



Improving Health Outcomes for Māori at the Secondary/Primary Care Interface



A Study into the “Did Not Attend” Ambulatory Service Outpatient Clinic Rates by Māori at MidCentral Health



Fay Selby-Law, MidCentral Health



A research project commissioned by the Māori Health Service, MidCentral Health

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"He toa takitini toa, ehara i te toa takitahi"

This work is not the work of one, but the combined effort of all.

1. Executive Summary

Mid-Central Health is committed to implementing He Korowai Oranga – the national Maori Health strategy which includes goals committing the organisation to strengthening healthcare services, promoting independence within a healthy environment, reducing the need for health treatment, providing seamless connections between providers, and ensuring care to iwi Maori is effective. These goals underpin the services provided by the District Health Board in all areas. Outpatient clinics are integral to the range of specialist services provided and when patients do not attend, there are costs to all those involved.

This report examines why Maori do not attend Ambulatory Care outpatient appointments. Outpatient services are an essential core service. They provide follow-up for hospital inpatients and provide specialist service from GP and Health Provider referrals. The issue of non-attendance by clients following an appointment being made is identified as important for a range of key people who are involved with the referrals, with providing the service, and being recipients of the service. The impact on each group varies. The referrers find that specialist treatment is delayed when clients do not attend; the specialist clinics are less efficient when appointments are broken and they are unable to complete their work; and patient care is delayed until a further appointment can be made. There is an impact in terms of timely care in relation to quality of life for the patient and the patient's support systems which can include whānau, friends and work. There are also cost implications for the service provider. Each missed appointment should be counted as two missed appointments – the person that did not attend and the person who could have attended in that person's place.

This project builds on previous research done during the past 5 years. A review of recent literature confirms that District Health Boards in New Zealand and health providers in Australia and Britain have identified the need to support research into why people do not attend appointments provided by outpatient clinics. In New Zealand research has been conducted in Waikato, Hawkes Bay, South Auckland, Northland and Otago. The results are similar and confirm that the issue needs addressing.

Statistics for the 2003/04 year indicate that of the 11,258 "Did Not Attends" approximately 2861 (25.4%) identified as Maori. The focus of this study is on Māori non-attendance and the subsequent findings indicate that there are identifiable issues. The issues are, however, not unique to Maori. This study found that often clients did not agree that they had failed to attend a clinic. They were often unclear as to why they had been referred. A greater flexibility in dates, times and places for clinics are issues that need to be addressed. As with other research, transport is an issue: distance, ability to find a driver, cost of travel and time away from work for oneself or one's driver were issues. Parking difficulties at MidCentral Health, Palmerston North are a barrier for people, especially for those not resident in Palmerston North.

Communication is a significant theme in this and other research. Health providers need to be reminded of the importance of effectively communicating with patients: about why they are being referred, what they can expect, how long they should expect to wait for an appointment, what should be done if they are unable to attend, how to change appointments, how to cancel appointments, how long they will need to wait when attending a clinic. All staff need to be working to ensure that clients are communicated with effectively.

There is some evidence that Maori patients may resist attending if they are uncertain and unclear about what will happen at the clinic. Where clients feel they have been treated with insensitivity, or they perceive that they are being treated by staff that are not fully competent, they are more likely to fail to attend. Negative experiences impact upon patients desire to commit to attending clinics.

This report makes specific recommendations about building effective relationships with clients which includes focussing on providing excellence in customer service, extending the availability of clinics outside Palmerston North, trialling telephone and / or text reminders and seeking creative solutions to contacting patients prior to appointments.

2. Introduction

He Korowai Oranga:Māori Health Strategy has identified effective health and disability services as one of four action pathways that work towards the achievement of "Whānau Ora" i.e. "Māori families that are supported to achieve the fullness of health and wellbeing within te ao Māori and New Zealand society as a whole". As the Provider Arm of MidCentral District Health Board (MDHB), it is largely within this pathway that MidCentral Health is working to achieve whānau ora. This is in line with MDHB's long-term strategic target for the advancement of Māori health.

The MidCentral Health Māori Health Plan has identified priorities as part of a strategic response to meeting the needs of Māori. One priority was to identify why Māori do not access outpatient services to an acceptable level and implement strategies to minimise the number of Māori failing to attend scheduled outpatient clinic appointments. Why is this a priority? Outpatient departments are crucial to successful outcomes for patients that require the specialist clinical care and expertise that operates at the critical interface between primary care and acute services. In addition, both the public and the Ministry of Health expect that MDHB will ensure efficient and effective health care delivery.

3. Background

For the year 2003/2004 the "Did Not Attend" (DNA) rate for Māori was 25.4% for all MidCentral Health Ambulatory Care Clinics. This includes clinics held in Palmerston North hospital, Horowhenua hospital and Dannevirke Community hospital. While acknowledging the financial implications for MidCentral Health, the continuity of care for, and acceptability of services by Māori, were the drivers behind the prioritisation of this issue.

3.1 Goal:

To reduce the incidence of DNA by Māori by carrying out research to:-

- a) Identify reasons for non-attendance at MidCentral Health Ambulatory Care Outpatient Clinics and
- b) recommend strategies to address the findings.

3.2 Objectives:

1. Identify the outpatient clinics that will be the focus of this project.
2. Design the research including suitable research methodology.
3. From the findings of the research recommend appropriate strategies that will address the DNA rate.

This study fulfils the objectives identified above – to develop and undertake research within specific outpatient clinics and recommend strategies to reduce the DNA rate for Maori.

4. Literature Review

The Literature Review confirmed that there are few published studies recording non-attendance by outpatients in New Zealand. It identified 10 key reports and journal articles published between 2001 and 2003 in New Zealand and Australian journals and the British Medical Journal, which addressed the issue of patient non-attendance at out-patient appointments. Five specifically addressed non-attendance by Maori (Coffin et al 2002; Reti 2002; Gulliver 2003; North 2003; Reti 2003). The Coffin et al study in 2002 noted the absence of research about why Maori patients do not attend clinic appointments and that the rate for Maori was higher than for non-Maori. It also noted that there had been little research identifying the reasons for this phenomenon.

