General Practice assertive outreach- why, who, what and how?

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University of Glasgow
Glasgow
NHS
Greater Glasgow and Clyde
Hunter Street Homeless Services
No Smoking
In the Grounds or Buildings of 55 Hunter Street
SOUTH
ADRS
GPs at the Deep End

Outline

- Missingness in health care- why
- Assertive outreach in General Practice- who, what, how

Definition of missingness

- **Missingness** as the **repeated tendency not to take up offers of care** such that it has a negative impact on the person and their life chances

SMA Research Acknowledgements

Co-investigators:David A Ellis, Alex McConnachie & Phil Wilson

Researcher: Ross McQueenie

Collaborator: Mike Fleming

Trusted Third Party: Dave Kelly Albasoft

Participating GP practices

Colleagues at Scot Gov and eDRIS

Missed appointments results

136 Scottish representative GP practices

550 083 patient records

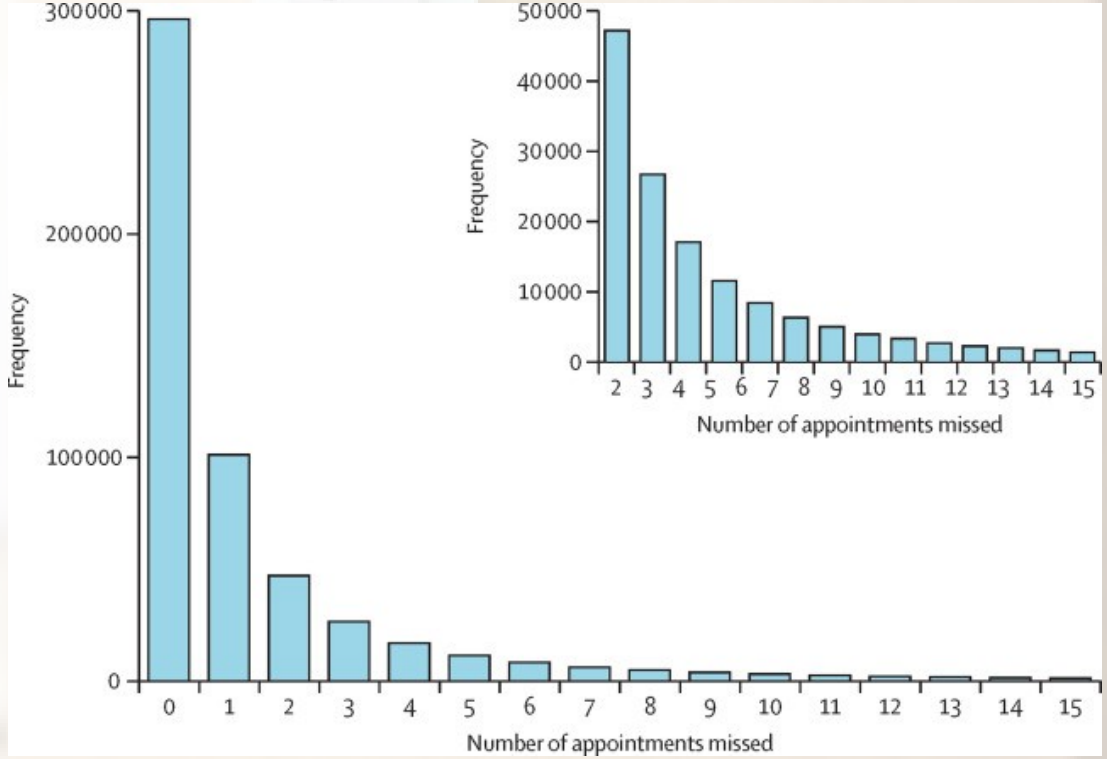
9 177 054 consultations

54·0% (297,002) missed no appointments

46·0% (212,155) missed one or more appointments

19·0% (104,461) missed more than two appointments

(Ellis, McQueenie et al Lancet Public Health 2017)



