English (Lancaster, 1996). Hillman (1994) found that 12% of the people, who did not attend at a hospital eye clinic, did not understand that further treatment was necessary.

■ Notification

In some cases the reason for non-attendance has been identified as patients not having received notification of an appointment or, having been notified after the actual date. ACHCEW (1997) identified several reasons for this, including, notification being sent to a wrong or out of date address, notification being lost in the post, or simply, notification being sent out after the appointment date.

In a study by Hillman (1994), over 20% of the non-attendees had not actually received an appointment. This figure was supported by other studies of non-attendance (ACHCEW, 1997; South Durham & Weardale CHC, 1996; Lancaster, 1996). Short notice of appointment dates was another problem recognised. Many people could not attend as they could not organise time off work/childcare (ACHCEW, 1997).

■ Organisation of clinics

Other patients have not attended their appointment because they considered it not worth the bother of travelling to the appointment and then sitting in the waiting room just to be seen for a few minutes, as at previous appointments (DoH, 2001). In one study over half of all patients attending an outpatient clinic waited over 60 minutes after their scheduled appointment time (McCarthy et al., 2000). Some patients said that they knew that clinics were often overbooked/busy and thought that they were helping by not attending (ACHCEW, 1997; DoH, 2001; Scunthorpe & Goole Hospitals NHS Trust & Scunthorpe CHC, 1995).

Other factors

■ GP/Patient communication

Inadequate communication between patients and doctors has been identified as a significant factor in non-attendance (Butler et al., 2001; Hamilton, Round & Sharp, 1999). In some cases patients understood from the GP that they did not need to keep an appointment or that the GP would cancel the appointment for them (Burton, 1993).

Many do not understand or agree with the reasons their GP felt that they needed to be referred (ACHCEW, 1997; DoH, 2001). Some patients were unaware that they could get advice from their GP about whether they still needed to attend an appointment, and others were unaware that they could telephone and ask for a different date (DoH, 2001). Lloyd et al. (1993) found that patients were less likely to attend if they reported that they were unable to or only partly able to discuss their health problem with their doctor.

Local research

In September 2001, Craigavon Area Hospital Group Trust carried out a survey of non-attendance of outpatient appointments at Craigavon Area Hospital. The rationale for the study was to identify if the current outpatient booking system was effective and to examine the need for the introduction of reminder letters or other fail-safe booking systems. The Trust found that 23% of those who did not attend had not been notified of their appointment date. The majority of those who were notified, were notified by letter. Almost three-quarters of patients received notification 1 month or more in advance of their appointment with 37% receiving notification 3 months or more in advance. Nearly 9 in 10 of those who had received their appointment 3 months or more in advance said they would have found a reminder useful.

The main reason found for non-attendance was due to the patients forgetting the appointments (55%). Other reasons were the patient was seen by another Consultant, attended another hospital, was seen privately, or did not need the service anymore. A small proportion said they had cancelled their appointment and 2% were inpatients at the time of appointment. Being unwell at the time of the appointment, work/school/family commitments and travel problems were also identified as reasons for non-attendance.

4. DISCUSSION

With waiting lists growing increasingly longer and following the introduction of the 'Patient's Charter', and in particular the introduction of Charter Standards relating to outpatient clinics, hospitals have become acutely aware of the obstacles that DNAs present when trying to meet service delivery targets (ACHCEW, 1994). Even a small reduction in non-attendance would mean that more patients could be treated (Torgerson & Reid, 1993). It is also important to address the issue of non-attendance in line with the policy of Targeting Social Need as there is a relationship between level of deprivation and rate of non-attendance.

Variation in rates

Rates of non-attendance vary within the Southern Board, but there are some trends. Palliative Medicine, Ante-natal Obstetrics and Geriatric Medicine tend to have low rates of non-attendance whereas Mental Illness, Post-natal Obstetrics and Chemical Pathology tend to have high rates. St. Luke's Hospital illustrates this incidence; it had the highest rate in the Southern Board's area (27.5%) and provides outpatient appointments for mental health services. Mental health services are frequently recognised as having higher rates of non-attendance than other specialties. These patients have very varied needs and have specialty specific reasons for not attending appointments such as increased anxiety.

