

# MISSED APPOINTMENTS: EVERY ONE COUNTS



**PFIZER LTD**

# OUR COMMITMENT

AT PFIZER, OUR VISION IS "WORKING TOGETHER FOR BRITAIN'S NATIONAL HEALTH".

WE WANT TO WORK IN PARTNERSHIP WITH THE NHS AND OTHER HEALTHCARE ORGANISATIONS ON SOCIAL INITIATIVES THAT HAVE AN IMPACT ON THE NATION'S HEALTH.

WE WILL WORK TO IDENTIFY AREAS WHERE WE CAN HAVE A POSITIVE AND LASTING EFFECT.

WE WILL INVEST OUR TIME AND MONEY TO UNCOVER SOLUTIONS THAT REALLY MAKE A DIFFERENCE.

**1.** WE WILL FOCUS ON THE NEEDS OF PATIENTS

**2.** WE WILL TRY DIFFERENT SOLUTIONS AND TEST NEW APPROACHES

**3.** WE WILL WORK TOGETHER WITH PARTNERS

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# INTRODUCTION MISSED APPOINTMENTS

MISSED APPOINTMENTS HAVE A MASSIVE IMPACT ON NHS EFFICIENCY, NHS PRODUCTIVITY AND PATIENT OUTCOMES IN THE UK, SO WHY IS IT THAT AROUND 19 MILLION HOSPITAL AND GP APPOINTMENTS ARE MISSED EACH YEAR?

At Pfizer, we didn't have the answer to this question, but it definitely got us thinking.

Every month, millions of patients fail to attend or cancel their hospital or GP appointments. This wastes doctors' and nurses' time and NHS resources. It stops other people from making use of the time and, most significantly, it can delay access to healthcare.

Why is it that people keep appointments with their vet, their hairdresser and their personal trainer but not with their GP?

How can we work with the NHS to find affordable ways to reduce the number of appointments that are missed?

Why is it that restaurants, beauticians and delivery companies routinely contact their customers to confirm appointments a day or two before, but few parts of the NHS do this?

THE QUESTION IS, HOW CAN WE HELP?

What can the NHS learn about personalisation of service, recognising that it is not a commercial entity and is under very different constraints?

## RESEARCH EXECUTIVE SUMMARY

WE KNEW WHEN WE STARTED TO LOOK AT THIS AREA THAT A LOT OF WORK HAS BEEN DONE HERE, so we looked carefully at what was already known – who misses appointments, what appointments are missed, what the common reasons are – and found there were issues we simply did not know enough about.

We wanted to know why patients behave in the way they do and to understand exactly how their behaviour is impacted by the often complex systems they have to navigate in order to access healthcare in the UK.

We set out to explore the problem, through research and discussions with patients and healthcare professionals, so that we could

try to understand the issue from all sides. The 2,000 patients and 10 HCPs we spoke to and surveyed in our research have helped us to uncover a level of detail that we believe will really help in developing effective solutions that encourage attendance.

Our analysis of the research has led us to four themes to investigate further. Our next step is to test these ideas in GP and hospital environments to measure their potential and see what works and what doesn't. We know that the problem of missed appointments is not going away and as long as it continues, the social contract between the public and one of its most cherished institutions, the NHS, will continue to be put under pressure.

Knowing this makes our commitment even stronger. We know we won't solve this on our own, we need to partner with the NHS, HCPs, practice managers, IT systems providers, patients and others to find solutions. We will explore innovative ways to encourage attendance with these partners because when it comes to missed appointments, every one counts.

### SOLUTION THEMES:

#### APPOINTMENT REMINDERS

While these are used by some hospitals and GP surgeries, they have not been adopted by all. We feel there is a real opportunity to optimise their use.

#### APPOINTMENT MANAGEMENT SYSTEMS

Our research suggests that the current system is not as compatible with patients' lives as it could be. It causes frustration and makes it difficult to attend and/or cancel. We want to work with GP surgeries and patients to take a fresh look at where the barriers are.

#### TARGETED ACTION

**Screening appointments:** Preventative healthcare saves lives but our research shows screening appointments and interventions are among those most likely to be missed. We're therefore looking at creative ways to increase the uptake of screening.

**Hospice care:** Our research has shown us that DNA rates in the Hospice sector can be comparatively high for some appointment types. It is an area that has received less attention than others. We will investigate the drivers behind this further and develop solutions to encourage attendance.

