

# Understanding Barriers to Access

## A Multi-Design Qualitative Study

B Howe, J Carey, D Patel, S Lukeman,  
B Western, G Somaini, Y Kayiya, A Mullings, M Neils James.

### INTRODUCTION

The West London Triborough Perinatal Mental Health Service investigated the rate of non-attendance to its service with the aim of understanding the reasons that individuals may decline to engage with the service.

The West London NHS Trust Gold Standard is for non-attendance rates to be less than or equal to 15% for initial assessments within the service.

The perinatal period offers a time limited window of opportunity for intensive intervention. During this time, the mental health of the childbearing parent also has the potential to impact on the growing foetus. There is no time to waste as foetus develops and the perinatal period elapses. The wellbeing of the mother in the first year following delivery is known to have implications for the emotional and developmental outcomes of the child and mental illness within the home is a recognised Adverse Childhood Experience.

Satisfaction with the Perinatal Service is high once service users are engaged with interventions. However, the DNA rates for initial engagement remain above the gold standard target. We know that DNAs for initial assessments are higher than for follow-ups. (Ask andrea for numbers - for the period of the project - overall DNA rate for the service. ) The team were interested in exploring potential barriers to access within this group of patients. This exploration is in the context of the fear that some particularly vulnerable groups may be declining to access this service.

There are inherent difficulties in understanding a group of patients that we have not succeeding in engaging. Several different avenues of exploration were considered and trialled, leading to this multimodal investigation presented.



Declarations: None  
Contacts: Dr Bridget Howe  
bridget.howe2@nhs.net

### METHODOLOGY

#### Initial Data

Initial data drawn from WLBI (West London Business Information) identified high DNA rates within the service at 34.3 %.

There were several issues that limited the understanding of this data.

- Variance in the process of recording of DNA'd appointments on RiO. This led to falsely high DNA rates to be found. Training was rolled out to advise team members on the accurate recording of DNA'd appointments. Following this intervention, the DNA rates dropped to 23.3 %.
- The initial arm of the project did not differentiate non-attendance at initial assessments versus for follow-up appointments.
- The data was complicated by the move to virtual patient contacts during the covid 19 pandemic.
- This data did not provide information as to potential reasons for the increased DNA rates.
- A deep dive of the data across the three boroughs was therefore undertaken which attempted to gather information regarding demographic information about each patient that had DNA'd. five months of data was collected. Although information was collected, the data remained complicated and imprecisely recorded. Being retrospective, there was no opportunity to explore the potential reasons or correlations.

#### Questionnaires

At the point of collecting qualitative data September 2021 - what were the rates  
Questionnaires June 2022

The project moved to focus on exploring non-attendance at initial assessments only, on the basis that this may provide more meaningful information regarding initial barriers to access than investigating follow-ups.

Initially, 18 missed initial assessments were identified and verified by reviewing the patient's notes.

Questionnaires were designed to explore themes of non-attendance. They explored reasons that led to women declining to attend appointments and any barriers to access that they could identify. For example:

*Did you understand why you were sent an appointment from us? Did you think it was appropriate for you?*

*Did you have difficulties attending the appointment in person? What were these?'*

Questionnaires were also given to women who had DNA'd an initial appointment but subsequently engaged with the service with the aim of identifying any initial barriers. Questionnaires were sent to referrers of women who had DNA'd two offered initial assessments. Questions aimed to identify potential reasons for non-engagement. Referrers were asked how the perinatal team could assist in the referral process

The questionnaires provided qualitative data, highlighting some recurrent themes among this group that appeared with increased frequency. However, the numbers yielded were small and the usefulness of this was therefore debated.

#### Focus Group

A focus group was constructed to allow for further detailed discussion and exploration of the themes that had been highlighted by the initial data and the questionnaire phase.

A group of 'Experts by Experience' were convened to take part in a focus group. The experts by experience are a group people who have previously used the service and have since remained involved in the development and improvement of the service offered.

An online focus group of three Experts by Experience was held. Themes around reasons for non attendance and their experience and memory of the initial engagement with the service was explored.

Limitations of this method:

Experts by experience are, by definition, heavily engaged and invested in the perinatal service. The perspectives of this group may therefore be biased towards a more positive view of mental health services in general and perinatal services in particular and therefore may not be representative of the whole group. By nature, the EBE group have completed their period of treatment within the service and therefore there is likely to have been a significant time lag between their initial referral and the focus group.

Nonetheless, the focus group allowed a deeper discussion into the themes that were raised by the questionnaires and offered an important perspective. The focus group identified with many of the themes that had been raised in earlier phases of the study. The group were widely linked to the perinatal service users network as well as their own peers and discussed the wider experiences of their friends and family as well as themselves.

