The Whittington Hospital NHS
NHS Trust

ITEM: 11/013
Doc: 10

Meeting:	Trust Board
Date:	26 January 2011

Title:	**Reducing DNAs**

Executive Summary:

At the February 2010 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 undertake a full review performance. A report outlining the actions to be taken and an associated 3% target reduction was agreed at the July Trust Board, with agreement to bring a progress report to the January 2011 Trust Board

This progress report confirms that the Trust DNA rate has reduced month on month since the last Trust Board report and is now on average 1.1% lower than the corresponding period in 2009, but the 3% reduction rate has not been achieved in spite of improvements in booking and discharge processes, reminder services and data quality.

The next stages of the reduction plan are to:

- ✓ Address capacity constraints by completing outpatient demand and capacity planning and revising templates to reflect SLA reductions in follow ups and consultant to consultant referrals.
- ✓ Improve patient satisfaction by reducing hospital cancellations.
- ✓ Commence a trial of weekend phone reminder service in Ophthalmology
- ✓ Continue with the Outpatient Visual leadership to support and spot check appropriate application of the DNA policy and the accurate collection of patient data within clinics.
- ✓ Improve the accuracy of patient phone details held within PAS.
- ✓ Consider the launch of an engagement strategy working with staff, patients and GPs to reduce DNAs part of which will be providing reminder leaflets highlighting the waste and inefficiency caused by DNAs.

Action:	For discussion and agreement re direction of travel

Report from:	Kate Slemeck – Director of Operations

Sponsor:	Rob Larkman – Chief Executive Officer

Financial Validation Lead: Director of Finance	Name of finance officer

Compliance with statute, directions, policy, guidance Lead: All directors	**Reference:**

Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing & Clinical Development	**Reference:**

Compliance with Auditors' Local Evaluation standards (ALE) Lead: Director of Finance	**Reference:**

Evidence for self-certification under the Monitor compliance regime Lead: All directors	**Compliance framework reference:**

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. DNAs also commonly result in overbooking, as a strategy to manage income and appointment slot utilisation, which is unsatisfactory as it can lead to clinics being 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.

At the February 2010 Trust Board, the NEDs raised concern about the high first appointment DNA rates and the deteriorating position. The Director of Operations was asked to review performance, agree a target reduction and develop an action plan to deliver an improvement. The main issues and proposed actions were discussed at the July 2010 Trust Board and a years target reduction of 3% from 15% to 12% which is the same as the Trust's Choose and Book rate, was agreed. The purpose of this paper is to update the Board on progress towards reducing actual DNA performance to 12% reporting back on each action agreed in turn.

2. Performance

Table 1 below provides SPC run chart information on First Appointment DNA rates for the last 18 months since the step change in June 2009 to 15%. The DNA rate has generally seen a downward trend since February 2010. Although it would appear that higher rates were experienced over the summer months this is a reflection of a lower denominator as the underlying DNA rate continued on a downward trajectory. Additionally 2010 has seen a number of one off factors that have negatively affected performance; these have included travel disruption caused by the volcanic ash clouds, industrial action and severe weather both in early 2010 as well as the recent poor weather in December.