# WHAT'S THE PROBLEM?

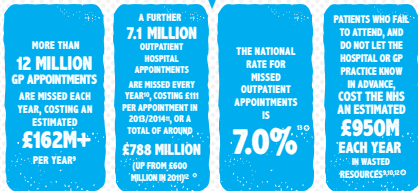
\*MISSED APPOINTMENTS AFFECT ALL PARTS OF THE NHS, FROM GP PRACTICES TO HOSPITALS, FROM PREVENTATIVE HEALTHCARE TO CHRONIC DISEASE MANAGEMENT<sup>1-4,5</sup>. IT IS CERTAINLY NOT A NEW ISSUE, BUT DESPITE THE SIGNIFICANT TIME AND EFFORT THAT HAS ALREADY BEEN INVESTED TO TRY TO RESOLVE IT, A STAGGERING NUMBER OF APPOINTMENTS ARE STILL MISSED EVERY YEAR.

## WHAT IS A MISSED APPOINTMENT OR DNA (DID NOT ATTEND)? \*

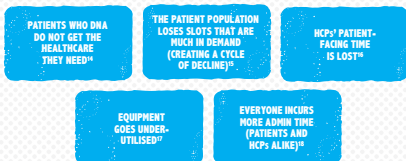
An appointment that is not attended and not cancelled.  
An appointment that is cancelled is not a missed appointment.

## SO HOW BIG IS THE PROBLEM?

### THE SIZE OF THE PROBLEM:



### THE KNOCK-ON IMPACT OF DNAs:



Missed appointments are bad for the NHS and bad for patients. When a patient misses an appointment they don't get the treatment they need, and other people are denied an opportunity to use that appointment slot. At the same time, the NHS is under increasing strain with enormous demand from patients, an aging population and a rise in long-term health conditions<sup>6</sup>. Services are feeling the pressure and missed appointments are simply exacerbating the problem by wasting valuable resources<sup>6</sup>.

With so many people missing appointments, finding a solution that creates even a small reduction in non-attendance could have a significant impact on patients' health, reduce the risk of illness and save precious NHS resources<sup>6</sup>. This is why we at Pfizer want to work with patients and the NHS to find solutions that work.

\*Throughout this report we have chosen to use this definition of a missed appointment, also referred to as a DNA (did not attend). While this definition does not include appointments cancelled by the NHS, it's worth noting that, from the patient's perspective, when the NHS cancels on them it feels to them like a 'missed' opportunity.

© FIGURES BASED ON HOSPITAL OUTPATIENT DATA FOR ENGLAND 2015-2016

THERE ARE SOME IMPORTANT AND WELL KNOWN FACTS, BASED ON EXISTING RESEARCH AND INVESTIGATIONS, WHICH HAVE INFORMED OUR OWN RESEARCH AND THINKING.

## WHO MISSES APPOINTMENTS MOST OFTEN?

WE KNOW THAT THE FOLLOWING GROUPS OFTEN MISS APPOINTMENTS, SO WE NEED TO MAKE SURE OUR SOLUTIONS WORK FOR THEM.

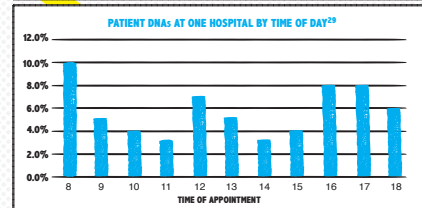
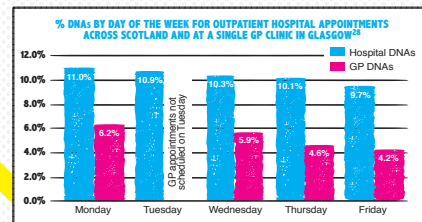


## WHICH APPOINTMENTS ARE MISSED?

**FIRST VS. FOLLOW UP:**  
THE HIGHEST NUMBER OF HOSPITAL DNAs ARE FOR FOLLOW UP APPOINTMENTS<sup>25</sup>.

**DAY OF THE WEEK:**  
APPOINTMENTS SCHEDULED ON A MONDAY ARE MOST LIKELY TO BE MISSED. BOTH HOSPITAL AND GP DNAs DECREASE AS THE WORKING WEEK PROGRESSES<sup>26</sup>.

**TIME OF DAY:**  
TIME OF APPOINTMENT HAS ALSO BEEN SHOWN TO HAVE AN IMPACT, WITH A GREATER NUMBER OF DNAs EXPERIENCED EARLY IN THE MORNING, DURING LUNCHTIME AND AT THE END OF THE DAY<sup>28</sup>.



WE NEED TO KEEP THESE FACTORS IN MIND WHEN DEVELOPING OUR SOLUTIONS. FOR EXAMPLE, AN EXTRA REMINDER MAY BE ESSENTIAL FOR AN APPOINTMENT SCHEDULED EARLY ON A MONDAY MORNING!



BEFORE WE BEGAN OUR RESEARCH WE ALREADY HAD A GOOD IDEA OF WHAT THE MAIN REASONS FOR MISSING AND NOT CANCELLING AN APPOINTMENT WERE...