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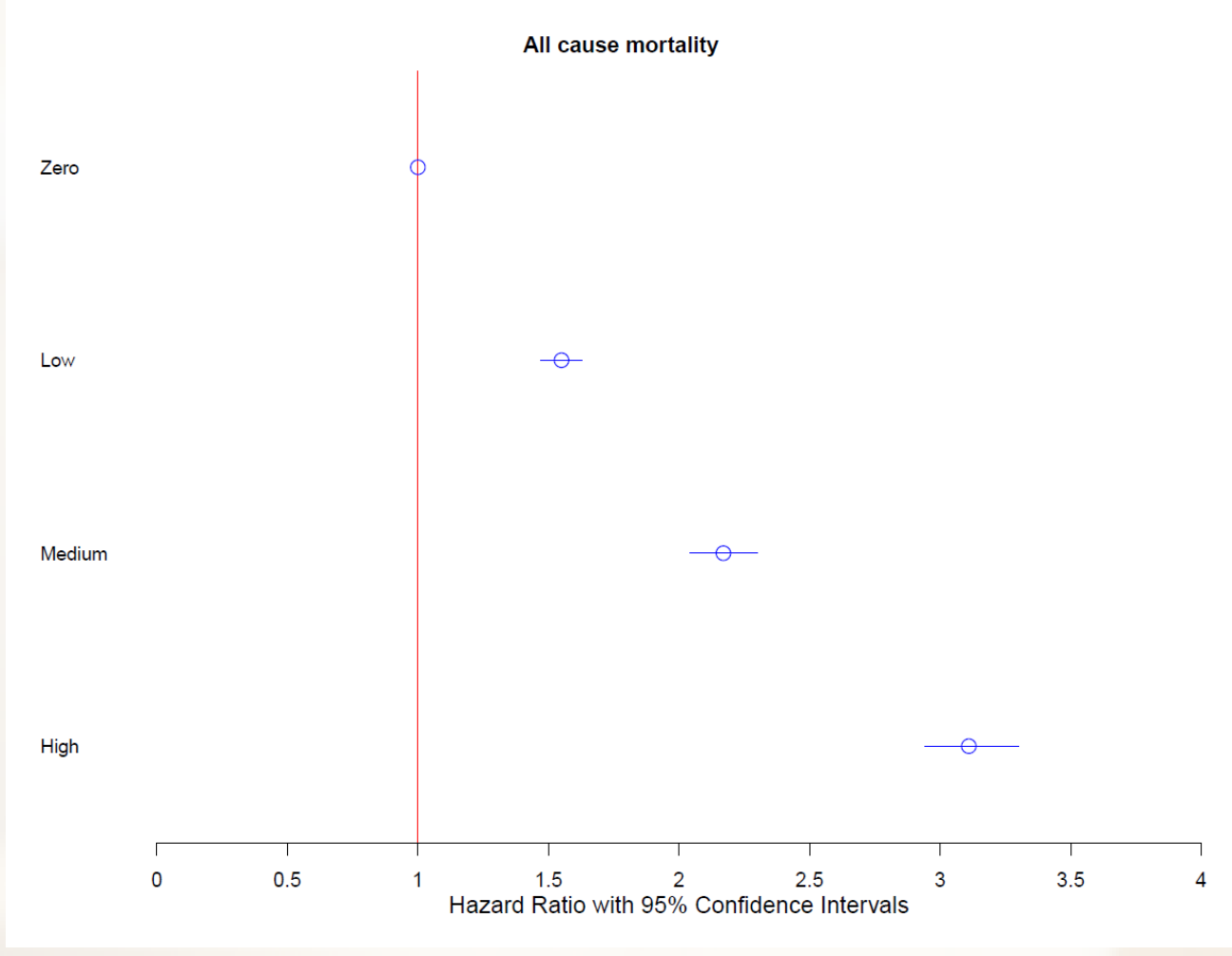
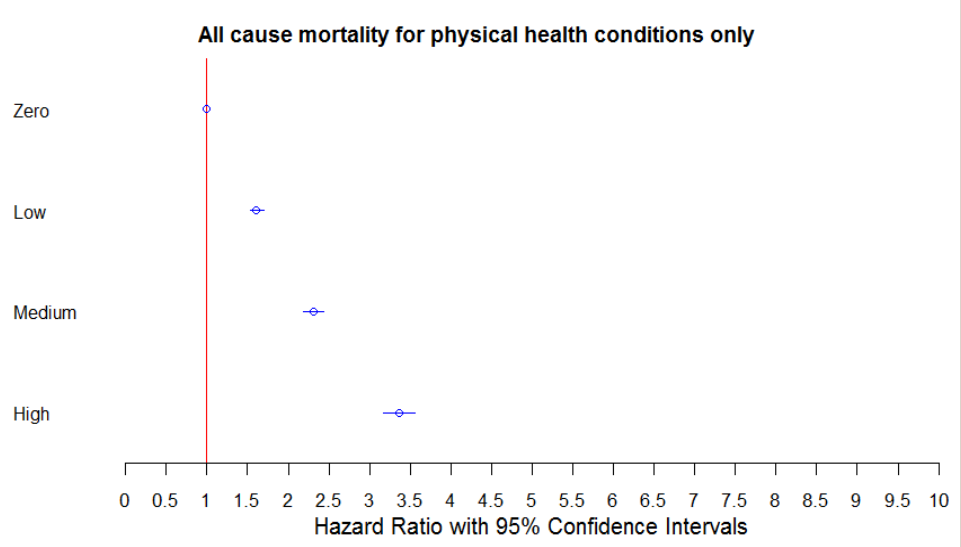
Morbidity and mortality

