

**ITEM: 10/084**  
**Doc: 07**

<b>Meeting:</b>	Trust Board
<b>Date:</b>	28 July 2010

<b>Title:</b>	<b>Reducing DNAs in Outpatients</b>
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<b>Executive Summary:</b>	<p>At the February Trust Board, the Non Executive Directors raised concern about the high levels of first appointment DNA rates and the deteriorating position, and instructed the Director of Operations to review performance, agree a target reduction and develop an action plan to achieve this reduction. It was agreed a report identifying issues and actions to be taken should be brought to the July Trust Board.</p> <p>This report proposes a Year 1 target reduction of 3 percentage points on current first appointment DNA performance. This target is consistent with Choose and Book DNA rates. This would equate to approx 600 DNAs being removed from the system per month.</p> <p>Four areas are being addressed to deliver this improvement as follows;</p> <ul style="list-style-type: none"><li>✓ Improving appointment booking processes</li><li>✓ Reminding patients to attend</li><li>✓ Implementing a robust DNA discharge policy</li><li>✓ Improving data quality</li></ul> <p>Trust Board approval is sought for the proposed DNA reduction and revised target of 12%. Support is requested for the approach being taken to reduce DNAs.</p> <p>It is proposed that a further progress report is brought to the January Trust Board</p>
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<b>Action:</b>	For Support and Agreement
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<b>Report from:</b>	Kate Slemeck – Director of Operations
<b>Sponsor:</b>	Rob Larkman – Chief Executive Officer

## Reducing DNAs in Outpatients

### 1. Introduction

DNAs (Do Not Attend) refer to occasions when patients do not turn up (without notice) to their appointment. DNAs have an enormous impact on our services in terms of cost and waiting time, significantly adding to delays along the patient pathway. They commonly result in overbooking as a strategy to manage income and appointment slot utilisation. This is unsatisfactory as it can cause clinics to be overbooked and busy if less than average DNAs occur on that day. Each DNA also utilises administrative capacity as records are pulled and prepared for clinic.

We experience high levels of DNAs in our outpatient clinics, on average 15% for the last year. Prior to this, the average was just below 13.8%. Whilst performance appeared to deteriorate in June 2009, this was an artefact of specific changes to our PAS system introduced at that time which affected in the way we managed the 18 week pathway. This resulted in a number of patients who would be offered an open appointment after not attending instead of being recorded as a DNA.

At the February Trust Board, the NEDs raised concern about the high first appointment DNA rates and the deteriorating position, and instructed the Director of Operations to review performance, agree a target reduction and develop an action plan to deliver an improvement. It was agreed that an update on issues identified and progress made would be brought to the July Trust Board.

### 2. Performance and Targets

Table 1 below provides SPC run chart information on First Appointment DNA rates. The stepped change from 13.8% to 15% can be seen from June 2009.