LOTS OF DIFFERENT WAYS OF TACKLING THE ISSUE OF MISSED APPOINTMENTS HAVE BEEN, AND ARE BEING, TRIED, TESTED AND IMPLEMENTED ACROSS THE NHS.

**REASONS FOR NON-ATTENDANCE**

**REASONS FOR NOT CANCELLING**

**WHAT HAS BEEN TRIED?**

**RECOGNISING THE IMPACT THAT EVEN THE SMALLEST INTERVENTIONS CAN HAVE ON THE WAY PEOPLE BEHAVE WILL HELP US TO TAKE THESE EXAMPLES AND BUILD ON THEM.**

We want to understand what else could be done and how we can make the most of the solutions that are out there in order to maximise their potential. We know reminders can help but we don't know exactly what sort of reminder should be sent, to whom, when, and how. We know appointment systems that are more convenient for patients can help, but we don't know exactly what types of changes would make a difference to patient behaviour. These are the kinds of things we are setting out to explore.

**PATIENT FORGETFULNESS:**  
Simply forgetting is one of the reasons that is most commonly given for patients missed appointments<sup>26, 27, 32, 33</sup>.

**PSYCHOLOGICAL REASONS:**  
Psychological reasons, for instance worrying about possible bad news, can influence non-attendance. Emotional barriers and a negative association with "going to the doctor" account for a high proportion of reasons given by patients for missing appointments<sup>24, 25</sup>.

**CIRCUMSTANTIAL REASONS:**  
Reasons for not attending often involved logistical issues, like transport problems, which stopped the patient from being able to get to the appointment at the scheduled time<sup>34, 37</sup>.

**NHS ADMINISTRATION ISSUES:**  
General administration issues have been shown to be a major cause of increasing numbers of DNAs, both in primary and secondary care settings. Reasons given included appointments that were made too far in advance, or no appointment letter ever being sent to patients<sup>38, 39, 40</sup>.

**DIFFICULTY IN CANCELLING THE APPOINTMENT<sup>41, 42</sup>**

**FORGETFULNESS<sup>43, 44</sup>**

...BUT WE WANTED TO DELVE DEEPER INTO THE WAY IN WHICH PATIENTS BEHAVE TO GET CLOSER TO THE ROOT OF THE PROBLEM.

That's why as well as conducting more traditional focus groups and analysing responses to our online survey, we used an infographic to spark debate and listened in on social media to what people were saying about missed appointments.

**THE RESPONSE WE RECEIVED WAS TOTALLY UNEXPECTED**

Missed appointments is a subject that people feel really passionate about. It gets them animated, it gets them fired up.

So the 2,000+ people who spoke with us over the course of this research not only gave us the detail that we hope will help us create solutions that work, but also gave us confidence that this is an area that people really care about and needs to be addressed. (For more detail on methodology please see appendix)



**APPOINTMENT REMINDERS:**  
The routine use of reminder systems has been shown to significantly reduce DNA rates. One telephone reminder system cut rates from 7.1% to 5.5% in just 12 months, saving the NHS an estimated £135,000<sup>45</sup>.

**APPOINTMENT ADMINISTRATION:**  
The introduction of Choose and Book has resulted in a reduction in hospital DNAs and an increase in advance cancellation rates in some areas<sup>46, 47</sup>.

**PATIENT AWARENESS:**  
Improving patient awareness of the consequences of missing an appointment has been shown to increase the likelihood of attending, with better education increasing attendance rates<sup>48, 49</sup>.

**BEHAVIOUR CHANGE INTERVENTIONS:**  
Simple interventions such as getting patients to verbally repeat their appointment time when booking or getting them to write down the appointment details themselves can lead to a dramatic reduction in GP DNAs<sup>50</sup>.





# WHAT APPROACH DID WE TAKE?

AT PFIZER, OUR AIM FROM THE START OF THIS INITIATIVE HAS BEEN TO IDENTIFY AND CREATE EFFECTIVE SOLUTIONS THAT WILL REDUCE THE NUMBER OF MISSED NHS APPOINTMENTS. THROUGH OUR RESEARCH WE TRIED TO CLOSE THE GAP BETWEEN WHAT IS KNOWN ALREADY ABOUT THE ISSUE AND WHAT IS BEING DONE TO SOLVE IT.

We have tried to uncover and understand how patients behave and how they feel about missing an appointment. We believe that once we have a real understanding of the "non-attending" behaviour, we will be in a better position to address it.

Our first step was to conduct comprehensive behavioural research. Now that we've finished this research, we thought it was a good time to share our findings, demonstrate how these informed the potential solutions we would like to test, and set out our future plans.