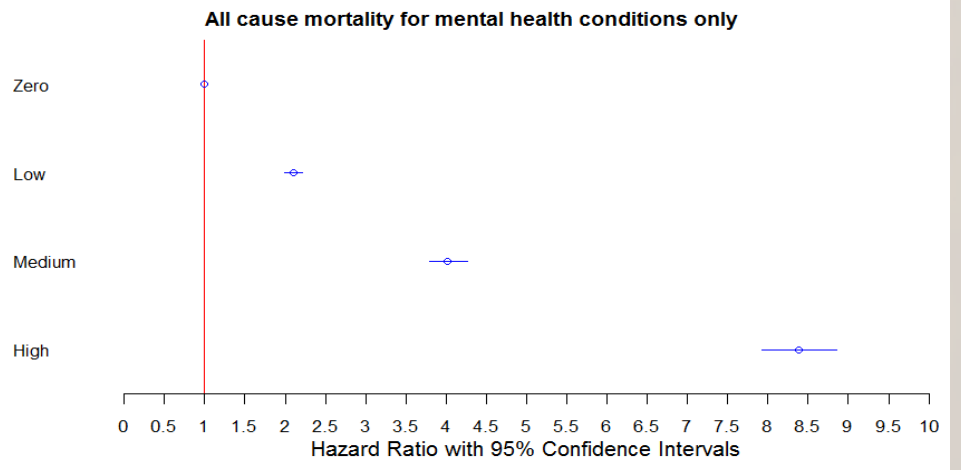
- Patients with **more long-term conditions** have increased risk of missing GP appointments (controlling for number of apts made)
- Patients missing appointments were at much greater risk of **all-cause mortality, the risk increasing with number of missed appointments** (independent of morbidities)

(McQueenie et al BMC Medicine, 2019)

Risk of death Cox regression: adjusted for age, sex, demographics, practice factors and number of long-term conditions (McQueenie et al BMC Medicine, 2019)







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Shocking mortality

- Patients with **long-term mental-health conditions missing >2 appointments per year had >8x** risk of all-cause mortality compared with those who missed no appointments
- These patients died at a **younger age**, and commonly from **non-natural external factors**
- **Missing appointments repeatedly seems to be a powerful marker for greatly increased risk of mortality, particularly among those without physical long-term conditions** (after adjustment for all other mortality risks)

(McQueenie et al BMC Medicine, 2019)

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Key conclusions

- **Patients** at high risk of missingness are characterized by **poor health, higher treatment burden, complex social circumstances** and have higher premature mortality
- **General practice appointment scheduling** and context is important
- **Patterns of missingness persist across secondary care** outpatients and inpatient ‘irregular discharges’; patients are NOT seen in ED instead
- **Missingness is a strong risk marker for a poor outcome** so needs urgent attention from health service planners and practitioners

