

Report

Why people miss their hospital appointments in Doncaster and Bassetlaw

Healthwatch Doncaster

Engage, inform, influence

January 2018

1 Introduction

In October 2017 Healthwatch Doncaster, working in partnership with Doncaster and Bassetlaw Teaching Hospitals NHS Trust and NHS Doncaster Clinical Commissioning Group commenced a three month engagement project to look at why people miss their hospital appointments.

Over 50,000 hospital appointments are missed every year at Doncaster and Bassetlaw Teaching Hospitals NHS Trust. This equates to 4,166 per month and over 140 per day. Not only does this impact on the productivity of the Hospital and inevitably causes administrative burden on both secondary and primary care in chasing up those who do not attend their appointment, but more importantly patients may not access the diagnosis and subsequent treatment required.

The cost to the NHS of missed appointments can be measured in a number of ways but best estimates are that this number of missed appointments each year could equate to income/expenditure of around £6m per annum.

NHS Commissioners and Providers in Doncaster are looking at ways to improve Planned Care systems and processes, therefore understanding why people miss their appointments was an important factor. The Planned Care Programme Board, comprises representatives from Health and Social care across Doncaster. The detailed programme delivery plan includes a reduction in the number of referrals from General Practice to secondary care, implementation of the electronic referral system across all specialties, implementation of the 18 week referral to treatment improvement plan and patient choice/shared decision making.

The following report sets out the findings from the engagement campaign and recommends improvements to aid in the reduction of hospital missed appointments.

ACKNOWLEDGEMENTS

During the campaign Healthwatch Doncaster worked closely with a number of organisations to research the reasons why people miss their hospital appointments. A list of those who were involved can be found at end of the report in Section 11. We would particularly like to thank all of those involved who took their time to complete the survey and to those who provided additional feedback to us. We would like to express our thanks to Doncaster and Bassetlaw Teaching Hospitals NHS Trust for allowing Healthwatch Doncaster and Healthwatch Nottinghamshire access to their out-patient clinics to interview patients and service users and to a number of GP practices who participated in the engagement process. Our particular thanks also go to Emma Challans, Deputy Chief Operating Officer at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and Anthony Fitzgerald, Director of Strategy and Delivery, NHS Doncaster Clinical Commissioning Group for their executive sponsorship of the project.

2 Background and Methodology

Healthwatch Doncaster was formed in April 2013 as part of the introduction of the Health and Social Care Act 2012. In July 2016 it became a community interest company. Healthwatch Doncaster has a board of directors made of representatives from the Doncaster community and is supported by a dedicated workforce and group of volunteers. The statutory powers of Healthwatch Doncaster can be found on our website by visiting www.healthwatchdoncaster.org.uk together with details of the Board of Directors and our engagement team.

Doncaster is a large metropolitan borough with a population of 304,000 (mid-year 2013 estimate) according to the Doncaster Place Plan. According to the 2011 census¹ there are approximately 57,000 young people in Doncaster (19% of the population), over 64% of the population are of working age (16-64) and the over 65s make up for nearly 17%. It is projected that the population of Doncaster will continue to grow over the next few years. Doncaster is ranked 39 in the list of the most deprived areas in England by the Index of Deprivation 2010.

Over 21% of the population identify themselves with some form of disability compared to a national average of nearly 18%. Based on the 2011 census the population is made up of nearly 92% White British, with those from Black and Minority Ethnic (BME) backgrounds representing just over 8% of the population. Doncaster has the largest gypsy/traveller population in South Yorkshire. The working age population from BME groups in Doncaster is 8.8% compared to the national average of 21.5%. The older population from BME groups in Doncaster is 2.9%.

NHS providers in Doncaster comprise a large teaching hospital; Doncaster and Bassetlaw Teaching Hospitals NHS Trust, a mental health/community services provider Rotherham, Doncaster and South Humber NHS Trust, together with 43 GP practices (as at the time of the report). The joint vision for health and social care across Doncaster as sighted in the Doncaster Place Plan² is:

Care and support will be tailored to community strengths to help Doncaster residents maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital based services when needed.

The Place Plan sets out a case for change which establishes the principle of working together to transform the way organisations work to improve the health and wellbeing of the population across health and social care. The three cohorts to deliver the above vision are; prevention and early help; intermediate health and social care and enablement and recovery.

In 2016/17 NHS Doncaster Clinical Commissioning Group established a Planned Care Programme Board to oversee the delivery of a number of key targets to address the issue of

¹ 2011 Census for Doncaster Metropolitan Borough Council

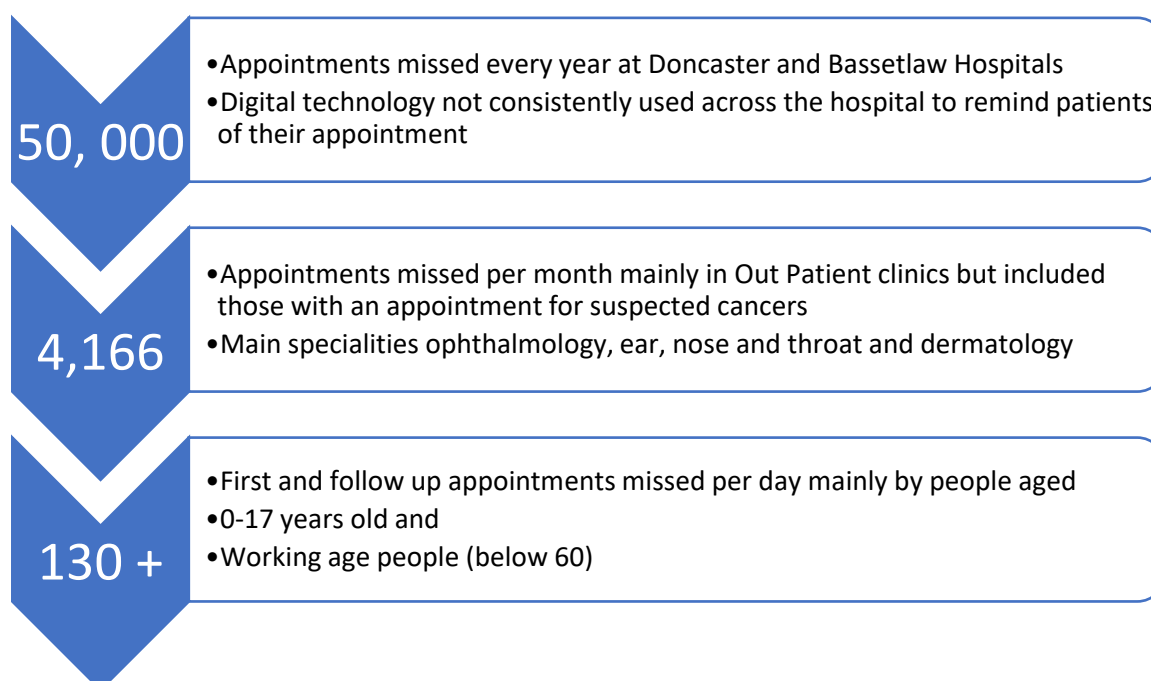
² Doncaster Place Plan 2016-2021

demand for secondary care services. The Planned Care Board has a multi-organisational membership across health and social care with key deliverables including:

- Reduction in the number of GP referrals to secondary care
- Implementation of the 18-week referral to treatment pathway as part of a recovery plan
- Implementation of the electronic referral system for booking referrals from primary to secondary care
- Implementation of a number of programmes to promote patient choice and joint decision making.

In the early summer of 2017 NHS Doncaster Clinical Commissioning Group identified a growing trend regarding the number of patients missing their cancer two week wait appointments and Healthwatch Doncaster wanted to understand how patients could be engaged in order to reduce this concern. The matter was raised at the NHS Doncaster Clinical Commissioning Group Governing Body meeting and as a result an action plan was identified for the formulation of a task and finish group, reporting to the Planned Care Delivery Board.

The task and finish group scoped out the work to be considered and agreed the messages for the “call to action” were:



The task and finish group also identified a common purpose, objectives and outcomes to work collaboratively towards as part of the project. These are identified in Appendix 1 and the recommendations in Section 10 link back to these objectives.

A campaign engagement plan was developed which encompassed three stages; pre-engagement work; a six-week survey and focus group exercise; post communication and planning.

Pre-engagement

Healthwatch Doncaster initially devised three surveys;

- An on-line survey consisting of six questions (the survey is included in Appendix 2)

- A paper survey which mirrored the on-line survey (in Appendix 2) to be used to conduct face to face and focus group activity
- A short survey which consisted of three questions (did patients miss an appointment, if so why and did they receive a text message to remind them of their appointment?)

Healthwatch Doncaster asked patients if they were interested in taking part in a short survey whilst attending the Ophthalmology clinic at Doncaster Royal Infirmary at the end of October 2017 in order to test out the surveys referenced above. As a result of the pre-engagement work conducted with 80 patients it became clear that patients and their carers were happy to complete the 6-question survey. The short survey was, therefore, no longer used in the engagement process.

During the pre-engagement period it was also agreed to interview a small cohort of the population using GP services to ascertain their knowledge of the Electronic Referral System (ERS) or Choose and Book as it was previously known, and to identify how they would like to receive communication regarding a referral to the Hospital. This questionnaire was completed in Primary Care (see section 9) and sent out as a follow up to those taking part in the on-line questionnaire who agreed to be contacted for further information.

A two-week lead in period was used via social media to promote the introduction of the on-line survey and inviting people to visit the Healthwatch Doncaster website to read further information on why the survey was being conducted.

A video was also produced explaining why the campaign was important to the Hospital and to Healthwatch Doncaster and explained how patients and their carers could get involved.

6-week engagement campaign

On the 26th October 2017 Healthwatch Doncaster, in partnership with NHS Doncaster CCG and Doncaster and Bassetlaw Teaching Hospitals NHS Trust launched the on-line survey, together with the campaign plan to conduct face to face interviews as well as promote the on-line survey through social media.

