Increasing attendance of R3A's at HES

Guy's and St Thomas' NHS Foundation Trust

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Introduction

The National Standard DES-12.1 can be hard to meet; mainly because screening programmes often have no control over HES booking systems.

Following on from the pandemic we at the South East London Diabetic Eye Screening Programme noticed we were having an issue with poor attendance of patients urgently referred to HES with R3a.

SELDESP performance against DES-PS-12.1 prior to project = 55%

After communications with patients there seemed to be various explanations for this:

- *Some patients unaware of upcoming HES appointment*
- *Some patient appointments had been booked extremely last minute (in some cases the previous day).*
- *Some patients unaware of how to rebook appointments in HES if they are unable to attend.*
- *Some patients were unaware or anxious of the reason for referral.*

As this is our highest risk cohort we needed to try and do something to improve attendance. We wanted to see if as a service we could put in place a procedure to increase attendance at HES.

Fig 1: SELDESP performance against DES-PS-12.1:

Method

Failsafe provided Team Leaders daily lists of patients who had a HES appointment within the next 5 days.

These patients were called to remind them of their upcoming appointment. Notes were made on screening software to prevent duplicate calls and to record if patient was aware of HES appointment.

The calls gave senior graders the opportunity to speak to patients who might be anxious, to reassure and inform them. They were also able to provide the contact details of the HES booking team if a patient could not attend scheduled appointment.

Anyone who couldn't be contacted by phone was sent a text message with their appointment details and who to contact should they need to rebook.

Results

As part of this project, 200 patients referred with an R3a grade were called during the period February – July 2022 and attendance rates increased across the board.

In the cohort of patients who had received their appointment letter, 92% attended their HES appointment.

In the cohort of patients who reported that they had not received an appointment letter, 79% then attended the HES appointment. It is in this cohort (n=33) that we can see the greatest impact that these calls would have.

8% of patients rescheduled their appointments following on from the calls. Reasons for this included:

- *Not enough notification time, so unable to attend at short notice due to other commitments*
- *Other health issues/health appointments*
- *Finding it difficult to contact the local hospital to reschedule an appointment (often no answer to phone calls to the appointments team)*
- *Requiring support to attend appointments (i.e. a family member to be available or requiring hospital transport to be booked) and finding this difficult to arrange at short notice*

The project has shown the vital importance of having the correct patient demographics. The highest proportion of patients not attending at HES are the ones whom the service could not contact.

An additional benefit of the project has been to help patients have a better understanding of the appointment and importance of their attendance. This has led to increased attendance in these cases and feedback indicates it has been incredibly helpful for the patients.

Fig 2: HES attendance summary following on from phone calls

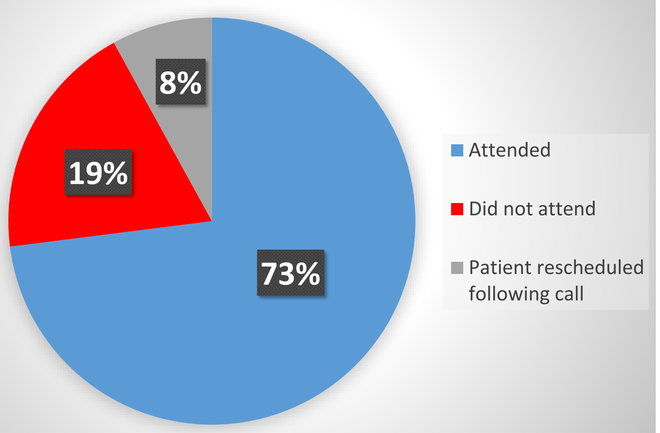


Fig 3: HES attendance broken down by interaction with patient

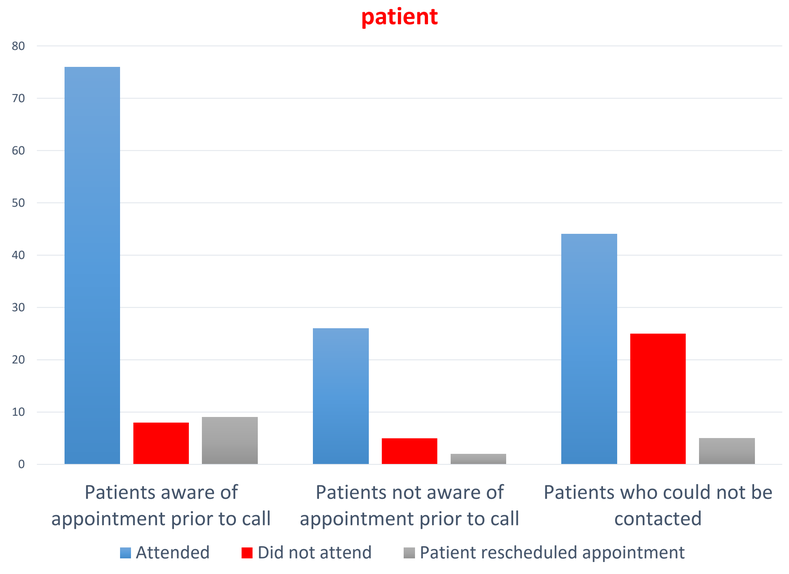
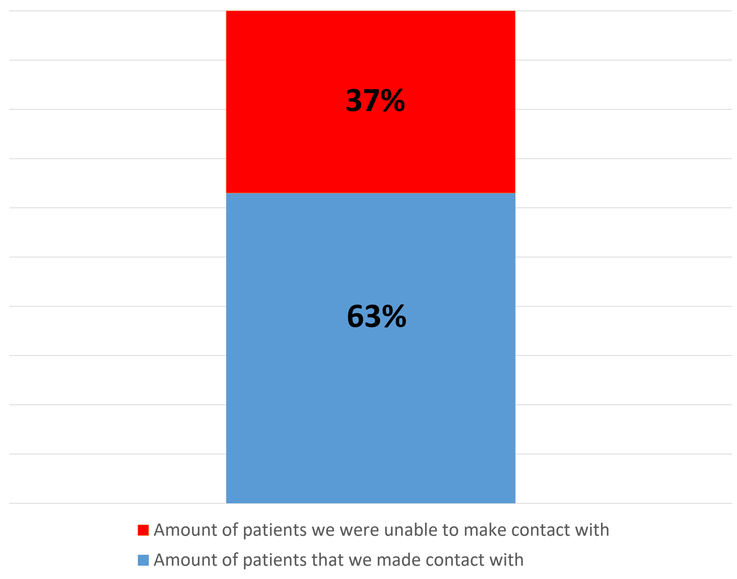


Fig 4: Summary of patients we made contact with



Conclusion

As part of the project we were unable to contact 37% of patients; mainly due to the contact numbers being invalid or calls being unanswered. As a result this project has been ineffective for this cohort of patients, meaning that only 59% of them attended HES.

The patients who rescheduled their appointments also affected our performance against DES-12.1, as this meant some of these patients had their consultations in the HES >6 weeks after their screening encounter. Again, this demonstrates the importance of contacting urgent patients directly and in a timely manner to identify barriers to attendance. Often it is difficult for patients to attend appointments on short notice, and overall this can have an impact on their ability to access treatment.

Next Steps

We will present our findings to local clinical leads at each of our referral hospitals to help improve the likelihood of attendance for this cohort of patients and emphasis the need for appointments to be made in a timely fashion and patients contacted about them.

We will be trialling new measures to target this group of patients & improve local processes to ensure we have the most up to date patient details, especially as this has shown to have a direct impact on the probability of the patient attending at HES.

We will review this in 6 months' time to see if these recommendations have led to a continued improvement on our performance against standard 12.1