Reti's 2002 study looked at non-attendance across the New Zealand health sector by using a telephone study over a two month period. He identified non-attendance as a significant problem for

District Health Boards which identify the cost to the organisation as important. Reti's 2003 article reports on telephone reminders for out-patient department appointments and indicates that there is a significant improvement in attendance when reminders occur 24 hours prior to the appointment. North's 2003 report shows that at Waikato DHB, there was up to 16% non-attendance in the plastics clinic in 2002, nearly 22,000 appointments out of 272,894 were missed overall. Gulliver's research was specific to Maori and the Manawatu as it concerned the Cancer Society in the Manawatu. It recommends that the Cancer Society builds relationships with Maori Health Providers to enhance the services provided to Maori.

The Australian and British studies confirm that the issue is not a New Zealand one, not a Maori one, and is identified in Britain and Australia research as worthy of further attention and resolution due to the cost to providers and the inability of the provider to meet the needs of the patient who fails to attend. It is particularly important because of the tendency for early discharge of patients and the need for patients to return to clinics for follow-up care.

5. Methodology

MCH offers approximately thirty one Ambulatory Care outpatient clinics in Manawatu, Tararua and Horowhenua. Six clinics were chosen for the study. The clinics were Ear Nose and Throat (ENT) – Adults and Children, Paediatrics, Colposcopy, Gynaecology and Renal. The Māori DNA rate by percentage in these clinics were amongst the highest.

Support for this study was gained from MidCentral Health, Māori Health Providers and MIPA. Ethical approval was gained (MSH/04/06/020).

The study had three components:-

- a) Statistical data from the clinics was analysed by John Waldon, Senior Researcher, Te Pumanawa Hauora, Massey University, to determine if there were significant differences in the relative risk of non-attendance for Māori between the selected clinics. The data was then analysed to compare the relative risk of non-attendance in the selected clinics between Māori and non-Māori.

The analysis was carried out to determine whether the data could tell us anything about Māori DNA behaviour.

- b) The study survey was developed based on DNA factors identified in the literature and was designed to elicit information regarding un-notified non-attendance. There were three sections:-
 - 1) about the appointment e.g. which clinic, who was the referrer, etc.
 - 2) appointment itself – a) did not attend and b) did attend
 - 3) opportunity to make further comment regardless of non-attendance or attendance

Section 2b was developed following the pre-test of the survey. This was in response to several interviewees that insisted they had attended their appointments. Also, several who did not attend but had attended since or previously and wanted an opportunity to have these recorded as well. When collating the results, if the interviewee ticked non-attendance but also gave information with regard to attendance at other appointments the survey was recorded as "Did Not Attend" (DNA) and only information pertinent to the "DNA" was included.

Interviewees were randomly selected from 2003 clinic non-attendance records. Initial contact was made by phone. If potential interviewees agreed then they were given a choice of interview-type i.e. telephone-interview-assisted, kanohi-ki-te-kanohi, email or postal survey.

c) A study survey was developed for outpatient clinic staff to be completed by all staff working in the clinics. This was primarily to gauge staff perceptions with regard to non-attendance.

6. Summary - Results

6.1 Statistical Data Analysis

The statistical data analysis looked at the total number of Māori Did Attend and Did Not Attend in the last six months of 2003 in the selected clinics. Comparison of DNA for each clinic compared with the total numbers of Māori illustrated the differences in Māori attendance. The relative risk of clinic non-attendance between clinics was, apart from ENT, statistically significant. The clinics are listed from most likely to attend to least likely to attend:- Renal, ENT, Gynaecology, Paediatric and Colposcopy.

A further analysis was carried out to compare the relative risk of non-attendance between Māori and non-Māori by clinic. By clinic, the relative risk of non-attendance by Māori and non-Māori in the selected clinics was higher for Māori e.g. Māori were four times as likely not to attend and non-Māori were three times as likely not to attend the colposcopy clinic. However, the ranking from most likely to attend to least likely to attend is the same for Māori and non-Māori, i.e.:- Renal, ENT, Gynaecology, Paediatric and Colposcopy.

The similarity in the rankings may suggest that there are overall factors that contribute to DNA irrespective of whether the person is Māori or non-Māori. The fact that the relative risk of non-attendance is higher for Māori should justify the development of strategies to specifically address the reduction of DNA for Māori.

6.2 Study Survey – Respondents

141 phone contacts were made. In total, 82 questionnaires were collected. The majority were self-completed postal surveys followed by telephone-interview-assisted surveys. Of these, there were 80 valid questionnaires (57%) i.e. contained enough information to be able to inform the study. Of the 80, 53 were Did Not Attend and 27 were Did Attend. The results are expanded upon further in this report.

6.3 Study Survey - Staff

Sixty five paper-based surveys were sent to clinic staff. Twenty four were completed and returned. This included specialists, registrars, house surgeons, nursing and clerical staff. The response rate was 37%. Again, the results are expanded upon further in this report.

7. Date Presentation - Respondents

7.1 About The Appointment

Most respondents reported having appointments with one clinic. Whilst a small number reported having two clinics for their appointments, only the appointment identified by MCH as DNA was recorded. Table 1 summarizes all the clinic appointments for both did not attend and did attends.

Table 1: Clinics for clients' appointments (n=80)

| Clinic | Did Not Attend | Did Attend | Total |
|----------------------------|----------------|------------|-------|
| Gynaecology | 12 | 8 | 20 |
| Ear, Nose & Throat - Child | 14 | 4 | 18 |
| Colposcopy | 10 | 4 | 14 |
| Childrens | 8 | 4 | 12 |
| Ear, Nose & Throat - Adult | 7 | 5 | 12 |
| Renal | 2 | 1 | 3 |
| Other | 0 | 1 | 1 |
| <i>Total</i> | 53 | 27 | 80 |

Responses were received from all areas within the MidCentralDHB region with the majority of respondents living in Palmerston North. Four were from people resident in other DHB regions.

7.2 Clinic Appointment Information

Two of the 80 respondents stated that they did not receive notification of an appointment (which is a result in itself). For the remaining 78 respondents, details of their clinic appointment information is summarised in Table 2 below.

