

Missed appointments - a missed opportunity?

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Introduction

This poster addresses the reasons and details for non-attendances to physiotherapy appointments for services provided by an MS Specialist Physiotherapist working as part of a MDT MS team in a busy Regional Neuroscience Centre serving a community of >2000 people with MS (PwMS). The Physiotherapy Service treats the entire range of MS therapy needs, and offers a variety of services appropriate to different levels of disability.

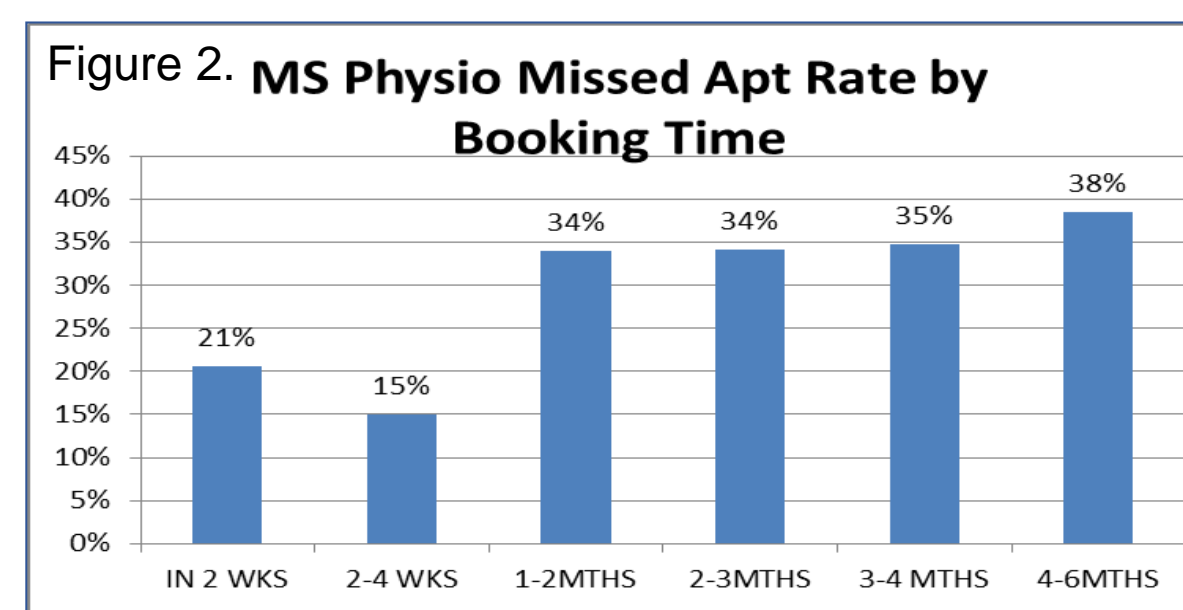
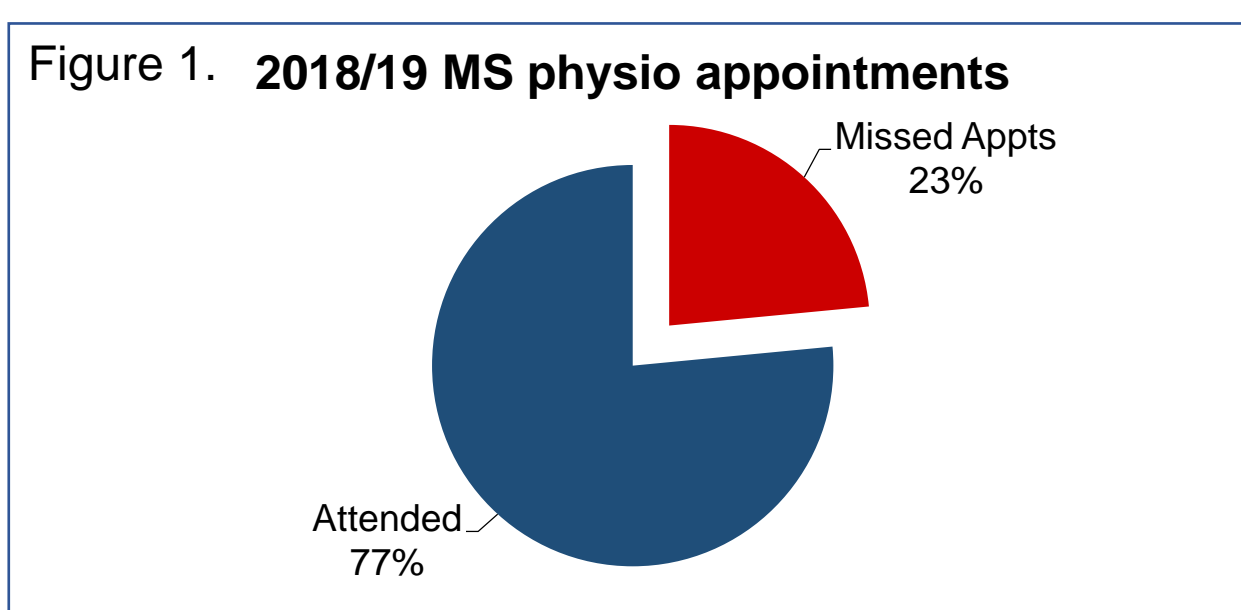
The NHS Trust monitors and collates the attendance rates across all their services. Data for DNAs (Did Not Attend) and UTAs (Unable to Attend) resulting in missed physiotherapy appointments were reviewed over a 12-month period (April 2018-March 2019) to gain insight into causes of missed appointments. Innovative MS physiotherapy services have been established and developed according to published data and NICE guidelines. Missed appointments are not only costly in terms of resources, but may miss an important opportunity to establish good rehabilitation practice for long-term self-management. Moreover, recent evidence documents the value of exercise as a countermeasure to declining central nervous system function¹⁻².