Face to face interviews were carried out utilising existing forums such as Choice for All Doncaster, Men's Group Doncaster and Keeping Safe Forum as well as engaging partner organisations in identifying community venues and meetings for Healthwatch Doncaster to meet people. This included St Leger Homes Tenants meetings in Denaby and Bentley, B:Friend group, Doncaster Communication College and Deaf Golden Oldies. Doncaster Metropolitan Borough Council and Doncaster Chamber of Commerce were also approached to help promote the survey to ensure working people, employer's and citizens using public services were given an opportunity to take part in the survey.

The on-line survey ran from 26th October to 8th December 2017 inclusive and the face to face interviews continued until 13th December 2017.

The Task and Finish Group continued to meet throughout the period of the engagement process to ensure key objectives were met and a high level interim report was presented to the Planned Care Delivery Board on 21st December 2017.

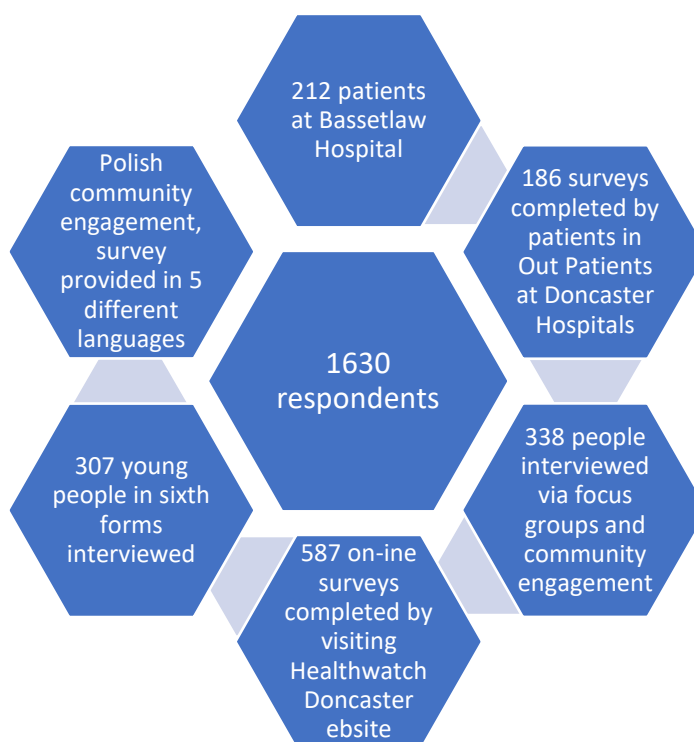
The total number of people participating in the project was 1,630 which equates to 0.5% of the population of Doncaster.

Lessons learnt from the engagement work

- Keep questionnaires/surveys simple and use plain English

- Utilise the connections and community groups already in place and visit people face to face
- Seek early feedback about wording in surveys/questionnaires from different sources
- Utilise Twitter as often as possible with pictures, videos and use “@ / #” to gain momentum but minimise the use of Facebook to two posts per week
- **Identify key objectives of the engagement process early so you do not get “creep” in the project**
- **Partnership working is key to a successful campaign**

3 Numbers reached through the engagement process



- 1,323 surveys were completed. This is a mixture of surveys conducted through face to face contacts and people visiting the website to complete the on-line survey.
 - 212 of the surveys completed at Bassetlaw Hospital, work carried out by Healthwatch Nottinghamshire in partnership with Healthwatch Doncaster in November 2017.
 - 186 surveys completed by people attending clinics at Doncaster Royal Infirmary or Mexborough Montagu Hospital in November 2017.
 - 338 surveys completed by people attending voluntary and third sector meetings (Appendix 3 provides the breakdown). Of specific note are:
 - two sessions with young people:
 - 30 young people using the YMCA training facilities completed the missed appointment survey and
 - 59 people who attend the communication college also completed the survey.



- The need for administrative processes to be of high quality (ensuring letters arrive on time, ensure appointments are not routinely changed, ensuring patient details are correct) came through in the additional comments respondents have left to the on-line survey.
- 23% (18 from 80 respondents) in response to a follow up survey said they would like to receive their appointment notification via letter with either a text or email follow up.
- Understanding the needs of young people, those with carer requirements and demanding priorities (need to attend school, work for example) play a key role in decision making about keeping, rearranging or missing an appointment.
- Those with learning disabilities and those requiring interpretation services emphasised the importance of the Hospital recognising the need for additional training to be provided for staff on the use of sign language, English not being people's first language and why people need more time to attend appointments.
- From the follow up survey regarding knowledge of the Electronic Referral System, 60% (48 people out of 80 responses) had not heard about the Electronic Referral System (or Choose and Book).
- 80+ respondents have advised they are happy to be included in additional work – this should be capitalised upon.
- During the campaign partner organisations identified ways in which they could support implementation of improvements. These include: -

- Doncaster College are keen to work with the NHS to look at how technology can be used to support young people and those with learning difficulties through augmented reality
- The Partially Sighted Society will help review signage and communications to support the programmes of work.
- Doncaster Chamber of Commerce have invited Healthwatch Doncaster to attend a future employers' session to engage with employers on the outcomes from the survey.
- Choice for All Doncaster (CHAD) want to engage in producing documentation which is easy read and accessible for those with learning disabilities.

5 Key findings from the online survey³

25% of those who responded to the on-line questionnaire had missed a hospital appointment (327 respondents).

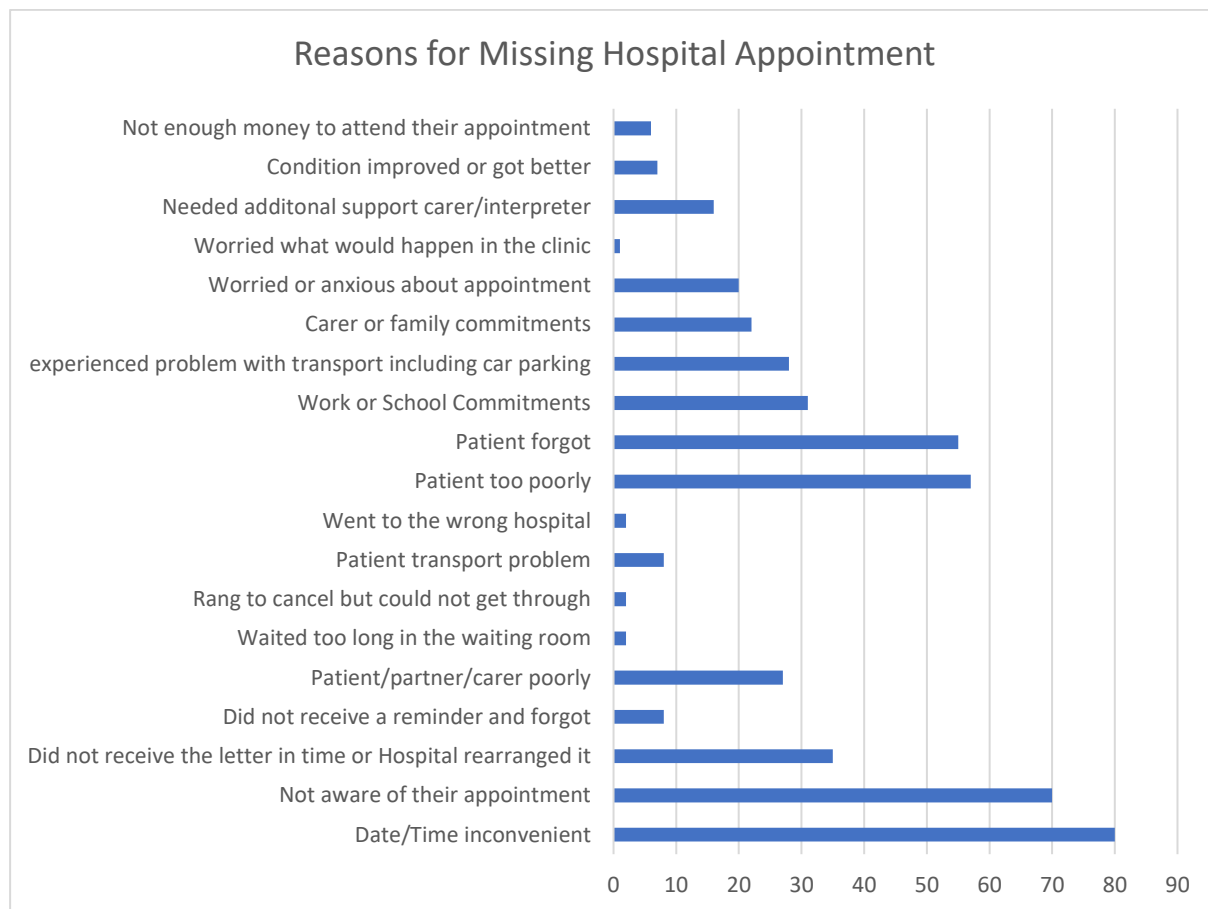
- The top three reasons for missing their appointment were:
 - 25% (80) respondents confirmed the date and time was not convenient
 - 22% (70) respondents said they were not aware of their appointment
 - 28% provided an "other" reason for example the hospital rearranged their appointment and I did not receive the letter, carer/family member ill, waited too long in the waiting room.



(*) 11 respondents did not respond to this question

- All reasons for missing appointments are shown in the table below headed Reasons for Missing Hospital Appointment.