**Table 1 – First Appointment DNAs**

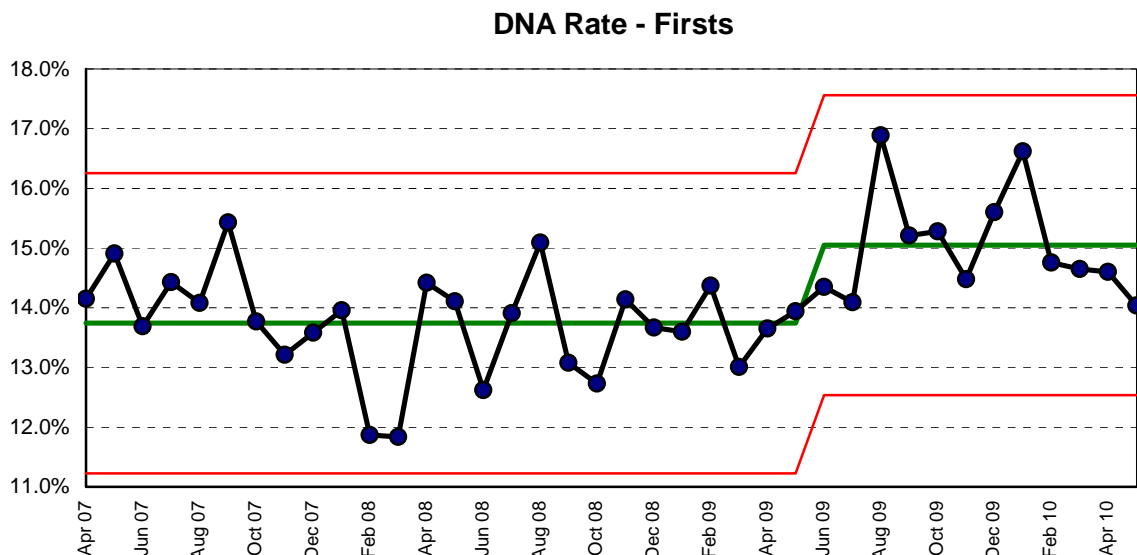


Table 2 below provides a comparison of Choose and Book DNA rates and paper referral DNA rates. Choose and Book referrals are made in a GP surgery during the consultation with the patient present. The patient chooses and agrees to the appointment. Paper referrals appointments are booked by the hospital. The process for hospital bookings in the past has been by letter, this changed in April to phone bookings (see section 3).

**Table 2:**

**Comparison of DNA rates between CAB and Paper Referrals: 2009/10**

Specialty Code and Description	CAB			Paper			CAB Gain
	Attended	DNA	DNA Rate	Attended	DNA	DNA Rate	
100 General Surgery	1484	204	12.1%	4346	715	14.1%	34
101 Urology	775	94	10.8%	1222	415	25.4%	127
110 Trauma & Orthopaedics	1998	179	8.2%	2131	416	16.3%	176
120 ENT	1055	166	13.6%	1205	206	14.6%	12
130 Ophthalmology	562	87	13.4%	726	188	20.6%	47
160 Plastic Surgery				26	13	33.3%	0
190 Anaesthetics	67	10	13.0%	371	46	11.0%	-2
300 General Medicine	13	2	13.3%	137	9	6.2%	-1
301 Gastroenterology	885	129	12.7%	1014	283	21.8%	92
302 Endocrinology	187	26	12.2%	211	35	14.2%	4
303 Haematology (Clinical)	159	19	10.7%	248	59	19.2%	15
307 Diabetic Medicine	70	19	21.3%	3276	795	19.5%	-2
320 Cardiology	416	37	8.2%	2685	433	13.9%	26
330 Dermatology	1800	333	15.6%	2290	529	18.8%	68
340 Respiratory Medicine	198	17	7.9%	527	106	16.7%	19
361 Nephrology	86	10	10.4%	125	52	29.4%	18
400 Neurology	469	85	15.3%	432	84	16.3%	5
410 Rheumatology	482	48	9.1%	491	77	13.6%	24
420 Paediatrics	269	35	11.5%	2170	232	9.7%	-6
430 Geriatric Medicine	94	13	12.1%	246	65	20.9%	9
501 Obstetrics For Patients Using A Hospital Bed Or Delivery Facilities	286	58	16.9%	5272	825	13.5%	-12
502 Gynaecology	1371	188	12.1%	3725	539	12.6%	8
<b>Total</b>	<b>12726</b>	<b>1759</b>	<b>12.1%</b>	<b>32876</b>	<b>6122</b>	<b>15.7%</b>	<b>515</b>