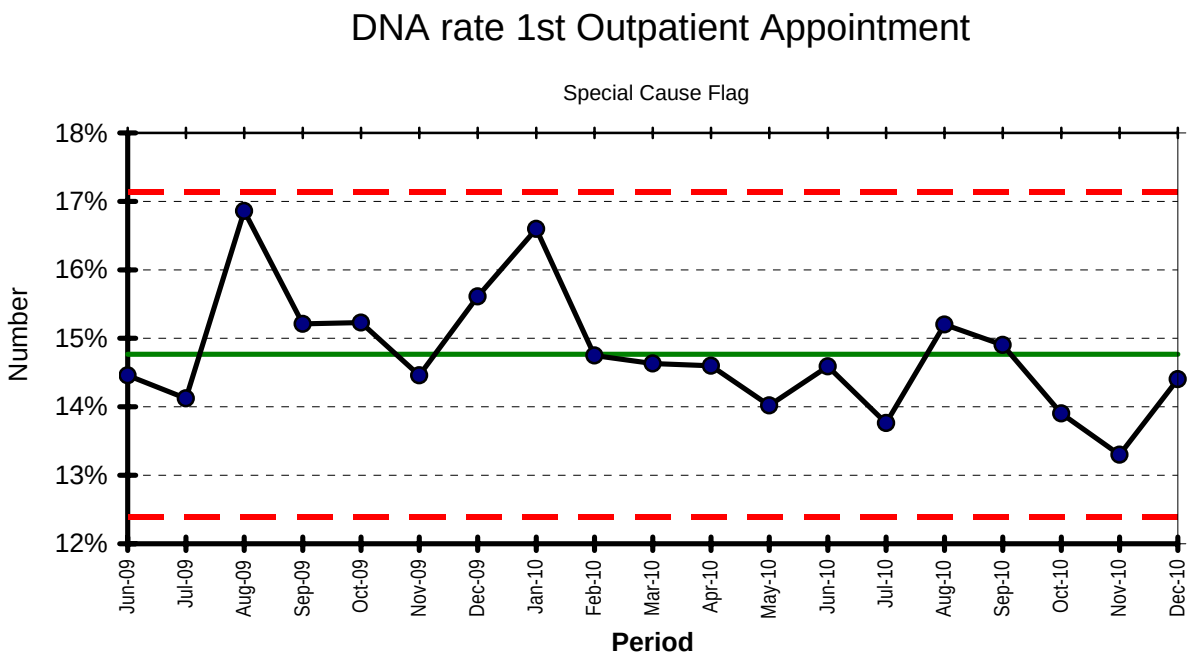
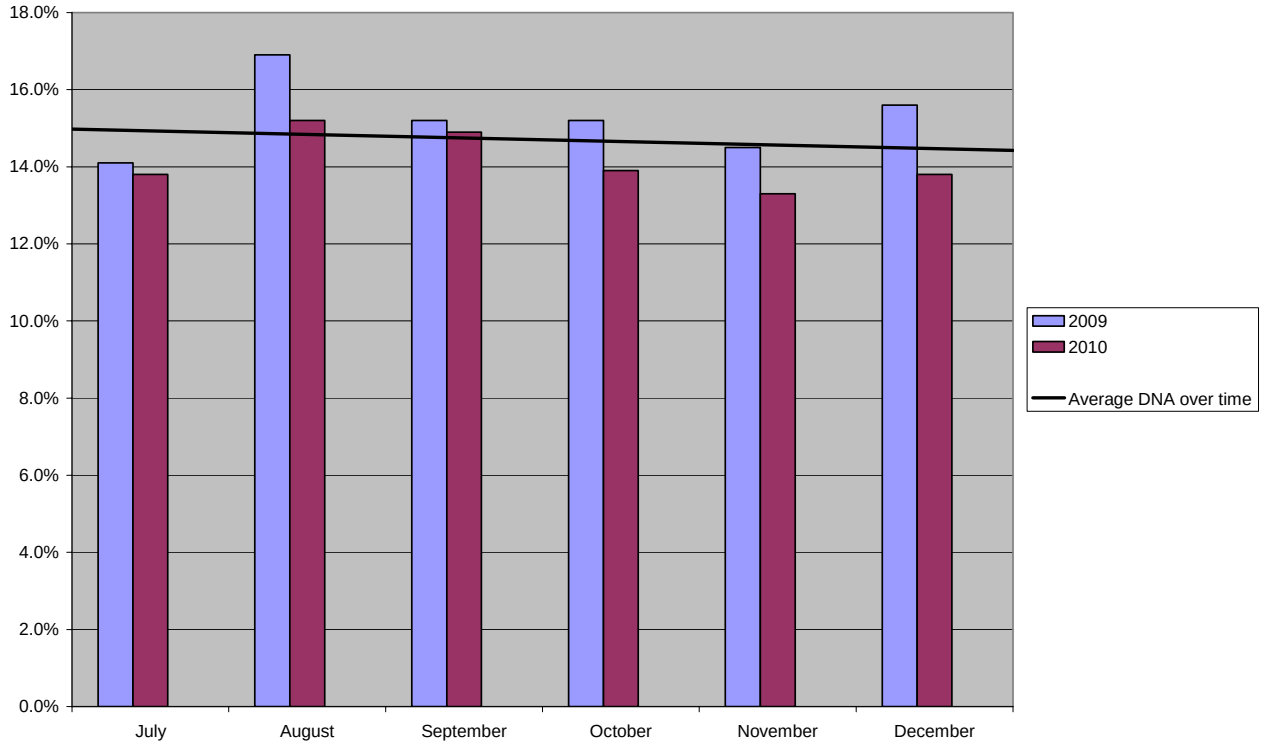


Table 2 shows the comparison for Jul-Dec 09 first appointment DNA rates with Jul-Dec 10. Whilst the average reduction across this period was only 1.1% each month has shown a fall in comparison with the previous year that reflects the downward trend of the DNA rate. At the same time the choose and book referral rate has remained at between 12-13%.

