## Patient demographics in

 patterns of repeated nonattendance in primary care Ross McQueenie Department of General practice and Primary Care University of Glasgow NADEGS Conference, January 2017

## Background

- To tackle health inequalities, it is essential that we understand the needs associated with patients who do not effectively engage with healthcare
- This includes repeated missed appointments
- Retrospective cohort study of routinely collected general practice data from practices across Scotland.
- Data was extracted by Albasoft, an NHS trusted third party
- Hypothesis: Serially missing general practice appointments may act as a risk marker for vulnerability and poor health outcomes


## Research Aims

- 1. What is a useful definition of never, occasionally and serially missing GP appointments?
- 2. Differences in illness profile, including multimorbidity across patients' life course
- 3. What are the differences in health service utilization across the primary, secondary, scheduled and unscheduled health services?
- 4. Differences in health outcomes across the whole health system
- 5. Social vulnerability
- 6. Missing appointments - a proxy for unmet health need?
- 7. Can we inform rational resource allocation?
- 8. Can we develop targeted interventions to reduce missed appointments?


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7. Can we inform rational resource allocation?
8. Can we develop targeted interventions to reduce missed appointments?

- Data was collected for 13,623,316 appointments across 155 practices in Scotland

| Board | Practice Count | Deep End |
| :--- | ---: | ---: |
| Argyll and Bute | 2 | 0 |
| Borders | 1 | 0 |
| Fife | 8 | 0 |
| Forth Valley | 16 | 0 |
| Greater Glasgow \& Clyde | 40 | 13 |
| Grampian | 2 | 0 |
| Highland | 28 | 0 |
| Lanarkshire | 2 | 0 |
| Lothian | 52 | 5 |
| Shetlands | 1 | 0 |
| Tayside | 3 | 3 |

## Appointment validation

To determine a minimum appointment duration for face-to-face consultations, we randomly selected appointments of varying length to evaluate their attendance status.

| Number of appointments tested | Length of appointment criteria |
| :--- | :--- |
| 100 |  |
| 200 |  |
| 200 | More than 4 minutes |
| 200 | Less than 4 |
| 200 | Less than 2 excluding 0 times |
| 100 | Less than 2 Including 0 times |

Result of sensitivity analysis:

1. Appointments of duration greater than 2 minutes were found to be valid
2. 99/100 appointments designated as "did not attend" were not attended

## Data workflow




Patient Level
53.4\% Female, 46.6\% Male

Mean age: 44.46 (23.06)
22.9\% of patients missed a GP appointment

Appointment Level

## Designating missed appointment groupings

Never missed appointments: 0 per year average over 3 year period

Low missed appointments: <1 per year average over 3 year period

Medium missed appointments: 1-2 per year average over 3 year period

High missed appointments: >2 per year average over 3 year period

## Demographic Factors

| Age |  |  |  |  | Attendance Category |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | zero | low | medium | high | Total |  |  |  |  |  |
| $0-15$ | 37180 | 6090 | 461 | 25 | 43756 |  |  |  |  |  |
|  | $85 \%$ | $13.9 \%$ | $1.1 \%$ | $0.1 \%$ | $100 \%$ |  |  |  |  |  |
| $16-30$ | 34815 | 11772 | 2628 | 523 | 49738 |  |  |  |  |  |
|  | $70 \%$ | $23.7 \%$ | $5.3 \%$ | $1.1 \%$ | $100 \%$ |  |  |  |  |  |
|  | 45879 | 11488 | 2303 | 540 | 60210 |  |  |  |  |  |
|  | $76.2 \%$ | $19.1 \%$ | $3.8 \%$ | $0.9 \%$ | $100 \%$ |  |  |  |  |  |
| $46-60$ | 53391 | 12019 | 1879 | 308 | 67597 |  |  |  |  |  |
|  | $79 \%$ | $17.8 \%$ | $2.8 \%$ | $0.5 \%$ | $100 \%$ |  |  |  |  |  |
| $61-75$ | 39794 | 8824 | 1075 | 135 | 49828 |  |  |  |  |  |
|  | $79.9 \%$ | $17.7 \%$ | $2.2 \%$ | $0.3 \%$ | $100 \%$ |  |  |  |  |  |
| $76-90$ | 16620 | 5609 | 1029 | 205 | 23463 |  |  |  |  |  |
|  | $70.8 \%$ | $23.9 \%$ | $4.4 \%$ | $0.9 \%$ | $100 \%$ |  |  |  |  |  |
|  | 2064 | 957 | 251 | 90 | 3362 |  |  |  |  |  |
| 90 plus | $61.4 \%$ | $28.5 \%$ | $7.5 \%$ | $2.7 \%$ | $100 \%$ |  |  |  |  |  |
|  | 229743 | 56759 | 9626 | 1826 | 297954 |  |  |  |  |  |
| Total | $77.2 \%$ | $19.1 \%$ | $3.3 \%$ | $0.6 \%$ | $100 \%$ |  |  |  |  |  |