## METHODOLOGY

**SECONDARY RESEARCH:** Review of published research and monitoring of customer insight on missed appointments from social media

**SOCIAL MEDIA CAMPAIGN:** Missed appointments debate generated through twitter and a dedicated microsite which hosted a qualitative survey and infographic

**HCP INTERVIEWS:** Ten telephone interviews with practice nurses, GPs and practice managers

**FOCUS GROUPS:** Six focus groups with a total of 39 participants

**QUANTITATIVE SURVEY:** Online survey of 30 multiple-choice questions completed by 2,165 respondents



# WHAT DID OUR RESEARCH TELL US?<sup>51</sup>

THIS SECTION OUTLINES THE KEY INSIGHTS AND CONCLUSIONS WE HAVE MADE FROM OUR PRIMARY RESEARCH. WE HAVE GROUPED THESE INTO SIX AREAS WE FEEL ARE PARTICULARLY IMPORTANT TO KEEP IN MIND WHEN DEVISING POTENTIAL SOLUTIONS. ALL STATISTICS HAVE COME DIRECTLY FROM OUR QUANTITATIVE SURVEY.

## 1 MISSED APPOINTMENTS: ONE ISSUE, MULTIPLE REASONS

AS EXPECTED, PATIENTS MISS APPOINTMENTS FOR A VARIETY OF REASONS; SOME OF THESE WE KNEW ALREADY, BUT THERE WERE OTHERS THAT WERE NEW AND SOMETIMES SURPRISING. WHILE WE CAN'T CREATE SOLUTIONS FOR EVERY REASON GIVEN, THESE INSIGHTS DID HELP US IDENTIFY COMMON THEMES TO FOCUS ON.

### PATIENT FORGETFULNESS, MISTAKES AND MISUNDERSTANDINGS

Simply forgetting was one of the most common reasons given for non-attendance. For this group in particular, a well-timed reminder may be the difference between a show or no show.

### CIRCUMSTANTIAL

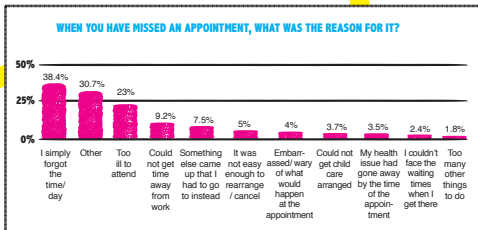
Other reasons often involved logistical issues which prevented the patient from getting to the appointment at the allocated time.

*'(I was) nervous about the outcome of the appointment.'*

*'It was booked months in advance, and there was no reminders.'*

*'Got the date confused, much to my regret.'*

*'The preventative ones have no consequence, so you're less inclined to turn up.'*



### CONCERNS ABOUT THE APPOINTMENT

Some of the reasons mentioned in our research support previous research highlighting that concerns about the appointment itself, either in terms of the procedure that will be done or the diagnosis that might be received, could contribute to non-attendance. Hearsay about what the GP will do, in the case of cancer screening for example, or a previous bad experience, were both given as reasons for why people failed to attend. We know that preventative healthcare can save lives, so this is an area we knew we had to look at in more detail.

### NHS ADMINISTRATION ISSUES

Quite frequently non-attendance was due to issues within the appointment system itself, such as appointment letters arriving too late or an inability to get through by telephone to cancel.

### SOCIAL CONTRACT

Finally, there was a cluster of reasons that highlight just how much current pressures on the NHS are impacting the patient experience, and how this is in turn affecting people's attitudes, and the way they behave, towards scheduled appointments.

Long waiting times on the day, having appointments cancelled and a lack of continuity of appointment with a single GP, for example, were cited as the cause of significant frustration with the NHS, even though people do still value it as an institution. We think reasons like these show that the NHS-patient relationship is coming under increasing pressure. Furthermore, patient apathy appears to play a significant role, particularly when it comes to preventative appointments.

*'The waiting time was too long and I had to leave to collect my kids from school.'*



## 2 GENERATIONAL DIFFERENCES: A STRONG PREDICTOR?

THE RESEARCH UNCOVERED SOME DISTINCT GENERATIONAL DIFFERENCES IN THE WAY PEOPLE MANAGE THEIR TIME AND THE RELATIONSHIP THEY HAVE WITH THE NHS. THESE DIFFERENCES COULD PLAY AN IMPORTANT PART IN WHY SOME PEOPLE MISS APPOINTMENTS SO IT WILL BE IMPORTANT TO CONSIDER THEM WHEN DEVELOPING SOLUTIONS. IT SEEMS A ONE-SIZE-FITS-ALL APPROACH IS UNLIKELY TO WORK.

### YOUNG PEOPLE

#### > Lead digital lives

Young people's lives are generally organised through their mobile phone. They cherish content and convenience and happily plan their lives through the medium of their phone, often without any need for real-life contact. Their dependence on digital solutions allows them to adopt a 'just-in-time' attitude and they often rely on text reminders in other areas of their lives.