Table 2: Summary of clinic appointment information (n=78)

| Detail | Response | % | Response | % | Total |
|---|-------------------|-------|--|-------|-------|
| Source of referral | GP | 77% | Other | 20.5% | 97.5% |
| | | (60)* | | (16) | (76) |
| Notified by | Appointment | 71.8% | Appointment card and letter | 24.3% | 96.1% |
| | Card | (56) | or phone call or all three | (19) | (75) |
| Choice of time and date | Yes | 21.8% | No | 68% | 89.8% |
| | | (17) | | (53) | (70) |
| First Specialist Appointment (FSA) | Yes | 31% | No | 51% | 82% |
| | | (24) | | (40) | (64) |
| Correct information on appointment card | Yes | 88.5% | No | 0% | 88.5% |
| | | (69) | | | (69) |
| Waiting time for appointment | One month or less | 33% | More than one month and up to six months | 40% | 73% |
| | | (26) | | (31) | (57) |

*Actual number of responses

The majority of referrals were made by the respondents' own GPs. A small number were made by specialists and primary health care providers e.g. 5 referrals were made by Māori Health Providers. The balance of the totals is made up of respondents that gave no answer or "not sure" to the questions.

7.3 Did Not Attend The Appointment

The survey result reveals that 66% (53/80) of respondents did not attend their appointment. Table 5 identifies factors for non-attendance and lists them in order of the number of responses.

Table 5: Responses to reasons for non-attendance at clinics (n=141)

| Reason | No. of Responses | Cumulative No. | % | Cumulative % |
|---|------------------|----------------|------|--------------|
| Transport issues | 18 | 18 | 13.5 | 13.5 |
| Dependants | 13 | 31 | 9.2 | 22 |
| Medical reason | 12 | 43 | 8.5 | 30.5 |
| Communication issues including patient lack of understanding | 12 | 55 | 8.5 | 39 |
| Other appointments/things to do | 10 | 65 | 7.0 | 46 |
| Forgot | 8 | 73 | 5.7 | 51.7 |
| Financial issues | 8 | 81 | 5.7 | 57.4 |
| Date and time inconvenient | 6 | 87 | 4.2 | 61 |
| Couldn't afford time off work (cost) | 6 | 93 | 4.2 | 65 |
| Thought appointment had already been cancelled | 6 | 99 | 4.2 | 70.2 |
| No notice or short notice | 5 | 104 | 3.5 | 73.7 |
| Emotional upsets in private life | 4 | 108 | 2.8 | 76.6 |
| Waiting time at clinic | 4 | 112 | 2.8 | 79.4 |
| Didn't think it was serious/condition improved | 3 | 115 | 2.1 | 81.5 |
| Needed support | 3 | 118 | 2.1 | 83.7 |
| Staff attitude/ perceived unprofessionalism | 3 | 121 | 2.1 | 85.8 |
| Don't like the hospital and/or clinic space | 3 | 124 | 2.1 | 87.9 |
| Didn't know time and date | 3 | 127 | 2.1 | 90 |
| Didn't know how to cancel or reschedule | 3 | 130 | 2.1 | 92.1 |
| Unaware of cultural support from staff | 2 | 132 | 1.4 | 93.6 |
| Wasn't able to take time off work (job security/expectations) | 2 | 134 | 1.4 | 95 |
| Appointment changed | 2 | 136 | 1.4 | 96.4 |
| Difficulty finding a carpark | 1 | 137 | .7 | 97.1 |
| Distance to hospital clinic | 1 | 138 | .7 | 97.8 |
| Lost appointment card | 1 | 139 | .7 | 98.5 |
| Couldn't be bothered/not important | 1 | 140 | .7 | 99.2 |
| Arrived too late for appointment | 1 | 141 | .7 | 100 |
| Total | 141 | 141 | 100% | 100% |

7.3.1 Discussion

141 responses for non-attendance were made by the 53 respondents. 43% stated 1 reason and 57% stated 2 or more reasons for non-attendance. The study identified that there were often multiple, interrelated reasons for non-attendance. For example, wrong pay week meant that there was no money for petrol, date and time were inconvenient because dependants had to be picked up from school.

The first six reasons account for nearly 60% of non-attendance. Transport issues included no car, unable to drive, unable to access public transport and unable to get a ride from family and friends. Issues with dependants ranged from difficulty in organising care, to appointments not compatible with child care or school, to unwilling to bring other siblings to clinic. Some respondents said that they didn't understand how important it was to attend the appointment, why the appointment was necessary and what was said at a previous appointment. Others said that there was not enough or no information and they didn't have anyone to explain it to them. Some simply stated that they had forgotten. Cost of transport was the main financial impediment identified. This included taxi fares, public transport costs, petrol for own car or for other people's vehicles. There were also financial implications for those that couldn't afford to take time off work.

Of the 53 respondents that Did Not Attend, 22 of these were in paediatric clinics i.e. either Childrens or Ear, Nose and Throat. Responses were made by parents or caregivers of the child. Paediatric Did Not Attends are of particular concern as children do not have a say as their health care is the responsibility of others. Failure to attend can have a negative impact on the child at a crucial time in their developmental wellbeing.

7.4 Attended the Appointment

34% (27/80) of respondents did attend their appointment. Table 6 identifies factors that encouraged clinic attendance and lists them in order of the number of responses.