Lurgan Hospital had the lowest rate of non-attendance (8%) in the Southern Board's area (2000/2001). It provides outpatient services for Geriatric Medicine and Dermatology. In this year Dermatology had no incident of non-attendance at Lurgan Hospital, yet in other hospitals in the Southern Board's area, Dermatology rates ranged between 12% and 15.8%. The no incidence of non-attendance at Lurgan Hospital in 2000/2001 could be because there were only 22 patients attending

clinics that year, however when asked what they thought attributed to zero non-attendance, staff at the Dermatology clinic said they inform patients about their condition and the importance of attending subsequent appointments at their first appointment.

Recommendations

From the literature several initiatives/recommendations have been identified which help lower non-attendance rates by targeting the administrative and communication problems within hospitals.

Clinics often use measures such as the block booking of appointments and the overbooking of clinics to compensate for the expected non-attendance of some patients. These methods do not reduce non-attendance, but only lead to increased waiting times and unnecessary frustration for other patients (Lancaster, 1996), and government initiatives such as the Patient's Charter discourage the use of queuing (Torgerson & Reid, 1993).

Overbooking and block booking of appointments should not be used as a method to compensate for non-attendance.

Some patients did not realise that they required more treatment, as appointment cards/letters were hard to understand, or they did not know why they had been referred in the first place. In a pilot study by Hamilton et al. (1997) non-attendance was reduced to 0% by giving patients a copy of their referral letter. However, a later study by Hamilton et al. (1999) did not support this.

Appointment cards/letters should be easy to read and understand.

Patient confirmation is another way to decrease the number of patients not attending. Sims (1995) stated that an 82% reduction in non-

attendance had been achieved by requesting that patients confirm their attendance by prepaid letter and then telephoning those who do not reply. In the Southern Board some patients are asked to confirm their attendance. At Craigavon Psychiatric Unit patients are asked to confirm their attendance by a certain date. If confirmation is not received, the appointment is cancelled and the patient is notified of this in writing. The original appointment is then given to another client who has confirmed they are available at short notice. Patients who are receiving minor eye operations at outpatient appointments at Armagh Community Hospital are also asked to confirm their attendance, as are new patients at St. Luke's Hospital. However, all appointments at St. Luke's Hospital are kept open in case the patients have not understood that they were supposed to confirm their attendance.

Tear-off confirmation slips should be provided, possibly with freepost envelopes.

Patients have also expressed difficulty in reaching the appropriate department when trying to cancel their appointments.

Hospitals should provide an accessible way of contacting the correct department for those trying to cancel/rearrange their appointment. This could include the use of dedicated telephone lines, 24-hour answering machines and/or 'freephone' telephone numbers.

Incorrect recording of cancelled appointments and of some patients who did attend contributes to the apparent rate of non-attendance being higher than the actual rate of non-attendance (Scunthorpe & Goole Hospitals NHS Trust & Scunthorpe CHC, 1995). Communication problems within the hospital also adds to this problem, as some patients recorded as DNAs are inpatients of the hospital at the time of their appointment.

Computer systems should be used to record cancellations and reschedule appointments; staff should receive appropriate training on how the systems operate.

Another issue is that the appointment date/time sent out to patients are sometimes not suitable for patients. It has been seen that attendance can be increased when the responsibility for making new appointments is given to the patients themselves. Read et al., (1997) found that when patients referred for a gynaecology appointment were provided with a freephone telephone number to arrange their own appointments, 88% of the patients did so, with only 2.5% of these patients subsequently not attending their appointments.

One way of letting the patient pick their appointment is through electronic referrals from GPs. Solly (2001) described a pilot scheme of electronic referrals from GPs to outpatient clinics at King's College Hospital, London, which aimed to make booking hospital appointments much easier. The pilot system seemed to lower non-attendances rates by 40% compared with the traditional referral process, in which it can take up to three weeks for a referral to get from the GP to the consultant and then to the appointments clerk (Solly, 2001). Under the scheme the GP completes the electronic referral protocol, which is then sent to the consultant who confirms it has been read. Then the patient goes to the practice reception where they are offered a choice of appointment times/dates. The appointment is booked on line and the patient is given printed confirmation containing the relevant information about the appointment and department contact numbers. The author stated that this system had several advantages: it was a faster, more efficient referral process, it had lower waiting times, no referrals were lost, and there was better communication between primary and secondary care sources.

