Effective patient booking for NHSScotland

Best practice in the booking and management of patient appointments
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Background

The way that appointments are booked can have a profound effect on the efficiency of hospital processes and ultimately the delivery of safe and reliable services for patients. As waiting times in NHSScotland have reduced, models of patient booking practice have had to evolve to accommodate reducing waits and to embed the principles of New Ways of Defining and Measuring Waiting Times (V3.0 issued in December 2007).

Booking polices have continued to develop. This document identifies actions that underpin best practice in the booking and management of patient appointments and is commended to NHS Boards.
Booking Models in Operation across NHSScotland

There are currently three main models of booking in operation across Scotland:

- **Patient Focussed Booking** where a letter is sent to patients’ inviting them to make contact to make arrangements for their appointment.

- **Implied Acceptance** where patients’ are sent a letter offering them an appointment date where the patient’s acceptance of that date is assumed (implied) unless the patient makes contact to advise that they are not available.

- **Telephone Booking** where arrangements for the appointment are made by telephoning the patient to make the appointment or by writing to the patient asking them to phone in to make arrangements. This method is most commonly used where there are very short waiting times such as in Diagnostic services.
Did Not Attend

When a patient does not attend an appointment this is known as a Did Not Attend (DNA).

DNAs occur for a variety of reasons. Patients’ may experience difficulty with transport, weather or home circumstances which make it difficult to keep appointments. There is found to be a link between deprivation and DNA rates and the NHS Boards in Scotland with the highest DNA rates have the highest deprivation indices.

DNAs vary by specialty, with Psychiatry and Mental Health having the higher DNA rates in comparison acute specialties such as General Surgery or Orthopaedics. Age is also a factor in patient attendance with those between the ages of 15–49 being the most likely to DNA.

Managing Did Not Attend

Booking systems allowing patient choice and flexibility have been linked to reduction in DNA rates. The Planned Care Improvement Programme found marked decrease in DNA rates when PFB was implemented in full.

An example of how DNAs reduce with PFB is shown in Table 1, Figure 1 and 2 where PFB was introduced in October 2009.

<table>
<thead>
<tr>
<th>Clinic type</th>
<th>Calendar Year</th>
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<tr>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>New Attends</td>
<td>4390</td>
</tr>
<tr>
<td>New Attends—Did Not Attend</td>
<td>336</td>
</tr>
<tr>
<td>New Planned Attends</td>
<td>4726</td>
</tr>
<tr>
<td>DNA Rate (%)</td>
<td>7.1%</td>
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Table 1 DNA Rate—PFB Only New Outpatient Appointments
Practitioner Base—Raigmore Hospital (Old Highland—Raigmore and Peripheral Sites)
DNA reductions achieved in NHS Boards which have adopted patient focussed booking in full over the last five years has contributed significantly towards the delivery of their local Health improvement, Efficiency, Access and Treatment (HEAT) target for DNAs.
Patient Focussed Booking

The Centre for Change and Innovation (CCI) published guidance on the implementation of patient focussed booking across NHSScotland in 2006. This guidance was updated in 2007 by the Planned Care Improvement Programme in their publication Patient Pathway Management: Approaches to Booking and Access. The programme found that Patient-Focused Booking (PFB) puts patients at the heart of the booking process by engaging them in a dialogue about their appointment and benefits both patients and the NHS.

“PFB is about creating a good appointments and waiting list management system, for patients it is about better information and being involved in choosing a convenient appointment that they are more likely to attend.”

Patient Pathway Management: Approaches to Booking and Access (May 2007)

Commitment to Equality

The Healthcare Quality Strategy for NHSScotland (May 2010) makes a commitment to understanding the needs of different communities, eliminating discrimination and reducing inequality. To meet this commitment there is a need to ensure that information about equality needs is collected and shared to improve the care of individuals and the efficiency of services. For example, by meeting an individual’s equality need to receive information in a format or language that can be understood contributes to reducing missed appointments.
Eight Principles of Effective Patient Focussed Booking Practice

It is proposed that NHS Boards should apply the following eight principles of effective PFB consistently to all outpatient and one-stop clinics to promote attendance and offer choice to patients for the mutual benefit of patients and NHS Boards.

1. Clear communication with patients from the outset, outlining their responsibility for their appointment including booking, attending and advising of any changes to their availability. This should take place at the point of referral and within any booking dialogue between the patient and service.