³ Survey Monkey on-line survey results



(NB: more than one answer could be given to the question so the figures do not add up to 100%)

- Reasons for not rearranging their appointment included the following (in order of the most responses received):
 - Only finding out they had an appointment after they had received the letter after their appointment date or did not receive a letter to confirm the appointment
 - The patient could not get through via telephone to the Hospital
 - The message to say could not attend the appointment was not passed on to the relevant person
 - At the last minute the patient could not attend
 - Carer/partner was unwell on the day so could not attend
 - Patient was ill on the day of the appointment
 - Away from the main home address
 - The appointment was made with only one days' notice and could not get time off work
 - Could not find a car parking space

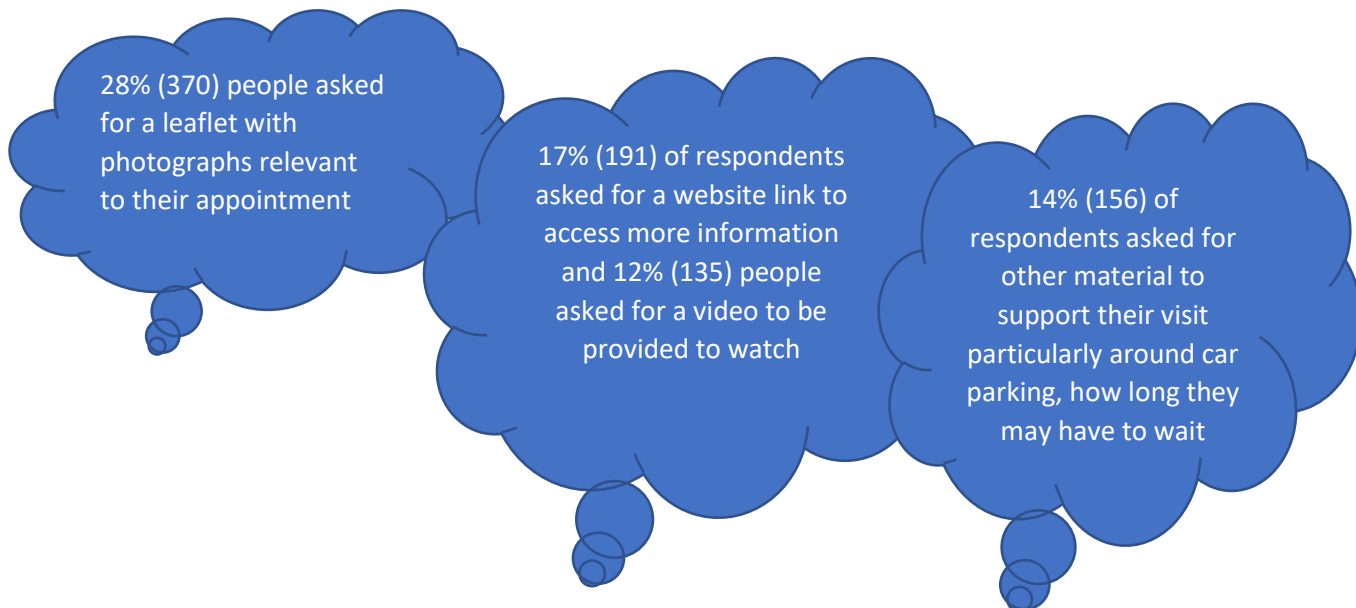
Did you receive a text or phone call to remind you to attend your appointment?

52% (694) people said NO

44% (577) people said YES

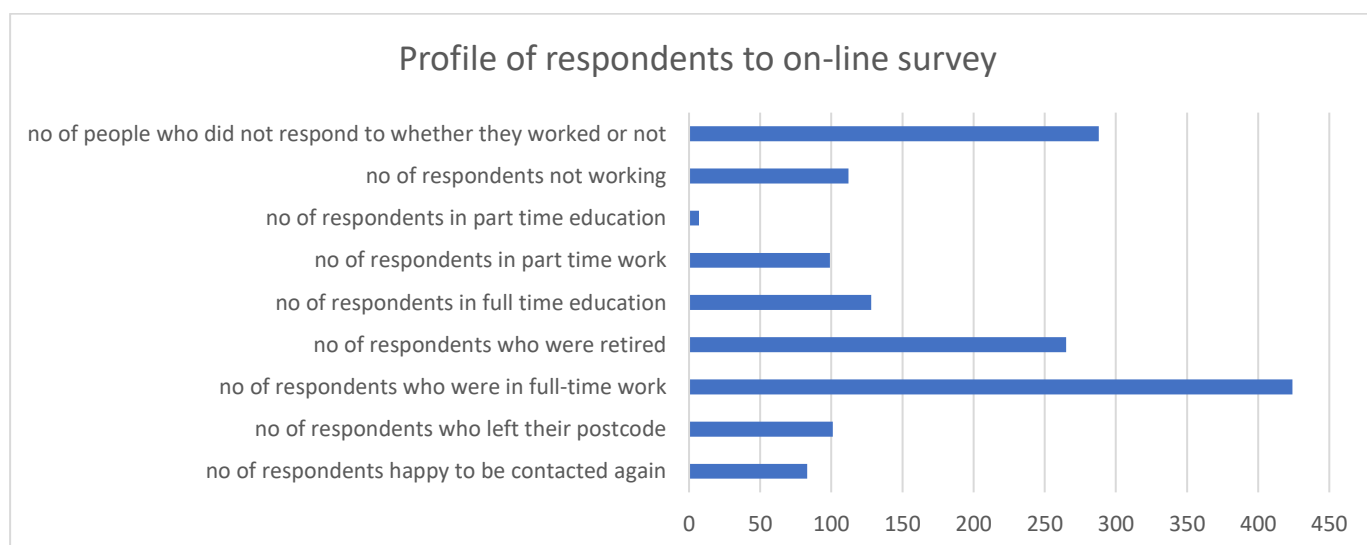
52 choose not to comment

- Respondents were asked to provide ideas as to how people could be encouraged to attend their appointment and examples provided were as follows:



- Unfortunately, 14% (188) respondents did not fill in this part of the survey.
- 50% (563) of the respondents also provided other ideas including (in priority order based on number of people citing the improvement):
 - Email or phone to follow up appointment and provide additional information for example time appointment will take, how to get there etc.
 - GP or medical personnel to follow up with patient before attending (reduce anxiety or fear of visiting hospital) and explain why appointment has been made (also mention of the named nurse being informed of all hospital appointments for those with long term conditions)
 - Information in different language (Polish, Slovak were both mentioned) and transcript provided for any follow up information
 - Information provided in sign language via a video
 - Include the carer in correspondence and specific information for the infirm who require carer assistance
 - Inclusion of a map to provide specific directions to the clinic and closest car parking areas with clear information for each site (particularly for the Bassetlaw and Doncaster sites)
 - Provide advice to patients of implications of not attending their appointment more widely via publicity and advise of cost to the Tax Payer/Hospital of not attending
 - Improvements to administrative processes for example home address, contact details, day and date match on letter, sending two appointments out at the same time
 - Treat the person and not the problem – look at appointment process for those with multiple appointments and involve patient in the arrangements.
 - On-line logging in system to check when appointment is booked for
 - Specific clinical information to be provided (eg which eye is to be operated on)
 - Information about what happens after the out-patient appointment and implications of not attending

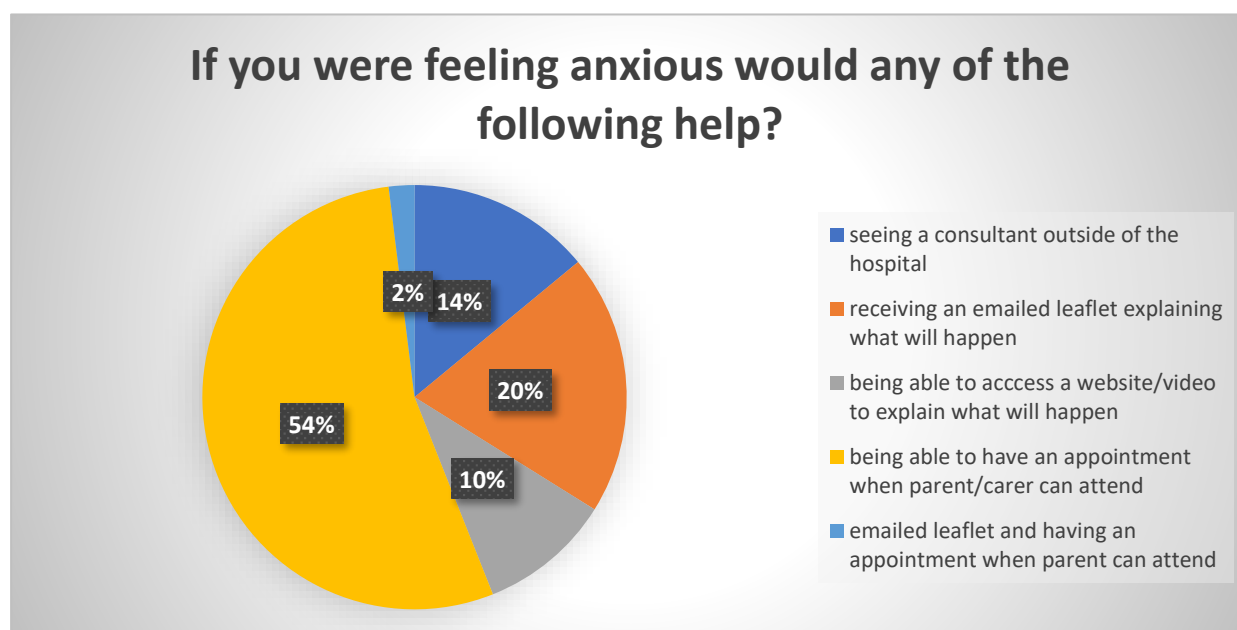
- Provision of a dedicated telephone number for enquiries
- Improvements in the telephones being answered
- Improvements to signage inside and outside the hospital
- Training for reception staff to provide assistance to all patients
- Reduce the number of times appointments are rearranged
- Lastly respondents were asked to provide ideas in addition to the ones mentioned in the question on page 11. The analysis is as follows:
 - 65% (788) agreed that sending a text a few days before an appointment may reduce DNAs
 - 47% (567) suggested that providing clinics outside of working hours or
 - 45% (545) said provide clinics at a weekend
 - 37% (446) suggested clinics in their local community may help
 - 34% (413) suggested making a phone call to remind patients of their appointment may assist
 - 31% (382) suggested that a reduction in the number of appointments cancelled or rearranged by the Hospital may help
 - 17% (207) suggested that if there was a reduction in the number of times a patient had to be followed up by the Hospital may also help.
 - Other suggestions also included:
 - Ensure files are up to date and have the correct contact numbers available
 - Allow carers to have access to the information because sometimes the patient loses their appointment
 - Charge a fee for missing the appointment – this was an extremely popular answer for both question 5 and question 6 and occurred in free text multiple times.
 - Advise patients how long they will be expected to wait so they know in advance
 - Booking on line may reduce wastage
 - Consider carer issues, dementia, mental health problems etc., of the patient and the impact attending the hospital may have on their day to day lives
 - Improve the car parking/transport/reduce car parking costs and improve car park signage
 - Provide opportunities to discuss the condition via phone or email prior to making a physical appointment



6 Key messages from young people

Young people were asked to complete a slightly different survey in recognition of the fact that not all of them will have used or attended a hospital appointment. Young people were, therefore, asked to consider what actions they would need to take as a result of a referral to the Ear, Nose and Throat clinic and needing to go to hospital to see a specialist. They were asked to consider how they would like to be communicated with, how they would get to the hospital and what they would do if their appointment was during school time. 307 children completed the survey. The results of the survey are in Appendix 6. Key messages are as follows:

- 48% (146) confirmed they would like to receive a text as well as a letter, 34% (106) said by text only, with only 10% (30) saying by letter only.
- If their appointment was during school time a small minority (7) said they would just not attend their appointment.
- 66% (203) said they would talk to their head teacher and arrange to take time off school.
- 29% (90) respondents said they would try and rearrange the appointment.
- Pupils were asked if additional information may help if they were feeling anxious about their appointment. The figure below shows the results. The majority by far wanted an appointment when their parent/carer could attend.