#### > Have little connection with the NHS

Young people talk about their relationship with the NHS in a different way to the way in which older people do. They don't feel the same emotional bond with the NHS as older generations do. They feel that the system does not work for them, that it is not adapted to their needs or to their digital way of life. Young people want a 'personalised', on-demand service which the NHS does not offer. Mostly, young people don't consider the broader impacts and consequences of missing an appointment.

*'I'm helping the system by freeing up space.'*



### WORKING PEOPLE AND FAMILIES

#### > Live scheduled lives

These people lead busy lives that are jam-packed with appointments: for work, family and for fun. With such hectic lives, these people told us that they need appointment systems that offer flexibility. When trade-offs have to be made, or plans change at the last minute, it is appointments that can accommodate this that tend to be kept. For this group, the NHS appointment system simply does not offer the flexibility they need and as a consequence appointments are sometimes missed.

#### > Do not feel the NHS deserves priority in their lives

While flexi-working, after-school activities and an 'always online' culture has raised the expectation of what is possible in most areas of their lives, this group feels the NHS is a service that cannot always be relied on to deliver as expected. In fact, they often talk about it as a problem rather than a solution, despite recognising how important health is to their family. As a result, working people and families are less likely to prioritise NHS appointments and may therefore miss them from time to time. This is particularly true for non-urgent and preventative healthcare.

*'If you have to pick up kids, you have to go if the NHS is running late. Whose fault is that? Theirs for running late. I got there on time!'*



*'Everything revolves around the calendar. If it's not there, I miss it. We get given a card, but it must go on the calendar.'*

### OLDER PEOPLE

#### > Use more traditional methods to manage their lives

Their lives are normally more structured and well-organised, and they often have more free time, allowing them to fit in appointments which other groups might find inconvenient. Regardless of how far in advance it is, once an appointment is made and written on their wall calendar, older people told us they will generally make every effort to attend.

#### > Take the view that they need the NHS more than the NHS needs them

In general, older people see it as their responsibility to fit in with the NHS. They accept that it has limited resources and understand that if they want to access the healthcare they need they must be flexible. They are grateful and appreciative for what the NHS does for them, and would therefore feel uncomfortable or guilty if they missed an appointment. However, it should be noted that many in this group endure, rather than respect, NHS processes as a fact of life.

### 3 THE APPOINTMENT MANAGEMENT SYSTEM: A CAUSE OF MUCH FRUSTRATION

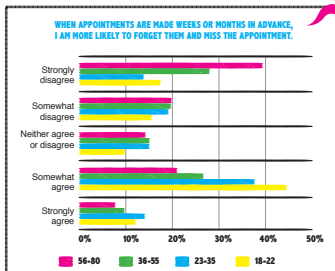
ONE OF THE AREAS WE LOOKED AT IN MORE DETAIL WAS THE APPOINTMENT MANAGEMENT SYSTEM. THE CURRENT SYSTEM IS THE CAUSE OF MUCH FRUSTRATION AND IS ALMOST CERTAINLY INCREASING THE LIKELIHOOD THAT PATIENTS WILL MISS APPOINTMENTS. INDEED, THE PROSPECT OF BOOKING A NHS APPOINTMENT FILLS MANY PEOPLE WITH DREAD. IF WE COULD FIND A WAY TO MAKE HEALTHCARE MANAGEMENT EASY AND MORE FLEXIBLE TO PEOPLE'S LIFESTYLES AND PREFERENCES, THEY MAY BEGIN TO FEEL DIFFERENTLY.

#### THE ISSUE

People told us that they find scheduling, cancelling and rearranging appointments frustrating, as the process can often be annoying and difficult. They do not feel the system fits with their modern-day lifestyle.

#### Time of appointment

Securing a suitable initial appointment time is crucial for increasing the likelihood that a patient will attend. But this can often be the most inflexible part of the system, with random appointment times allocated, sometimes many weeks in advance, with no consultation. Indeed, a number of the patients we spoke to said they had missed appointments because they had got better during the long period between booking the appointment and the appointment itself. Patients are often given little choice as to when they can attend and the appointments on offer rarely fit around their lives. On many occasions patients will accept an appointment which they are unlikely to keep as it is 'the only one on offer'.



#### Process and method used

Having to repeatedly call first thing in the morning in order to get an appointment was cited by many as being particularly frustrating. Calling up to cancel or rearrange is similarly unpopular because of the necessary interaction and 'negotiating' with receptionists, who themselves are often inundated with calls. Some patients also mentioned the expense of 0845 numbers as a reason for not cancelling.

#### THE SOLUTION

When asked how the appointment management system could be improved, patients' responses focused on:

#### Time of appointment

Patients want more choice and control when it comes to booking appointments. They want to see all the slots available so they can select a time that they know

works for them. In general, people don't like booking well in advance, preferring appointments to be made within three weeks at a maximum. No more than one week in advance is seen as ideal for primary care, whereas a broader window of one to three weeks is considered fine for secondary. A better range of options for particular groups of patients also came through strongly as an attractive solution, with patients suggesting after-school hours, or early morning and later evening slots prioritised for working people.