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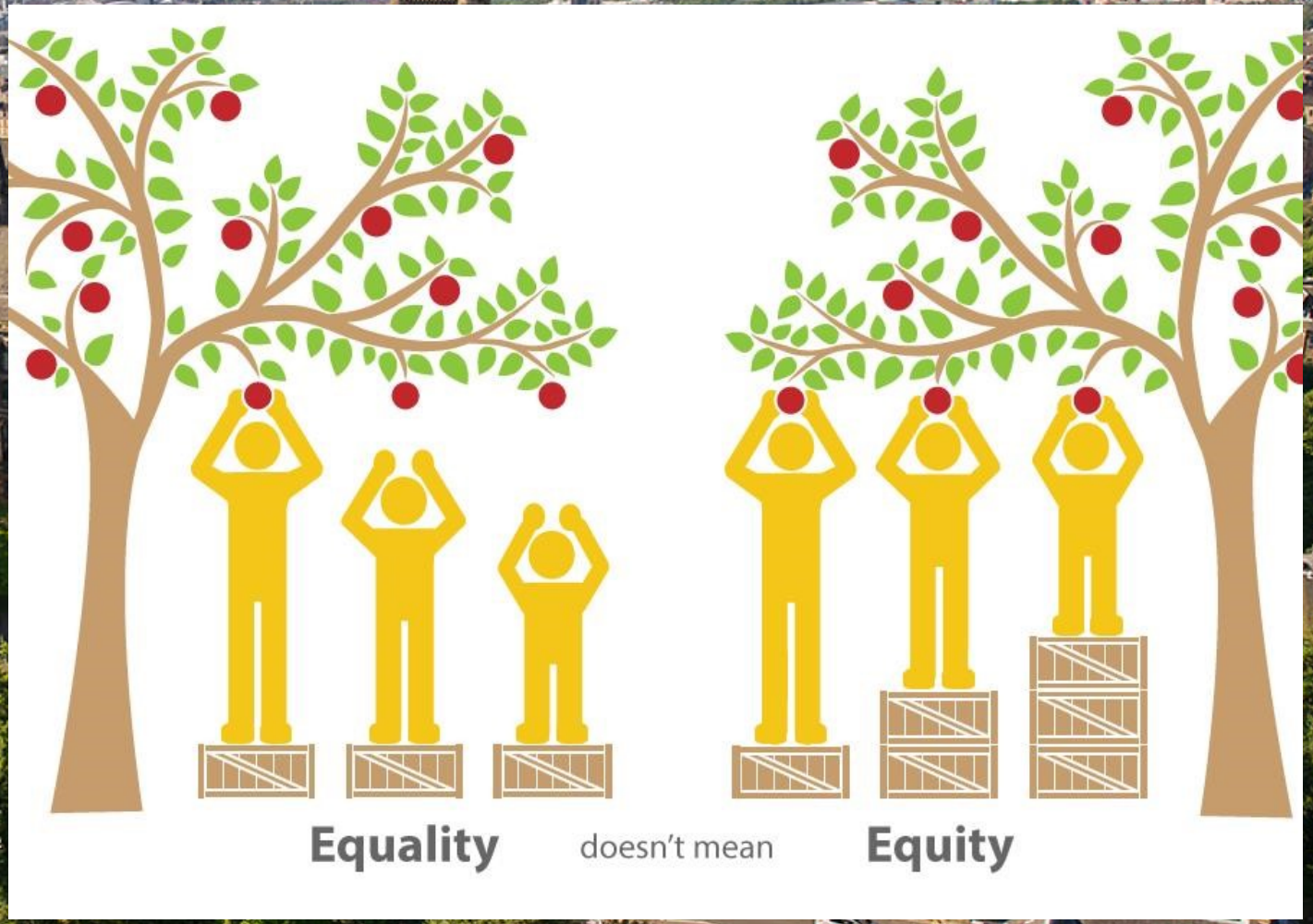
The importance of equity



Assertive outreach (1)- who

- Patient groups to target :
  - If you code ‘DNA’s’- high missers of GP apts, 2 or more in past year
  - If you don’t - patients on mental health meds including OST
  - And/ or existing LTC disease registers who on checking are missing
- Patients of known concern likely to be more engaged- but check records
- Patients who never make GP appointments? Clinical judgement required, same risk factors

Assertive outreach (2)- what

- Phone contact or in person or home visit- each have pros and cons
- Practice nurse or GP
- This might cover:
  - ‘how’s your health?’
  - ‘what do you need input with for your health at the moment?’
  - Offer a FtF health MOT
  - LTCs check in and review
  - Medication review
- How each contact is experienced by the patient REALLY MATTERS