### IDENTIFICATION OF THEMES

The combination of the questionnaire phase and the focus group led to the identification of four main themes that were highlighted as potential barriers to access:

- Ineffective communication from the team
- Fear of contact with Social Services
- Stigma around maternal mental illness
- Appointment burden and confusion about the role of the service



### TELEPHONE TRIAL

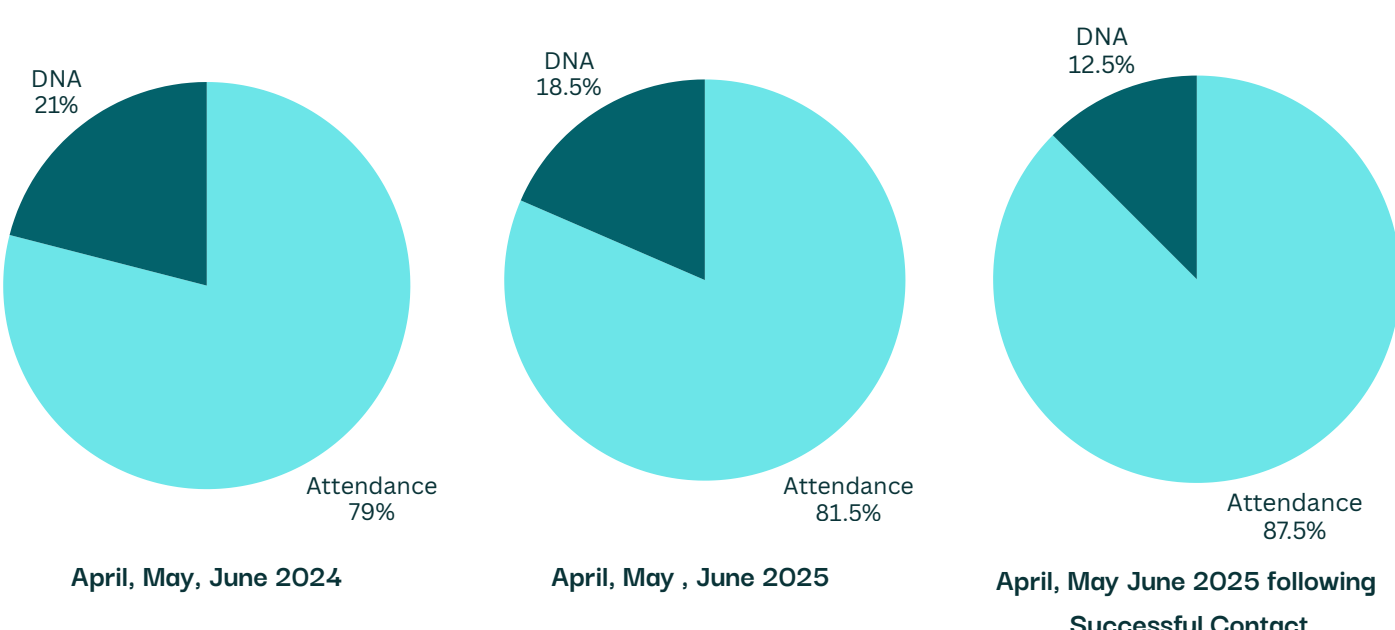
It was proposed that a telephone contact one week prior to the scheduled appointment may offer a chance to address these barriers.

The call was a reminder of the appointment, a chance to clarify any confusion regarding the location, timing and nature of the appointment. It was a chance to reschedule if necessary. It was proposed that contact with a team member may be reassuring; helping to reduce fear and anxiety around any associated stigma. or potential social services involvement.

Volunteers within were trained in following a telephone reminder proforma and in how to answer any commonly asked questions. Volunteers were supervised by an Occupational Therapist within the team. They were provided with advice on how to manage any concerns or risks raised by the telephone contact.

A three month trial of telephone contacts prior to appointments was undertaken within the Ealing Team between April-June 2025. A comparison was then made between the DNA numbers from the previous years in the corresponding months.

### Findings and Next Steps



69 Initial Assessments in the Ealing Borough were identified and a volunteer attempted to contact each of those by telephone.

During the trial period, where a successful contact had been made prior to the appointment, the DNA rate reduced to 12.5% which is below the Trust Gold Standard of 15%. The results of this trial intervention suggest that the telephone contact is an effective way to address some barriers to access and reduce DNA rates.

Limitations:

- It relies on the availability of volunteers to be able to make these calls and it is time consuming.
- There were many instances in which it was not possible for the volunteer to contact the service user by telephone. It is possible that the 'successful contacts' were, by nature of being the people more likely to answer the phone, a self selecting group of those more likely to attend.

A wider trial of telephone contacts prior to initial assessment is now to be extended to the tri-borough service for a further three month period to wider the data pool and provide more robust evidence for this as a permanent change to the service.

In collaboration with an adjacent project, there may be scope to tailor resources to make phone calls to targeted populations identified as those more likely to face a barrier to engagement.