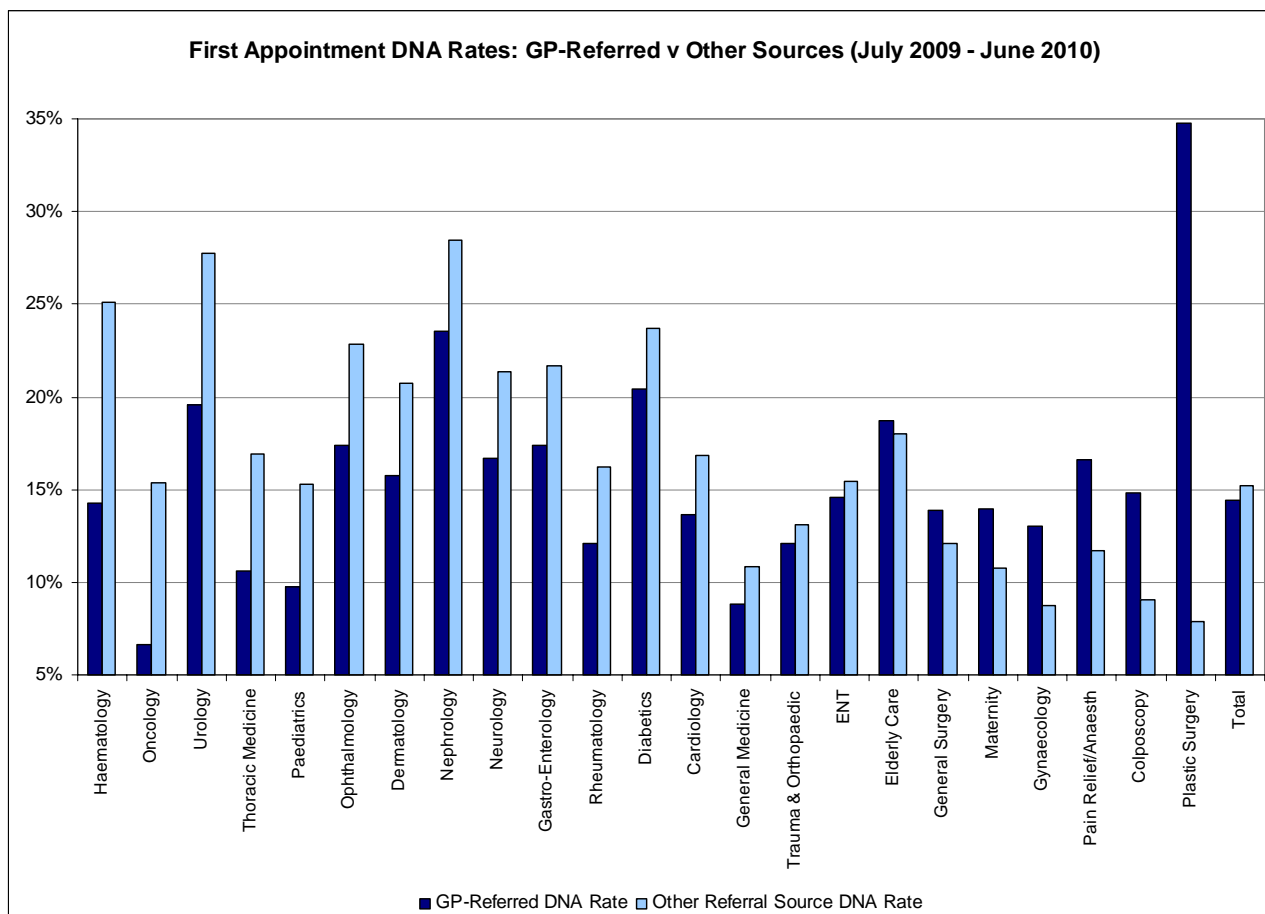
The overall DNA rate for Choose and Book referrals is 12.1% compared with 15.7% for hospital booked appointments. There is significant variation in a number of specialities – for example Urology (10.8% vs 25.4%), Gastroenterology (12.7% vs 21.8%), Nephrology (10.4% vs 29.4%).

There are two obvious benefits of the choose and book process, firstly the discussion that occurs between patient and Doctor about the referral being made, and secondly the immediate face to face booking process where the patient chooses their appointment. Whilst it is not possible to replicate this in full with hospital booked paper referrals, providing choice over the phone is the best alternative and needs to replace bookings by letters in all instances (section 3).

There is a significant push in London to increase choose and book referrals to 100% (currently they are in the region of 50% of all referrals). The Whittington is involved in this project and expects to see Choose and Book referrals increasing over the next few months.

Further analysis undertaken that is interesting to share is the difference in DNA rates between GP paper referrals and internally generated (consultant to consultant) referrals. Overall internally generated referrals have a slightly higher average DNA rate, however there are some significant variations within specialities. Chart 1 below provides this comparison and you will see for a number of specialities the internally generated referrals result in a significantly higher DNA rate.

**Chart 1: First Appointment DNA Rates GP referred versus other sources:**



It is not currently possible to make valid comparisons with other Trusts DNA data, as unlike mortality statistics there is no standardised comparison available for DNA rates. It has been demonstrated, however, that high deprivation scores and variations in age profiles in local populations has an effect on the likelihood of patients to DNA. Table 3 below provides a comparison of DNA rates across a number of trusts. This data is compiled from Department of Health Hospital activity statistics - Referrals and Attendances for Outpatient Appointments.

The Trusts that are 1% +/- to the Whittington DNA rate are similar in terms of population mix, compared to for example the RFHT or UCLH (Table 3 below).