Electronic booking is highlighted as an area to be implemented in the 'Priorities for Action' 2002/2003 document (DHSSPS, 2002). It states that

50% of practices should be capable of direct electronic booking of first outpatient appointments by 31 March 2003 and all hospitals should have begun offering electronic booking of some outpatient clinics by 31 March 2003, with 100% coverage for both these aspects by 31 March 2004. The GPLINKS project has been set up as a pilot scheme at one GP surgery in the Southern Board for the booking of first outpatient appointments at two clinics at CAH.

Appointments should be made at a mutually convenient time for both the patient and the hospital. Electronic booking of appointments from all GP surgeries in the Southern Board should be facilitated.

'Forgetting' was one of the most common reasons for non-attendance. In some cases in the Southern Board, patients receive their appointments a long time (10 months) in advance. Campbell et al. (1994) saw a reduction of 23% in non-attendance when reminders were sent to patients, and Reda & Makhoul (2002) said that there was evidence that a simple reminder very close to the time of the appointment encourages the patient to attend. The authors concluded that it would be useful to have an automated system for contacting the patients and that simple orientation type letters 24 hours before the appointment would be most effective. Some specialties in Newry & Mourne Trust use reminders and have found that they increase attendance at outpatient appointments, and as the result of the study conducted in 2001, Craigavon Area Hospital Group Trust have decided to undertake a pilot system of reminders for some specialties with above average DNA rates. It is proposed that the pilot will initially run for 3 months after which a review of the non-attendance will take place .

Reminders should be sent out to patients, especially in those specialties with high rates of non-attendance or those who have received their appointments some time in advance.

Many patients don't attend because their condition has cleared up and the appointment is no longer necessary. Some patients are not sure why they have been referred in the first place and do not attend.

GPs should be contacted after a new patient does not attend. GPs or Consultants should then follow up the non-attenders to find out why they did not attend and re-referrals should only be requested if necessary.

Other common reasons for non-attendance include: lack of transport, unable to get time off work or unable to arrange childcare.

Hospitals should consider providing services such as: reliable transport, crèches, and out-of-working-hours clinics.

REFERENCES

ACHCEW, (1994). *Outpatient Appointments: 'Did Not Attends' (DNAs)*.
ACHCEW

ACHCEW, (1997). *"Did Not Attend" Whose fault is it anyway?* ACHCEW

Aylesbury Vale CHC, (1999). *'Search for the truth' Why do people suffering from mental illness fail to attend for clinic appointments.*

Andrews, R. Morgan, J.D. & McNeish, A.S., (1990). Understanding non-attendance in outpatient paediatric clinics. *Archives of Disease in Childhood*; 65:192-195

Beecham, L., (1999). Missed GP appointments cost NHS money. *British Medical Journal*; 319: 536

Beauchant, S. & Jones, R., (1997). Socio Economic & Demographic Factors in Patient Non-attendance. *British Journal of Health Care Management*; 3(10): 523-528

Bigby, J.A. Giblin, J. Pappius, E.M. & Goldman, L., (1983). Appointment reminders to reduce no-show rates: a stratified analysis of their cost-effectiveness. *Journal of the American Medical Association*; 250: 1742-45

Burton, B., (1993). DNAs: Cracking the code. *Health Director*; Dec: 11

Butler, C.W., Snyder, M., Wood, D.E., Curtis, J.R., Albert, R.K. & Benditt, J.O., (2001). Underestimation of Mortality Following Lung Volume Reduction Surgery Resulting From Incomplete Follow-up. *Chest*, 119:1056-1060

