
Missed Hospital Appointments - Recommendations

10.1 Enhance Communication between providers and patients

- a) As a health and social care community there is an opportunity to involve patients in shared decision making. This can be at several levels but it is recommended that the following are included:
 - i. Joint responsibility for keeping personal information up to date. Both patients and their health/social care professional to jointly ensure personal information for communicating information about a patient's treatment, access to services and outcomes are kept up to date. This may include a joint campaign to promote the importance of patients ensuring their primary care provider has their most recent telephone contacts and address.
 - ii. To engage patients to support improvements in the quality of information provided to patients regarding referrals for example production of standard templates for letters, production of supporting information such as maps, leaflets with photographs etc.
 - iii. To feedback to the public on how their responses have or will inform service/system change.

10.2 Improve experience for patients, staff and the public

- a) Throughout the survey the request for use of digital technology was apparent, whether this was to remind patients of their appointment or to use for overall communication. It is therefore, recommended that patients and staff are involved in the following:
 - i. To enhance and improve access to digital communication with patients, e.g. text reminders
 - ii. To promote through digital technology consistent key messages on access to services across health and social care providers for example the implementation of Electronic Referral System, use of Self Service Check-in Kiosks and
 - iii. Identification of barriers to the use of technology by working with patients and patient groups (for example seldom heard groups) to consider alternative methods or how technology can enhance their experience
- b) To consider how accurate, simple instructions and guidance can be provided/developed to assist patients attending hospital sites through the identification of partners to support the work. For example, improvements in signage (with support from the Partially Sighted Society) or use of augmented reality using pictures with Doncaster College or use of pictures to support those with learning disabilities (building on the work Choice for All Doncaster (ChAD) have produced working with local dentists on appointment cards).

10.3 To ensure best use of resources:

- a) Reducing waste in the NHS and promoting best use of NHS resources is important to patients, their carers and NHS providers. It is, therefore, recommended that the following are considered:
 - i. That the Task and Finish Group identify best practice in other Health and Social Care sectors to remind patients of the importance of keeping their appointments whether this be in primary, secondary or social care. NHS

Leeds Clinical Commissioning Group for example have produced a range of social media resources to promote the importance of keeping appointments and the cost of missing appointments

- ii. NHS and Social Care Providers in Doncaster should consider developing a joint campaign with the support of Healthwatch Doncaster to promote the findings of the Why People Miss Their Hospital Appointments and use the information provided to project the impact of a reduction in missed appointment on the Health economy
- iii. To utilise the findings from the campaign into other work streams, for example Workstream 4 under the Planned Care Delivery Plan – Patient Engagement, Choice and Share Decision Making and the development of the Trust Access Policy and the introduction of the Electronic Referral System.
- iv. To engage those who agreed to contribute to further exploratory projects that resulted from the campaign.
- v. To re-audit after 12 months

10.4 To increase and improve knowledge to enhance service Programme and commissioning of services

A wide range of information has been obtained from members of the public which can be developed to consider how working with patients can lead to service improvements. For example, it is recommended that

- a) A Young Person's Charter for those accessing services at the Hospital be developed/reviewed to ensure Young People are aware of their rights and obligations. This should cover the rights of young people to attend hospital appointments with/without an adult and discuss their treatment plan.
- b) To consider how people from seldom heard groups are effectively communicated with before, during and after their attendance at primary and secondary care appointments and how the use of peer support, hospital volunteers and others can be maximised for this group of the population.
- c) Monitor and evaluate the impact of any changes made in response to these recommendations, particularly in relation to the proportion of missed appointments and appointments changed by the Trust.

Lastly it is recommended that the Task and Finish group continue for a further 12 months to develop an action plan based on the agreed recommendations and monitor implementation. To achieve this the Task and Finish Group should be extended to include representation from primary, secondary and social care.