

Serial Missed Appointments in the NHS: evidence from practice, research and theory

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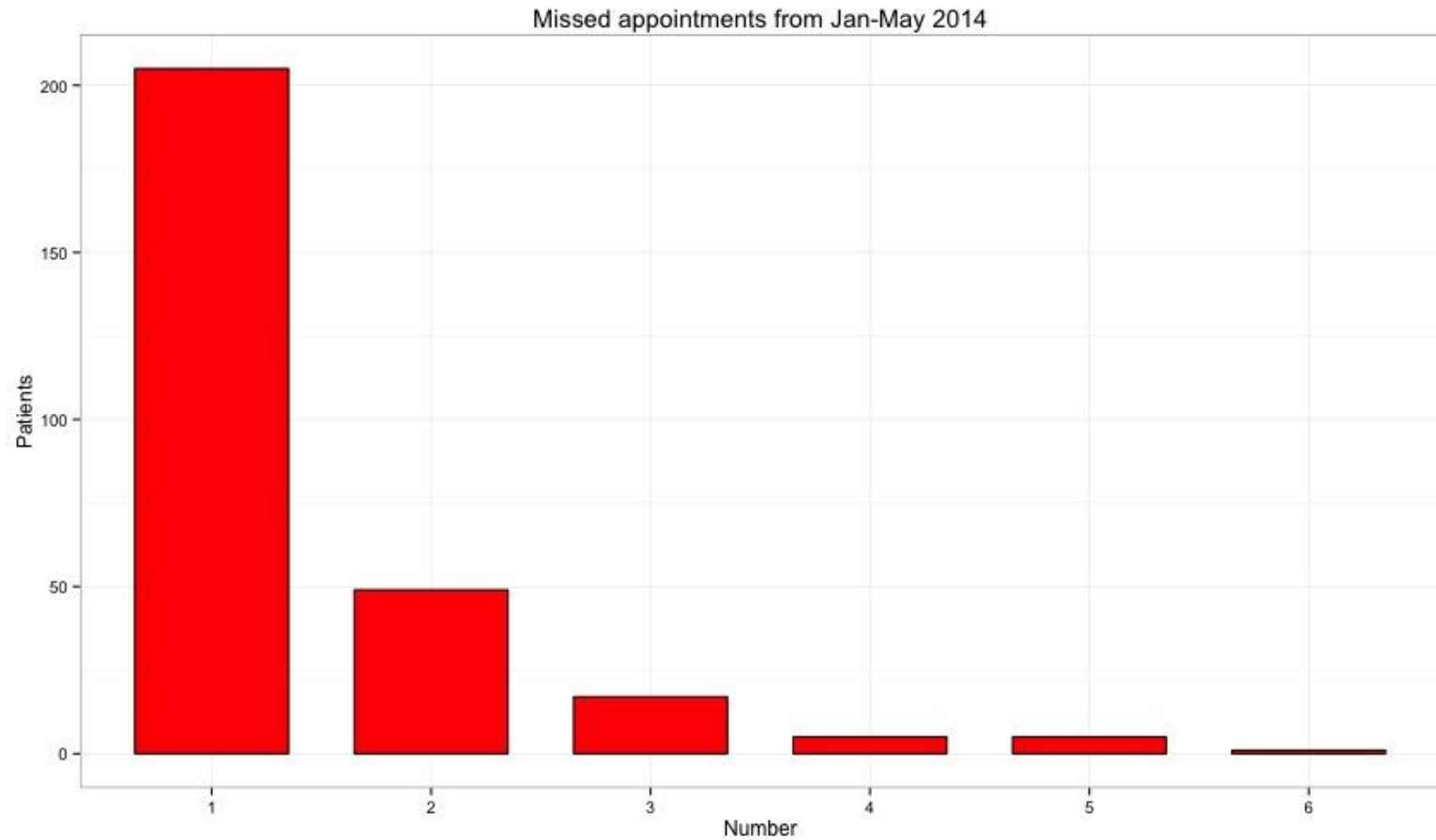
Overview

- Current research
- Experience from practice
- Theoretical perspectives
- Proposed research

Current Research

analyses factors data DNA additional
days patients improving transport loading small changes modifying millions medical
boosting efficiency year over clinic large first rates
different implement line gender Glasgow Fridays per missed
other example interest patient equipment evoke due higher
Attend studies many graded even high include age institutional
general Given brightens UK most health burdens independent
cost follow rate attending annual well week tenth
hospitals both intervening distinct Here disparate
causes figure anticipate appointment hypothesised outpatient
logistics appointments save estimated non-attendance
emotionally based imply intervention expected because
psychological positive emotional

