Addressing Non-Attendance Rates for a Community Mental Health Team in Staffordshire: A Quality Improvement Project

NHS
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Combined Healthcare
NHS Trust

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BACKGROUND:

'County CMHT' is one of the Community Mental Health Teams (CMHT) within the Trust. Three consultant clinics and a collection of junior medical staff provide new and follow up appointments.
The team noted <u>high rates of non-attendance impacting on waiting lists, clinician resource time, and patient experience</u>. When analysed, the Trust's Costing Department found that 26% of appointments were not attended (excluding cancellations), equating to £140 per appointment (average), and £257,180 if appointments weren't refilled. Furthermore, Thursday and Friday appointments had higher non-attendance (28%); and 9-10am appointments had highest daily non-attendance (31%). Only a few appointments were booked after 1pm (16.6%); but 1-2pm had lowest non-attendance rates (16%).

PLAN:

The <u>primary driver</u> was reducing non-attendance, and improving patient experience. <u>Secondary drivers</u> included fewer re-booked appointments thereby reducing waiting times; and reducing the need to risk manage and decision-make for those who did not attend.
<u>Telephone reminders</u> were implemented, beginning for New Patient appointments (longer, so more costly). Then, telephone reminders would start for 9-10am appointments. Telephone reminders were undertaken by administrative staff, meaning that appointments could be rearranged immediately, and the slot offered elsewhere.

DO:

Interventions took place from September to November 2019. Appointments which were cancelled by patients or Trust were excluded. Telephone contact (unsuccessful or not) was recorded along with actual attendance.
During the process there was a 'mishap' where missed communication and staff sickness meant that patients accidentally *did not* receive a telephone reminder for around 3 weeks. This mishap was included in the results.
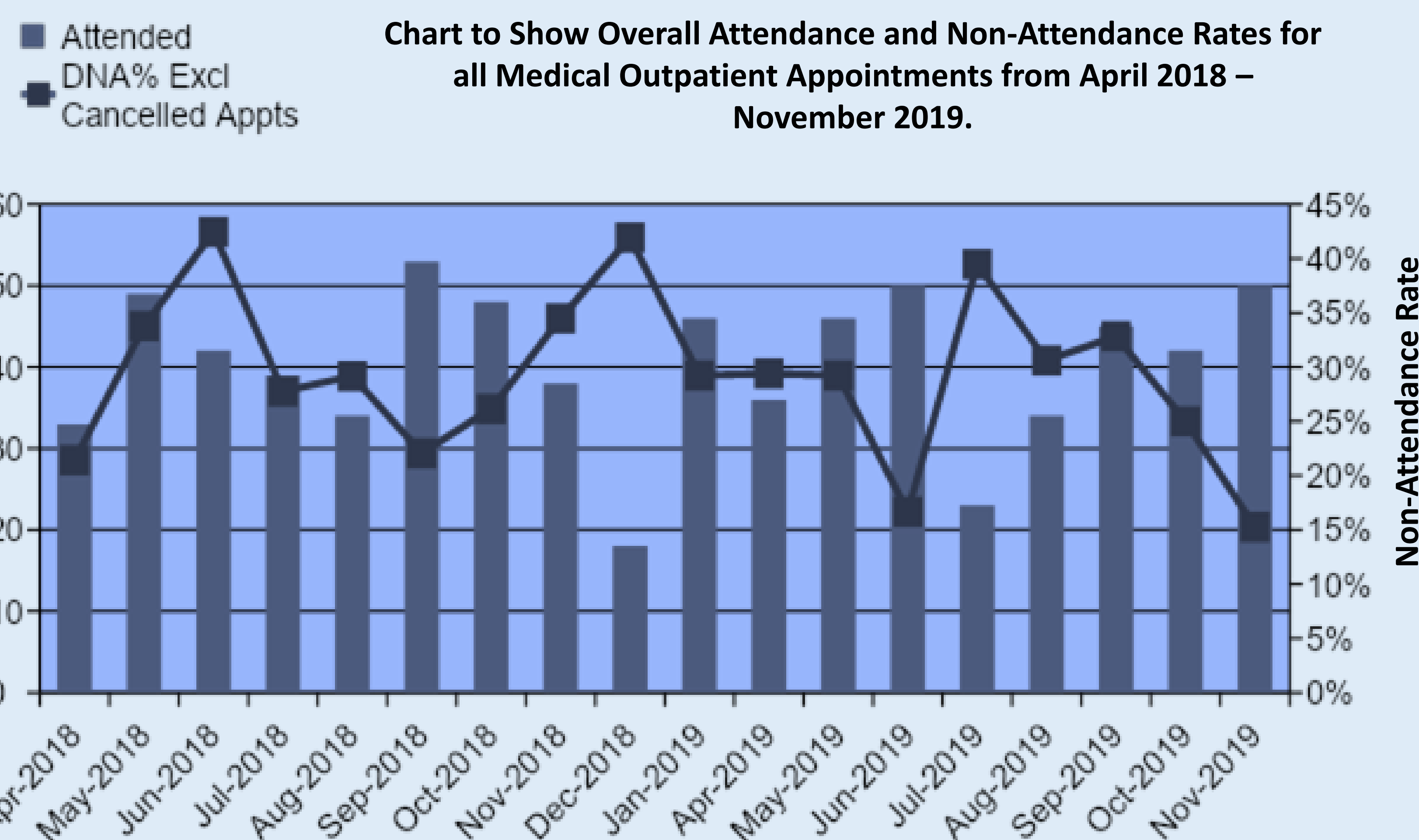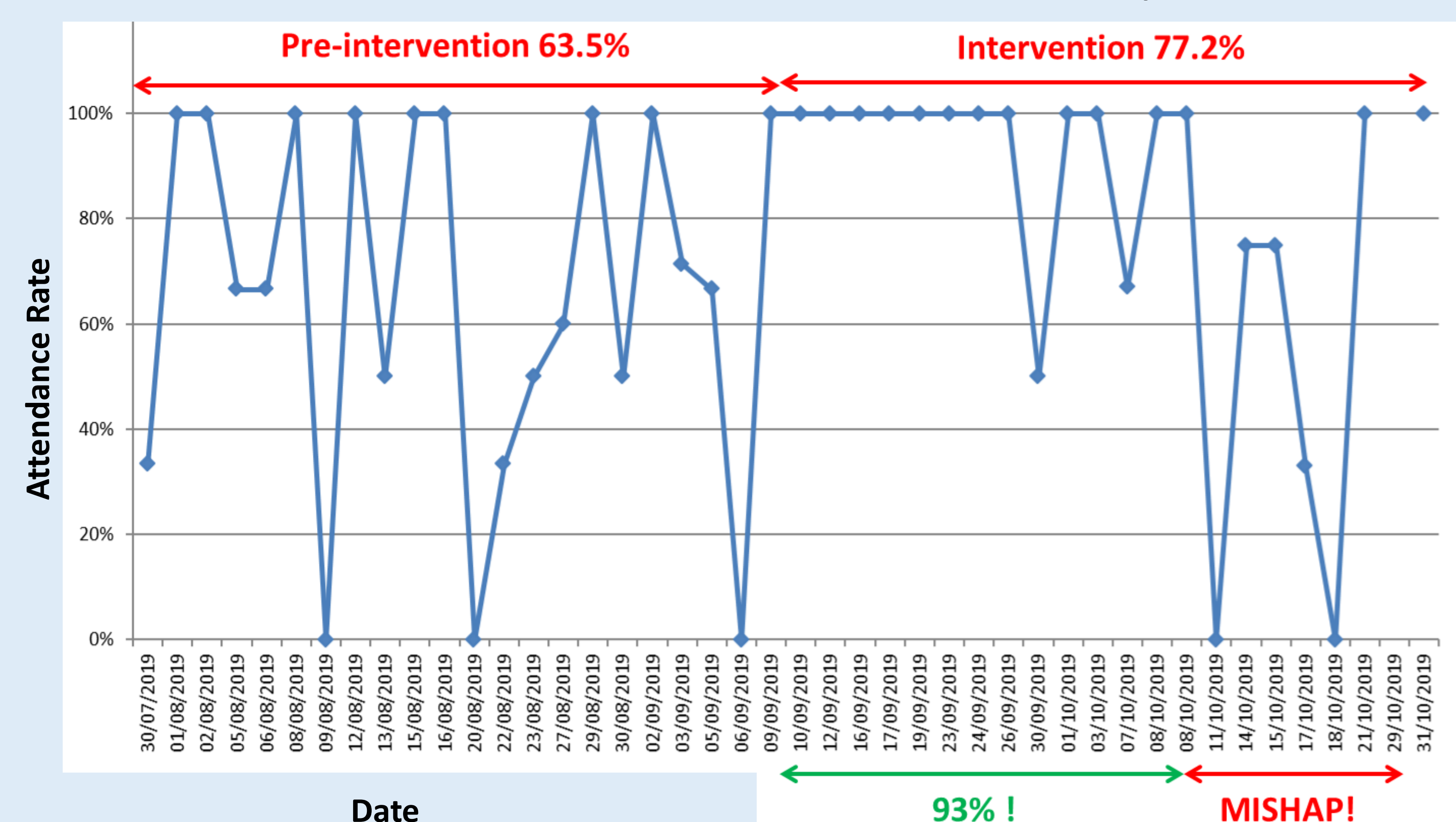
Figure 2 (above). Chart to show overall attendance and non-attendance figures for all medical appointments from April 2018 – November 2019.

