Imagine the scenario. You’ve arranged a special dinner for a group of friends. You’ve bought the food; picked out your ‘good’ cutlery; dressed in your best clothes. You may have even tidied up the bathroom and hidden last week’s washing under the bed. Then, they simply don’t turn up. No phone call or email, they just decide, for whatever reason, not to show. Quite apart from the wasted food and wine and the fact that you’ve spent the afternoon preparing, there’s the knowledge that if you knew they weren’t coming, you could have invited someone else. Annoying doesn’t quite cover it.

It’s a feeling that many community nurses know well. You’ve prepared for a patient to visit your practice or unit, got the notes ready and collected any equipment you might need, then they don’t materialise. Maybe you’re visiting a patient in their home to dress an ulcer or change a catheter, for example, only to find that they’re not at home and didn’t find the time to let you know.

While many missed appointments in the NHS may be the result of genuine lateness or scheduling errors, a significant proportion are caused by patients not bothering to let healthcare staff know that they can’t make it. While missing an appointment may not feel like a big deal to the individual patient, the cost to the NHS is starting to add up.

Jane Cummings, chief nursing officer (CNO) for England, recently highlighted the growing problem of missed appointments, claiming that the money wasted could fund a million extra cataract operations or 250,000 hip replacements each year. Cummings appealed to patients to use NHS services more responsibly, claiming that the NHS was coming under increasing financial pressure and that almost £1bn of appointments were missed last year, based on figures that suggest each hospital outpatient appointment costs the NHS around £120. ‘CNO appeals to public over cost of missed appointments’ – www.nursingtimes.net).

Noting that almost eight million hospital appointments had...
been missed in the past year, not including those cancelled in advance, Cummings urged patients to cancel any NHS appointments with plenty of notice if they were unable to attend, thereby releasing resources for patients who need them.

This focus on missed appointments is part of a growing willingness to look at patient’s behaviour and how it affects the NHS. Whereas in the past, the emphasis may have been on finding extra government funding to solve the NHS’s problems, there is now more scrutiny on the public’s attitude toward, and use of, the NHS, both in terms of resource-intensive lifestyles, such as obesity, alcohol intake and smoking, but also on issues such as missed appointments and unnecessary A&E attendance (‘NHS provokes fury with indefinite surgery ban for smokers and obese’ – www.telegraph.co.uk).

UNDER PRESSURE

The need to reduce the number of missed appointments is even more urgent than in the past, given the pressures that the NHS is currently under. Writing in The Telegraph, Laura Donnelly explained that shortages in GP practice staff are contributing to increased waiting times, with 20% of patients waiting up to seven days for an appointment and 10% unable to secure an appointment at all. Complaints against practice staff are also on the rise (‘Half of GPs want fines for patients who miss their appointments’ – www.telegraph.co.uk).

Missed appointments have an unforeseen knock-on effect that many patients may not even be aware of. One area where this is felt keenly is in A&E where the millions of missed appointments in GP practices and health clinics are having a disastrous effect, clogging up the appointments system and causing patients who cannot get an appointment to turn to emergency services for health advice. In this sense, a missed appointment is in effect a ‘double whammy’, wasting both the healthcare professional’s time and using up a valuable appointment slot, which could have been given to someone with more pressing healthcare needs (‘Patients who fail to turn up to 14 million GP appointments a year are blamed for causing huge delays in A&E’ – www.thetimes.co.uk).

I suspect it is not only missed appointments that are sinking the NHS; perhaps one should look more closely at the heavy management tier, inefficient purchasing, and the lack of accountability within the myriad layers of bureaucracy. Nevertheless, missed appointments are a costly issue. For the clinician in a busy clinic that is running late, a ‘DNA’ often elicits a sigh of relief and provides an opportunity to catch up, nip to the toilet or even make a cup of coffee!

There are patients for whom it will be a genuine mistake. A follow-up appointment that was made six months in advance and never made it onto the new calendar, or a rescheduled appointment by the clinic that has caused confusion for an elderly patient. However, there are patients for which the saying ‘familiarity breeds contempt’ may apply. The NHS may be regarded as a service freely available, as and when needed, and which they feel entitled to on their terms and times. There are also the chronic non-attenders who perhaps can’t make it to a morning clinic but will turn up at A&E or ambulatory care when they can’t get another outpatient appointment easily.

The statistics show that those who miss outpatient appointments are more likely to end up as an emergency admission to hospital or attend A&E, so it is a fallacy that they are a ‘non-attender’. Rather, they are adding to the already overstretched emergency services.

GPs have called on patients to be fined for missed appointments, but this would be difficult to enforce and there is little evidence to suggest it would be effective. Striking patients off the GP practice for multiple missed appointments may solve the problem for that particular practice, but will create a greater burden on A&E. So, it is in the best interests of the NHS to try and minimise these missed appointments. Text messages are helpful reminders and those that highlight the cost of missed appointments are particularly effective, but perhaps the NHS should offer more evening clinics or try to arrange mutually convenient appointment times.