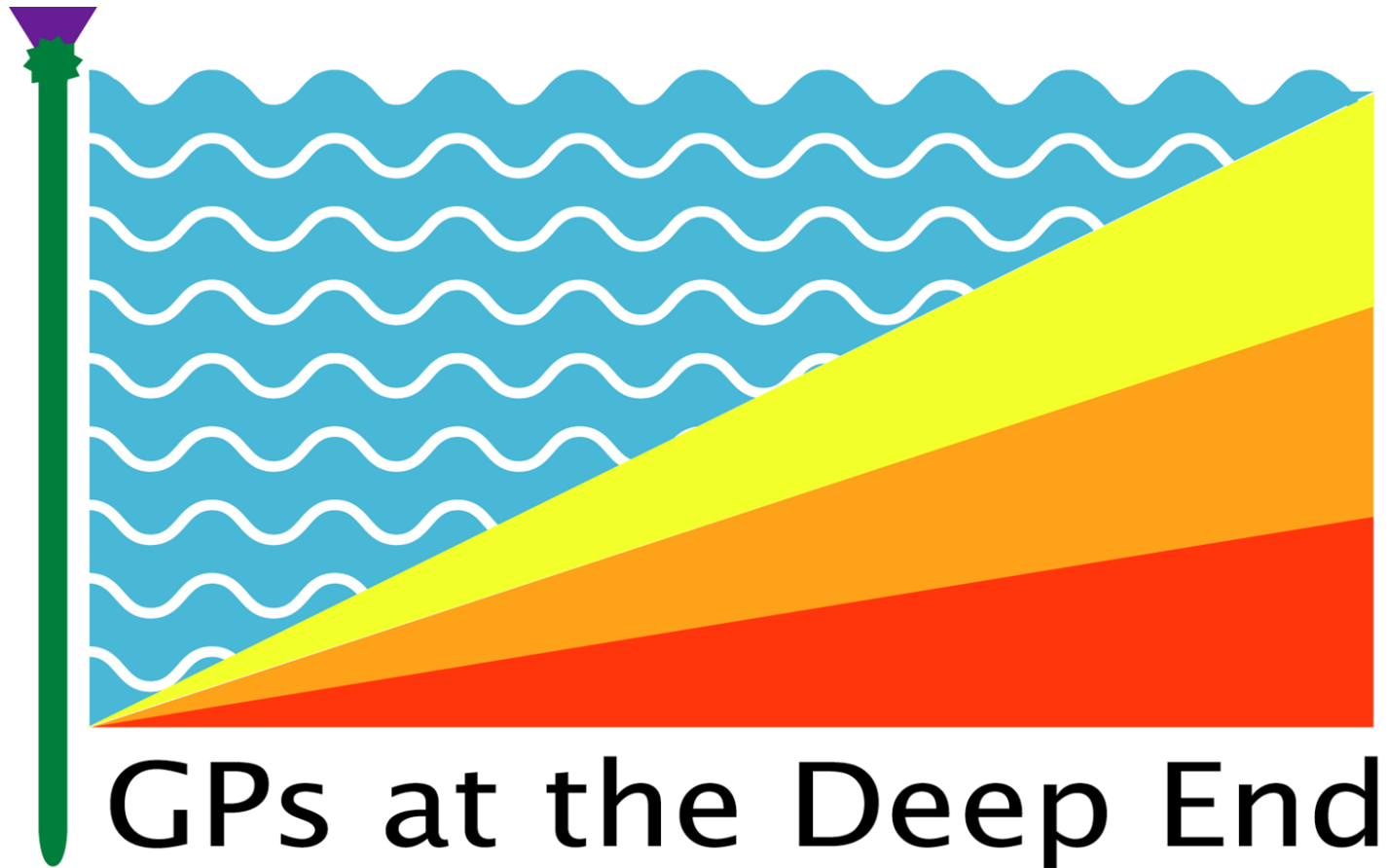
Evidence from Practice



Why do this research?



Why do this research?



Research standpoint

- The NHS role in tackling health inequalities
- The NHS for the whole population
- Services tailored to meet the whole population's needs: 'hard to reach' patients do not exist

Contributing theories

- Adverse Childhood Experiences
 - Health threatening behaviours
 - Health care utilisation

Think/feel/behave

- Adult attachment style
 - Secure
 - Insecure
- Complex trauma
- Personality disorder

Impulsiveness...self sabotaging...self harm...emotional lability....dissociation...unexplained physical symptoms

Overall study aim

- To determine the relationship between general practice appointment attendance, health outcomes, preventive health activity and social circumstances taking a life course approach and using extracted routine general practice data

Proof of concept

- **What is a useful definition of never, occasionally and serially missing GP appointments?**
- using anonymised GP practice data, 67,000 patients, Albasoft
- Patterns, distributions, cutoffs, includes patient demographics and broad disease categories
- Focus group of GPs to explore the results and reach a definition

Next step

- Extract patient records from Scottish GP records using ESCRO data collection module, target 1.1 million records (1/6 population)
- **Three cohorts** of Scottish patients (from birth to older people)
 - Never miss GP appointments
 - Occasionally miss
 - Serially miss GP appointments

Research questions

- Are there differences in **illness profile**, including **multi-morbidity** across patients' life course? If so what are they?
- Are there differences in **uptake of preventative health care**? If so what are they?
- Is there **evidence** from routine general practice data about patients' **social circumstances**? If so are there differences and what are they?
- What evidence from this study **supports the development of future targeted interventions** to reduce missed appointments?