Method

Over a one-year period, the NHS Trust analyst identified 907 appointments for the MS Specialist Physiotherapy service. Data was collected for gender, age and EDSS (Expanded Disability Status Scale). Additional data was extracted from clinic letters.

Results

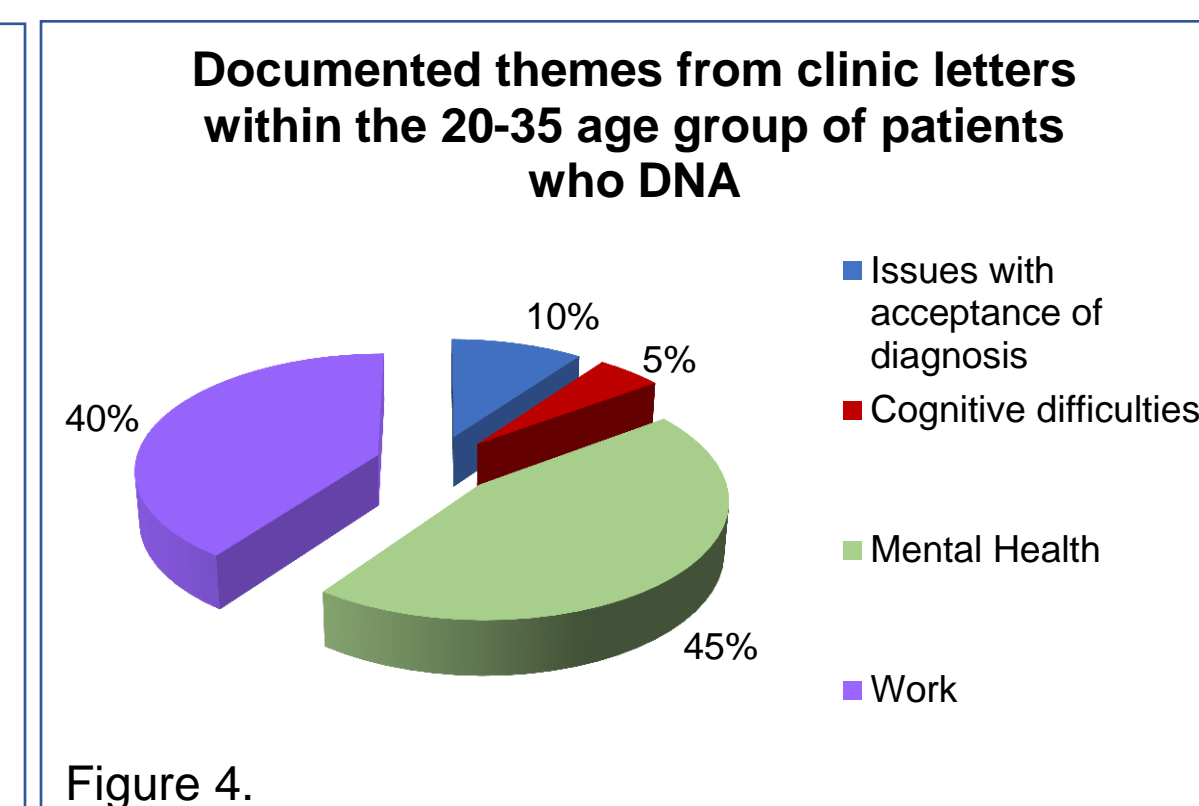
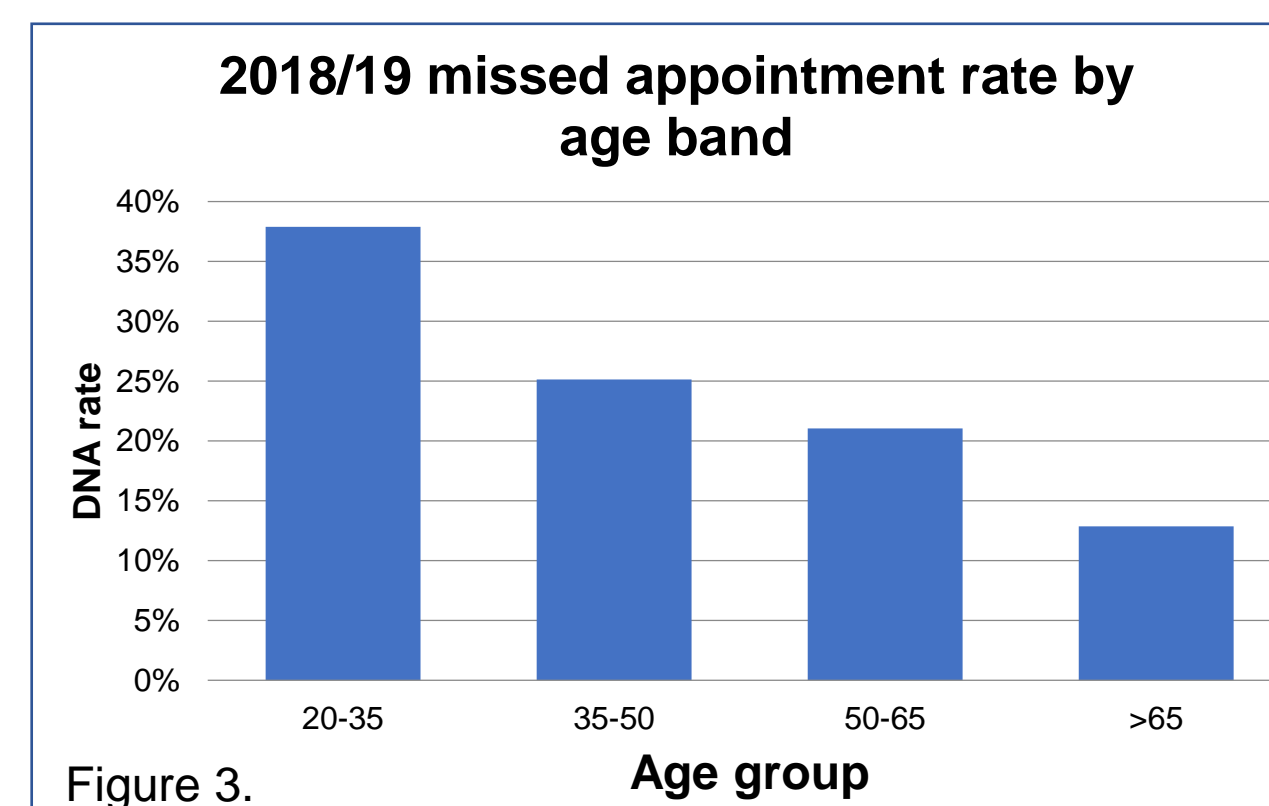
302 PwMS had 907 appointments in 2018-19. Of these, 127 were DNAs, comprising 14% of total appointments, from 84 individuals. There were 87 cancellations/UTAs, 9% of all appointments, from 62 individuals. When reviewing the data for types of appointments, the initial MS physiotherapy appointment which provides the assessment and triage to other physio services had a DNA rate of 31% (see fig 1). For those who had to wait 4-6 months for their initial appointment, the DNA rate was much higher (38%) than those who were on a shorter waiting list (see fig 2).



