

REPORT FOR THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TACKLING DID NOT ATTENDS (DNA'S) IN GENERAL PRACTICE

At the 6th February 2017 meeting of the Health Overview and Scrutiny Committee, the Committee requested that a report on what Strategies the CCG were taking to tackle the Did Not Attend (DNA) of GP Appointments.

Barnet Clinical Commissioning Group (BCCG) welcomes the opportunity to provide an update to the Barnet Health Overview and Scrutiny Committee on the management of GP appointments in general practice and to describe actions that are currently being taken both locally and nationally.

General Practitioners are independent Contractors who are commissioned by the NHS through GMS, PMS and APMS Contracts. Within Barnet there are 60 Practices of which 53 have a GMS contract, 26 a PMS contract and 1 APMS Contract – APMS contracts are time limited generally for 3-5 years.

These Contracts do not set targets for the number of consultations a practice should provide or how quickly it should consult a patient. GMS and PMS contracts set core hours of 8am to 6.30 pm Monday to Friday (equivalent to 52.5 hours a week), and requires practices to provide routine services at times within this period “as are appropriate to meet the reasonable needs of its patients”. The APMS provider is required to provide services 8-8 7 days a week.

NHSE currently monitors practices' consultations using a BMA recommendation for a standard population of 72 hours per 1,000 patients; this is not a contractual requirement, but a measure used to benchmark practices when reviewing quality and performance.

The NHS Constitution does emphasise that it is a patient's responsibility in terms of having access to GP services, to keep appointments, or cancel within a reasonable time.

There is not a requirement on CCGs to collect data on missed GP appointments and data is not collected at a national level. Some individual GP practices do collect data but not all, and they are under no obligation to do so, therefore it is difficult to understand the scale of the problem; although the CCG is not aware that missed GP appointments are a major problem in Barnet.

The factors behind DNAs can be unique and specific to the GP practice in question. What causes DNAs in one GP practice may not cause DNAs in another and are often influenced by the demographic profile of the practice list and infrastructure ie staffing levels, therefore sharing 'good practice' across practices may have limited value.

It could be argued that GP DNAs are only a problem if they occur in large numbers and that low levels of DNAs actually provide GPs with 'catch up time'. GP appointments often overrun and the odd DNA can allow slippages to be rectified, reducing the amount of time subsequent patients have to wait for their appointment. They can also provide time for GPs to catch up on key tasks such as making

referrals and writing letters on behalf of patients. However, these are not necessarily reasons not to tackle DNA's if deemed a problem, particularly given the current demand on practices to offer additional appointments, and the current financial constraints on the NHS.

In order to consider which strategies might reduce DNAs, it is important for individual GP practices to understand the specific reasons behind their DNAs. This might involve considering any patterns in their DNAs (e.g. whether patients DNA at certain times of the day) and investigating the reasons.

Some patients will have clinical reasons why they DNA such as mental health issues, they are too unwell to attend, childcare arrangements, and some patients will have simply forgotten. Treating these all the same with a one-size-fits-all approach may not be the most effective.

The CCG is aware that a number of practices take some of the following actions to review and reduce DNA's; however there is not a consistent approach:

- Improving communication to ensure that appointment arrangements are understood by the patients, appointment dates are communicated clearly and consideration is given to translation if required.
- Ensuring, wherever possible, appointments are made at a convenient time for patients.
- Making it easy to cancel appointments either over the phone or via the practice website.
- Training staff so they are able to accurately record cancellations and reschedule appointments electronically.
- Reminding patients about their appointments (e.g. letters/emails in relation to appointments booked in advance and text messages for imminent appointments).
- Allowing patients to check, book and cancel appointments at their own convenience and order repeat medication online.
- Introducing telephone consultations (possibly via Skype) for patients who do not need a physical examination. (its early days but there is a Skype pilot with the Royal Free Hospital which will be piloted across a group of West practices)
- Offering the ability to walk-in into the surgery on certain days and times where an appointment is not required.
- Empowering the Patient Participation Group (PPG) to consider ways to engage with patients to reduce DNA rates.

BCCG supports its practices by funding the use of text messaging services and is currently in the process of encouraging greater use of on-line booking accounts, to reach the government target this year of at least 20% of all patients booking their appointments on line. Currently less than 12% of patients book their appointments on line; this is down to a combination of practices not promoting on-line booking, making sufficient appointments available on line; the patient's ability to access on-line facilities, or preference to book an appointment over the telephone or face to face with the receptionist.

The extended hours service which the CCG has commissioned to provide additional appointments OOHs and at weekends currently has a DNA rate of 9%, (in line with national extended hours services), and compares well to a 16% DNA rate in Camden. Patients are called as a reminder prior to their appointment and will in due course be able to book appointments on-line.

The CCG would welcome a discussion with the Committee on how best to approach this subject, given that data is not routinely or systematically collected, without placing additional demands on GP practices. If there is a view that more should be done locally to reduce DNA's, the CCG would recommend that the Committee considers approaching this from a patient perspective, perhaps utilising the expertise of patient groups such as Healthwatch and agreeing the scope of any review with the Local Medical Committee.