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FINDING A SOLUTION

Some patient groups have reacted to Cummings’ statement about missed appointments by criticising NHS procedures, singling out the fact that many appointments are arranged at inconvenient times for patients, often when they are at work (‘Patients hit back at timewasting claims by NHS’ – www.thetimes.co.uk).

Whether or not poor administration plays a part, there are certainly measures that healthcare professionals can take to improve rates of attendance.

A recent study featured in the journal Plos One found that patients who were informed of the potential cost of missing an appointment were less likely to cancel. The study featured approximately 20,000 patients who were sent randomly allocated text messages five days before their appointment. As well as reminding patients about their appointment generally, one of the text messages also included information on the cost to
the NHS of missed appointments. The study found that using more persuasive text messages that highlighted the costs of missed appointments, could result in 5,800 fewer missed appointments per year in the featured trust, at no additional cost (‘Stating appointment costs in SMS reminders reduces missed hospital appointments: findings from two randomised controlled trials’ – journals.plos.org).

A more radical idea is to hit patients in the pocket for non-attendance. A survey detailed in the medical journal Pulse found that 51% of GPs supported fining patients for missing scheduled appointments. A charge of £10 was suggested. Another potential tactic is the use of a refundable deposit, which would be paid by the patient before the appointment. Some of the GPs surveyed said that charging for appointments might encourage some patients to appreciate the value of the NHS and increase attendance rates (‘Half of GPs want fines for patients who miss their appointments’ – www.telegraph.co.uk).

**SPREAD THE WORD**

While these strategies may offer some solutions to the problem of missed appointments, what can you do as part of your everyday routine to help ensure that patients meet their obligations? One option is to spread the word. During any healthcare contact it is important to reiterate to patients that, not only is it important to attend scheduled appointments but that they should always consider whether they really need to visit their practice nurse or GP surgery, for example, or whether they could get advice through 111 or pharmacy, both of which can offer significant healthcare advice.

There is also a much wider problem of perception. The NHS has become such a huge and ever-present institution that many of us have become accustomed to it being there for us no matter what; many people simply feel that one missed appointment won’t matter; that it represents a drop in the ocean. Similarly, the fact that people know that they pay for the NHS out of their hard-earned taxes means that, unlike in other countries that operate a more insurance-based system, many people have a sense of ownership over the NHS; a sense of entitlement even. Many of us simply take the NHS for granted.

There is another way that we can all tackle the perception that individual patient decisions, such as missing a single appointment, do not affect the NHS. That is by not taking the NHS for granted ourselves. Whenever we are talking to friends or family, or patients, we should take the opportunity to impress upon them that their decisions do matter; that the NHS is a service, but not a right; and that the health service is an organic whole where even the actions of individual patients, when extrapolated on a large scale, can lead to systematic failure. Similarly, respecting the principles of the NHS, for example, by using resources carefully and projecting a professional attitude in front of patients, will demonstrate that you value the institution.

When it comes to missing appointments, and by definition wasting NHS resources, perhaps it is only by first recognising how important the NHS is to us, that we can then transmit that message to our patients.

**It is said that we don’t always value what we have always had. Born in the 1960s, I have always had access to NHS care and for 36 years I have worked for the NHS and I like to think that I do value it. On a recent trip to see health care in another country, what really struck me was the access into health care and the length and, indeed, number of miles people would travel for an appointment and the amount of time uncomplaining people were willing to wait.**

The figures of 8 million lost appointments costing 1 billion pounds makes me think that we don’t really value the NHS. The argument that the appointments are not set at inappropriate times makes me question why the patient didn’t respond as soon as they got the ‘inappropriately timed’ appointment… then it could be re-allocated. The lack of self-responsibility is concerning and I agree that, as an NHS employee, we should always seek to remind all patients that by everyone responding appropriately to appointments, i.e. by rearranging promptly and turning up if the appointment is accepted, we can provide a better service for all.

At a time of cancelled routine operations everyone needs to look at any area of waste, and it is waste we cannot afford and we need to address in several ways. Invest in ‘negotiated agreed appointments’, critically review non-attendees, i.e. are there areas or specialities where this is less, and, if so, let’s follow by example, or charge for unattended appointments. This has been found to be an effective approach with education provision within the NHS and Wound Care Alliance UK (WCAUK), where a fee for non-attendance has reduced non-attendees by 80%. Finally, let’s consider very carefully why people do not attend — is it because the patient doesn’t really need the appointment, that they have accessed health care in another way, or even that they have improved and no longer need the appointment. It is always beneficial to understand more, and by doing so, we can be more specific in reducing this waste. If we do not value the NHS, we might find that we do not have the access we want to the services we need.

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