Campbell, J., Szilagyi, P., Rolewald, L., Doane, C. & Roghmann, K., (1994). Patient-specific reminder letters and paediatric well-child-care show rates. *Clinical Paediatric*; 33:268-72

Cosgrove, M.P., (1990). Defaulters in General Practice: reasons for default and patterns of attendance. *British Journal of General Practice*; 40(331):50-2

Cottrell, D. Hill, P. Walk, D. Dearnaley, J. & Ierotheou, A., (1988). Factors influencing non-attendance at child psychiatry out-patient appointments. *British Journal of Psychiatry*; 152:201-4

Department of Health, Social Services and Public Safety, (2000). *Performance Tables 1999/2000*. DHSSPS

Department of Health, (2001). *KH09 Returns 2000/2001*. Department of Health Publications

Department of Health, (2001). *The DNA Campaign Information Pack*. Northern & Yorkshire Regional Office.

Dyer, P.H., Lloyd, C.E., Lancashire, R.J., Bain, S.C. & Barnett, A.H., (1998). Factors associated with non-attendance in adults with type 1 diabetes mellitus. *Diabetes Medicine* 15(4); 339-43

Gatrad, A.R., (1997). Comparison of Asian and English non-attenders at a hospital outpatient department. *Archives of Disease in Childhood*; 77: 423-426

Hamilton, W. Round, A. & Sharp, D., (1999). Effect on hospital attendance rates of giving patients a copy of their referral letter: randomised controlled trial. *British Medical Journal*; 318:1392-1395

Hamilton, w., Round, A., & Taylor, P., (1997). Letting Patients see a copy of consultant's letter is being studied in trial. *British Medical Journal*; 314:1416

Herrick, J., Gilhooly, M.L. & Geddes, D.A., (1994). Non-attendance at periodontal clinics: forgetting and administrative failure. *Journal of Dentistry*; 22(5): 307-9

Hillman, J.G., (1994). Audit of elderly peoples' eye problems and non-attendance at hospital eye service. *British Medical Journal*; 308:953

Killaspy, H., Banerjee, S., King, M. & Lloyd, M. (2000). Prospective controlled study of psychiatric outpatient non-attendance. *British Journal of Psychiatry*; 176:160-165

Koch, A. & Gillis, L.S., (1991). Non-attendance of psychiatric outpatients. *South African Medical Journal*; 80:289-91

Lancaster, J., (1996). A turn up for the books. *Health Service Journal*; 20th June 1996

Lloyd, M., Bradford, C. & Webb, S., (1993). Non-attendance at outpatient clinics: is it related to the referral process? *Family Practice*; 10:111-7

Merry, M., Miller, K. & Harris, J., (1997). *A Study of Patients Who Did Not Attend Their Outpatient Appointments*. Doncaster CHC.

McCarthy, K., McGee, H.M. & O'Boyle, C.A., (2000). Outpatient clinic waiting times & non-attendance as indicators of quality. *Psychology, Health & Medicine*; 5(3):287-293

Neal, R.D., Lawlor, D.A., Allgar, V., Colledge, M., Ali, S., Hassey, A., Portz, C. & Wilson, A., (2001). Missed appointments in general practice:

retrospective data analysis from four practices. *British Journal of General Practice*; 51(471): 830-2

Needleman, J. & Mikhail, W.I., (1997). A case control study of GP and patient related variables associated with non-attendance at new psychiatric out-patient appointments. *Journal of Mental Health*; 6(3):301-306

Northern Ireland Statistics & Research Agency, (2001). *Hospital Statistics 1 April 2000 – 31 March 2001 Volume 2b: Outpatient Specialty Tables*. DHSSPS

Read, M.D. Byrne, P. & Walsh, A., (1997). Dial a clinic - a new approach to reducing the number of Defaulters. *British Journal of Health Care Management*; 3:307-10

Reda, S. & Makhoul, S., (2002). Prompts to encourage appointment attendance for people with serious mental illness (Cochrane Review). *The Cochrane Library*; Issue 1, 2002. Oxford: Update Software

Ritchie, J.H., Dick, D. & Lingham, R., (1994). *The report of the Inquiry into the Care and Treatment of Christopher Clunis*. London: HMSO.