#### Process and method used

Many patients would like the option to book and cancel appointments online or via a mobile phone app. This would solve some of the cancellation difficulties that lead to DNAs, such as busy phone lines or expensive 0845 numbers.

*Ideally, patients should have a better view of when appointments are available. An online calendar, maybe colour-coded to show you how many free slots there are.*

*Doctors are not helping people by offering appointments more than three weeks in advance because more people forget.*



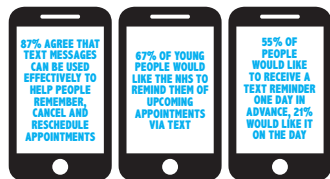
*I work and it's difficult sometimes to get away for appointments in the middle of the day.*

### 4 REMINDERS: EFFECTIVE, YET UNDERUSED

IT BECAME CLEAR THROUGHOUT OUR RESEARCH THAT WHEN IT COMES TO NHS APPOINTMENTS PEOPLE DO SIMPLY FORGET, OR THEY MAKE MISTAKES REGARDING THE APPOINTMENT TIME. IT WAS THEREFORE NOT SURPRISING THAT ALMOST EVERYONE SAID THAT REMINDERS WOULD BE AN EFFECTIVE WAY TO COMBAT THE ISSUE.

There was strong agreement that text message reminders are particularly effective in helping people to remember, cancel and reschedule appointments. But despite this, reminders do not appear to be as widely used as they could. Only 39% of respondents in our survey told us they currently receive SMS reminders for their NHS appointments.

However, it is worth noting that a reminder is no guarantee of success. Some people who took part in our research admitted they receive reminders and still do not attend. We think this is worth further investigation and we are keen to understand how SMS reminders can be more widely used and with greater impact of attendance.



#### Method used

There was a strong preference to receive reminders via text, particularly among younger people. We did witness some generational differences however, with retired people preferring email over text, and those over the age of 80 preferring letters. Across all generations, few people want phone calls.

#### Timing

A text one day in advance was the preferred timing for reminders. In line with their lifestyle, young people are happy to have appointment reminders on-the-day if sent by text. Employed people like to receive reminders the day before an appointment.

#### Content

When it comes to reminders, a one-size-fits-all approach will not work. These messages are likely to be much more effective if they are tailored to the patient and written in a way they understand, whether it's in their first language or simply in a way that resonates with them, or both.

*Text messaging is the dominant communication in younger people's lives rather than email or letter or phone call. Students don't check letters like they do their phones.*

*The key issue is reminding patients close to the time, in a language they understand. One-size-fits-all texts are not enough.*





## 5 THE HCP PERSPECTIVE: FROM THE FRONT LINE



### WHO IS AN HCP?

An HCP is a healthcare professional. Many occupations fall under this heading, including GPs, clinicians, consultants, therapists and practice nurses.

TO ENSURE WE WERE UNDERSTANDING THE ISSUE FROM ALL SIDES, WE SPOKE TO GPs, NURSES AND PRACTICE MANAGERS. THIS IS WAS INVALUABLE AS IT REVEALED SOME KEY INSIGHTS.

WHILE SOME OF THE THINGS THEY TOLD US ALIGNED WITH THE MESSAGES WE WERE HEARING BOTH IN THE MEDIA AND FROM PATIENTS, SOMETIMES THEY HAD A DIFFERENT PERSPECTIVE ALL TOGETHER.

### CONTEXT

Not all GPs feel the same about missed appointments. Some see it as a problem that they've come to accept, while others feel that it has a negative impact on their patients and their practice.

'I like a few missed appointments. From a selfish point of view, it gives me a slippage. It's never wasted time.'

'We should look at how we schedule appointments, the hours we offer, the promptness we keep to.'

'Younger generation miss more than others. They don't perceive any cost to themselves or the NHS.'

### WHO DO THEY THINK ARE MOST LIKELY TO MISS APPOINTMENTS?

#### > Patient types

The 10 HCPs we spoke to identified the working and self-employed, young people, chaotic families, patients with mental health issues and those from marginalised communities as being most likely to miss appointments. Contrary to what we heard when we talked to patients themselves, these HCPs also told us that the elderly do often miss appointments.

#### > Appointment types

Both patients and HCPs identified preventative or non-urgent appointments as those that are most likely to be missed. Examples given included clinic appointments (asthma, weight loss, smoking cessation), nurse appointments (smear, blood tests) and follow up appointments.

