Morriston Outpatient Modernisation Group

Follow Up Not Booked – Inconsistent Application of DNA Rules

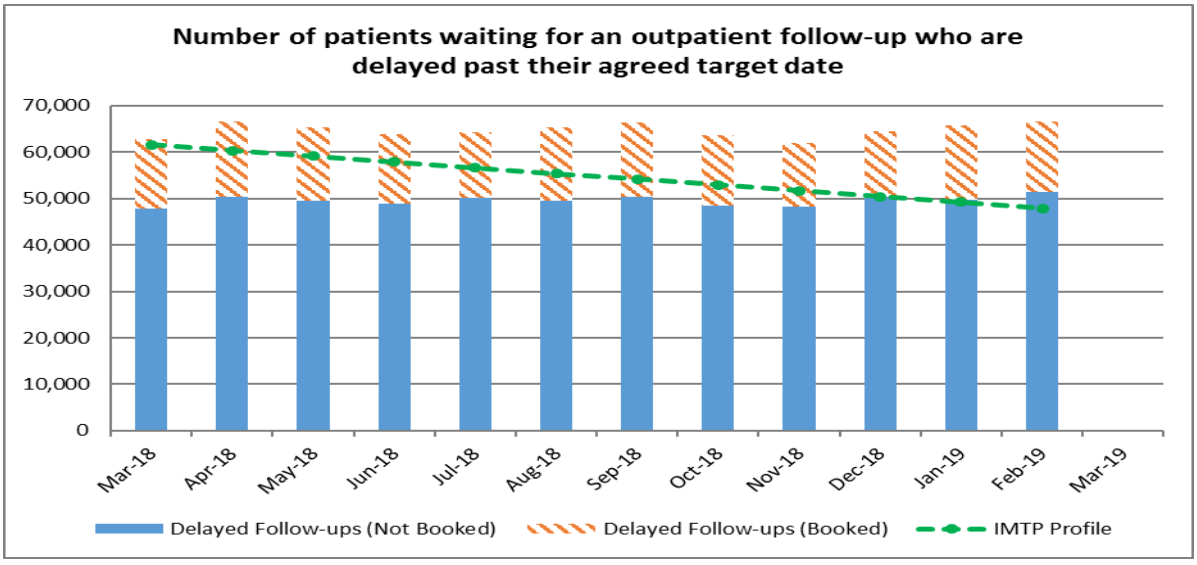
Situation

Outpatient departments see more patients each year than any other hospital department, with approximately 3.1 million patient attendances a year across Wales. Follow-up appointments make up a large proportion of outpatient activity, but there have been concerns about the management of these appointments in recent years.

In October 2018, Wales Audit Office produced a report on the management of follow-up outpatients across Wales, which detailed that in April 2015 there were 128,000 patients waiting twice as long as they should be. By April 2018, this had increased to just under 200,000 patients, a 55% increase. The report recommended ensuring only those with a clinical need to see an acute specialist are booked for a follow-up appointment and adopting a 'see on symptom' and virtual clinic approach for those who do not.