Ritchie, P.D., Jenkins, M. & Cameron, P.A., (2000). A telephone call reminder to improve outpatient attendance in patients referred from the emergency department: a randomised controlled trial. *Australian & New Zealand Journal of Medicine*; 30(5):582-92

Scunthorpe & Goole Hospitals NHS Trust & Scunthorpe CHC, (1995). *Did Not Attends*.

Sharp, D.J., (2001). Non-attendance at general practices and outpatient clinics. *British Medical Journal*; 323:1081-1082

Sims, J., (1995). How missing patients can be urged to attend. *Healthcare Management*; June:16

Solly, J., (2001). Electric Avenue. *Health Service Journal*; 22 Nov 2001:22-23

South Durham & Weardale CHC, (1996). *Survey of outpatient non-attendance at Bishop Auckland General Hospital. "DNA's"*.

Steering Committee of the Confidential Inquiry into Homicides and Suicides by Mentally Ill People (1996). *Report of the Confidential Inquiry into Homicides and Suicides by Mentally Ill People*. London: Royal College of Psychiatrists.

Stone, C.A. Palmer, J.H. Saxby, P.J. & Devaraj, V.S., (1999). Reducing non-attendance at outpatient clinics. *Journal of the Royal Society of Medicine*: 92: 114-118

Torgerson, D. & Reid, D., (1993). Absent Friends. *Health Service Journal*; 4th Nov 1993; 33

Appendix

Table A: Non-Attendance at Armagh Community Hospital (2000/2001)

Armagh Community Hospital			
SPECIALTY	Non-attendance (%)		
	NEW	REVIEW	TOTAL
General Surgery	7.3	11.8	9.7
ENT	11.2	18.1	13.2
Ophthalmology	6.3	7.1	6.9
General Medicine	7.4	6.8	7.0
Cardiology	2.4	5.8	4.7
Dermatology	12.0	13.2	12.8
Paediatrics	8.0	14.4	13.5
Gynaecology	5.5	13.4	9.3
Obstetrics (ante-natal)	4.4	3.6	3.8
TOTAL			9.2

Table B: Non-Attendance at Banbridge Polyclinic (2000/2001)

Banbridge Polyclinic			
SPECIALTY	Non-attendance (%)		
	NEW	REVIEW	TOTAL
General Surgery	7.2	10.5	8.8
Urology	20.1	15.7	16.3
ENT	7.6	8.5	8.1
General Medicine	0	9.3	8.9
Gastroenterology	0	2.8	2.3
Cardiology	6.1	7.8	7.2
Rheumatology	3.4	5.6	5.0
Paediatrics	11.7	15.8	14.9
Gynaecology	10.8	11.9	11.5
Obstetrics (ante-natal)	1.9	3.2	2.9
Chemical Pathology	13.7	25.2	21.7
TOTAL			9.4

Table C: Non-Attendance at Craigavon Area Hospital (2000/2001)

Craigavon Area Hospital			
SPECIALTY	Non-attendance (%)		
	NEW	REVIEW	TOTAL
General Surgery	9.0	18.6	14.6
Urology	14.1	15.7	15.4
T & O	9.1	13.5	12.5
ENT	10.9	13.5	12.6
Ophthalmology	16.2	16.5	16.4
Oral Surgery	16.5	17.2	16.9
Restorative Dentistry	24.1	0	22.6
Paediatric Dentistry	13.3	17.0	16.4
Orthodontics	11.0	8.4	8.7
Plastic Surgery	10.4	22.0	15.7
A & E	19.7	18.2	18.9
Anaesthetics	0	0	0
Pain Management	11.4	5.4	6.4
General Medicine	9.3	14.2	12.7
Endocrinology	11.4	17.3	17.0
Haematology (clinical)	6.1	8.3	8.2
Palliative Medicine	0	1.0	1.6
Cardiology	11.4	11.7	11.7
Dermatology	10.2	17.5	14.6
Thoracic Medicine	4.7	14.7	12.2
Neurology	27.8	18.6	21.5
Rheumatology	11.3	12.4	12.1
Paediatrics	14.3	14.6	14.5
Paediatric Neurology	18.2	15.5	15.8
Geriatric Medicine	5.4	2.5	2.9
Gynaecology	12.5	15.0	14.2
Obstetrics (ante-natal)	4.6	2.7	3.3
Chemical Pathology	16.7	20.2	19.0
TOTAL			12.7