7 Key Messages from visits to Bassetlaw Hospital, Doncaster Royal Infirmary and Mexborough Montagu

Healthwatch Nottinghamshire and Healthwatch Doncaster undertook a number of visits to the Out-Patient Departments as part of the campaign and interviewed patients and their carers/relatives about their experiences with regard to hospital appointments using the on-line

questionnaire, but in a paper format. The outcome of the visits is provided in Appendix 8. Some of the key messages from this work include the following:

7.1 Bassetlaw Hospital Users

Out of 212 surveys completed 16% (34 people) of those interviewed had missed a hospital appointment and a further 17% (36 people) had cancelled their appointment. Of the 16% who had missed their appointment 38% had not tried to rearrange their appointment before not attending.

The three main reasons for the respondents missing or cancelling their hospital appointment related to:

- date and time not being convenient – 34% (24 respondents)
- poorly or too ill to attend – 20% (14 respondents)
- forgetting their appointment – 10% (7 respondents)

55% (118 respondents) did receive a text before their appointment with only 8% (18 respondents) not receiving one. This differs significantly from those who were interviewed at the Doncaster Royal Infirmary site.

When respondents were asked to consider what improvements could be made to either communication (for example information to accompany appointment letters) and the system generally the graphs at Appendix 8 show the range of responses received (unfortunately there were a large number of respondents that did not answer one or both of these questions. The top three improvements were: -

- receipt of a text reminder -57% (121 respondents)
- provision of clinics outside of working hours - 40% (85 respondents)
- provision of clinics at the weekends - 39% (83 respondents)

7.2 Doncaster Royal Infirmary Users

Out of the 154 surveys completed 18% (28 people) of those interviewed had missed a hospital appointment. Of that 18% who did not attend their appointment 28% (8 respondents) did not try to rearrange their appointment before not attending. This is slightly better than those attending Bassetlaw Hospital.

The three main reasons for the respondents missing their appointment related to:

- date and time not being convenient - 36% (10 respondents)
- forgot – 33% (9 respondents)
- not aware they had an appointment – 14% (4 respondents)

30% (47) respondents did receive a text before their appointment with 64% (99 respondents) not receiving one. From this information and that obtained from the Bassetlaw site users would suggest there is no consistency in application of text reminders.

When respondents were asked to consider what improvements could be made to either communication (for example information to accompany appointment letters) and the system generally the graphs show the range of responses received. The top three improvements were: -

- receipt of a text reminder - 62% (95 respondents)
- provision of clinics at the weekends - 32% (50 respondents)

- provision of a leaflet to support the letter received – 32% (50 respondents)
- There were also 31% of respondents that requested clinics to be available outside of normal working hours and the same number for clinics in the local community

7.3 Mexborough Montagu Users

Out of the 32 surveys completed 28% (9 respondents) of those interviewed had missed a hospital appointment. Of that 28% who did not attend their appointment 33% (3 respondents) did not try to rearrange their appointment before not attending. This is slightly better than those attending Bassetlaw Hospital.

The main reasons for the respondents missing their appointment related to:

- date and time not being convenient – 33% (3 respondents)
- forgot – 22% (2 respondents)

37% (12 respondents) did receive a text before their appointment with 63% (20 respondents) not receiving one. From this information and that obtained from the Bassetlaw site users would suggest there is no consistency in application of text reminders.

When respondents were asked to consider what improvements could be made to either communication (for example information to accompany appointment letters) and the system generally the graphs show the range of responses received. The top three improvements were: -

- receipt of a text reminder - 47% (15 respondents)
- receipt of a phone call before their appointment – 40% (13 respondents)
- other ideas - 34% (11 respondents)
- provision of clinics outside of normal working hours - 34% (12 respondents)

From the face to face surveys across all the hospital sites there were also issues raised about car parking, quality of letters and charging people for missing their appointments.

8 Key Messages from Seldom Heard Groups

Some of the key messages which can be obtained from the comments which respondents left as part of the face to face engagement include the following:

- Those with long term conditions identified conflicting hospital appointments as one of the reasons for missing or rearranging appointments. There were examples of patients being provided with different appointments, at different hospitals but on the same day. One suggestion was to provide patients with a diary so they can record all of their appointments in one place.
- Elderly patients asked whether or not there was a facility for their “carer” to be copied or notified of appointments because they often lost their letters or forgot to let their carer know of the appointment.
- A number of elderly patients also stated they did not understand how to use the self-check in kiosk, especially if they were attending by themselves at the point of check-in.

- Correspondence in Slovakian and Polish were requested as well as a transcript of the appointment and next steps. Reference was also made to the use of Plain English for all correspondence and large print be used.
- A number of respondents suggested that it may be useful for “peers”/volunteer/companion to be made available for someone to talk to either during or after their appointment. This was particularly prevalent across respondents with learning difficulties, autism and mental health conditions.
- The partially sighted attending the Ophthalmology Department and those responding via the Communication College/Deaf community asked for better signage and for the ability to see communication in sign language via video or in a leaflet. A text message would also assist.
- Ensure the date and time of the appointment is clear on all correspondence, especially for those with more than one appointment at the same hospital.
- The production of videos, pictures and photographs to accompany correspondence was a popular response regarding improvements to be made.

It is also worth noting that since the visits to the Hospital sites in November 2017 the Hospital have already implemented one change. Above three of the self-service kiosks there are now boards in place to assist those with learning disabilities by providing pictures to inform service users of where assistance may be obtained if they are having difficulties. Appendix 9 provides a photograph of the work undertaken.

9 Primary Care Context

During discussions with the Hospital and Commissioning Managers, Healthwatch Doncaster identified a need to understand how the process of referring patients into secondary care was changing with the implementation of the Electronic Referral System (ERS) across all General Practices. Through NHS Doncaster Clinical Commissioning Group Primary Care Team four GP practices indicated their willingness to work with Healthwatch Doncaster to understand how the referral process works in General Practice. Three practices were visited; Kingthorne General Practice, located near the town centre, The Flying Scotsman Health Centre (based in the town centre) and Bentley Surgery. Patients were asked about their knowledge and use of the Electronic Referral System and also asked how they would like to receive confirmation of their appointment using a short survey.

This short survey was also sent out to 50 respondents who had indicated in the on-line survey that they were happy to be contacted about the missed appointments campaign.

80 responses were received. The findings are as follows:

- 60% (48 respondents) had not heard about the Electronic Referral System (or Choose and Book)
- 24% (19 respondents) had heard of it but not used the service
- 16% (13 respondents) had heard of it and used the service

When asked how effective the process was of booking their appointment using the ERS the responses were as follows. This is out of a total of 13 respondents who said they had used the service.

- 62% (8 respondents) very effective

- 23% (3 respondents) fairly effective their appointment had been changed but it was still convenient
- 7% (1) said it was not very effective and 1 person said they were not able to book their appointment on line having gone through the system.

When asked how respondents would like to receive confirmation of their hospital appointment

- 23% (18 respondents) said by letter
- 13% (10 respondents) said by email
- 9% (7 respondents) said via text
- 8% (6 respondents) said either by print out at the GPs or via a phone call to mobile
- 3% (2 respondents) said to their land line
- 1% (1 person) asked for the communication to be sent to their carer

A number of respondents also asked for multiple ways of confirmation including text, email and letter.

10 Recommendations

10.1 Enhance Communication between providers and patients

- As a health and social care community there is an opportunity to involve patients in shared decision making. This can be at several levels but it is recommended that the following are included:
 - Joint responsibility for keeping personal information up to date. Both patients and their health/social care professional to jointly ensure personal information for communicating information about a patient's treatment, access to services and outcomes are kept up to date. This may include a joint campaign to promote the importance of patients ensuring their primary care provider has their most recent telephone contacts and address.
 - To engage patients to support improvements in the quality of information provided to patients regarding referrals for example production of standard templates for letters, production of supporting information such as maps, leaflets with photographs etc.
 - To feedback to the public on how their responses have or will inform service/system change.

10.2 Improve experience for patients, staff and the public

- Throughout the survey the request for use of digital technology was apparent, whether this was to remind patients of their appointment or to use for overall communication. It is therefore, recommended that patients and staff are involved in the following:
 - To enhance and improve access to digital communication with patients, e.g. text reminders
 - To promote through digital technology consistent key messages on access to services across health and social care providers for example the implementation of Electronic Referral System, use of Self Service Check-in Kiosks and

- iii. Identification of barriers to the use of technology by working with patients and patient groups (for example seldom heard groups) to consider alternative methods or how technology can enhance their experience
- b) To consider how accurate, simple instructions and guidance can be provided/developed to assist patients attending hospital sites through the identification of partners to support the work. For example, improvements in signage (with support from the Partially Sighted Society) or use of augmented reality using pictures with Doncaster College or use of pictures to support those with learning disabilities (building on the work Choice for All Doncaster (ChAD) have produced working with local dentists on appointment cards).