2. A referral process which facilitates the transfer of information about the patients’ equality needs and availability to attend.

3. All staff involved in booking and appointing working to standard operating procedures to ensure equity in appointing patients.

4. Booking processes must facilitate timely engagement and offer a single, reliable point of contact for patients.

5. Booking processes must offer patients real choice through active dialogue including dates and times of available appointments, following Treatment Time Guarantee and Waiting Times guidance.

6. Patients must be reminded of their appointment close to the date of agreed attendance.

7. The process must order the waiting list so patients are seen in turn, allowing for clinical priority.

8. The process must ensure ongoing validation of the waiting list to reduce wasted slots.
Recommendations

NHS Boards should consistently apply the eight principles of effective PFB practice to all new and return outpatient appointments to offer choice to patients and promote attendance. A recommended booking process is shown in Appendix One.

NHS Boards may wish to consider introducing these eight principles to one stop and pre-assessment clinics and Diagnostic services. It may also be appropriate to apply these principles to booking daycase and inpatient admissions.

As well as adopting the eight principles, NHS Boards should also ensure that the following underpinning actions are put in place.

Underpinning Actions

Prior to making a referral, the GP/referrer should use a booking fact sheet to discuss the process of referral with the patient. This should include information about how the hospital will communicate with patients in arranging their appointment and the patient’s responsibilities in confirmation and attendance. Information provided from the hospital during the booking process should also reinforce the patient’s options in relation to the date which has been offered and how to engage with the service.

- Referral templates that enable the transfer of information about a patient’s availability to attend and their equality needs should be in place. Equality needs are actions or provisions which impact on the likelihood of the individual attending an appointment and/or the consultation taking place. Examples of equality needs are the requirement to contact the patient by phone, providing information in a large font, booking an interpreter or arranging transport.

- Staff within an NHS Board should work to standard operating procedures/protocols to ensure equity in appointing patients, following Treatment Time Guarantee and Waiting Times guidance.

- As a matter of good practice the patient should receive a new appointment letter 14 days or at a minimum 7 days prior to the appointment, taking account of local postage arrangements. The letter should include details of how to confirm attendance or arrange and alternative date and time.

- Appointment letters should provide the patient with details of the impact on their waiting times should they need to change their appointment.

- A process should be established to promote booking in turn and to monitor booking processes.

- Patients who require a return outpatient appointment within six weeks of their first outpatient attendance should be provided with an appointment before they leave the outpatient clinic. For patients who require a return outpatient appointment
more than six weeks after their first outpatient attendance, a waiting list should be established. Patients should then be sent a letter asking them to contact the service to arrange a suitable return appointment. This process should begin six weeks prior to their recommended review date.

- A reminder/confirmation system should be in place to ensure patients are given a second notification of their appointment date and time.

All of the above should be made clear in NHS Boards Local Access Policy.
Appendix One: Recommended Booking Policy

Referral received

Check if the patient has any equality needs. Make arrangements as required e.g. interpreter, transport.

Letter sent to patient, either:
1. offering a date and asking the patient to telephone to confirm attendance or to discuss an alternative date within 7 days of receipt;
or
2. asking the patient to telephone to arrange a date within 7 days of receipt.

Offer process should be Treatment Time Guarantee and Waiting Times guidance compliant and take account of local postage arrangements. The patient should also be provided with information about what to expect in relation to their appointment.

Patient calls to confirm or arrange a suitable date

Patients are sent a reminder of their appointment

Pt attends
Pt DNAs

Service contacts patient to confirm date or arrange a suitable date

Pt accepts
Pt does not respond
Pt declines

Patients are sent a reminder of their appointment

Contact details checked
Equality needs checked and actioned

Key
Pt Patient
Further Resources

Publications
Patient Pathway Management: Approaches to Booking and Access
The Planned Care Improvement Programme (May 2007)
www.scotland.gov.uk/Publications/2007/05/16153719/8

The Healthcare Quality Strategy for NHSScotland
The Scottish Government (May 2010)

Online
NHSScotland Quality Improvement Hub
www.qihub.scot.nhs.uk

18 Weeks Referral to Treatment Standard website
www.18weeks.scot.nhs.uk

Scotland Performs—HEAT Targets
www.scotland.gov.uk/About/scotPerforms