Outpatient DNA Health Inequalities briefing

Outpatient non attendance (DNA)

This briefing (issue 2) looks at the outpatient non attendance (DNA) rate for Coventry and Warwickshire patients, specifically for outpatient appointments between **January 2022 to December 2022**.

See the further information page for more detail on sources and definitions.

Issue 3 will focus on mental health.

KEY FINDINGS

Younger patients aged 0 to 19, but especially those **aged 5 to 9**, were most likely, of all age groups, to not be brought.

A patient was **twice as likely** to not attend their appointment if they resided in the most deprived area compared to the least deprived area.

Patients were more likely to DNA if their appointment time was between **3pm and 4pm**.

A patient from an **ethnic minority group** was nearly twice as likely to not attend their appointment compared to those of another ethnic group.

The DNA rate was at its highest for **male patients** who lived in CORE20 (the 20% most deprived) areas.

The DNA rate gap between male and female patients was **non existent** for those residing in the 10% **least deprived** areas.

RECOMMENDATIONS

Improve **ethnicity recording** (11% not stated) by producing clear information for patients on why the NHS collects ethnicity data. This is a nationally recognised issue (NHS England).

Offer more **flexibility** around appointment times, and type, to align with the lower DNA rates.

Consider **poverty proofing** (i.e. financial barriers) of access to services particularly where Children are not brought to their appointment.

Investigate use of **digital options** for outpatient appointments and for the booking and cancellation of appointments by the patient.

Engage with patients particularly those from areas of deprivation and ethnic community groups to understand barriers to access.

Consideration of **literacy and health literacy** (i.e. average reading age) in patient information and letters to aid understanding and emphasise the importance of attending.

A further **detailed pack** on health inequalities, looking specifically at the four treatment services as identified overleaf, to be provided.

UP NEXT: INSIGHT

Produced by the ICB BI Team.

Data sources and caveats detailed in the further information page

Coventry and Warwickshire Integrated Care System

Outpatient DNA Insight

9% DNA rate
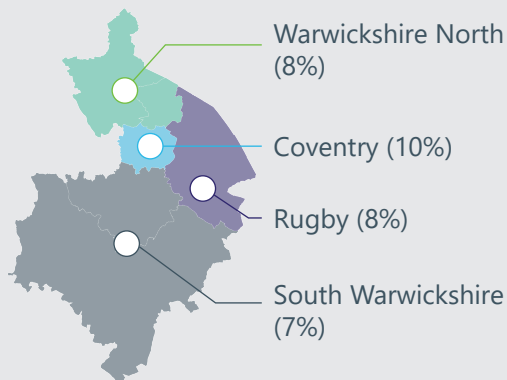This equates to 134,685 (out of 1,549,394) missed outpatient appointments (OPAs).

A higher DNA rate in **December (10%)** compared to the other months where it was at an average 8.5% per month.
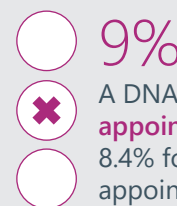
DNA rate by **time**
Midnight to 8am	4%
8am to Midday	9%
Midday to 5pm	9%
5pm to Midnight	6%

DNA rate by **place**
Warwickshire North (8%)

Coventry (10%)

Rugby (8%)

South Warwickshire (7%)

9%
A DNA rate of 9.1% for **face-to-face appointments** compared to 6.9% for non face-to-face appointments. Note: the majority (80%) of all OPAs were face-to-face.

9%
A DNA rate of 9.2% for **new appointments** comapred to 8.4% for follow up appointments.

Children (aged 0 to 19), and older people (aged 80+), have a higher attendance rate for **non face-to-face** appointments compared to face-to-face appointments.

DNA rate by **treatment service**
The DNA rate for the following four treatment services was concerning:

Adult Mental Health	Paediatric Ophthalmology	Paediatric	Physiotherapy
27% (1,843 of 6,797) appointments missed	**21%** (1,882 of 8,833) appointments missed	**17%** (5,645 of 32,536) appointments missed	**11%** (18,148 of 171,058) appointments missed

DNA rate by **age & time**
Those patients aged **0 to 19** had the highest DNA rate of 16.5% compared to other age groups.

They were more likely to not attend their appointment between 8am and 5pm.