10.3 To ensure best use of resources:

- a) Reducing waste in the NHS and promoting best use of NHS resources is important to patients, their carers and NHS providers. It is, therefore, recommended that the following are considered:
 - i. That the Task and Finish Group identify best practice in other Health and Social Care sectors to remind patients of the importance of keeping their appointments whether this be in primary, secondary or social care. NHS Leeds Clinical Commissioning Group for example have produced a range of social media resources to promote the importance of keeping appointments and the cost of missing appointments
 - ii. NHS and Social Care Providers in Doncaster should consider developing a joint campaign with the support of Healthwatch Doncaster to promote the findings of the Why People Miss Their Hospital Appointments and use the information provided to project the impact of a reduction in missed appointment on the Health economy
 - iii. To utilise the findings from the campaign into other work streams, for example Workstream 4 under the Planned Care Delivery Plan – Patient Engagement, Choice and Share Decision Making and the development of the Trust Access Policy and the introduction of the Electronic Referral System.
 - iv. To engage those who agreed to contribute to further exploratory projects that resulted from the campaign.
 - v. To re-audit after 12 months

10.4 To increase and improve knowledge to enhance service Programme and commissioning of services

A wide range of information has been obtained from members of the public which can be developed to consider how working with patients can lead to service improvements. For example, it is recommended that

- a) A Young Person's Charter for those accessing services at the Hospital be developed/reviewed to ensure Young People are aware of their rights and obligations. This should cover the rights of young people to attend hospital appointments with/without an adult and discuss their treatment plan.
- b) To consider how people from seldom heard groups are effectively communicated with before, during and after their attendance at primary and secondary care appointments and how the use of peer support, hospital volunteers and others can be maximised for this group of the population.
- c) Monitor and evaluate the impact of any changes made in response to these recommendations, particularly in relation to the proportion of missed appointments and appointments changed by the Trust.

Lastly it is recommended that the Task and Finish group continue for a further 12 months to develop an action plan based on the agreed recommendations and monitor implementation. To achieve this the Task and Finish Group should be extended to include representation from primary, secondary and social care.

11 Acknowledgements

Healthwatch Doncaster would like to thank the following organisations and people who have been involved in the Why People Miss Their Hospital Appointments campaign:

Thank you to all the respondents to the survey. We are hugely grateful for people taking the time to complete the survey and engaging in the process.

For their leadership and executive support: Andrew Goodall, Chief Operating Officer, Healthwatch Doncaster, Emma Challans, Deputy Chief Operating Officer at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, Anthony Fitzgerald, Director of Strategy and Delivery, NHS Doncaster Clinical Commissioning Group.

To the members of the Task and Finish Group; Dino Tedaldi, Gavin Brownnett, Gill Pickersgill and Adam Tingle from Doncaster and Bassetlaw Teaching Hospitals NHS Trust, Sally Brown and Ian Carpenter from NHS Doncaster CCG.

NHS Nottinghamshire/NHS Nottingham; Hester Kapur and the engagement team who undertook the face to face focus groups at Bassetlaw Hospital

Healthwatch Doncaster engagement team and volunteers who conducted the face to face focus groups across Doncaster.

Doncaster Chamber of Commerce for promoting the on-line survey through their newsletter

All those organisations listed in Appendix 3 who identified personnel who Healthwatch Doncaster could talk to and promote the survey through.

St Leger Homes for identifying tenants' meetings for Healthwatch Doncaster to attend.

Kingthorne Practice Manager, Alison Maw, Bentley Surgery Practice Manager, Debbie Forbes Hughes, Natalie Walsh (Community Health Partnerships) and Helen Smith, Practice Manager for the use of the Flying Scotsman Health Centre.

Frank Knapton and Judith Hickson members of the Patient Participation Group Network

Michal Ufniak for sharing the on-line survey and engagement work through the Polish Community website

The Print Room at Rotherham, Doncaster and South Humber NHS Foundation Trust for the supply of the surveys and leaflets

The Translation Unit for the translation of the surveys into 5 different languages.

Head Teachers at Balby Carr Community Academy, McAuley School and Campsmount School for allowing Healthwatch Doncaster access to Year 12/13 students.

Doncaster Metropolitan Borough Council for allowing Healthwatch Doncaster access to the Civic Office One Stop Shop to interview Doncaster citizens.

12 Appendices

Appendix 1

Task and Finish Group Common Purpose, Objectives and Outcomes

Common Purpose

To work with people across primary and secondary care to understand why hospital appointments are missed.

Objectives

1. Co-creation of a robust plan to maximise engagement in meeting overall project outcomes
2. To develop a collaborative engagement plan utilising PDSA methodology
3. To implement the engagement plan through F2F, Media, Group and other means of people and patient involvement
4. To produce a summary report from the overall engagement project

Outcomes

- To enhance communication between health and care services and patients
- Improve people experience, staff, patients and public
- To learn from people and their experiences to improve services
- To ensure best use of resources
- Increase and improve knowledge to enhance service delivery (*impact on service demand, missed appointments*)

How we will measure outcomes

- Production of a Qualitative, Thematic Analysis of people's experience
- To make recommendations to inform missed appointments action plan

Appendix 2

Survey used to ask patients "Why People Miss their Hospital Appointment"



healthwatch
Doncaster

Engagement event

am/pm

Over 50,000 hospital appointments are missed each year at Doncaster and Bassetlaw Hospitals. Healthwatch Doncaster is an independent organisation working with the Hospital and we are keen to hear from you if you have ever missed an appointment. Please complete the survey below and overleaf.

1. Have you ever missed or cancelled an appointment at Doncaster and Bassetlaw Hospitals?

Yes go to question 2 No but had to cancel one
No go to question 4 go to question 2

2. Why did you miss the appointment (tick all that are relevant)

- Date/Time not convenient
- Family/carer commitments
- Work/School commitments
- Poorly or too ill to attend
- Condition improved/got better
- Transport issues including parking
- I was not aware I had an appointment
- Needed support to attend the appointment (carer to be present, language interpreter needed or BSL interpreter)
- I forgot
- Worried or anxious about the appointment
- Worried or anxious as to what might happen at the appointment
- Did not have enough money to attend

3. Did you try to rearrange your appointment by telephone before you decided not to attend?

Yes No Cannot remember

4. Did you receive a text or phone call to remind you of your appointment?

Yes

No

5. Would any other form of communication help for example a leaflet or video to watch to advise on what would happen in the clinic?

Leaflet Hospital website to look at

Video

Photographs Other _____

6. What improvements could be made to reduce missed appointments? Some examples are provided but please enter your own ideas below as well.

- Provide clinics in my local community
- Provide clinics at the hospital outside of working hours
- Provide more clinics at the hospital on a weekend
- Reduce the number of appointments cancelled or rearranged by the Hospital
- Reduce the number of times I need to come to the hospital for a follow up appointment
- Send a text a few days beforehand to remind me
- Make a phone call to remind me of my appointment

Other ideas:

First part of postcode _____ Age _____

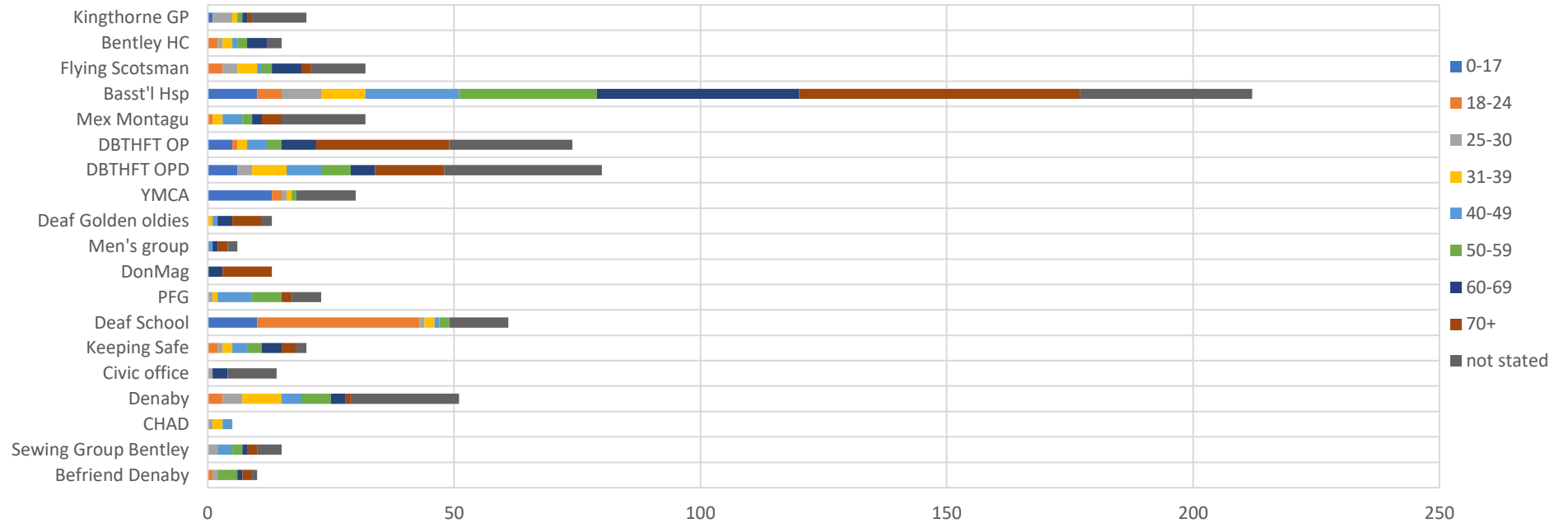
In work In education/training Retired or not working