Background

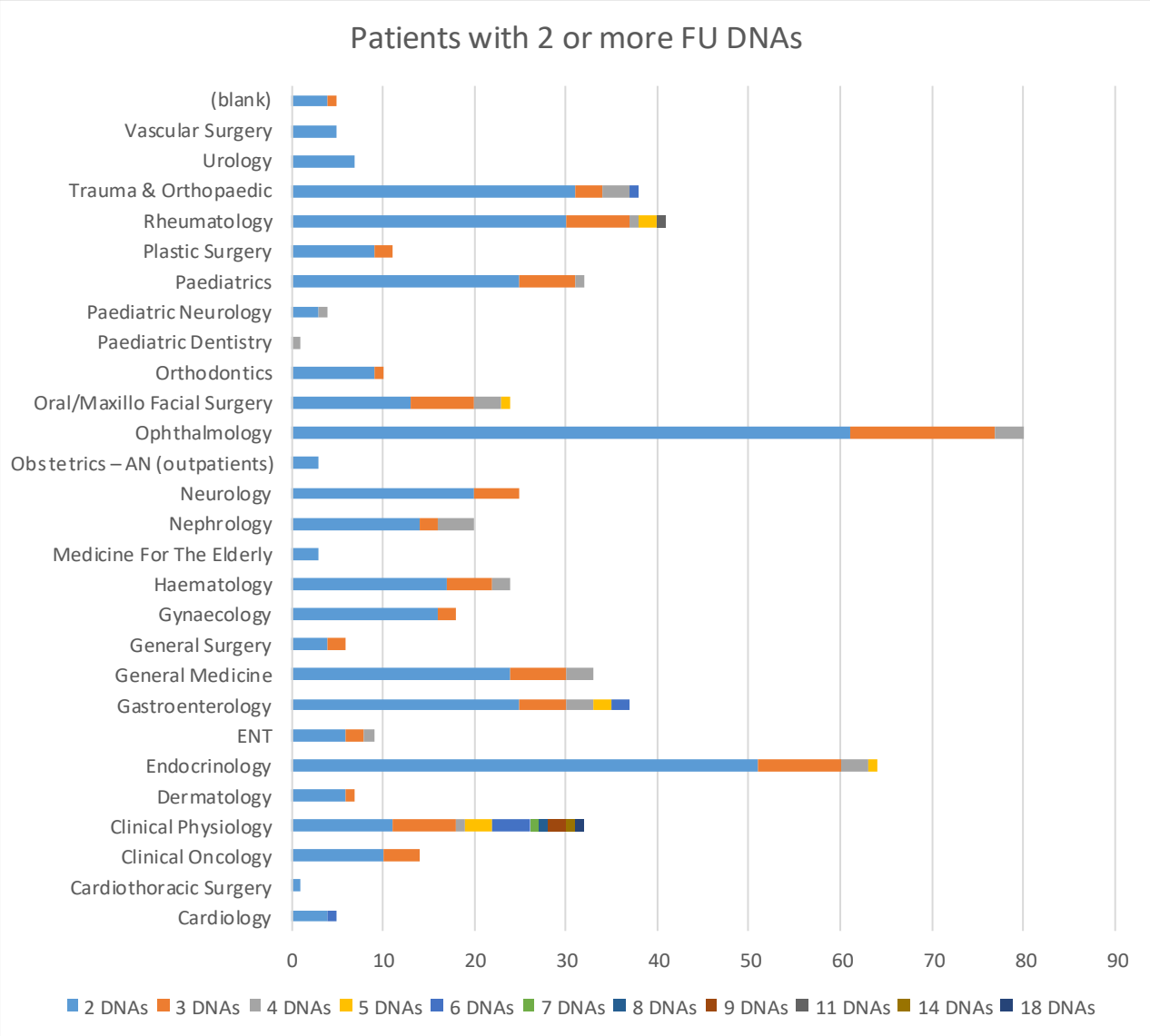
Within the previous ABMU Health Board, there was an increasing follow up waiting list issue. At the end of February 2019, there were 66,567 patients delayed past their follow-up date, 51,380 of those had no appointment pending.



The follow-up waiting list concern is worsened by the inconsistent application of appropriate Health Board policy when patients do not attend their appointments (DNAs). From 1st April 2018 to 19th March 2019, there have been 34,836 follow-up appointments made where patients did not attend their appointments. The Morriston Hospital Delivery Unit proportion of this is 12,553 appointments. Patients who do not attend their appointment have often been sent another appointment without knowing whether this appointment is actually required or desired by the patient. The Patient Access policy clearly states that any patient who does not attend their agreed appointment should normally be discharged back to the care of their GP or other referrer.

Assessment

A snap-shot, taken for one week commencing 11th March 2019, showed for the previous ABMU Health Board that 559 patients currently on a follow up waiting list had not attended 2 or more follow up appointments on the same pathway. One patient did not attend appointments repeatedly offered on 18 occasions while on the same pathway; 412 patients did not attend their allocated appointment twice.



A further in-depth analysis was undertaken on a small selection of the above-mentioned patients who had already been given further appointments for week commencing 11th March, please see findings below.

Number of DNA	2	3	4	5	6	9	Grand Total
Attended	2		1				3
Not cached up		1		1			2
DNA & Discharged	9	2	1		1		13
DNA & Rebooked	10	2	2		1	1	16
DNA SFA	9	2				1	12
Grand Total	**30**	**7**	**4**	**1**	**2**	**2**	**46**

Of the 46 appointments, 39 patients did not attend again, 28 of these have been and are going to be given further appointments, two of which have already not attended 9 times in the past.

A DNA appointment costs the Health Board approximately £150 for each missed appointment. Some clinics are managed with the expectation of a proportion of DNAs, but this is likely to lead to poor adherence to appointment times for patients and significant inefficiencies. Based upon the snap-shot the potential cost of non-adherence to the policy is 412 (patients) x £150 x 42 (weeks) = £2.6M. It is recognised that all these savings may not be realizable because clinics may still work close to capacity, but given that any lost capacity usually means that additional clinics need to be provided, often at WLI rates, there are additional costs that can be avoided.