**Table 3: DNA Rate Comparison with other London and out of London Trusts**

<b>DNA rate - First Appointments Q4 2009-10 (ending March 2010)</b>	
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	24%
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	20%
THE LEWISHAM HOSPITAL NHS TRUST	16%
<b>THE WHITTINGTON HOSPITAL NHS TRUST</b>	<b>16%</b>
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	15%
NEWHAM UNIVERSITY HOSPITAL NHS TRUST	15%
MAYDAY HEALTHCARE NHS TRUST	15%
EALING HOSPITAL NHS TRUST	14%
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	14%
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	13%
BARTS AND THE LONDON NHS TRUST	13%
WEST MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	12%
WHIPPS CROSS UNIVERSITY HOSPITAL NHS TRUST	12%
ROYAL FREE HAMPSTEAD NHS TRUST	12%
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	12%
KINGSTON HOSPITAL NHS TRUST	11%
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	11%
NORTH WEST LONDON HOSPITALS NHS TRUST	11%
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	10%
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	10%
THE HILLINGDON HOSPITAL NHS TRUST	10%
BARNET AND CHASE FARM HOSPITALS NHS TRUST	9%
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	9%
SOUTH LONDON HEALTHCARE NHS TRUST	9%
ST GEORGE'S HEALTHCARE NHS TRUST	7%

There may be learning from other organisations and we will make contact with Barnet and Chase Farm and St Georges to understand how they have reduced DNA rates to 9% and 7% respectively.

**It is proposed that the first appointment DNA target should reflect the Choose and Book DNA performance and be re-set to 12%.**

### **3. Action Plan to Improve First Appointment DNAs**

The four interventions that are considered to have the greatest impact upon reducing DNAs if addressed in a consistent and coordinated way are as follows:

- (1) Improving Appointment Booking Processes
- (2) Reminding Patients to Attend
- (3) Having a robust and consistent discharge planning policy when patients do not attend their appointment (Application of Trust 'Access' policy).
- (4) Improving the Quality of our Data

#### **3.1 Improving Appointment Booking Processes**

Our approach is to ensure that booking processes are fair, provide good notice and most importantly give patient's choice. Evidence suggests that patients who are

offered a choice of appointment are more likely to attend their appointment. The likelihood of attendance is further increased by speaking directly with patients and agreeing the date of their appointment with them in person. This form of flexible and personal appointments booking system cannot be achieved by post, but requires phone or face to face booking.

In April 2010 we introduced a phone booking system for first outpatient appointments. This was rolled out to all specialities in May. Phone bookings are all confirmed in writing with the opportunity to change the appointment agreed if required.

We are currently successful in contacting 85-90% of patients between 8am and 6pm but are only able to offer limited choice to approximately a third of patients due to clinic capacity constraints. We aim to improve this by increasing available clinic choice and extending further the times of day we call. The objective we are working towards is telephoning and offering full choice to a minimum of 95% of patients over the next six months.

We intend next to roll out partial booking of follow-up appointments, which will allow us to offer a better choice to patients invited for a follow up. This has also been shown to reduce DNAs. Due to timescales involved we do not expect to see the benefits of partial booking until 2011.

The importance of robust booking processes should not be underestimated. They not only deliver a more productive approach to arranging appointments, but also provide Consultants with the confidence that the patient is aware of the appointment and is not being disadvantaged by an unreliable postal system.

### **3.1 Appointment Reminders**

The Trust has invested in an automated appointment reminder service 'remind plus' which calls the patient seven days in advance of the booked appointment to check they still intend to attend. An option to confirm, turn the appointment down or request a rebooking is given. A report is generated following this contact and all patients who have rejected or requested a new appointment are contact by phone the next day by our bookings team. This system is satisfactory rather than ideal. It can cause additional work when the incorrect option is selected. A personalised approach is likely to be more successful but is more costly and labour intensive.

Linked to this remind plus service is a text messaging reminder which is sent out 2 days prior to the appointment. This is liked by patients and we need to extend its use by ensuring we capture patient's mobile phone numbers. We have recently spoken to GP leads in Haringey and Islington who are going to ensure Mobile phone numbers are added to referral letters.

We need to assess whether an investment in a more personalised phone reminder services would be worthwhile. We are considering piloting evening in person phone call reminders in high DNA specialities to review the impact this has on DNAs.

### 3.3 Application of the Trust Access Policy

The discharge rate for patients at their first DNA and overall new appointment DNA rates are outlined below and illustrates that consultants who discharge patients who did not attend their first appointment have the lowest percentage of DNA wastage.