Appendix 3

Face to Face interviews and Focus Group Reach

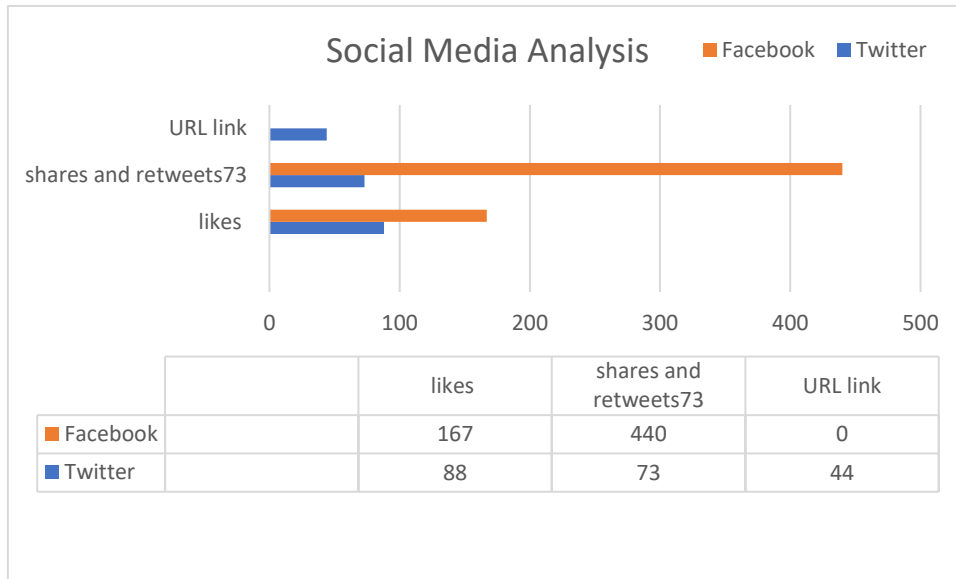
Location	Surveys	Date
Doncaster Royal Infirmary	74	11/11/2017
Doncaster Royal Infirmary	80	04/11/2017
Mexborough Montagu Hospital	32	01/11/2017
Deaf Golden Oldies	13	13/11/2017
Men's Group Doncaster	6	20/11/2017
Keeping Safe Forum	15	08/11/2017
B:Friend group (Denaby)	10	31/11/2017
Denaby market and community groups	51	29/11/2017
Choice for All Doncaster	5	28/11/2017
Civic Office	14	01/12/2017
Doncaster Communication College students	61	31/11/2017
Keeping Safe Event	5	01/12/2017
DonMAG	13	25/11/2017
YMCA Training	30	27/11/2017
Sewing group, Bentley	15	24/11/2017
People Focus Group	23	05/12/2017
Flying Scotsman	25	05/12/2017
Flying Scotsman	17	07/12/2017
Kingthorne GP practice	20	08/12/2017
Bentley GP Surgery	15	11/12/2017
Bassetlaw Hospital	212	11/12/2017

Appendix 4 - Age profile from focus groups



	Befriend Denaby	Sewing Group Bentley	CHAD	Denaby	Civic office	Keeping Safe	Deaf School	PFG	DonMag	Men's group	Deaf Golden oldies	YMCA	DBTHFT OPD	DBTHFT OP	Mex Montagu	Basst'l Hsp	Flying Scotsman	Bentley HC	Kingthorne GP
0-17	0	0	0	0	0	0	10	0	0	0	0	13	6	5	0	10	0	0	1
18-24	1	0	0	3	0	2	33	0	0	0	0	2	0	1	1	5	3	2	0
25-30	1	2	1	4	1	1	1	1	0	0	0	1	3	0	0	8	3	1	4
31-39	0	0	2	8	0	2	2	1	0	0	1	1	7	2	2	9	4	2	1
40-49	0	3	2	4	0	3	1	7	0	1	1	0	7	4	4	19	1	1	0
50-59	4	2	0	6	0	3	2	6	0	0	0	1	6	3	2	28	2	2	1
60-69	1	1	0	3	3	4	0	0	3	1	3	0	5	7	2	41	6	4	1
70+	2	2	0	1	0	3	0	2	10	2	6	0	14	27	4	57	2	0	1
not stated	1	5	0	22	10	2	12	6	0	2	2	12	32	25	17	35	11	3	11

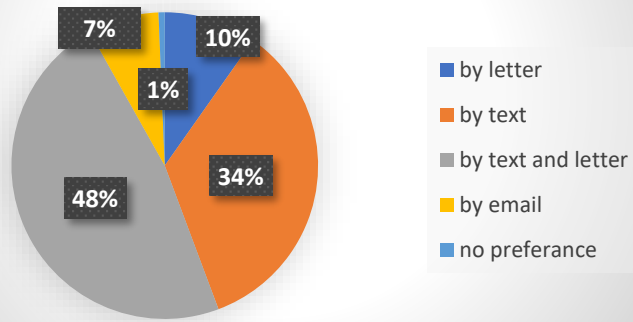
Social Media Analysis of Healthwatch Doncaster Twitter and Facebook Accounts



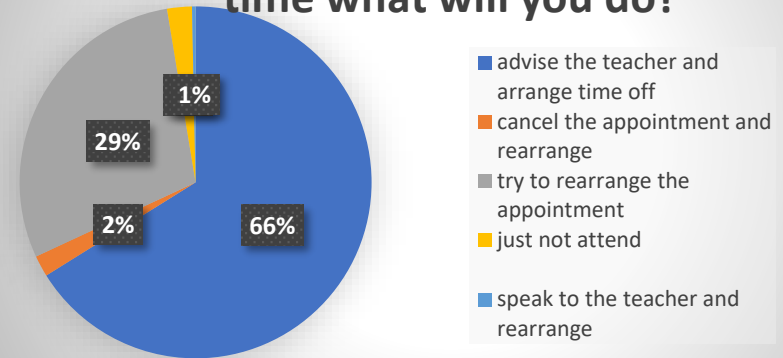
Social Media used to promote the Missed Appointments Campaign mainly centred around the use of Twitter and Facebook by Healthwatch Doncaster. Via Twitter Health watch Doncaster reached 23,130 and via Facebook 11,833 users.

Analysis of surveys completed by 307 Young People aged 16+ in Sixth Form

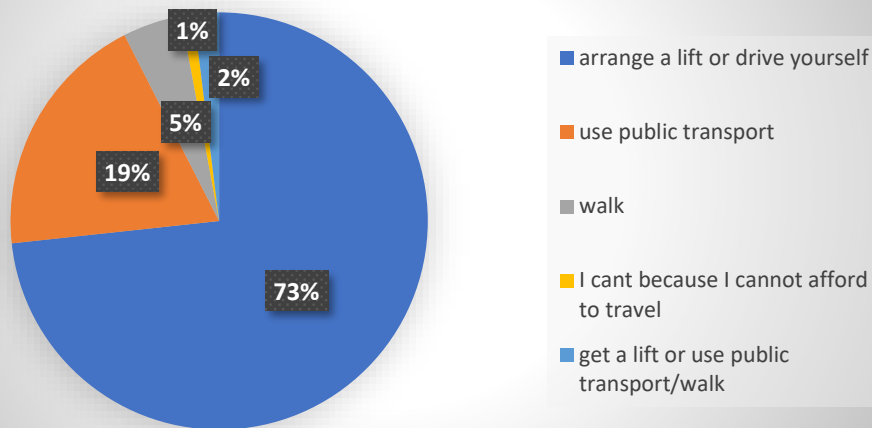
How would you like to be contacted by the Hospital?



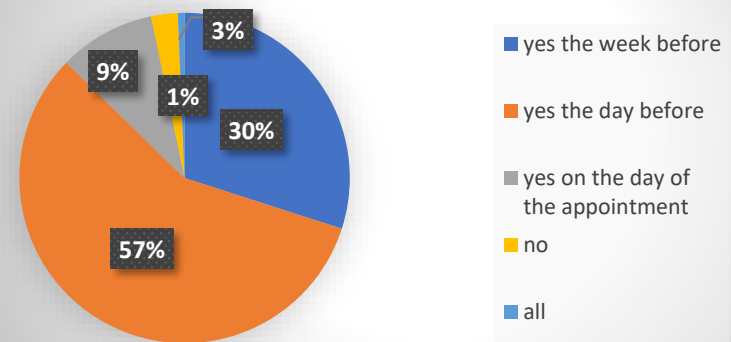
If the appointment is during school time what will you do?



How will you get to your appointment?



Would you find it useful to receive a text reminder?