### WHAT DO THEY SEE AS THE CAUSES

The HCPs we spoke to identified a number of different causes including:



**PATIENT CHARACTERISTICS:**  
Mental health, elderly, cultural



**PATIENT BEHAVIOURS:**  
Forgetting, logistics, no longer relevant, no understanding of impact



**NHS ADMINISTRATION ISSUES:**  
Logistics

### AND WHAT IMPACT DOES IT HAVE?

HCPs do not think patients understand the real consequences of missing an appointment, which in the main are:

#### > Impact on NHS time and resources

They noted the administration time involved in rebooking appointments, chasing patients and writing letters. They described this as largely 'virtual' money that is wasted since surgeries have fixed costs.

#### > Impact on other patients

Missed appointments prevent other patients from seeing GPs. However, we were surprised to hear some GPs tell us that they welcome the odd missed appointment here and there as it frees up time in their busy day to get other things done, such as paperwork. These GPs have built the assumption that some appointments will be missed into their schedule, and plan their work patterns accordingly.

### WHAT ACTION ARE THEY TAKING?

There is no agreed NHS process to deal with the issue of missed appointments. Instead, it is up to individual surgeries to implement solutions. Most surgeries do try to mitigate the effects through reminders and some punitive measures, such as a 'three strikes and you could be out' policy, but from their perspective these do not seem to have a real impact. Walk-in clinics are seen as a potential solution but the GPs we spoke to told us that they are difficult for surgeries to manage. Effective patient education highlighting the waste and (personal) cost patients cause by missing their appointment was seen as one possible route to take, and indeed is one that many currently use through posters on the wall or messages on the digital display board.

## 6 THE SOCIAL CONTRACT: BROKEN OR SIMPLY AT RISK?

HAVING SPOKE TO MORE THAN 2,000 PATIENTS ABOUT THIS ISSUE, THERE IS AN IMPORTANT MESSAGE THAT HAS RISEN TO THE SURFACE – THE WAY THE PUBLIC THINKS AND FEELS ABOUT ONE OF ITS MOST TREASURED INSTITUTIONS, THE NHS, IS CHANGING, AND NOT ALWAYS FOR THE BETTER.

Growing pressure on the NHS is resulting in fewer appointments being available, increased waiting times and patients' appointments being cancelled more frequently. At the same time, people's lives are becoming busier and busier, jam-packed with all sorts of appointments. For these people, appointment management needs to be both flexible and reliable, and since it is in most areas of their lives, the inflexibility of the NHS presents a challenge.

In general, the NHS is an institution that people cherish and hold dear, and that came through very clearly in our research. It is an institution they are proud of and feel lucky to have. However, when dealing with it day-to-day they find it frustrating and incompatible with their lives.

Patients are becoming increasingly used to choice and control over their time but the NHS appointments system is not keeping pace with this. This is particularly true for younger patients and working families. If changes are not made, this mismatch will continue to affect some people's attitude to the NHS and the extent to which they are prepared to accommodate its systems and appointments in their own lives.

### THE PERSONAL RELATIONSHIP HAS GONE

Fewer and fewer patients now have an assigned GP who they know personally, and busy receptionists are increasingly acting at the gatekeepers to GPs. As a result, there is a growing feeling among patients that they have no direct and personal relationship with their doctor. This appears to be having a negative impact on patient behaviour. Indeed, the few who do have a personal relationship with their GP say they would be unlikely to miss an appointment, out of guilt.

### NHS PRESSURES IMPACT ON PATIENTS' TIME

Current pressures on the NHS are causing clinics to overrun and appointments to be delayed, or even cancelled, often at short notice. Patients are feeling the impact and are left extremely frustrated. This is a key factor in the growing tension between the two groups, as patients see it as the NHS 'wasting' rather than respecting their time. The knock on effect is that patients are less likely to honour appointments, as they feel the NHS does not honour them equally.

### BUT OLDER PEOPLE ARE CONSCIOUS OF THE COST

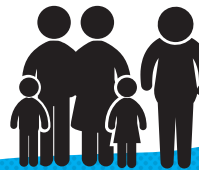
As people get older, their need for healthcare becomes greater. They are conscious of the cost and feel privileged and grateful to have the NHS there.

'GP receptionists can sometimes be rather intimidating and you feel you have to accept an early appointment even though you know you may fail to attend.'

'There is an [implicit] agreement between you both that YOU ATTEND and they DON'T CANCEL.'

'If the NHS makes me wait it makes me less bothered if I don't let them know I'm not coming.'

'I need them, they don't need me.'



# WHAT HAVE WE LEARNT? WHAT ARE WE GOING TO DO ABOUT IT?

WHEN WE FIRST STARTED TO THINK ABOUT THE ISSUE OF MISSED APPOINTMENTS, WE WERE SCRATCHING OUR HEADS TO TRY TO FIGURE OUT WHAT COULD BE DONE. DESPITE THE CONSIDERABLE TIME AND EFFORT THAT HAD ALREADY GONE INTO UNDERSTANDING THE TOPIC, THERE WERE STILL LOTS OF QUESTIONS WE FELT WERE UNANSWERED AND THINGS WE DID NOT KNOW ENOUGH ABOUT.

