Fail to attend research

DECEMBER 2010

Background

This research was conducted to support the BDA’s evidence on practice expenses to the Department of Health. The research aimed to quantify the number of patients failing to attend dental appointments, and to identify any relationships between the number of failed appointments and the practice variables such as NHS commitment and policies regarding reminders and failed appointments.

Method and response

A random sample of 600 practice owners working in England were invited to take part in the research by email. The sample excluded practice owners without a valid email address, and those who had not given permission to be contacted by email.

An email was sent on Friday the 10th of December asking respondents to run a report on their practice management software that would detail the number of appointments and the number of hours lost from these appointments over a twelve month period from 1/10/09 to 31/09/10. In addition to providing a copy of this report, the practice owners were asked to answer a few additional questions about the practice, and the practice policies regarding patient failure to attend (FTA) appointments. As an incentive to participate, respondents were all put in a prize draw to win £75 of Marks and Spencer’s vouchers.

Fifty-nine valid responses were received in total representing 59 practices, and over 150 dentists. A further ten responses were received from practice owners who did not have computerised practice management and were unable to provide the data. The valid response rate was 9.8 per cent. A number of factors contributed to the low response rate including the short timeframe for responding (one week), the amount of work involved in generating a response, and the fact that not all practices are able to produce these reports. The methodology used (relying on accurate practice management reports rather than practitioner judgement) ensures that the research provides accurate and valid data despite the low response rate.

Notes

The reports received from practices varied based on the practice management software used in the practice. The reports received using Kodak R4 software detailed the hours lost for each staff group separately, the reports received from Software of Excellence (SoE) did not differentiate between appointment types so we are unable to separate dentist appointments from those for other staff. As a result, the tables in this report either include appointments for hygienists and therapists, or exclude respondents that use SOE (this was a minority of respondents). This is detailed in the title of each table.
The reports do not include the number of appointments or hours lost due to late cancellations which are a significant additional burden for practices.

Because of the low response rate it is important to consider the effect that non-response bias may have had on the results. It is possible that people with high rates of failure to attend in their practice were more likely to respond to the survey. If this is the case, the figures will over-estimate the number of missed appointments. This will not however, impact on the relationships between other variables such as NHS commitment, or reminder policies and the number of missed appointments.

**Summary of findings**

The practices had an average of 1,061 missed appointments each over the 12 month period. This equates to an average of 360 appointments per whole time equivalent (WTE) dentist.

Practices with higher NHS commitment lost more hours due to missed appointments on average than their private counterparts. Practices with 50 per cent or more income from the NHS lost an average of 81 hours per WTE dentist, compared with 69 hours for practices with less than 50 per cent income from the NHS.

For the responses that included a breakdown of appointment type, the average time lost to missed dentist appointments in the year was 234 hours, or 81 hours per dentist. Practices with higher NHS commitment lost more dentist hours per dentist on average; they lost an average of 89 hours per dentist for those with 50 per cent or more income from the NHS compared with 62 hours per dentist for those with less than 50 per cent income from the NHS.

Forty-four per cent of the practices reported using phone reminders, while just under half use reminder letters (46 per cent) and reminder text messages (40 per cent). The practices with more private income (under 50 per cent of income from NHS) were more likely to use phone and text message reminders, and also much less likely to have no reminder system in place than their NHS counterparts. Overall, 30 per cent of the practices did not use any means to remind patients of their appointments.

Looking at the number of hours lost to failed appointments, it is clear that reminders have an effect. The average total number of hours lost per WTE dentist was much higher in practices that do not have a reminder system compared to those that have at least one mechanism for reminding patients (111 vs. 66 hours per dentist).

Practices commonly allow two (39 per cent) or three (31 per cent) failed appointments before a patient is refused treatment although many noted that they would take extenuating circumstances into account and did not always follow the practice policy to the letter.

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1 These figures include hours/appointments for hygienists and therapists but do not include late cancellations.
Practices reported much lower failure to attend rates for appointments that they charge patients for failing such as private hygienist appointments, and private dentist appointments. Many also reported a marked increase in the number of NHS patients failing to attend appointments since the restriction on charging NHS patients came into place.

“Since the advent of not being able to make a charge for failed appointments and having to allow 2 failures in line with the local PCT directive it has had a huge impact on the numbers of FTR numbers."

“These figures have rocketed since April 2006 and our restriction in charging patients who fail to attend.”

“It may be interesting to note the very much lower percentage of FTAs for [private] hygienist appointments where a charge for FTA is made.”

“NHS FTR’S are more of a problem than private patients – who rarely miss.”

“basically don’t get ANY missed appointments. It is very simple, we charge patients if they don’t attend, whatever the cause, at the rate of £100 per hour (less than half the hourly rate). We make this policy transparent and patients sign a form accepting it. If they don’t sign, they don’t get given an appointment. At a single stroke this reduced missed appointments to pretty much zero as patients knew the consequences. But it works both ways. If we don’t see the patients within 15 minutes of their appointment time we pay them at the same rate!"

“Charging patients for missed appointments is the BIGGEST incentive to keep appointments. Also improves NHS efficiency.”

Some of the respondents identified non-fee-paying NHS patients as the most likely group to miss appointments. Some also felt that new patients are worse than existing patients.

“On audit analysis we find that the vast majority (ie.90% plus) tend to be non-fee paying NHS patients, with a poor attendance record.”

“Majority of patients missing appointments are amongst new patients and most of them are exempt from payments. Lots of these patients do express that, as they do not have to pay for their appointments due to exemption, it does not matter if they miss appointments.”

“New patients most likely to not attend. Many miss their first appointment.”

Missed appointments cause major disruptions for many practices and in some cases severely impact on the practices’ ability to meet their UDA targets. This is frustrating for practice owners, particularly when they are doing everything in their power to remind patients and reduce the number of failed appointments.
“Failed appointments have significantly contributed to our failure to reach our annual UDA targets.”

“FTAs can be very disruptive on scheduling. We have no deterrent now we cannot charge. Patients often tell us that “they know their rights” concerning FTAs, they forget they also have obligations that go with these rights.”

“No concession given by PCT against target UDA’s “

“This impacts on the number of UDA’s it is possible to deliver as one can only earn UDA’s if a patient attends the practice.”

“Due to the huge demand for NHS appointments it is frustrating for both dentists and patients when people fail to attend. Failures also have an impact on our dentists UDA management which has to be monitored closely.”

“This is a major problem for us, the PCT advise refusing to see patients if they miss 2 appointments but this is not always appropriate and we feel penalised by missing UDA targets but have no way of compensating for missed time”

While reminders can reduce missed appointments this is at a considerable expense to the practice. Particularly in the case of telephone reminder where staff time is being lost.

“All new patients are thoroughly explained our failed appointment policy before booking appointments. They are also given a courtesy reminder call or a text message. Although this reduces the problem up to a certain extent, considering NHS remuneration to the practice, this is a huge resource for the practice to be able to afford as a business, as NHS would obviously does not contribute towards these kind of expenses.”

Respondents felt that it is unfair that practices are bearing the cost of missed appointments, and a number felt that the NHS should pay for missed appointments if practices are not allowed to charge patients.

“given the fact that the practice does everything we possibly can do to make sure patient attends their appointment, practice should get paid from NHS, equivalent of the amount of estimated work that was going to be done during that appointment.”