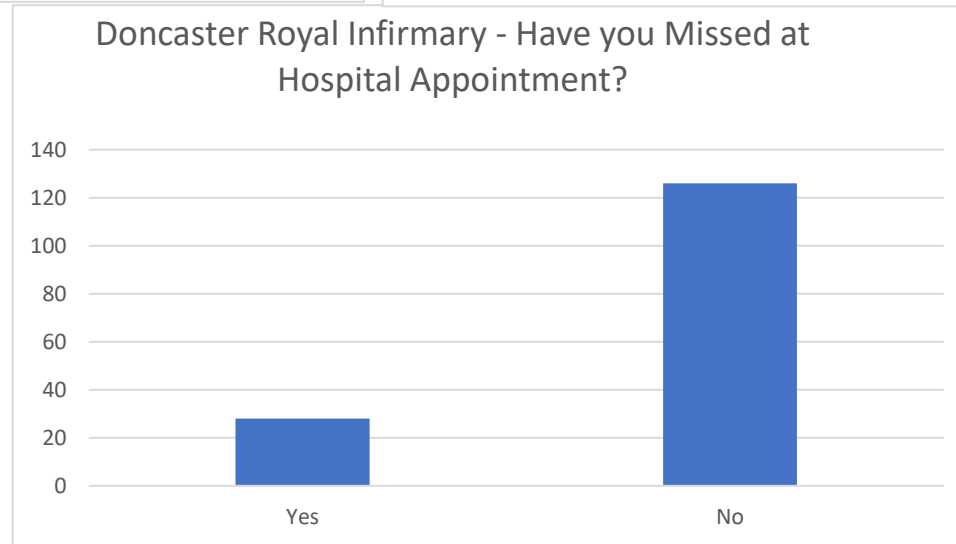
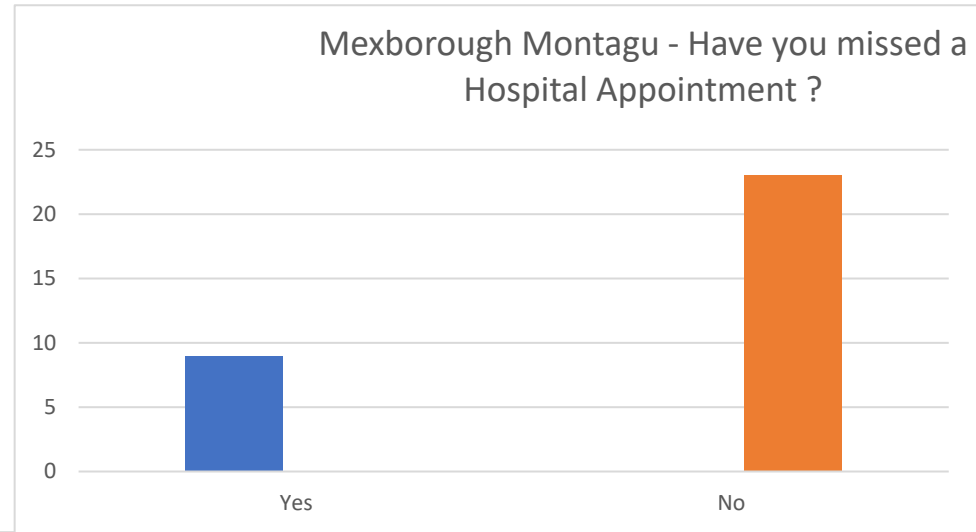
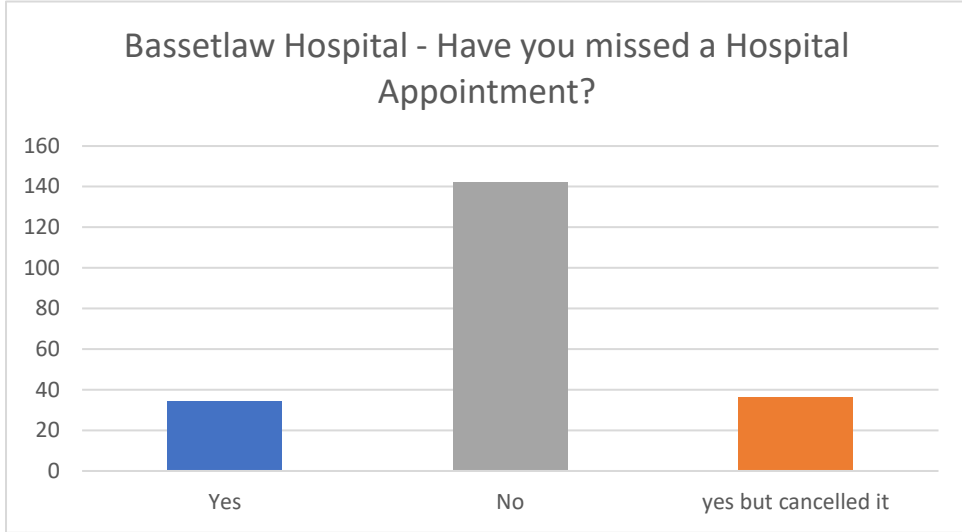


Analysis of Postcode Areas Recorded from the Surveys completed

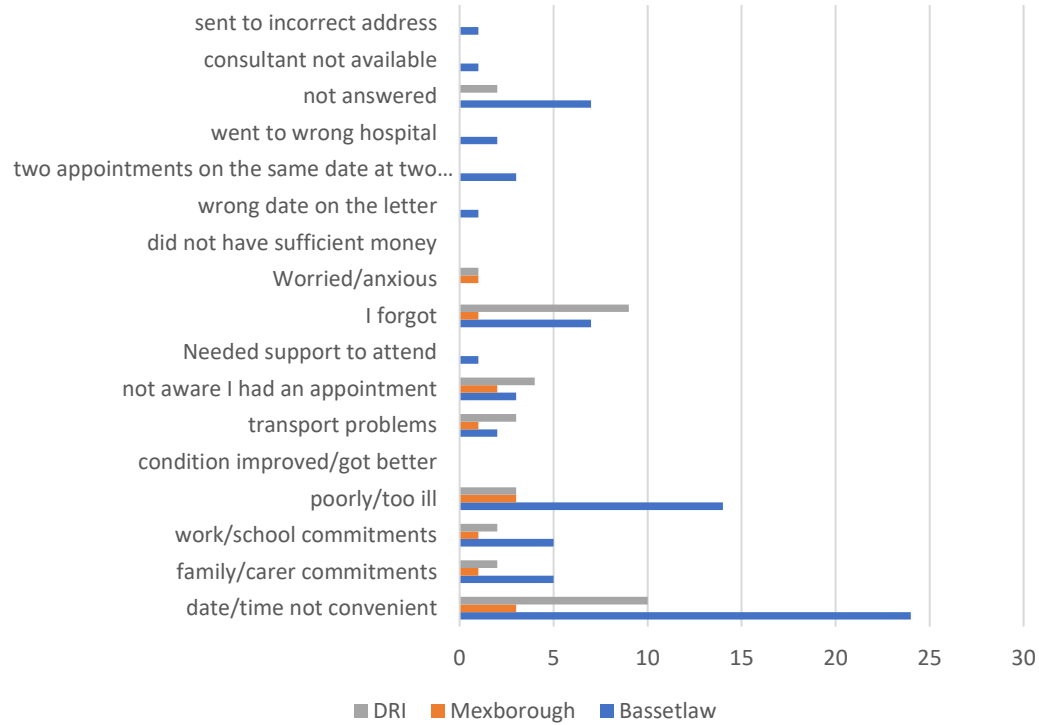
Postcode	No for each postcode		Postcode	No for each postcode
DN4	154		DN4	14.46%
DN5	119		DN5	11.17%
DN2	118		DN2	11.08%
DN3	83		DN3	7.79%
DN12	73		DN12	6.85%
DN6	62		DN6	5.82%
S81	58		S81	5.45%
DN11	48		DN11	4.51%
DN1	46		DN1	4.32%
DN22	45		DN22	4.23%
DN7	41		DN7	3.85%
S64	32		S64	3.00%
S80	31		S80	2.91%
DN9	26		DN9	2.44%
DN8	25		DN8	2.35%
DN10	24		DN10	2.25%
NG22	15		NG22	1.41%
S63	8		S63	0.75%
S25	6		S25	0.56%
DN21	4		DN21	0.38%
NG20	3		NG20	0.28%
DN14	3		DN14	0.28%
S65	3		S65	0.28%
NG21	3		NG21	0.28%
S60	3		S60	0.28%

S62	3	S62	0.28%
WF8	2	WF8	0.19%
DN26	2	DN26	0.19%
DN25	2	DN25	0.19%
S26	2	S26	0.19%
S20	2	S20	0.19%
S61	2	S61	0.19%
DN24	2	DN24	0.19%
S73	2	S73	0.19%
WF7	1	WF7	0.09%
WF9	1	WF9	0.09%
S42	1	S42	0.09%
S71	1	S71	0.09%
NG23	1	NG23	0.09%
NG2	1	NG2	0.09%
S35	1	S35	0.09%
S74	1	S74	0.09%
S72	1	S72	0.09%
NG15	1	NG15	0.09%
S8	1	S8	0.09%
LN6	1	LN6	0.09%
WF12	1	WF12	0.09%
Grand Total	1065	Grand Total	100.00%

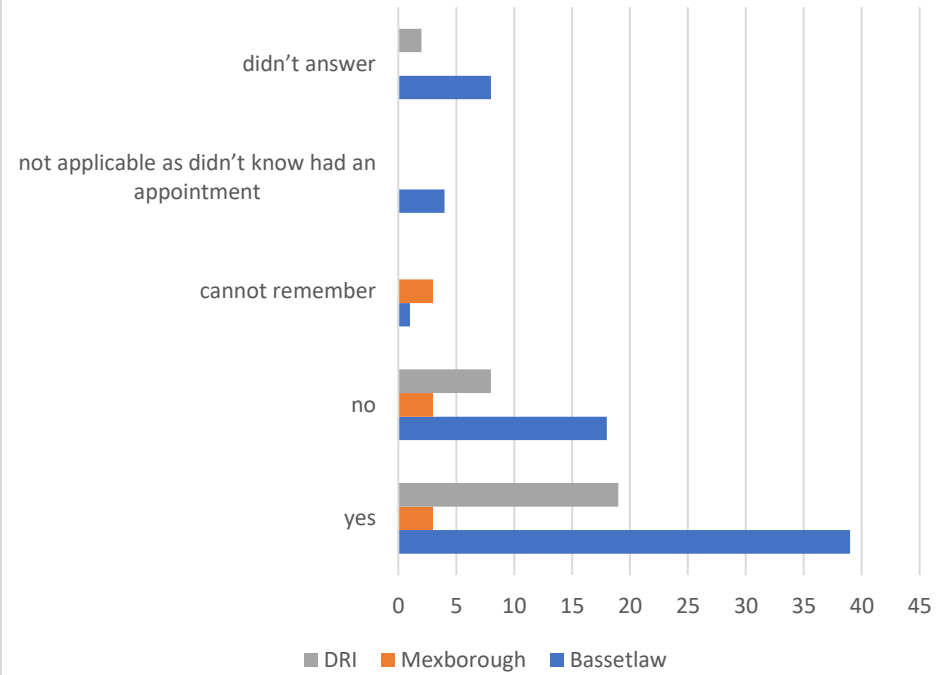
Analysis of Face to Face Interviews at Bassetlaw Hospital, Mexborough Montagu and Doncaster Royal Infirmary Sites

