

**QUESTION TO BE ASKED OF THE PRESIDENT OF THE HEALTH AND SOCIAL SERVICES
COMMITTEE ON TUESDAY 11th MAY 2004,
BY DEPUTY R.G. LE HERISSIER OF ST. SAVIOUR**

Question

Would the President advise members–

- (a) of the number, and percentage, of patients who did not attend Out Patient Clinics over the last three calendar years?
- (b) of the estimated cost of this non attendance?
- (c) of the reasons why the Benchmarking Report indicates that these figures are higher than those in other comparable jurisdictions? and,
- (d) explain what steps, if any, are planned to rectify this situation?

Answer

“(a) The number, and percentage, of patients who did not attend Out Patients Clinics over the last three calendar years is outlined in the table below:

	2001		2002		2003	
	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>
<i>Total</i>	8,737	9.90%	10,088	10.34%	10,972	10.38%

- (b) The cost of an outpatient appointment which the patient did not attend (D.N.A.) is difficult to quantify as an allowance for potential DNA's is built into clinic lists, (see below). The marginal costs, however, amount to a few minutes of time either to remove the patient from the system and re-file the notes or to issue a new appointment.
- (c) The Benchmarking report indicated that the local DNA rate varied from National figures by between 1% and 2.8%. This variance occurs in an environment where referral rates are generally higher and it is possible that some patients do not attend as their condition may have abated and they will have forgotten to cancel their appointment.

Whilst National Guidelines indicate that no more than 16-18 patients should be seen in each clinic, new and urgent referrals are often added to the end of the clinic list with the effect that 20 – 22 patients are frequently seen. This level of additional activity more than compensates for a DNA rate of 10%.

- (d) Efforts are constantly being made to reduce DNAs –

Posters are widely displayed in outpatient areas to publicise the impact of DNAs and raise awareness.

Outpatient appointment letters specifically request patients to ring to cancel appointments they cannot attend and the telephone number is highlighted.

There is a 24 hour answerphone so patients can cancel at any time of day or night.

Following a DNA, outpatient staff routinely telephone the GP or patient to check the address, make

a new appointment at a convenient time and will explain the inconvenience caused by non-attendance.

Patients with annual or six monthly appointments are reminded of these one month in advance.

Patients who require follow-up appointments are encouraged to make them in person at the outpatients desk before leaving the building so that it is more likely that the appointment is convenient for them.

An initiative to introduce a 'partial booking' system, whereby the onus is put upon the patient to secure an appointment that is convenient to his/her own circumstances, is being pursued. It is anticipated that this measure should help to further reduce DNA's."