Table 6: Responses to factors which encouraged attendance at clinics (n=259)

| Factor | No. of responses | Cumulative No. | % | Cumulative % |
|---|-------------------------|-----------------------|----------|---------------------|
| Clinic easy to find | 24 | 24 | 9.3 | 9.3 |
| Family/whānau supportive | 23 | 47 | 8.9 | 18.1 |
| Understanding of condition and need to attend | 23 | 70 | 8.9 | 27 |
| Environment and staff helpful & supportive | 22 | 92 | 8.5 | 35.5 |
| Able to transport self | 20 | 112 | 7.7 | 43.2 |
| Previously seen by specialist or doctor | 19 | 131 | 7.3 | 50.5 |
| All the information on appt card | 18 | 149 | 6.9 | 57.5 |
| Date and time convenient | 18 | 167 | 6.9 | 64.4 |
| Referral process was clear | 17 | 184 | 6.6 | 71 |
| Doctor/Nurse gave good explanations | 17 | 201 | 6.6 | 77.6 |
| Know the specialist/doctor | 17 | 218 | 6.6 | 84.2 |
| Letter was correct and easy to understand | 15 | 233 | 5.8 | 90 |
| Easy access to transport | 14 | 247 | 5.4 | 95.4 |
| Staff updated information at each visit/contact | 12 | 259 | 4.6 | 100 |
| Total | 259 | 259 | 100% | 100% |

7.4.1 Discussion

259 responses were made by the 27 respondents as to factors that encouraged their attendance. All of them gave at least six responses each with two stating that all 14 factors encouraged their attendance. Again, there were multiple reasons and these were often inter-related. For example, a supportive family/whānau environment sometimes meant there was easy access to transport. Good explanations from the doctors and nurses meant there was an understanding of the condition and the importance of attending the appointment. Fourteen of the 27 were first specialist appointments.

Some of the respondents took the opportunity to provide positive commentary and praise for specific staff members and acknowledgement of their expertise. Others stated that while they did attend the appointments they still found some of the processes difficult to cope with. For example, keeping other children occupied while waiting and getting past the embarrassment.

8. Data Presentation - The Staff

The survey was conducted using a written questionnaire to be completed individually by staff. There were 65 staff who worked in the clinics where the survey was conducted and to whom a questionnaire was sent. A total of 24 valid questionnaires were completed. The response rate was 36.9% (24/65).

8.1 Staff and Clinics

Table 7 summarises the staff groups and clinics in which the staff work.

Table 7: Staff Responses

| Profession | Gynaecology | Colposcopy | Childrens | ENT Adult | ENT Child | Renal | Total |
|-------------------------|-------------|------------|-----------|-----------|-----------|-------|-------|
| Doctor/Specialist | 3 | 2 | 2 | | | 1 | 8 |
| Nursing | 2 | 2 | 3 | 1 | 1 | | 9 |
| Registrar/House Surgeon | 5 | 2 | | | | | 7 |
| Clerical | 1 | 1 | 1 | 1 | 1 | | 5 |
| Management | | | 1 | | | | 1 |
| Other | | | | | | 1 | 1 |
| Total | 11 | 7 | 7 | 2 | 2 | 2 | 31 |

The majority of respondents worked in gynaecology. Some respondents worked in more than one clinic hence the difference between surveys received and staff responses.

The survey asked a series of questions that fall into four categories:-

- i) Clinic Process – receiving and processing referrals, allocating appointments, using the booking system,
choice of time and date, giving appointment reminders
- ii) The Appointment – checking patient details, keeping patients informed if clinic is running late, greeting patients, ability to bring support and explanation of medical condition and/or clinical procedure
- iii) Reasons for “Did Not Attend”
- iv) Opportunity to make further comment.

8.2 Staff – Clinic Process

All respondents were knowledgeable about the processes related to their role within the clinics i.e. receiving and processing referrals, allocating appointments and if applicable, using the booking system. A small number of staff were familiar with all the processes within their particular clinic.

“Sometimes” was the most frequent answer (14/22) to the question as to whether patients had a choice of appointment time and date. The circumstances in which this occurred varied from clinic to clinic and person to person. A respondent thought that the ability to “refuse” an appointment and be given another appointment was the same as being given a choice of appointment time and date.

The majority (14/22) of respondents reminded patients of appointments. Usually patients were reminded by a telephone call. One respondent thought that the appointment card/letter was enough and patients shouldn’t have to be reminded.

If a patient failed to attend some specialists attempted to contact the patient to ensure that they would attend a future appointment.

8.3 Staff – About The Appointment

All respondents believed that patient details were checked on arrival. If clinics were running late nine of 24 respondents answered that patients were informed while 10 of 24 respondents stated that sometimes patients were informed. One respondent explained that patients were informed sometimes *if reception had been informed by staff* when clinics run late. All respondents that had contact with patients introduced themselves by name. Again, all respondents that had contact with patients believed that appropriate explanations of medical conditions and/or clinical procedures are given. All respondents are aware that patients are able to bring support people with them.

8.4 Staff – Reasons for Did Not Attend Appointment

Staff were asked why they thought patients did not attend appointments. Fourteen reasons were listed as reasons for "Did Not Attend". Most respondents gave multiple answers to this question. The following table lists the reasons in order of the number of responses.

Table 8: Staff Respondents – The most common reason for DNA (n=124)

| Reason | No. of Responses | Cumulative No. | % | Cumulative % |
|---|------------------|----------------|------|--------------|
| Some patients:- | | | | |
| forget | 17 | 17 | 13.7 | 13.7 |
| don't think it's important or can't be bothered | 12 | 29 | 9.7 | 23.4 |
| improve prior to the appointment and believe the appointment is no longer necessary | 12 | 41 | 9.7 | 33.1 |
| do not have access to transport | 12 | 53 | 9.7 | 42.8 |
| get the time and date mixed up | 11 | 64 | 8.9 | 51.7 |
| don't know how to re-schedule or cancel their appointment | 10 | 74 | 8 | 59.7 |
| can't understand why the appointment was needed | 9 | 83 | 7.3 | 67 |
| have dependants whom they are unable to leave | 8 | 91 | 6.4 | 73.4 |
| believe they are unable to take time off work | 8 | 99 | 6.4 | 79.8 |
| appointment card or letter arrived too late | 7 | 106 | 5.7 | 85.5 |
| fear what might be found | 7 | 113 | 5.7 | 91.2 |
| condition deteriorates and they are unable to attend | 5 | 118 | 4 | 95.2 |
| don't understand what is written on the appointment card or letter | 3 | 121 | 2.4 | 97.6 |
| don't know where to go | 3 | 124 | 2.4 | 100 |
| Total | 124 | 124 | 100% | 100% |

8.5 Staff – Further Comment

Many of the staff provided comments at the end of the survey. Their comments mainly involve reasons for clinic non-attendance and suggestions to improve the attendance. These comments are listed below:-