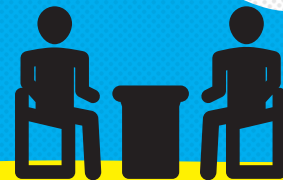
We wanted to know why patients behave the way they do and to understand exactly how their behaviour is impacted by the NHS's systems. We therefore set out to close the gap between what was known already about the issue and what is being done to solve it.

Listening to the views and opinions of over 2,000 patients and the ten HCPs we spoke to has given us a rich insight into the issues which lead to patients missing appointments in the UK. We now have a much better understanding of the different issues experienced in different settings, what elements are at play, how they fit together and how they interact with each other.

Pfizer's aim from the start has been to work with the NHS to uncover, develop and implement solutions that make a real difference to the problem of missed appointments and Pfizer remains committed to this. Over the coming months we will use the insights we have gathered to develop four potential

solution areas, which we will then test with some practical programmes in different parts of the UK. We will work with a range of partners and experts in different settings to try different approaches and assess what works and what doesn't.

WE'VE KNOWN FROM THE OUTSET THAT UNLESS WE WORK TOGETHER WITH THE NHS AND OTHER IMPORTANT PARTNERS TO FIX THE ISSUE, THE PROBLEM OF MISSED APPOINTMENTS WILL NOT GO AWAY AND THE SOCIAL CONTRACT BETWEEN THE PUBLIC AND THE NHS WILL CONTINUE TO BE TESTED. SO PLEASE JOIN US ON THIS EXCITING JOURNEY, BECAUSE WHEN IT COMES TO MISSED APPOINTMENTS, EVERY ONE COUNTS.



- REASONS
- GENERATIONAL DIFFERENCES
- HCP PERSPECTIVES
- REMINDERS
- SOCIAL CONTRACT
- APPOINTMENT MANAGEMENT SYSTEM

## OPTIMISING THE USE OF APPOINTMENT REMINDERS

Although not a panacea, the use of reminders could potentially encourage attendance. We will investigate how text message reminders can be used to good effect, building on research by others in this area, we will test different combinations of message timing and content to see what works and what doesn't. We will share this with GP practices and hospitals across the UK, supporting the optimal use of text message reminders.

## CREATING A MORE PATIENT-CENTRIC APPOINTMENT MANAGEMENT SYSTEM

The research suggests that patients are finding it difficult to work appointments into busy lives. We will take a look at the patient journey in primary care, identify the barriers patients face and investigate ways of encouraging attendance through that journey. We will share our findings and invite further participation in this area of research.

## TARGETED ACTION

**SCREENING APPOINTMENTS:**  
Both HCPs and patients cited preventative healthcare appointments as those that are likely to be missed. Preventative appointments save lives, so we're looking at creative ways to increase the take up of screening.

**HOSPICE CARE:**  
We know certain patient types are more likely to miss appointments than others. Outpatient DNA rates in hospices can be as high as 45% so we're going to work with a specific hospice to pilot solutions.

# APPENDIX

## SOCIAL MEDIA CAMPAIGN

The campaign consisted of:

**Infographic** – a visual summary of the scale of the missed appointments issue, designed to encourage comment and sentiment from the public. This debate was generated through:

**Twitter** – 3 week campaign aimed at driving awareness of issue and survey

## SECONDARY RESEARCH

Our secondary research developed findings specific to age, gender, socio-economic status and location, as well as exploring the impact of repeat missed appointments.

In addition to a literature review of published research, we used our auditing processes and monitoring tools to surface qualitative customer insight on missed appointments from social media including forums, blogs and social networks.

**Survey (qualitative)** – for people to record their own experience of missed appointments, whilst also providing some structured data to help us build a larger survey (quantitative)

**Microsite** – the central on-line place to host the survey and infographic

## HCP INTERVIEWS

Ten telephone interviews were conducted in which 12 questions were asked. Interviews were conducted with:

- 3 x Practice nurses
- 5 x GPs
- 2 x Practice heads / managers

## METHODOLOGY

## QUANTITATIVE SURVEY

An online survey of 30 multiple-response questions was completed by 2165 respondents between 23rd May and 4th June 2014.

Participants were recruited from both incentivised and unincentivised sources including:

- Inviting respondents from earlier workstreams who offered to participate further
- Purchased list
- Online panel (UK)

## FOCUS GROUPS

Six focus groups were conducted, with a total of 39 participants.

London:	Birmingham	Wilslow
18-29 year olds	50-70 year olds	70+ year olds
30-50 year olds	18-29 year olds	18-44 year olds (all female)

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