Table 2 – DNA Comparison Table Jul – Dec 09/10



As well as considering the Trust's own DNA it is also worth comparing this to national and local DNA rates as it has been demonstrated that high deprivation scores and variations in age profiles in local populations has an effect on the likelihood of patients to DNA.

Table 3: Trust First Appointment DNA Rates by Ethnic Grouping

*Ethnic Category	Attended - First Appt	DNAs - First Appt	*First Appt DNA rate (%)
White British	17777	2551	**12.55%**
White Irish	1650	288	**14.86%**
Any other White background	7528	1051	**12.25%**
White and Black Ca	324	56	**14.74%**
White and Black Af	127	15	**10.56%**
White and Asian	152	29	**16.02%**
Any other mixed b/g	496	89	**15.21%**
Indian	944	117	**11.03%**
Pakistani	221	31	**12.30%**
Bangladeshi	666	114	**14.62%**
Any other Asian b/g	1053	152	**12.61%**
Black Caribbean	3206	678	**17.46%**

Black African	3278	610	**15.69%**
Any other Black b/g	1009	211	**17.30%**
Chinese	353	47	**11.75%**
Any other ethnic group	5040	907	**15.25%**
Not stated	12335	2568	**17.23%**
Missing ethinic info	1642	413	**20.10%**

Indeed this can be demonstrated even within the Trust's own data and the wide range of DNA rates based on ethnic background, as shown in table 3 above. We are unclear why there is this variation between ethnic groups and will be discussing with other Trust's if this is replicated elsewhere.

2.1 Comparisons with Other Trusts

It has proved difficult to make valid benchmarking comparisons with other Trust's DNA data, as unlike mortality statistics there is no standardised comparison available for DNA rates. Each trust will produce a local profile of what it wishes to include and exclude and the method for calculation of their DNA rate. However taking these limitations into account it is still is possible to utilise this DoH benchmarking data as a proxy indicator of performance across London, if only to encourage dialogue with Trusts who have better performance in order to learn from what they are doing.

Table 4: DNA Rate Comparison for London Trusts

DNA Rate for 1st OP appointments, Q2 2010-2011(source: DoH)	
HOMERTON UNIVERSITY HOSPITAL	21%
EALING HOSPITAL	16%
NEWHAM UNIVERSITY HOSPITAL	16%
CROYDON HEALTH SERVICES	15%
IMPERIAL COLLEGE HEALTHCARE	15%
THE WHITTINGTON HOSPITAL	15%
WHIPPS CROSS UNIVERSITY HOSPITAL	14%
KING'S COLLEGE HOSPITAL	13%
NORTH MIDDLESEX UNIVERSITY HOSPITAL	13%
KINGSTON HOSPITAL	12%
GUY'S AND ST THOMAS'	12%
BARTS AND THE LONDON	12%
ROYAL FREE HAMPSTEAD	12%
BARKING, HAVERING AND REDBRIDGE	12%
WEST MIDDLESEX UNIVERSITY HOSPITAL	12%
NORTH WEST LONDON HOSPITALS NHS TRUST	11%
LEWISHAM HEALTHCARE NHS TRUST	11%
UNIVERSITY COLLEGE LONDON HOSPITALS	11%
MOORFIELDS EYE HOSPITAL	11%

ROYAL BROMPTON AND HAREFIELD	10%
BARNET AND CHASE FARM HOSPITALS	10%
THE HILLINGDON HOSPITAL	10%
CHELSEA AND WESTMINSTER HOSPITAL	10%
SOUTH LONDON HEALTHCARE	9%
GREAT ORMOND STREET HOSPITAL	9%
EPSOM AND ST HELIER UNIVERSITY HOSPITALS	9%
ST GEORGE'S HEALTHCARE	7%
THE ROYAL MARSDEN	6%
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL	3%

We have had discussions with a number of local Trusts to compare initiatives to reduce DNA rates. What we have established is that they are adopting similar strategies to us in terms of:

- ✓ offering choice (including greater use of choose and book)
- ✓ reminding patients to attend
- ✓ application of access/discharge policies

What we have discovered is whilst we are one of the few Trusts to use an automated remind system supplementary to our text messaging service, some Trusts employ staff over weekends to call patients to confirm they will attend the following week. This has been reported to be effective for high DNA specialities by The Royal Free. A potential trial of this is discussed in paragraph 3.2 below.