- * seems patients tend not to attend on very sunny or rainy days or on public holidays,
- * personally I don't mind the reason as long as they phone and cancel so that someone who does want an appointment could attend rather than wasting valuable time. It's only polite to phone,
- * colposcopy involves asking very personal questions and examining "private parts". Many women therefore believe that only a woman can offer such an examination or request they see only a woman (doctor/specialist). In our department demand (for a female clinician) is greater than supply. I believe that the service offered by the male gynaecologists is just as good – it's all about public perception,
- * are too embarrassed to come,
- * the most common reason for cancelling is due to periods,
- * patients should be educated that doctors are busy and might run late, be patient and accommodating rather than walking out of the clinic before being seen by the specialist,
- * patients should arrange alternatives for people who would pick up kids,
- * there is a certain apathy and an awareness that the hospital will make another appointment if (patients) request it,
- * colposcopy 'chases' the patients rather more actively than gynaecology,
- * people are just people,
- * I've worked in the UK and it seems that a lot more patients DNA here but am unsure about the reasons,
- * should we phone everyone prior to an appointment or text them?
- * I have found that GPs or referrers to clinics don't inform patients.

9. Analysis

9.1 Did Not Attend Appointment

Staff perceptions of DNA are congruent with the findings of the Coffin et al (2002) research which found that 40% (54/134) of their sample lacked motivation to attend. 26% of the 55% who received the appointment letter either forgot or got the time and date mixed up. As mentioned in the literature review this research is one of five specifically relating to Māori. It should be noted that the research asked six questions under the "lacked motivation to attend" heading. Similar questions in this study were listed separately.

The reasons for Did Not Attend in this study clearly indicates that justifiable reasons for non-attendance were in the majority. One of the respondents stated that she forgot and qualified this by saying that she was glad she had forgotten. She was a mother of three pre-school children, with a husband who was working overseas, and could not bear the thought of looking after three children in the waiting room while waiting for an appointment.

The responses do not indicate that there are specific issues pertaining to being Māori that contribute to the DNA rate. Only two respondents indicated that cultural support may have encouraged their attendance. Instead, cost was a major factor e.g. cost of transport, child care, time off work together with child care issues and lack of understanding about the appointment. This may indicate that the issues are more about socio-economic capability and capacity. This does not mean however, that cultural competence does not play some part in the fact that Māori are more likely to DNA in the selected clinics.

9.2 Modifiable Factors

Some of the reasons given for DNA include factors that make it very difficult, if not impossible for MidCentral Health to do anything about. However, there are a number of reasons that offer opportunities to minimise Did Not Attend.

Administrative Processes

- ◆ Offer choice of time and date
- ◆ Implement a reminder system
- ◆ Identify those at risk of DNA. Psychology research suggests that current or past behaviour is the best predictor of future behaviour (Collins et al). Therefore, if a patient has previously been recorded as FSA DNA a reminder process should be mandatory for the second appointment.
- ◆ Notification of the appointment to the referrer. The referrer could potentially act as a support for the person as well as an avenue for a reminder process.
- ◆ Accurate recording of DNA. One in three respondents listed as DNA insisted they had attended the appointment. One respondent recalled exactly what she was doing before and after the appointment. Another respondent was in ED at the time of the appointment but had rung earlier to cancel the appointment.
- ◆ Two of the respondents had been in hospital prior to their appointments and had been told by their doctor not to attend the appointment. The respondents had then assumed that the "hospital" knew that they wouldn't be attending the appointment. In-patient services should be responsible for either notifying the clinic or advising patients that they still need to cancel their appointment.

Environment

- ◆ Strategies that reduce the uncertainty of waiting. An article by Leebov (2006) suggests that waiting seems longer when you don't know the reason for the wait. Also, patients are often anxious and unexplained waiting tends to exacerbate the situation. Be proactive about the wait e.g. if the clinic is running behind schedule when the patient arrives, the patient should be told this when they register at reception.
- ◆ If possible and practical, hold clinics in the community where people are familiar with the surroundings and feel comfortable about attending. This may also alleviate the need to travel and therefore the costs of travel.
- ◆ At the time of referral, explain what patients will find when they arrive at the hospital and at the clinic. For example, the walking distance if you can't be dropped off at the entrance, ask for directions at the front desk rather than trying to read the signs.

Staff

- ◆ Explaining the time between referral and appointment. Sharp and Hamilton (2001) identified that the strongest predictor of DNA is the time interval to the appointment. The referrer has the best opportunity to do this if the referrer is familiar with the workings of the clinic.
- ◆ Respondents stated that the reason they did not attend was because they didn't know or understand why they had been referred (8.5% i.e. 12 of 141 responses). This reason supports the staff comment that GPs or referrers don't inform patients. Others stated that they didn't attend because they thought the condition had improved. Again, referrers, mainly GPs, need to ensure that patients have understood the reason and importance of the referral.
- ◆ Some respondents were unhappy that they were seen by different doctors each time they came and felt like they needed to "start again" at every appointment especially when doctors asked the same questions as had been asked at previous appointments. Following the introduction, doctors could address this issue by acknowledging that the patient had been seen previously by *doctor's name* but had familiarised themselves with the patient's situation by reading the notes (prior to the appointment) and now needed to ask some questions to ensure he/she had the facts right.
- ◆ Staff should be seen to be empathetic. One respondent reported hearing staff comment on the size (overweight) of a previous patient. This person was also overweight so left without being seen. Another respondent felt she had been "told off" for a previous DNA so had decided not to go back.

Patient Responsibility

- ◆ The time of referral is the best opportunity to ensure that patients understand their responsibilities. Referrers should ensure that the patient knows to cancel if they cannot attend an appointment. For example, if a referral is made to the colposcopy clinic the referrer needs to advise the patient that the appointment needs to be postponed if the patient becomes pregnant. Referrers should also be sure of clinic processes if a patient does cancel e.g. will the patient get another appointment, etc. If the referrer is notified of the appointment and the patient's condition deteriorates and is unable to attend, the referrer may have the opportunity to remind the patient to cancel or may be given permission to cancel the appointment by the patient.