Methods

- Data
 - Demographics
 - Long term condition diagnoses
 - Key medicines prescription
 - Adverse life events recordings
 - Health promotion/screening

Linkage study

- Routinely available ISD (in-patient, out-patient, A&E, diagnoses, including irregular discharge and DNA, health promotion uptake, deaths)
- NHS 24, Scottish Ambulance Service, GP out of hours
- Social work (ever referred, all areas)
- Education (SQA school leaver attainment, school attendance, absence, school exclusion)

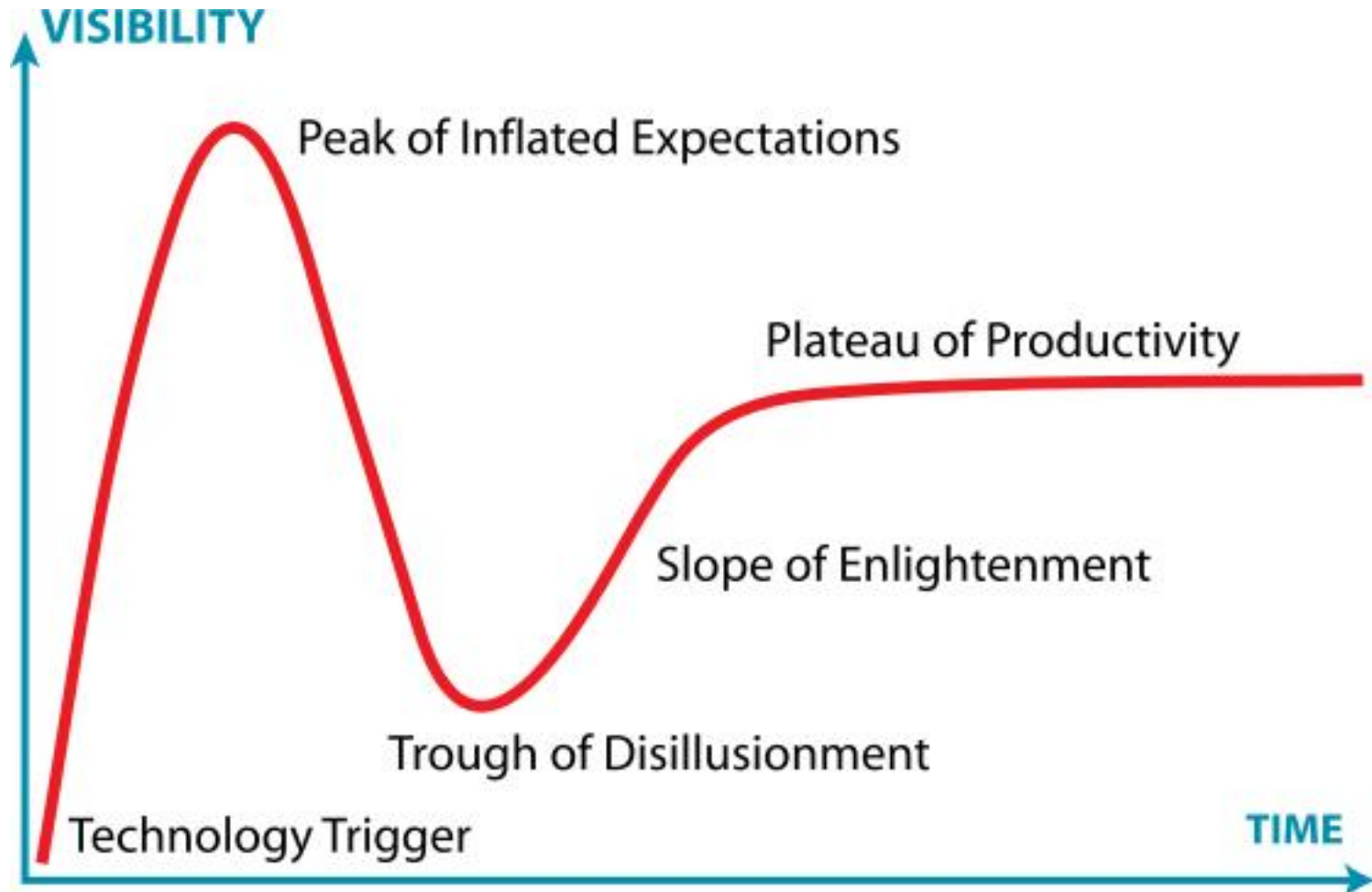
Research questions (2)

- Are there differences in **health service utilisation** across the primary, secondary, **scheduled** and **unscheduled** health services? If so what are they?
- Are there differences in **health outcomes** across the whole health system? If so what are they?
- Are there differences in **educational engagement** and **attainment**? If so what are they?
- Are there differences in **social vulnerability**? If so what are they?

Analysis

- Profile of three cohorts, never, occasionally and serially miss appointments
- Modelling of target groups for interventions

Big Data



Output

- Academic
- Policy/service implications
- Interventions development

Summary

- Current research is simplistic and unhelpful
- Important issue for policy and clinical practice
- Test our hypothesis that patients who SMA are high health risk, vulnerable patients
- Can this research start to recommend interventions?

Overview