% DNAs discharged rank - 1 = best			DNA rate 1st appointment Q3 2009-10 rank - 1 = best		
Rank	Specialty		Rank	Local Specialty Desc	
1	Trauma & Orthopaedic	95%	1	Gynaecology	10%
2	Neurology	81%	2	Paediatrics	10%
3	Rheumatology	78%	3	Pain Relief/Anaesth	12%
4	Cardiology	75%	4	Cardiology	12%
5	ENT	74%	5	Rheumatology	12%
6	Endocrinology	72%	6	Ear, Nose And Throat	12%
7	Gynaecology	67%	7	Trauma & Orthopaedic	13%
8	Dermatology	62%	8	General Medicine	13%
9	Pain Relief/Anaesth	57%	9	Maternity (AN Out)	13%
10	General Medicine	53%	10	General Surgery	14%
11	General Surgery		11	Colposcopy	
12	Ophthalmology		12	Elderly Care	
13	Paediatrics		13	Haematology(Clinic)	
14	Nephrology		14	Endocrinology	
15	Haematology(Clinic)		15	Dermatology	
16	Elderly Care		16	Neurology	
17	Thoracic Medicine		17	Oncology (Medical)	
18	Urology		18	Ophthalmology	
19	Diabetics		19	Urology	
20	Colposcopy		20	Plastic Surgery	
21	Oncology (Medical)		21	Gastro-Enterology	
			22	Diabetics	
			23	Thoracic Medicine	
			24	Nephrology	

7 out of the top ten specialities that discharge best after the first appointment also have the best performing DNA rates

The access policy agreed by our Hospital Management Board states that:

*“The default position for patients who fail to attend will be for the administration staff to send a standard letter informing the patient and their GP of their non-attendance and not to rebook the patient. The patient will be advised that should they still require an appointment they must contact their GP. Where a clinician specifically wishes for the patient to be given an appointment, due to clinical need, this would be highlighted to the clinic staff on an individual basis. (For exceptions see Access SOP (Standard Operating Procedure)- Cancer Patients, Paediatrics, and notifiable diseases are all exceptions that will have separate SOPs.)”*

We have agreed with consultants that at the end of clinic all DNA records will be collected together and reviewed by each Consultant for their clinic or by a nominated consultant for all clinics. The default position is to discharge unless otherwise clinically indicated (excluding cancer, paediatrics and some long terms conditions for which a second appointment is offered prior to Consultant review). If the Consultant does not wish to override the default DNA position after reviewing the notes then the patient and their GP are written to informing them that the patient has been referred back to the care of their GP. If a patient is invited back for a second appointment and subsequently DNAs then they will be automatically referred back to their GP – again with both GP and patient being written to inform them. This policy has been discussed with GP leadership locally who are supportive of this approach.

Data and experience from appointments staff indicates that where we discharge patients back to primary care and where the patient is informed that this is the policy, then patients either turn up to their appointment or they receive another

review appropriately with a GP. The same applies where patients continually cancel and re book. Once the policy is explained then the DNA rate is reduced.

Full application of the DNA Policy in clinic has been in place for 6-8 weeks. This requires a high level of intervention to ensure notes are reviewed by Consultants in all specialities a timely way. We anticipate seeing the impact upon DNA levels over the next two to three months. Given that there were a number of examples of patients being offered up to 5 or more appointments in a number of specialities we anticipate rigorous application of this policy will have the biggest impact upon DNA rates.

### **3.4 Data Quality**

There is an issue with data quality that arises from false positive DNA activity data mainly produced as a result of poor booking practice. A typical example is listed below.

#### *Patients who have multiple linked appointments*

A number of our patients will have a number of 'linked' outpatient appointments for example in ophthalmology, seeing an Optometrist, visual fields test and Ophthalmologist that should occur in a certain order. If the patient cancels one of these but not all three, the other two appointments remain on the system and will appear as a DNA on the day, when they should have been cancelled and if time re-filled. In this case the number of DNAs is artificially inflated. The same issue applies for patients who are admitted and may miss appointments, or require a change in their clinical plan and a different set of appointments.

We are putting systems in place to ensure that a DNA or cancellation in one area is passed on to the other affected areas in order to ensure better quality data. Patients who are admitted are to be checked at clinic prepping and appointments adjusted accordingly as hospital cancellations. (There is currently no other code that can distinguish what is an acceptable cancellation of an appointment).

In order to support this a report on same day cancellations/DNA patients is produced and corrected on PAS. A system has also been introduced to ensure that staff taking cancellations review patients other clinic activity at the same time. In addition staff preparing notes for clinics to routinely check admissions data to ensure patients in not an inpatient.

## **4. In Summary**

A target reduction of 3% is proposed to reduce first appointment DNAs from the current 15% to 12% in line with Choose and Book performance.

It is proposed this is achieved by focussing on four main areas:

- ✓ Improving Appointment Booking Processes
- ✓ Reminding Patients to Attend
- ✓ Having a robust and consistent discharge planning policy when patients do not attend their appointment (Application of Trust 'Access' policy).
- ✓ Improving the Quality of our Data

Trust Board approval is required for the proposed target reduction and support is sought for the approach being taken to deliver this.