|  | SIMD |  | Attendance Category |  |  | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | zero | low | medium | high |  |
| Most deprived [ | 1.00 | 12535 | 4910 | 1306 | 350 | 19101 |
|  |  | 65.6 \% | 25.7 \% | 6.8 \% | 1.8 \% | 100 \% |
|  | 2.00 | 12183 | 4380 | 1099 | 232 | 17894 |
|  |  | 68.1 \% | 24.5 \% | 6.1 \% | 1.3 \% | 100 \% |
|  | 3.00 | 18418 | 6221 | 1281 | 250 | 26170 |
|  |  | 70.4 \% | 23.8 \% | 4.9 \% | 1 \% | 100 \% |
|  | 4.00 | 17250 | 5089 | 974 | 214 | 23527 |
|  |  | 73.3 \% | 21.6 \% | 4.1 \% | 0.9\% | 100 \% |
|  | 5.00 | 18544 | 4895 | 841 | 138 | 24418 |
|  |  | 75.9 \% | 20 \% | 3.4 \% | 0.6\% | 100 \% |
|  | 6.00 | 27034 | 6198 | 934 | 136 | 34302 |
|  |  | 78.8 \% | 18.1 \% | 2.7 \% | 0.4 \% | 100 \% |
|  | 7.00 | 36345 | 8062 | 1142 | 159 | 45708 |
|  |  | 79.5 \% | 17.6 \% | 2.5 \% | 0.3 \% | 100 \% |
|  | 8.00 | 22671 | 4873 | 665 | 97 | 28306 |
|  |  | 80.1\% | 17.2 \% | 2.3 \% | 0.3 \% | 100 \% |
|  | 9.00 | 18658 | 3625 | 400 | 48 | 22731 |
|  |  | 82.1 \% | 15.9 \% | 1.8 \% | 0.2\% | 100 \% |
|  | 10.00 | 31700 | 5277 | 525 | 120 | 37622 |
|  |  | 84.3 \% | 14 \% | 1.4 \% | 0.3 \% | 100 \% |


| Sex | Attendance Category |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | zero | low | medium | high |  |
| Female | 121317 | 31270 | 5636 | 1123 | 159346 |
|  | $76.1 \%$ | $19.6 \%$ | $3.5 \%$ | $0.7 \%$ | $100 \%$ |
|  | 108426 | 25489 | 3990 | 703 | 138608 |
|  | $78.2 \%$ | $18.4 \%$ | $2.9 \%$ | $0.5 \%$ | $100 \%$ |
| Total | 229743 | 56759 | 9626 | 1826 | 297954 |
|  | $77.1 \%$ | $19.1 \%$ | $3.2 \%$ | $0.6 \%$ | $100 \%$ |
|  | $X^{2}=247.997 \cdot d f=3 \cdot \Phi_{c}=.029 \cdot p<.001$ |  |  |  |  |  |

Regression modelling of any missed GP appointments (adjusted for age, gender, deprivation (SIMD) and appointment delay)


## Conclusions

- We have analysed GP appointment data from 297,954 patients from 155 practices across Scotland.
- Overall number of appointments analysed was most affected by unlabelled appointments
- Appointment validation revealed appointments of 2 minutes or longer could be considered within the dataset.
- Age, gender, SIMD and appointment delay affect risk of missing appointments, with deprivation particularly associated.


## Future Work

| Social Vulnerability | Health conditions | Health utilisation | (Low) <br> Engagement in <br> healthcare | Exit Coding |
| :--- | :--- | :--- | :--- | :--- |
| Adverse Childhood <br> Events (ACE) <br> descriptors | Multimorbidities | Screening | Practice <br> exception <br> reporting | De-registration |
| Severe and multiple <br> disadvantage (SMD) | BNF psychoactive <br> medications | Practice nurse and <br> other healthcare <br> activities | Did not attend | Death |
| Priority 1 diagnoses | Secondary care <br> diagnoses (data <br> linkage) | Secondary care <br> referral | Inappropriate <br> service usage |  |
| SMR04- mental health |  | SMR00-hospital <br> outpatients (data <br> linkage) |  |  |
| linkage) | (data |  |  |  |
| SMR02-maternity |  |  |  |  |
| services including |  |  |  |  |
| a family index |  |  |  |  |

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