STUDY:

Using run charts to analyse (**Figure 1**), the pre-intervention attendance rate for New Patient appointments was 63.5%. During the intervention, 59% of patients answered the reminder call. Including the 'mishap' period, intervention attendance rates for those who answered, rose to 77.2%. Excluding the 'mishap' period, attendance rates were 93% for those who answered.
When including those who did not answer the reminder call as well as those who answered, attendance rates were 70.1% (including 'mishap') and 77% (excluding 'mishap').
For 9-10am reminder calls, attendance rates rose to 97.3% (when answered), and 88% when unanswered. A pre-intervention period was not used for comparison as just prior to this intervention period, all New Patient appointments were being called, which may have skewed the data.
Figure 2 shows the overall attendance and non-attendance rates for all medical appointments over the past 18 months. It demonstrates that, during the period of intervention, attendance rates were higher than preceding months, and non-attendance was at the lowest it had been.

ACT:

These are promising initial results, and as such, telephone reminders continued thereafter for all New Patient and follow up appointments.

CONCLUSION:

A plan to compare these results and costings with text message reminders was in place, but the Coronavirus pandemic changed the team's way of working vastly to telephone/video consultations, disrupting this project due to administrative priorities. There may be further merit in reviewing however, whether virtual attendance rates are higher than face-to-face.

Figure 1 (left). Run chart to show the changing average attendance rates pre-intervention; during the intervention (telephone reminders for New Patient appointments); and including the 'mishap' period as described.