9.3 Did Attend Appointment

The responses to this section give a clear indication as to the factors that support attendance. Family/whānau support, understanding of condition, clear administrative processes, good communication with hospital staff and access to transport are vital to positive interaction with the health system. As mentioned previously, staff were complimented on their positive interaction with patients.

As mentioned in the methodology, this section was included as a result of feedback from the survey pre-test. It has been particularly useful as it has enabled us to look at the issue from both sides i.e. the reasons identified by those who did attend the appointment reinforce the reasons for non-attendance.

10. Conclusion

The January 2005 Ambulatory report indicates that in the 2003-2004 year nearly 31,000 people failed to attend MCH outpatient clinics. 25% were identified as Maori. Given that the Maori population is approximately 15%, it is timely that a report focussing on Maori non-attendance is completed in order to ensure that reasons are identified and strategies introduced to ensure that access by Maori to effective and efficient health care is readily accessed in an environment which is appropriate for Maori.

Although other demographic detail was collected, this study did not consider any other demographic detail apart from ethnicity. The clinics selected for this study meant that it was highly likely that the majority of respondents would be female. It is a small study as it targeted a selected group of clinics within MCH of which Māori make up a smaller proportion than non-Māori. While the patient information used for the study was 2003-2004 information, statistical information for the 2005 year indicate no major differences in Māori and non-Māori DNA statistics.

This study focussed on Maori who were reported as having failed to attend outpatient clinics in any one of six clinics. Patients who were identified by MCH as having missed an appointment(s) were invited to participate in this study and staff who work within the clinics were asked to complete a postal survey.

Transport difficulties are identified by patients and staff. This relates to distance, ability to find a driver, cost of travel, time away from work for oneself and one's driver, parking at Palmerston North. Creative solutions need to be explored to address transport barriers.

It is clear that clients who are unwell can easily be discouraged by negative experiences involved in getting to, or at, their appointments. Being treated insensitively, impatiently or inappropriately by service providers creates barriers. Conversely, according to the research, if a patient has a positive experience when attending a clinic, they would be more likely to attend subsequent appointments.

While this study focused on the outpatient clinic DNA rate for Māori at MidCentral Health it should be remembered that MidCentral Health is not the first point of contact on the health care continuum for patients and their whānau and families. There is a need for a recommitment to ensuring that effective communication is prioritised – from the GP ensuring that the patient is clear about why they are being referred to a clinic, how long they can expect to wait, accurate information being sent to

the clinic, correct contact details being available, what to expect during the consultation, and what follow-up can be expected. At the clinic, front-line staff need to be effective communicators, clerical, nursing staff, medical staff and consultants must be able to communicate with Maori patients, be culturally sensitive and have a knowledge of tikanga Maori. Maori patients can resist treatment and avoid attending clinics if they are uncomfortable or offended by the environment or staff.

Effective communication is a key to improving access and thereby reducing the Did Not Attend rate. Communication between health sector clinicians and patients, patients and their whānau and families and amongst secondary and primary care clinicians.

11. Recommendations

- ◆ That strategies to address Māori DNA be developed, implemented and evaluated. This study did not show that non-attendance was particularly due to a deficit in cultural competency and may be due instead to a lack of socio-economic capacity. This may lead us to consider issues of inequality as opposed to ethnicity. If this is the case, then those strategies that are shown to be effective in reducing Māori DNA may well work across the population. The delivery of those strategies may differ between Māori and non-Māori populations.
- ◆ That an in-depth study that analyses the demographics of the Ambulatory Service Outpatient Clinic population be undertaken to further explore DNA behaviour. There is huge scope to develop research around times of appointments, male and female DNA, distance to travel, etc.
- ◆ That referrers and services work in close collaboration to address Did Not Attend issues.
- ◆ That MCH consider innovative environmental strategies e.g. provision of a child-minding facility, designated parking closer to clinics for the elderly or those with young children, provision for disability.

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Outpatient Clinics - did not attend survey
For Māori only
(August 2003 - August 2004)

Patient survey form

*Haere e whai i te waewae o Uenuku,
kia ora ai te tangata.*

The Māori Health Unit at MidCentral Health (encompassing Dannevirke Community Hospital, Pahiatua Community Health Services, Otaki Community Health Centre, Horowhenua Hospital - Levin, Clevely Health Centre - Feilding and Palmerston North Hospital) are conducting a study on behalf of the District Health Board.

The aim of the study is to find out why Maori patients do not attend outpatient clinic appointments and if there is anything the District Health Board can do to better to encourage people to attend.

Six clinics have been chosen to study.

The names of people who have had appointments during 2003 with these six clinics have been collated.

Thank you for agreeing to participating in the study by answering the questionnaire. The answers you give will be analysed with the answers from others and we hope this will enable MidCentral Health to put in place some strategies to improve services and the access of services to Māori at all MidCentral Health sites.

You are able to withdraw from the study at any time, you can decline to answer any particular questions and you are welcome to ask any questions you may have about the study. Your participation or non participation will not affect any service you may receive from MidCentral Health DHB.

If you would like access to a summary of the study's findings we can arrange to have this made available to you.

This study has been given ethical approval by the Manawatu/Whanganui Ethics Committee. Contact: Sheryl Kirikiri, Administrator. Ph 06 350 8199.

Email: centralethics@xtra.co.nz

I read the explanation and am happy to participate in the study.

Print

name: _____

Signed: _____

Date: _____

Name of Interviewer: _____

Signature: _____

Date: _____

We are happy to provide you with a copy of the summary of the findings of the study.

I would like a copy.

Demographics

1. Your name: _____ (first name)

_____ (surname)

2. You are? Male Female

3. When were you born? _____ / _____ / _____
Day (eg 2) Month (eg 11) year you were born (eg 1966)

4. Where do you usually live? Print full address below.

I filled out this questionnaire on... / -

About the appointment.

1. Which clinic was your appointment with?

- | | |
|---------------------------------|----------------------------|
| Children's | <input type="checkbox"/> 1 |
| Ear, Nose & Throat - adult | <input type="checkbox"/> 2 |
| Ear, Nose & Throat - children's | <input type="checkbox"/> 3 |

- Gynaecology 4
- Colposcopy 5
- Renal 6
- Other 8
- Don't know 99

2. Do you know who referred you to the hospital clinic you were to attend?

- yes 1
- was it?*

- My own doctor 1
- I saw a different doctor @ _____ 2
- A specialist _____ 3
- A nurse _____ 4
- Other _____ 8

- no 2
- unsure 99

3. Were you notified of your appointment with the hospital?

- yes 1
- no 2
- don't know 99

If no - finish.