With a DNA rate of 9%, patients were more likely to not attend their **routine appointment**, compared to those with an urgent or two week wait appointment; a DNA rate of 7% compared to 5% respectively.

The DNA rate was highest for patients **referred from a national screening programme** (15%) compared to those referred from an optomestrist (5%) where the rate was at its lowest.

DNA rate by **ethnicity**
The DNA rate was highest for patients of a **White and Black African** ethnicity (16%) compared to those of a **Chinese ethnicity** (8%) where the rate was at its lowest.

Regardless of ethnicity, patients residing in CORE20 areas were always more likely to not attend their appointment compared to those living in less deprived areas.

DNA rate by **gender**
10% (male) **8%** (female)
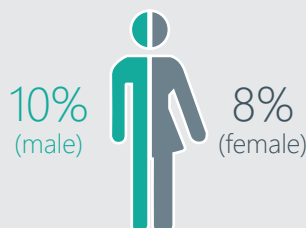
A higher proportion of male patients did not attend their appointments compared to female patients. The rate peaked at 17.4% for **males aged 20 to 24** compared to females where it peaked at 17.9% for those aged 5 to 9.

DNA rate by **deprivation**
With a DNA rate of **12%**, patients living in **CORE20** (the 20% most deprived) areas were **twice as likely** to not attend their appointment compared to patients living in the 20% least deprived areas (DNA rate of 6%).

Male patients from CORE20 (the 20% most deprived) areas were more likely to not attend their outpatient appointment than females in CORE20 areas; a DNA rate of 14% compared to 11%.

Data sources and caveats detailed in the further information page

Coventry and Warwickshire Integrated Care System

Further Information

This page details the further information on this Health Inequalities briefing (Issue 2), including definitions, data sources and caveats on the **outpatient DNA data**.

PURPOSE

This is the **second** in a series of briefings to support Board members across the Integrated Care System in **understanding** health inequalities for a specific area in more detail; these briefings sit alongside performance reporting. They will also support our Coventry & Warwickshire **Health Inequalities Strategic Plan** that sets out how we are going to reduce health inequalities over the next five years (2022-27).

DEFINITION

Health inequalities are unfair and **avoidable** differences in health across the population, and between different groups within society. **CORE20PLUS5** is an approach to reducing health inequalities.

PLACE ● DEPRIVATION ● AGE ● GENDER ● ETHNICITY

BACKGROUND

Health inequalities amongst the Coventry and Warwickshire population are **widening** with people living longer but in poorer health, and with a diverse range of different needs from health and care services.

Our physical environment (air quality), health behaviours (diet, smoking and alcohol conumption) and **socio-economic factors** (i.e. wider detereminants of health such as income, education, housing) are critical in efforts to improve health among out most **socially disadvantaged populations**.

137,208 of people in Coventry and Warwickshire live in the top 20% most **deprived areas** nationally; equating to 14.2%.

The gap in **life expectancy** between the most and least deprived is widening; a ten year gap now exists for males in Coventry.

POPULATION & COHORT

All Coventry and Warwickshire patients who had an outpatient appointment** booked between 1st January 2022 and 31st December 2022. It is recognised that for children who DNA they are commonly referred to as 'were not brought' to their appointment.

Explanatory note: The reasons patients from the most deprived communities, and some ethnic minority groups, are less likely to attend outpatient appointments are complex and impacted by the accessibility of health care services and the wider determinants of health. The ICB is working with NHS providers and care collaborate consultative forums to address the variance in access and the underlying causes.

Outpatient DNA definitions, data sources and caveats:

Definition: DNA rates were calculated as the number of DNAs divided by the number of appointments booked*. A DNA appointment was defined as where the attendance status was : Did not attend - no advance warning given (code 3).

Data sources: Secondary Uses Service (SUS) provided by AGEM accessed through Coventry and Warwickshire's Data Management Environment (DME).

Caveats: *Appointments with the following attendance status were excluded:
- Appointment cancelled by, or on behalf of, the patient
- Appointment cancelled or postponed by the health care provider
- Patient arrived late and could not be seen

Further exclusions:
- Radiology appointments (code 812)
- Referral to Treatment (code 5) events
- **Activity carried out by specialised commissioning

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