

Supporting evidence



10 simple and effective ways to improve patient **attendance** and **efficiency** at your practice

Reduce DNAs

1 SEND MOTIVATIONAL INVITATION LETTERS 2-3 WEEKS AHEAD OF ANNUAL ASTHMA REVIEWS.

In 2001, Wyer et al implemented an intervention based on the Theory of Planned Behaviour, involving only rewording of invitation letters to increase attendance for cardiac rehabilitation. Two letters were developed, one to influence acceptance and the second to influence attendance. Results showed that attendance was 86% among those receiving the reworded letters compared with 59% in the control group ($p < 0.002$).

Wyer SJ, Earll L, Joseph S, Harrison J, Giles M, Johnston M. Increasing attendance at a cardiac rehabilitation programme: an intervention study using the Theory of Planned Behaviour. Coronary Health Care 2001;5:154-9.

Our feedback from asthma patients showed many of them did not understand the value of an asthma review, or how to prepare effectively to make best use of their clinician's time. These engaging template letters are designed to address this [LINK Invitation and DNA letters]. They're free to use and you can adapt them as you need.

2 SEND LOW-COST TEXT REMINDERS

In 2008/09, Portsmouth Hospitals NHS Trust (PHT) was seeing an average of 3,300 'did not attend' (DNA) appointments. This equates to a staggering £27,500 a month in lost income and longer waits.

PHT introduced a text messaging service to their healthcare service for particular clinics which received high number of DNAs. The most common reason for not attending appointments was forgetfulness, especially when appointments such as follow-ups were booked well in advance.

Within just months of implementation, the Trust saw a reduction in overall DNA rates of 38% compared to the previous year. An internal target for clinic utilisation was set at 92%, which the Trust achieved in many specialties. Ongoing monthly savings of around £40k were achieved.

www.porthosp.nhs.uk

3 ENSURE PATIENTS DIARISE THEIR NEXT APPOINTMENT BEFORE LEAVING, and

4 USE POSTERS SHOWING POSITIVE ATTENDANCE RATES INSTEAD OF DNAs

An intervention by NHS Bedfordshire implemented an intervention to reduce DNAs, including:

- on the telephone, reception staff asking patients to repeat back verbally the day and time of the appointment they are given before completing the call in the primary care setting
- at the end of an appointment providing patients with a card to write the details of their next appointment themselves rather than a receptionist, nurse or doctor doing so
- replacing the poster highlighting the number of missed appointments with a poster that showed the much larger number of patients who do turn up on time.

The above interventions successfully reduced the number of appointments wasted by patients who did not attend (DNA) by 31.7%. After 12 months of implementation, a reduction in the DNA rate of about 30% had been maintained.

www.nice.org.uk

Maximise clinician time

5 ASK PATIENTS TO BRING A VIDEO OF THEIR SYMPTOMS.

Asking patients to video their symptoms as they happen was a practical recommendation by the Primary Care clinicians who attended our roundtable meeting in April 2015. The clinicians who all have a specialist interest in asthma care, found symptom videos to be beneficial because:

- 1 asthma symptoms are intermittent and not always present on the day of the appointment.
- 2 It can be faster to view a video than ask someone to try and describe symptoms verbally
- 3 It is especially useful to overcome language barriers, or low levels of health literacy, that can make it more difficult for patients who are unable to explain their symptoms.

6 CUT UNNECESSARY APPOINTMENT USE.

Signposting asthma patients to Asthma UK's Information Standard accredited website and asthma specialist nurse helpline was recommended by the Primary Care clinicians who attended our roundtable meeting in April 2015. The clinicians who all have a specialist interest in asthma care, found signposting to be beneficial as it empowers patients and encourages them to self-manage their condition.

According to guidance published in the British Medical Association - during consultations, patients could be given suitable material, e.g. leaflets or signposting to other patient supporting resources.

British Medical Association Quality first: Managing workload to deliver safe patient care. Guidance for GPs in England, Wales and Northern Ireland. January 2015

Achieve asthma QOF targets more easily

7 SPREAD ASTHMA REVIEWS THROUGHOUT THE YEAR.

This was another recommendation by the Primary Care clinicians who attended our roundtable meeting in April 2015. The clinicians who all have a specialist interest in asthma care, found that inviting patients for their reviews during times that are easier for them to attend, e.g. during school holidays, can help overcome barriers to attendance.