Interestingly Barnet and Chase Farm (the lowest non specialist hospital DNA rate in the sector) and St George's (the lowest non specialist hospital DNA rate in London) both use our old system of partially booking patients rather than phone booking. Partially booking patients was discarded when 18 weeks was introduced as it requires a patient to have 3-4 weeks to come back to the hospital to make an appointment. Phone booking is considered to be superior – but we will explore further with these trusts how they have made partial booking work.

Barnet and Chase Farm do not yet routinely text to remind patients and do not consistently use their discharge planning policy. St George's DNA policy concentrates on data capture, including direct access to GP databases, and communication with patients via leaflets and posters on the problems of DNAs. However what is clear from these discussions that we are not missing any major DNA management practice, in fact we are doing more than many Trusts with lower DNA rates, which adds credence to the theory that the key factor in DNA rates is the make up of the local population.

3. Action Plan to Improve First Appointment DNAs

The four interventions that were 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 Data Quality (ie correct patient details)

3.1 Improving Appointment Booking Processes

Our approach has been to ensure that booking processes are equitable, patient centred, convenient, timely and most importantly give as much patient's choice as possible. As was discussed in the July 2010 paper there is strong evidence that patients who are offered a choice of appointment, and are involved in agreeing the appointment verbally (ie by phone or face to face), are more likely to attend. To achieve this we have changed the standard method of booking non choose and book appointments from a postal system to a phone based system.

Since the summer of 2010 all patients being booked via telephone where possible with details being confirmed in writing providing the opportunity to change the agreed appointment if required. The reasons for not contacting patients via phone and just sending out appointments letters are either the patient is not contactable in a reasonable timescale or more usually neither ourselves nor the GP hold an up to date contact number for the patient. In fact our appointments staff spend more time trying to locate the correct telephone numbers of patients than they actually spend phoning patients. 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.

Although we are currently successful in contacting around 85% of patients we are only offering a full choice of appointments to around two thirds of these patients due to clinic capacity constraints. It is considered unlikely that we will reduce the Trust overall DNA rate to the target level until we can offer the same degree of choice of appointment for GP paper referrals as we offer for choose and book appointments. We are currently conducting a full review of all clinic capacity and its associated demand with the review stage due to complete by March. The intention is that this demand and capacity planning will be run alongside plans to reduce the Trust follow up ratios and consultant to consultant referrals in line with the SLA metrics. This should therefore free capacity to offer full choice for appointments, however where the capacity is still in deficit offering full choice will have financial implications for the Trust.

Anecdotally the number of DNAs is related to the number of hospital cancellations. Patients that have had their appointment cancelled by the hospital one or more times, especially if they have chosen the date, are more inclined not to be "bothered" to attend their appointment. Although the Trust 2010 cancellation rate of around 14% (Trust target 9.5%) does not reflect the actual number of patients that have their appointments altered, a proportion of cancellations are for administrative

purposes when the patients is moved between clinics but keeps the same day and time, the current number of cancellations is too high. The reasons behind cancellations are either planned and approved consultant leave or shorter notice leave/clinic reductions. All planned leave is booked at a minimum of 6 weeks, anything less has to be approved by the Director of Operations. However this still involves cancelling patients as the wait in many specialities is greater than 6 weeks. We are therefore looking at proposals to increase the minimum notice for booking leave to 8 weeks. The other main reason for cancellations is short notice changes or clinic reductions. Much of this is conducted at a local clinic level, often without formal approval, and therefore a project has therefore been set up to assess the scale and impact of these types of cancellations with all clinic cancellations being manually capture on a database. The data capture commenced in January and will be continued for 3 months, thereafter the information will be analysed and the next steps agreed.

