

1. INTRODUCTION

- Patients who do not attend appointments (DNA) estimated to be 16.3% in Sunderland IMS.
- DNA demographics have been explored in primary care ⁽¹⁾, but not in MSK.
- Identifying patients most likely to DNA, may lead to improved attendance rates.

2. AIMS

- Identify demographics of patients most likely to DNA appointments.
- Consider interventions to improve DNA rates.

3. METHODOLOGY

110 DNA patients and 170 attendees from Oct-Dec 2016 were randomly selected for EMIS note review.

The studied demographics were:

- Age
- Sex
- Occupation
- Apt Day and Time
- Clinic
- Distance to Apt
- Body Site

4. RESULTS

1. No significant difference in gender of DNA patients.
2. Greatest rates of non-attendance in patients aged 16-35.

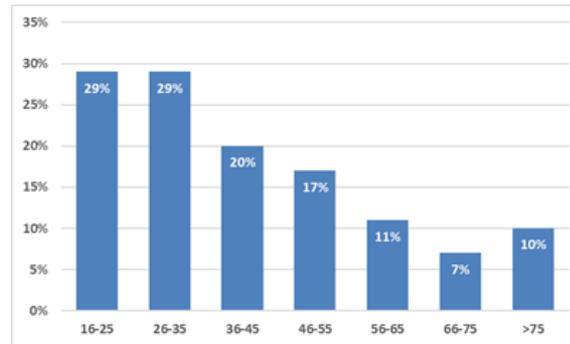


Figure 1. Rates of DNA as a % per age group.

3. Average distance to travel to appointments was less for DNA patients at 5 out of 7 clinics sites.
4. There was a higher proportion of DNA patients with back pain.

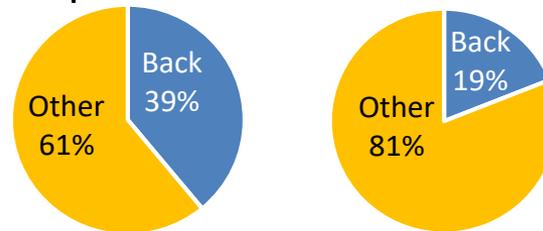


Figure 2. Pie chart comparing back pain in DNA and attendee groups respectively.

5. INTERVENTIONS

- Data was presented at department meeting.
- Implementation of text reminder system Studies have shown it can improve attendance by up to 39% ⁽²⁾.

6. LIMITATIONS

- Small sample sizes due to time constraints.
- Poor rates of clinician coding on EMIS for affected body sites.
- No EMIS coding option for occupation.

7. DISCUSSION

Young patients between 16-35 with low back pain most likely to DNA, but why?

- Are younger patients less compliant with NHS services?
- Is there back pain too severe to attend clinic?
- Are there financial restraints preventing their attendance?

Re-audit required for completion of audit cycle.

References:

- (1) George A, Rubin G. Non-attendance in general practice: a systematic review and its implications for access to primary health care. Family Practice. 2003 Apr 1;20(2):178-84.
- (2) Hasvold PE, Wootton R. Use of telephone and SMS reminders to improve attendance at hospital appointments: a systematic review. Journal of telemedicine and telecare. 2011 Oct;17(7):358-64.

ACKNOWLEDGEMENTS

I would like to thank Dr Glen Rae and the SIMS service for their continued help and support to conduct this study.