Similarly, inviting patients when they're most likely to be symptomatic, e.g. during cold and flu season when symptoms affect the patients quality of life, may motivate patients to come in for their review. By identifying which patients are at risk of an asthma attack as a result of the weather and scheduling their appointments accordingly, can help improve patient attendance.

8 TRY ASTHMA REVIEWS BY PHONE TO SAVE TIME AND MONEY

Studies have shown that telephone reviews are effective in improving care delivery and reducing cost. Assessing patients over the phone using the RCP 'three questions' approach, with the addition of two additional risk questions (Have you been admitted for asthma in the last year? Have you ever needed ITU care for asthma?), has been trialled. Where a patient answers 'yes' to the above, they are invited in for a face-to-face review. Otherwise, action and duration prior to next follow-up are agreed on the phone.

Telephone review appears to achieve similar rates of control, better review rates and cheaper care compared with usual clinic asthma reviews. Telephone reviews are endorsed by the current guidelines to reach individuals unable/unwilling to come in for regular review. However, they are not thought suitable for those with poorly controlled asthma or where there are problems of inhaler technique.

PCRS published a guide for delivering telephone asthma reviews in primary care: www.pcrs-uk.org

Pinnock H, McKenzie L, Price D, et al; Cost-effectiveness of telephone or surgery asthma reviews: economic analysis of a randomised controlled trial. Br J Gen Pract. 2005 Feb;55(511):119-24.

Make asthma reviews more efficient

9 USE PERSONAL WRITTEN ASTHMA ACTION PLANS TO CUT EMERGENCY PRIMARY CARE APPOINTMENTS.

Several studies have identified positive outcomes of using written asthma action plans. In a key study, Abramson et al (2001) observed that people with asthma who have a written action plan were less likely to die from asthma.

Action plans have also been found to increase patient adherence with prescribed medication use, which in turn results in reduced airway reactivity and emergency hospitalisation. Patients with action plans were more likely to take regular inhaled corticosteroids, to be knowledgeable about asthma, to feel like they were adequately prepared to manage their asthma, and to own a peak flow meter.

In qualitative interviews conducted by Sulaiman et al, 2011, patients who remembered receiving a written asthma action plan found it useful and expressed that it provided confidence in the health care professionals' abilities.

A Cochrane systematic review evaluated the independent effect of providing versus not providing a written action plan in children and adolescents with asthma. Four trials (three RCTs and one quasi-RCT) involving 355 children were included. In children and adolescents with asthma, the "need to treat" figure to demonstrate potential impact of action plans in children in terms of preventing one acute care visit is 9. Currently, a similar need to treat figure is not available for adults.

Abramson, M. J., Bailey, M. J., Couper, F. J., Driver, J. S., Drummer, O. H., Forbes, A., Walters, H. (2001). Are asthma medications and management related to deaths from asthma? American Journal of Respiratory and Critical Care Medicine, 163(1), 12-18.

Adams, R. J., Boath, K., Homan, S., Campbell, D. A., & Ruffin, R. E. (2001). A randomized trial of peak-flow and symptom-based action plans in adults with moderate-to-severe asthma. Respirology, 6, 297-304.

Ruffin, R. E., Wilson, D., Southcott, A. M., Smith, B., & Adams, R. J. (1999). A South Australian population survey of the ownership of asthma action plans. The Medical Journal of Australia, 171, 348-351.

10 ASK PATIENTS TO BRING ANSWERS TO QUESTIONS ABOUT ASTHMA CONTROL.

This was another recommendation by the Primary Care clinicians who attended our roundtable meeting in April 2015. The clinicians who all have a specialist interest in asthma care, found that asking patients to bring the answers to the RCP 3 questions or Asthma Control Test to their review speeds up the consultation.

One clinician said "getting patients to answer these questions before coming through the door helps them engage better during the consultation so you waste less time. You get a better quality review in the limited time you have!"

Modell M, Harding JM, Horder EJ et al. Improving the care of asthmatic patients in general practice. Br Med J 1983; 286: 2027-30.

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