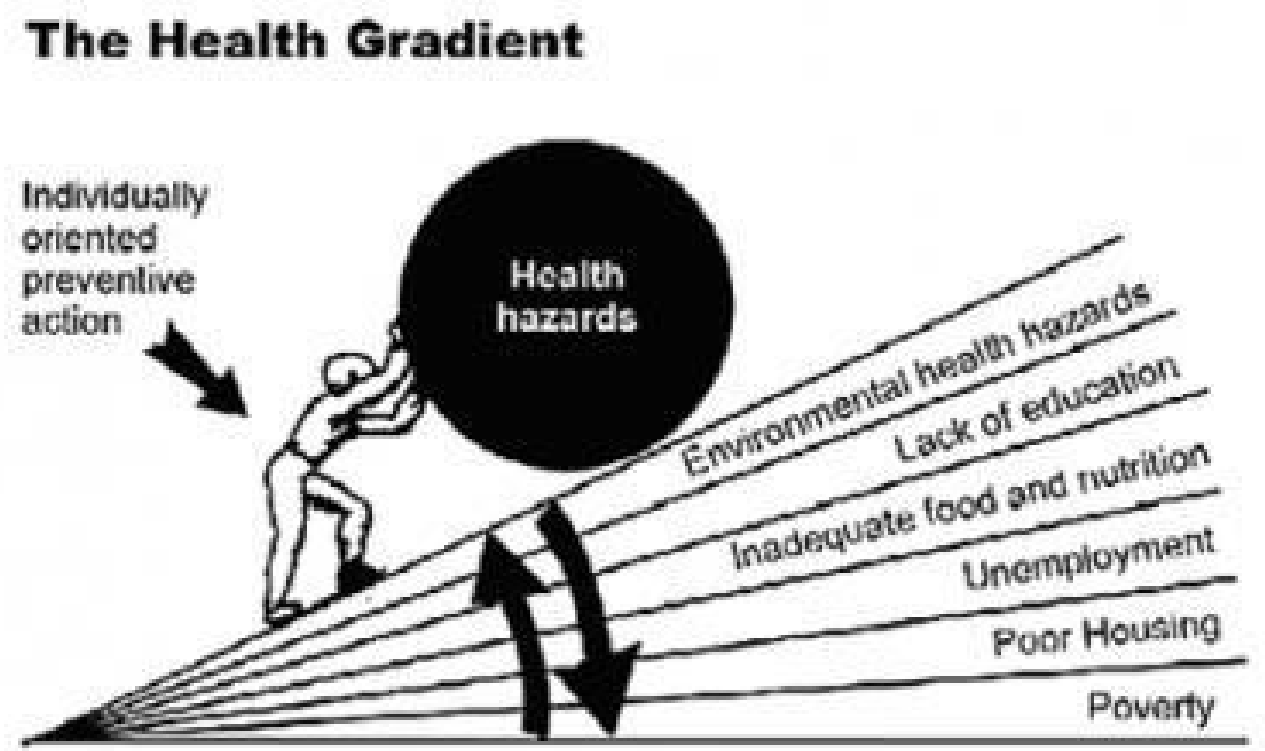
Assertive outreach (3)- how

- Letter communication
  - Reassure
  - Warm offer
  - Explain you will follow up (and then DO FOLLOW UP)
- Phone communication- script this in advance
  - Receptionist/practice nurse/GP
  - This is nothing to worry about, are you OK to talk just now?
  - We want to be sure we are doing everything we can to support your health
  - Can we organise a ….. on a day and time that works for you?

Assertive outreach (4)- tips

- Set aside sufficient time to do this
- Assume patients will not manage to take these offers up and be pleased when they do!
- ‘Its so good you made it in today- thank you for coming in’
- Also factor in the time needed to address all the complicated unmet need
- Consider carefully the practice response to non-attendance/low engagement
- Do every member of the practice team actively address stigma, shame, and continue to be welcoming?

The impact of the SDHs on treatment burden



Source: *Making Partners: Intersectoral Action for Health* 1988 Proceedings and outcome of a WHO Joint Working Group on Intersectoral Action for Health, The Netherlands.

Follow up and further information

- I want to hear how you get on: email our research team address at missingness@glasgow.ac.uk
- Or contact me directly andrea.williamson@glasgow.ac.uk

- Further information about the research (papers, presentations, what we are doing now
- http://www.gla.ac.uk/serialmissedappointments

Thank you!