If yes did you -

- I received an appointment card in the mail. 1
- I received a letter in the mail. 2
- I received a phone call from _____ 3
- Other. _____ 8

4. Did you have a choice in the date and or time of the appointment?

- yes 1
- no 2
- unsure 99

5. Was this a first appointment?

- yes 1
no - it was the _____ appointment. 2
unsure 99

6. How long did you wait for your appointment following your visit to the referrer(Dr, Nurse etc.)?

- _____ Day/s 1
_____ Week/s 2
_____ Month/s 3
unsure 99

7. Was the information about you correct on the appointment notice?
(eg. Name, address, phone number)

- yes 1
partially 2
no 3
don't know 99

8. Was the information about the appointment correct on the notice you received?

Overall

- yes 1
no 2
unsure 99
if no - was it the

- Date and time 1
Clinic/venue 2
Specialist/Dr's name 3

9. Did you know who to contact to change your appointment?

- yes 1
no 2
unsure 99

About attending the appointment

10. Did you attend the appointment?

- yes 1
no 2

If yes go to question 21 on page 11.

If No,

11. Was your appointment changed?

- yes 1
no 2

12. Did you know how to 'cancel' an appointment?

- yes 1
no 2

13. Did you know how to 'reschedule' an appointment?

- yes 1
no 2

14. Were you unable to attend - but you did have all the information you required?

- yes 1
no 2
unsure/refused 99

If No (tick one or more of the choices below)

- The appointment card/letter arrived too late 1
I didn't know the date and time. 2
I didn't know where to go. 3
I didn't understand what was said at the first visit re follow up. 4
I couldn't understand what was said in the letter or phone call. 5
The information on the appointment card/letter was incorrect. 6
I didn't know how to cancel or reschedule. 7
Other _____ 8

15. Were you unable to attend because you didn't wish to attend this clinic?

If Yes (tick one or more of the choices below)

- I was in hospital at the time and didn't think about it. 1
- The condition had improved so I thought the visit was no longer necessary. 2
- The condition had deteriorated so I was too sick to travel. 3
- I feared what may be found eg. A more serious illness. 4
- Other _____ 8

18.If you did not attend, which of the following affected your decision?

- I didn't think I could afford any charges they have. 1
- I didn't have the money for petrol/other transport. 2
- I couldn't afford to take time off work.
(worried about losing wages.) 3
- I didn't think I could afford any further medical costs.
eg. Prescription/medication. 4
- Other _____ 8
- Unsure 99

19. There were other reasons not to attend?

- yes 1
- no 2
- unsure 99

If Yes (tick one or more of the choices below)

- I was seen privately. 1
- I do not like coming into the hospital/clinics. 2
- I have had issues with hospital clinics in the past. 3
- My family did not want me to attend. 4
- I am unaware of any cultural support from clinic staff. 5
- I didn't like the manner at the reception. 6
- Other _____ 8

20. Is there anything that would assist your ability to attend?

- yes 1

please specify _____

no 2
other _____ 8

For those who attended appointments

21. Were there things that assisted you in attending your clinic appointment?

yes 1
no 2
unsure 99

If yes please tick the statements below that apply to you.

The referral process was clear. 1
My doctor/nurse gave good explanations. 2
All the information was on the appointment card. 3
The letter was correct and easy to understand. 4
The staff updated my information at each visit/contact. 5
Other _____ 8

At the hospital

22. Was the clinic easy to find?

yes 1
no 2

23. Was the environment and staff helpful and supportive?

yes 1
no 2
unsure 99

24. Was the date and time convenient for you?

yes 1
no 2

other _____ 8

25. *Were you able to transport yourself to your appointment?*

yes 1
no 2

26. *If you did not have your own transport, were you able to access it easily.?*

yes 1
no 2

27. *Are your family/whanau supportive of you attending clinic appointments?*

yes 1
no 2

28. *Do you have an understanding of your/ your child's condition and agree with the need to attend the appointment?*

yes 1
no 2

29. *Have you previously been seen by the specialist or doctor you were to see?*

yes 1
no 2

30. *Did you know the specialist/doctor you were seeing?*

yes 1
no 2

31. *Are there any other reasons that assisted you attending your appointment?*

Do you have any other comments you would like to make about hospital appointments and/or clinics.

Outpatient Clinics - did not attend survey
For Māori only
(August 2003 - August 2004)

Staff survey form

*Haere e whai i te waewae o Uenuku,
kia ora ai te tangata.*

The Māori Health Unit at MidCentral Health are conducting a study on behalf of the District Health Board.

The aim of the study is to improve health services to Maori and to improve access of health services to Maori by looking into the reasons Māori attend or do not attend outpatients clinics.

Six clinics have been chosen to study.

As a staff member involved in these clinics we have contacted you to gain your permission to complete the questionnaire.

If you have any queries relating to the questions I am here to answer them/

All the information you are giving will be kept confidential and you will not be identified by name in any reports written on the completion of this study.

You may decline to answer any questions and you are able to stop the interview at any time.

Your answers will be collated along with other staff who have/are being interviewed.

We appreciate the time you have given us today.

I agree to take part in the study on attendance at outpatients clinics at MidCentral Health.

I understand I can refuse to answer any questions and stop the interview if I wish.