Recommendations

1. The existing policies need to be re-established.
2. A date should be set to re-affirm the policies and 100% compliance/adherence obtained.
3. A period of correspondence should lead into this to advise clinicians of the need for 100% adherence to existing policy.
4. The default with one DNA is to refer back to GP – any need to offer a further appointment on clinical grounds would be an exception and a system should be put in place for these cases to be highlighted to outpatient coordinators.
5. When a DNA is deemed on clinical grounds to warrant a potential further appointment (by most senior Clinician present in clinic), a letter should be sent to the patient to advise they have DNA's and that they need to telephone the outpatient coordinators to confirm a 'last-chance' fixed appointment. If they DNA again their care will be referred back to their GP/referrer.
6. The "one strike" policy should be promoted in the clinic environment through an A4 poster in each room & area. This should include a flow-chart to advise on policy and pathway.
7. For the backlog of patients in the system who have not attended (without justification) on one or more occasions, they will automatically be referred back to their GP. They should be sent a letter to advise them of this, and be advised to contact the secretary of their consultant if they would like to discuss, or visit their GP for review and consideration of re-referral.
8. Children or vulnerable adults are excluded.
9. Patient may be returned to the waiting list if they can confirm either of the following:
    a. The appointment was sent to the incorrect patient address
    b. The appointment was not offered with reasonable notice

Notes

A date should be set whereby a refresh of the policy is to be established. Clinicians will need to be informed of the refreshed application of existing policy and a period of time allowed for dissemination of this prior to the predetermined date.

For any patient that DNA's one appointment the default is to refer back to their GP unless deemed an exception on clinical grounds. They will be removed from the waiting list and care handed back to their GP. This transfer of care will be conveyed to both patient and GP in the form of a letter or email as per policy. It must be noted that this procedure will be simply re-launching the existing 'patient access policy', and the policy on managing patients who DNA.

This will also be applied to the backlog cohort of patients who have DNA'd previously. The patients in this backlog cohort will be provided a letter to advise they have DNA'd and thus referred back to their GP/referer, but also suggest that if they would like to discuss their case they should contact their consultant via the secretary. Alternatively, they may visit their GP for review and then subsequent consideration given by their GP as to whether they should be re-referred or not.

The use of the existing policy will continue to allow clinicians to review their patient's cases and if there is good reason to arrange a further appointment then this should be highlighted to outpatient coordinators as per policy. This would be an exception from the default of automatic referral back to their GP/referrer and would need a mechanism where this exception is reported to outpatient coordinators, ie via email. The patient will need to be contacted by letter to advise them that they have DNA'd and to invite them to phone to arrange a mutually convenient confirmed 'last-chance' appointment and be advised that if they fail to attend again their care will be handed back to their GP/referrer. They should be provided a fixed appointment as long as they telephone in within six weeks of the letter. They should be reminded during this telephone conversation of the cost and waste associated with patient DNA's.

This refreshing of the existing policies will remove waste in the system through DNAs. It will also encourage improved clinic etiquette by patients who have a history of not attending appointments. There is potential to eliminate approximately 50% of the DNA appointments for Morriston alone which could result in a saving of nearly £1m in addition to the likely reduction in waiting times which would fall as a result of increased capacity as a consequence of this process.

During the lead in period, all consultants will need to be reminded of the 'patient access policy', the DNA rules and the option of 'see on symptom', which has been shown to be very successful encouraging patient initiated follow-ups. It will also be helpful to have a weekly report provided, that shows the DNAs from each clinic and the outcome decided by the clinician to facilitate audit and education. This will provide an excellent measure of compliance with policy.

A poster reminding people of the policies, the 'one strike' rule and the appropriate pathway, should be designed and displayed in all outpatient rooms/areas as a reminder of the appropriate policies that are in place.