Further Data Analysis

When analysing the age banding, the highest DNA rate was in the younger age band of 20-35 year olds, where 38% of overall appointments were missed (36 appointments, missed by 21 people). The 30-50 year old band were the next highest DNA rate, but this was 25% (88 appointments were missed by 61 people – see fig 3).

When reviewing the EDSS scores for 20-35 age band, 80% had an EDSS <4. Core themes were extrapolated from the consultant clinic letters (see fig 4), with work and mental health issues being the most prevalent.



Summary of Results

Overall, 23% of all physiotherapy appointments were missed with consequent impacts on NHS time and resources. Several specific findings stand out in this analysis:

- Younger patients with low levels of disability had the highest DNA rate.
- The longer the gap between booking the appointment and the clinic date, the higher the DNA rate.
- There was a higher DNA rate for the initial physiotherapy appointment.
- Loss of NHS income and missed self-management opportunities are likely.

Patient Quotes for DNA from Clinic

"My employer has been really supportive for my Consultant and DMT appointments, I can't ask for more time off for physio."

"I am not allowed to take more time off work. I now need to take annual leave which I can't afford."

"I'm the main carer for my elderly mother. I should have cancelled my physio appointment as I'm not the priority, I just didn't get round to it."

Readiness for Change Model

Figure 5.



Adapted from Prochaska *et al.* 2005³

The task therefore becomes a question of how to influence the beliefs of this demographic group so that the value of attending physiotherapy as a countermeasure to declining central nervous system function is increased. Using the stages of change model (see fig 5) we are looking to move a patient from the contemplative stage to the action stage.

Conclusion and Service Developments

The data presented here indicate several causes for missed appointments, especially among younger recently-diagnosed people. Reducing DNAs is a key concern for the NHS, especially in long-term conditions. We aim to explore options for reducing missed appointments by drawing on models from published investigations applied to different long-term conditions. Both organisational changes (i.e. text or phone call reminders) and addressing more complex issues to understand underlying causes of non-attendance or non-compliance with services offered is under consideration.

Research into causes of physiotherapy missed appointments is indicated.

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