Print
name: _____

Signed: _____

Date: _____

About appointments

3. Which clinic/s do you work in?

- | | |
|---------------------------------|-----------------------------|
| Children's | <input type="checkbox"/> 1 |
| Ear, Nose & Throat - adult | <input type="checkbox"/> 2 |
| Ear, Nose & Throat - children's | <input type="checkbox"/> 3 |
| Gynaecology | <input type="checkbox"/> 4 |
| Colposcopy | <input type="checkbox"/> 5 |
| Renal | <input type="checkbox"/> 6 |
| Other _____ | <input type="checkbox"/> 8 |
| Don't know | <input type="checkbox"/> 99 |

4. To which group of staff do you belong?

- | | |
|---------------------------|-----------------------------|
| Doctor/specialist | <input type="checkbox"/> 1 |
| Registrar / house surgeon | <input type="checkbox"/> 2 |
| Nursing | <input type="checkbox"/> 3 |
| Clerical | <input type="checkbox"/> 4 |
| Management | <input type="checkbox"/> 5 |
| Other _____ | <input type="checkbox"/> 8 |
| Don't know | <input type="checkbox"/> 99 |

3. Do you receive the referral letter or information

- | | |
|------------|-----------------------------|
| yes | <input type="checkbox"/> 1 |
| no | <input type="checkbox"/> 2 |
| sometimes | <input type="checkbox"/> 3 |
| don't know | <input type="checkbox"/> 99 |

4. Do you process the referral letter or information?

- | | | |
|------------|--------------------------|----|
| yes | <input type="checkbox"/> | 1 |
| no | <input type="checkbox"/> | 2 |
| sometimes | <input type="checkbox"/> | 3 |
| don't know | <input type="checkbox"/> | 99 |

5. Do you allocate appointments for patients?

- | | | |
|------------|--------------------------|----|
| yes | <input type="checkbox"/> | 1 |
| no | <input type="checkbox"/> | 2 |
| sometimes | <input type="checkbox"/> | 3 |
| don't know | <input type="checkbox"/> | 99 |

6. Do you use the urgent/semi-urgent/routine system for booking in patients?

- | | | |
|------------|--------------------------|----|
| yes | <input type="checkbox"/> | 1 |
| no | <input type="checkbox"/> | 2 |
| sometimes | <input type="checkbox"/> | 3 |
| don't know | <input type="checkbox"/> | 99 |

7. If yes, please give the approximate time for each system

- | | | | |
|-----------|-------------|--------------------------|----|
| Is urgent | 1-2 weeks | <input type="checkbox"/> | 1 |
| | 3-4 weeks | <input type="checkbox"/> | 2 |
| | other _____ | <input type="checkbox"/> | 8 |
| | unsure | <input type="checkbox"/> | 99 |

- | | | | |
|----------------|--------------------------|--------------------------|---|
| Is semi-urgent | 4-6 weeks | <input type="checkbox"/> | 1 |
| | 6-8 weeks | <input type="checkbox"/> | 2 |
| | 8-10 weeks | <input type="checkbox"/> | 3 |
| | 10-12 weeks | <input type="checkbox"/> | 4 |
| | other _____ | <input type="checkbox"/> | 8 |
| unsure | <input type="checkbox"/> | 99 | |

- | | | | |
|------------|-------------|--------------------------|----|
| Is routine | 2-3 months | <input type="checkbox"/> | 1 |
| | 3-4 months | <input type="checkbox"/> | 2 |
| | 4-5 months | <input type="checkbox"/> | 3 |
| | 5-6 months | <input type="checkbox"/> | 4 |
| | other _____ | <input type="checkbox"/> | 8 |
| | unsure | <input type="checkbox"/> | 99 |

8. Do patients have a choice of date and/or time of their appointment?

- yes 1
- no 2
- sometimes 3
- other _____ 8
- unsure 99

9. Are patients given reminders of their appointments?

- yes 1
- no 2
- sometimes 3
- other _____ 8
- unsure 99

10. If yes, are they contacted by?

- reminder letter 1
- reminder card 2
- reminder phone call 3
- other _____ 8
- unsure 99

11. On arrival at the clinic are the patients details checked?

- yes 1
- no 2
- sometimes 3
- other _____ 8
- unsure 99

12. While waiting to be seen are patients kept informed if the clinic runs late?

- yes 1
- no 2
- sometimes 3
- other _____ 8
- unsure 99

13. Did you greet patients and introduce yourself by name on meeting them?

- | | | |
|-------------|--------------------------|----|
| yes | <input type="checkbox"/> | 1 |
| no | <input type="checkbox"/> | 2 |
| sometimes | <input type="checkbox"/> | 3 |
| other _____ | <input type="checkbox"/> | 8 |
| unsure | <input type="checkbox"/> | 99 |

14. Are patients able to bring support people for their appointment?

- | | | |
|-------------|--------------------------|----|
| yes | <input type="checkbox"/> | 1 |
| no | <input type="checkbox"/> | 2 |
| sometimes | <input type="checkbox"/> | 3 |
| other _____ | <input type="checkbox"/> | 8 |
| unsure | <input type="checkbox"/> | 99 |

15. In your opinion are appropriate explanations of the medical condition and/or the clinical procedure about to take place given to the patient or his/her parent/caregiver?

- | | | |
|-------------|--------------------------|----|
| yes | <input type="checkbox"/> | 1 |
| no | <input type="checkbox"/> | 2 |
| sometimes | <input type="checkbox"/> | 3 |
| other _____ | <input type="checkbox"/> | 8 |
| unsure | <input type="checkbox"/> | 99 |

16. In your opinion what is the most common reason for not attending?

- | | | |
|---|--------------------------|---|
| The appointment card/letter arrived too late | <input type="checkbox"/> | 1 |
| Some patients don't know where to go | <input type="checkbox"/> | 2 |
| Some patients don't understand what was written on the appointment card or letter | <input type="checkbox"/> | 3 |
| Some patients don't know how to reschedule or cancel appointments | <input type="checkbox"/> | 4 |
| Some patients don't think it is important or can't be bothered | <input type="checkbox"/> | 5 |
| Some patients forget | <input type="checkbox"/> | 6 |
| Some patients get the time and/date mixed up | <input type="checkbox"/> | 7 |
| Some patients can't understand why the appointment | | |

- was needed 8
- Some patients do not have access to transport 9
- Some patients have dependants whom they are unable to leave 10
- Some patients believe they are unable to take time off work 11
- Some patients improve prior to the appointment and believe the visit is no longer necessary 12
- Some patients condition deteriorates and they are unable to attend 13
- Some patients fear what may be found e.g. A more serious illness 14

17. Are there any other comments you would like to make.