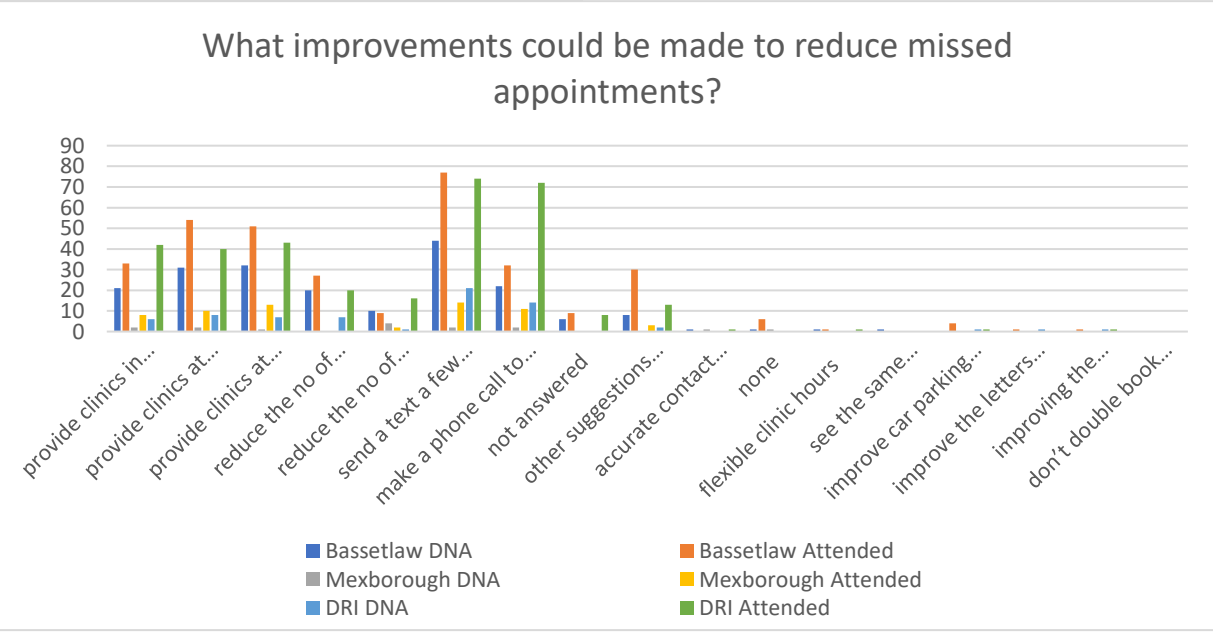
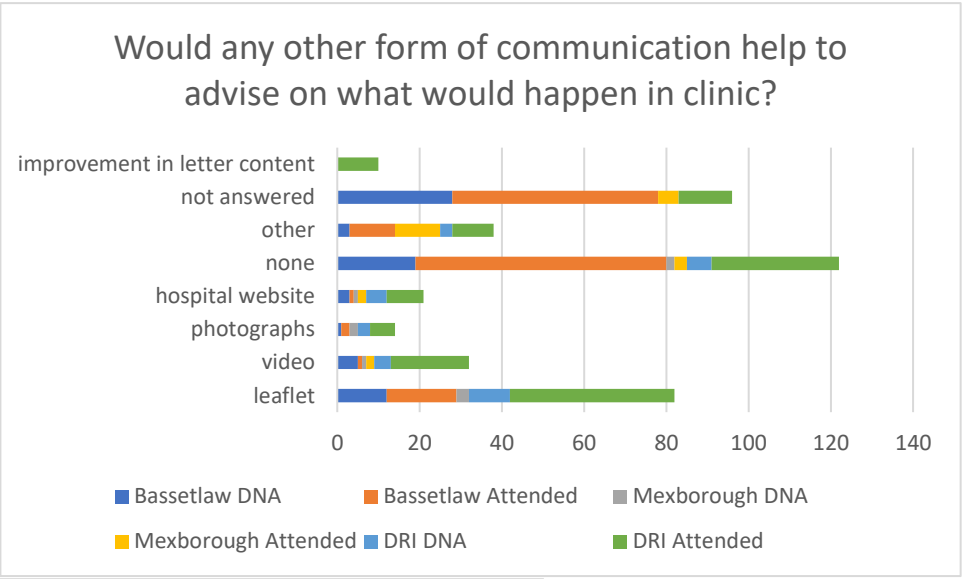
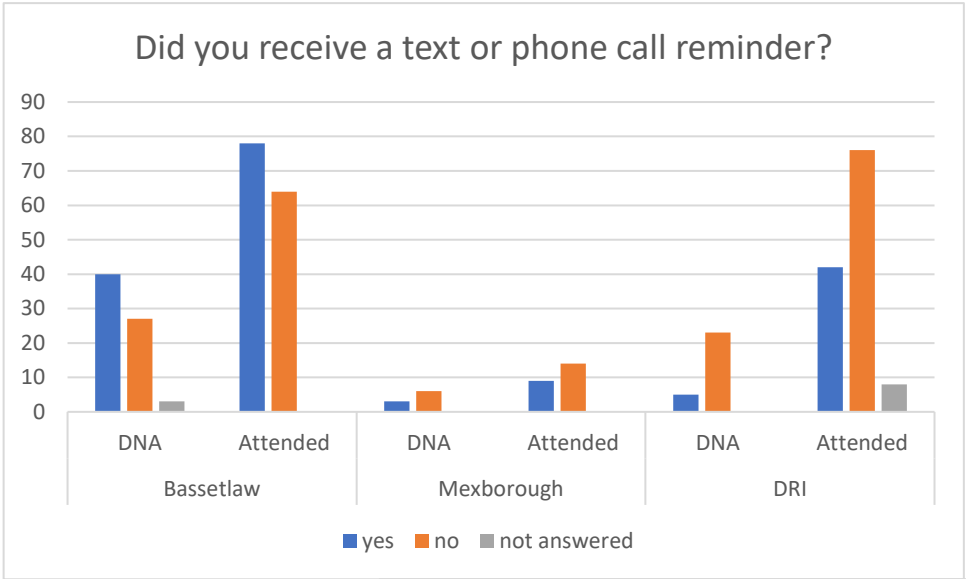


Why did you miss your appointment ?

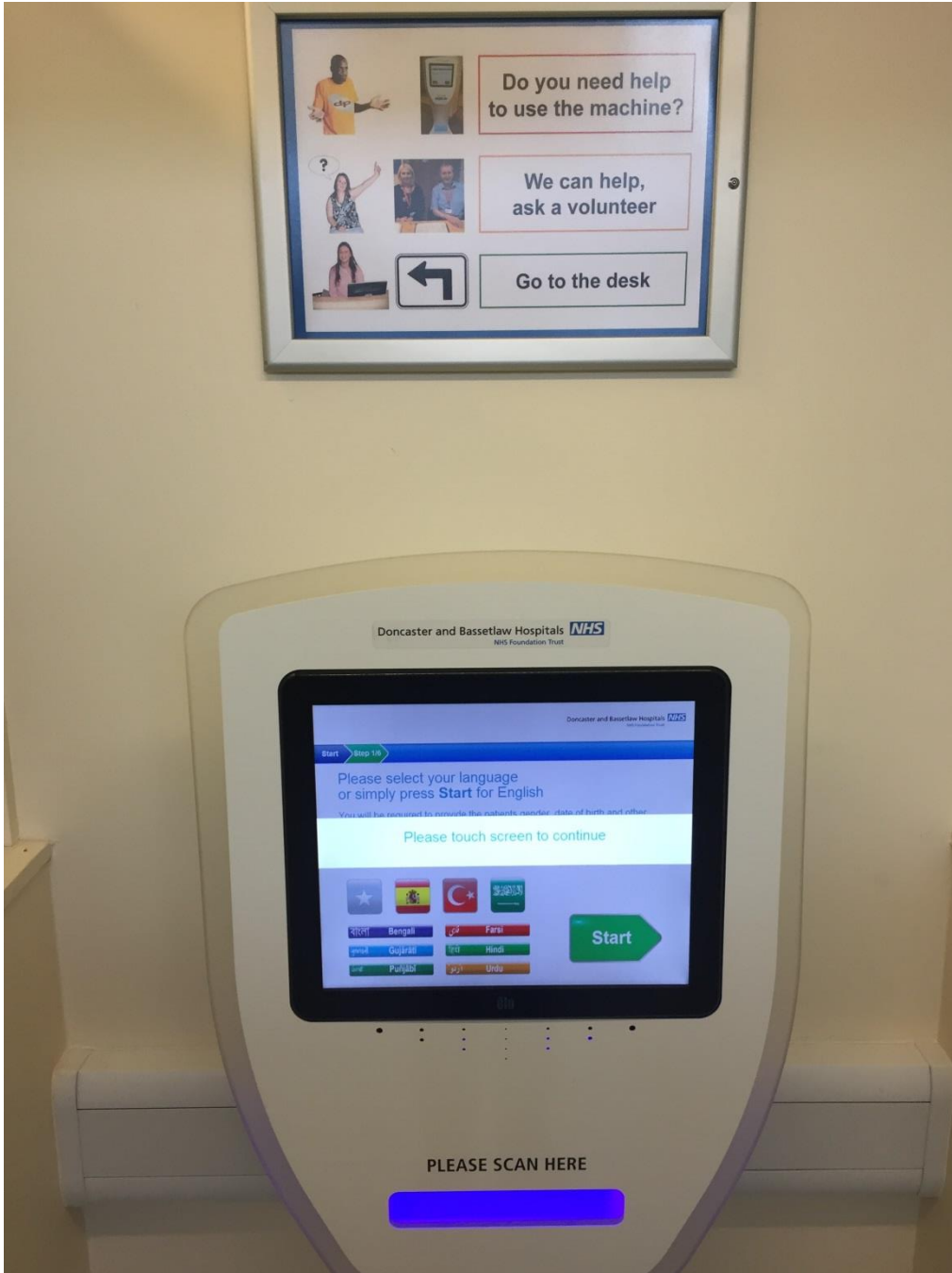


Did you try to rearrange your appointment before not attending?





New Signage above a self-service kiosk for those with Learning Disabilities





Produced by Healthwatch Doncaster

3 Cavendish Court

South Parade

Doncaster

DN1 2DJ

Freephone Helpline: 0808 8010391

Main Office: 01302 965450

Website: www.healthwatchdoncaster.org.uk

Twitter: [@hwdoncaster](https://twitter.com/hwdoncaster)

Facebook: www.facebook.com/hwdoncaster

LinkedIn: follow us [here](#)

Written by Debbie Hilditch, Vice Chair, Healthwatch Doncaster and Project Lead for Missed Appointments