Table D: Non-Attendance at Daisy Hill Hospital (2000/2001)

Daisy Hill Hospital			
SPECIALTY	Non-attendance (%)		
	NEW	REVIEW	TOTAL
General Surgery	12.7	15.0	14.1
ENT	9.1	27.1	14.4
Ophthalmology	36.6	3.4	15.2
Oral Surgery	22.0	20.0	18.8
Thoracic Surgery	13.8	15.0	14.7
General Medicine	10.0	18.5	17.0
Haematology (clinical)	4.0	9.5	9.1
Cardiology	7.6	6.3	6.7
Dermatology	23.8	9.4	15.8
Genito-Urinary Medicine	0.0	5.9	3.5
Nephrology	14.9	12.3	12.6
Paediatrics	11.6	17.8	16.6
Gynaecology	12.2	20.0	17.6
Obstetrics (ante-natal)	9.2	1.3	3.0
Obstetrics (post-natal)	0.0	19.0	19.0
Mental Illness	24.0	22.1	22.3
TOTAL			14.7

Table E. Non-Attendance at Longstone Hospital (2000/2001)

Longstone			
SPECIALTY	Non-attendance (%)		
	NEW	REVIEW	TOTAL
Learning Disability	5.1	17.3	16.6
TOTAL			16.6

** Learning Disability clinics are held at various locations not actually at Longstone Hospital

Table F: Non-Attendance at Lurgan Hospital (2000/2001)

Lurgan Hospital			
SPECIALTY	Non-attendance (%)		
	NEW	REVIEW	TOTAL
Geriatric Medicine	5.9	8.5	8.2
Dermatology	0.0	0.0	0.0
TOTAL			8.0

Table G: Non-Attendance at Mourne Hospital (2000/2001)

Mourne Hospital			
SPECIALTY	Non-attendance (%)		
	NEW	REVIEW	TOTAL
General Surgery	9.2	12.5	10.4
General Medicine	12.4	28.7	27.1
Gynaecology	9.9	22.6	18.2
Obstetrics (ante-natal)	2.4	0.5	0.9
Obstetrics (post-natal)	33.3	21.4	23.5
TOTAL			17.7

Table H: Non-Attendance at Mullinure Hospital (2000/2001)

Mullinure Hospital			
SPECIALTY	Non-attendance (%)		
	NEW	REVIEW	TOTAL
Geriatric Medicine	4.5	9.4	8.5
TOTAL			8.5

Table I: Non-Attendance at South Tyrone Hospital (2000/2001)

South Tyrone Hospital			
SPECIALTY	Non-attendance (%)		
	NEW	REVIEW	TOTAL
General Surgery	9.0	15.5	12.4
ENT	10.8	10.9	10.9
Ophthalmology	9.3	9.6	9.5
Oral Surgery	0	0	0
Thoracic Surgery	10.7	11.4	11.2
Pain Management	8.6	5.5	7.0
General Medicine	9.6	9.6	9.6
Haematology (clinical)	0	11.2	11.1
Palliative Medicine	0	5.7	4.9
Dermatology	11.5	12.3	12.0
Nephrology	2.3	9.1	11.8
Rheumatology	0	7.3	5.1
Paediatrics	8.9	12.1	11.6
Geriatric Medicine	3.3	5.9	5.4
Gynaecology	9.7	15.5	13.6
Obstetrics (ante-natal)	4.7	2.4	2.9
TOTAL			10.1

Table J: Non-Attendance at St. Luke's Hospital (2000/2001)

St. Luke's Hospital			
SPECIALTY	Non-attendance (%)		
	NEW	REVIEW	TOTAL
Mental Illness	39.8	22.2	27.5
TOTAL			27.5