3.2 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 contacted 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 send out 2 days prior to the appointment. This is liked by patients and we are extending its use by ensuring we capture patient's mobile phone numbers (see paragraph 3.4). However whilst we are one of the few Trusts to use an automated remind system, in addition to text messages, some Trusts employ staff at weekends to call patients to confirm they will attend the following week. To achieve this for all specialities at the Whittington would require the Trust to make around 1500 calls a week, however this has been reported to be effective for high DNA specialities at the Royal Free. If this were to be trialled within the 2 specialities with both higher patient numbers and high DNA rates (Urology and Ophthalmology) between 150-200 calls a week would be required at around a cost of around £15k pa (a call centre operation 9-5 every Saturday with 4 staff). We are currently investigating if we can use our imaging evening booking staff at weekends to trial this in Ophthalmology for a period of either 3 or 6 months (at a cost of between £2-4k).

3.3 Application of the Trust Access Policy

The third area that was addressed as part of the plan was the discharge rate for patients at their first DNA. Outpatient clinics have focused on the application of the access policy and in particular the discharge of patients at their first DNA. Moreover the Director of Operations and Medical Director jointly wrote to all consultants to inform them of the need to apply the access policy and that all patients that DNA two consecutive appointments would be automatically discharged by the administration staff (with the exception of paediatrics and some specific clinical exclusions). The rationale behind this is to both discourage patients from

repeated DNAs and to ensure that patients are not lost between the GP and hospital with neither clinician aware that the patient is not being treated.

To ensure that patients are safely discharged back to their GPs clinicians and managers have worked closely together to guarantee that the booking reminder services and administration of discharges work effectively so clinicians can confidently discharge the majority of DNAs. Table 5 below shows the comparisons for the percentage of patients discharged at their first DNA during 2009 compared with those for 2010. Although the improvement is only 5% this will reflect the work done exclusively in the latter part of the year once the new access policy was agreed and reflects the extensive work carried out with clinicians and clinic staff since September 2010.

Table 5: Comparison rates for first DNA discharge rates during 2009/10

Patients referred during 2009 and 2010 with at least 1 DNA

% DISCHARGED AFTER FIRST DNA

Year	1 DNA	Discharge	Discharge %
2009	7160	4079	57%
2010	6361	3971	62%

To support this process one of the objectives of the Outpatient visual leadership programme is to both support and monitor clinic administration staff in the application of the Trust policy. Stage 1 of the programme ran between October and December and involved senior Operational managers spending a half day across Outpatient clinics on average 3 times per week.

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 who continually cancel and re book. Full application of the DNA Policy in clinic since mid year has reduced the DNA rate by around 0.2% per month.

3.4 Data Quality

There was 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 was patients booked into multiple linked appointments who would cancel one appointment and then be DNAed for the others by the reception staff.

We have put in place a system that ensures 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 routinely check admissions data to ensure patients are not inpatients. These improved data quality systems have reduced the average monthly DNA rate by around 0.2%.

A further data quality issue is the availability on PAS of a correct contact number for the patient. This information is missing from around 15% of PAS records however what this does not indicate is the number of incorrect entries from patients moving house or changing their mobile phone. A limited audit of phone bookings over the Christmas period estimated the number of incomplete or inaccurate PAS phone numbers at between 30-40%. Further action needs to be taken to address this issue as follows:

- ✓ Ensure that clinic staff are checking contact details when patients are in clinic (although this does not assist with GP 1st appointments).
- ✓ Monitor data completeness via the PAS system
- ✓ Work with GPs to improve information provided in referral letters, particularly mobile numbers and email addresses.
- ✓ Investigating self check-in systems where patients can check their details and update on each visit.

4. In Summary

The Trust DNA rate has been reduced month on month since the last Trust Board report in July 2010 and is on average 1.1% lower than the corresponding period in 2009. However the target reduction of 3% remains challenging, especially in light of the evidence from local Trusts that the rate is population and demographics related. The next stages of the reduction plan are to:

- ✓ Address capacity constraints by completing outpatient demand and capacity planning and revising templates to reflect SLA reductions in follow ups and consultant to consultant referrals.
- ✓ Improve patient satisfaction by reducing hospital cancellations.
- ✓ Commence a trial of weekend phone reminder service in Ophthalmology
- ✓ Continue with the Outpatient Visual leadership to support and spot check appropriate application of the DNA policy and the accurate collection of patient data within clinics.
- ✓ Improve the accuracy of patient phone details held within PAS.
- ✓ Consider the launch of an engagement strategy working with staff, patients and GPs to reduce DNAs part of which will be providing reminder leaflets highlighting the waste and inefficiency caused by DNAs.

Trust board are requested to note the work to date on reducing the DNAs and support efforts to further reduce DNA rates.