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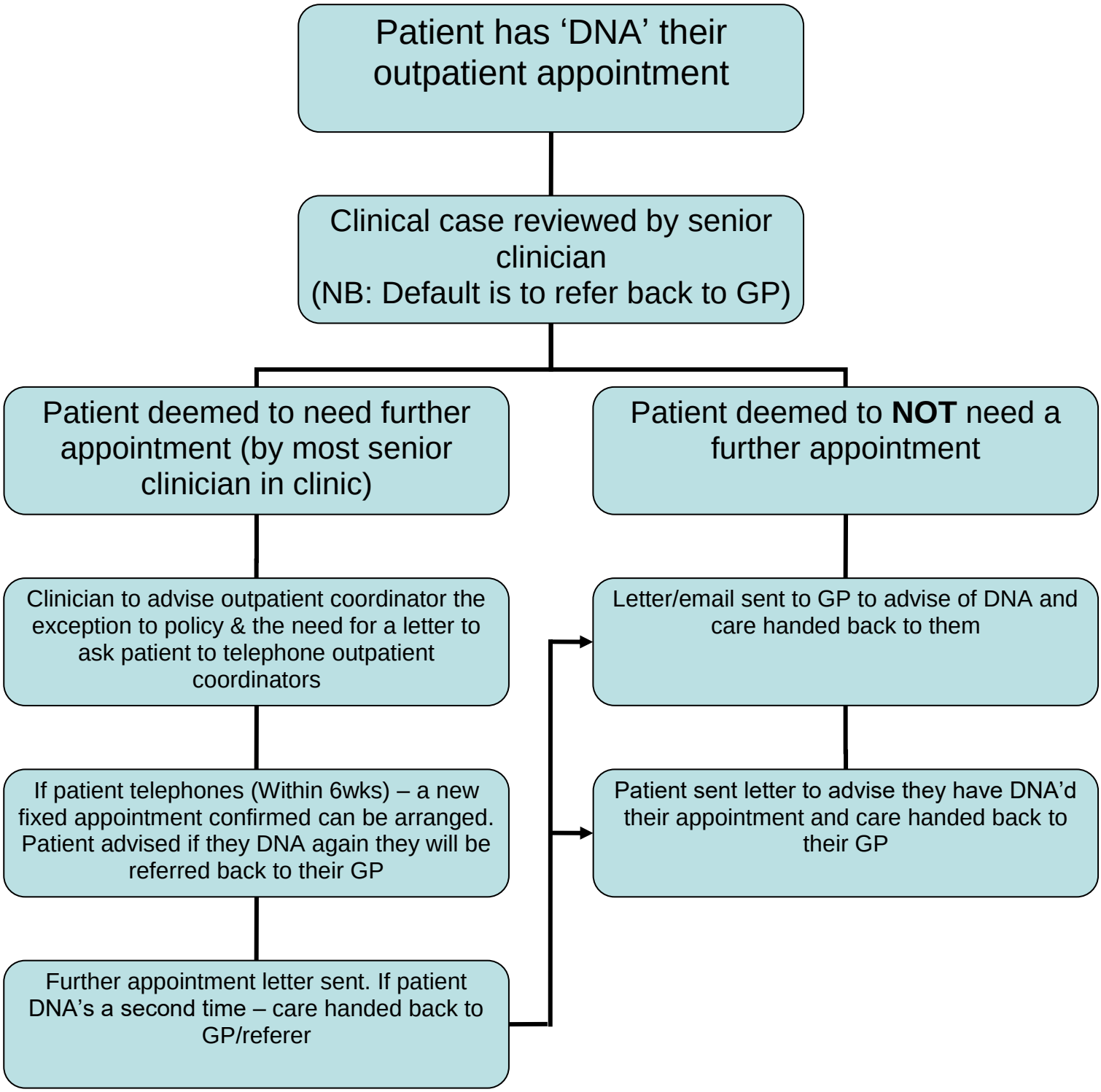
Process – To manage DNA patients as per 'patient access policy'



References

Patient Access Policy

http://howis.wales.nhs.uk/sites3/Documents/743/137.%20PATIENT%20ACCESS%20POLICY.pdf

Management of DNA's

http://howis.wales.nhs.uk/sites3/Documents/743/Management%20of%20DNAs.pdf

Appendices

1) DNA Letter to patient

DNA Letter to Patients.pdf

2) DNA Letter to GP

DNA Letter to GP.pdf

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Referral Ref No 511-543174483
01/06/2016
NHS Number 4949569538

Dear Dr EVANS A

Re: Your patient

Name:
DOB:
Hospital Number:
NHS Number:
Address

Our records indicate that this patient did not attend the following Outpatients appointment.

Consultant:	**Dr Kinza Younas**
Specialty:	**Gynaecology**
Hospital:	**Singleton Hospital, Skatty Lane, Sketty, Swansea, SA2 8QA**
Date:	**Thursday 24 May 2016**

The patient has been discharged back to your care, If you feel that a further appointment is required, please refer this patient again.

Yours sincerely
Patient Services Manager

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http://www.wales.nhs.uk/sites/site/889/