



A short guide to reducing DNAs in chronic disease management

6 problems and solutions



Suvera explores how to increase attendance for chronic care appointments, engage hard-to-reach groups, and optimise your recall and reminder strategies with these practical pointers.

Introduction

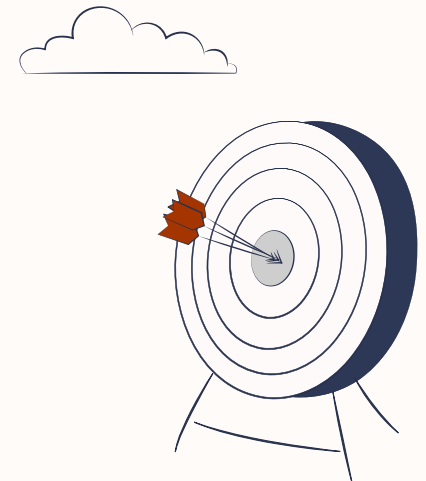
Today, it's estimated that more than one million people miss a GP appointment every month.¹ With each missed consultation costing £30 on average, this adds up to an annual bill of £216 million to the NHS. As well as the financial costs, missed appointments add increasing strain on surgeries and health systems struggling with rising demand and limited clinical capacity.

One consistent contributor to did not attend (DNA) rates are appointments for proactive management of chronic disease. Indeed, in a study, non-attendance for such consultations was twice that as for traditional GP appointments in reactive care.²

So, if you are experiencing consistent DNAs in this area, know that you are not alone. Following up and coordinating call and recall isn't easy. Reception and recall teams are often tasked with contacting patients who are consistently unresponsive and hard to reach. Furthermore, with multiple overlapping targets for local incentives schemes and QOF, workflows can be complex to say the least.

With a need to make the most out of every contact and maximise available resources more than ever before, reducing DNAs in chronic care can have a significant impact on the ability of your practice or system to do more with less.

And from our experience at Suvera, there are some tactics and tips you can employ to increase attendance and drive engagement. In this short-read guide, we break down practical solutions to six common problems.





1.

 **Problem**

Engaging hard-to-reach groups

 **Solution**

Localise your DNA strategy

Pinpointing local drivers

DNAs have socio-economic determinants and may occur for some consistent reasons specific to your patient population.

Indeed, the NHS Confederation has highlighted the impact of health inequalities on DNA rates.¹ Individuals living in deprived areas are said to be more likely to not attend appointments.

Thus, pinpointing your biggest local drivers can help you develop a proactive strategy to mitigate against them and increase engagement. Approaches have been shared by NHS England for acute settings that may also apply to primary care as a means to localise your DNA strategy.³

These include engaging a representative cross section of patients to understand specific reasons for DNA, such as groups with lower health literacy and building in options for preferred means of communication. Patient participation groups can be a great forum for this. Key questions might include whether patients feel they can access, cancel or amend appointments easily and what additional support they would need to increase attendance.

Such initiatives are reported to have reduced DNA rates by 90% for some organisations.³



2.



Problem

Reminder fatigue



Solution

Streamline and synchronise recalls

Adopting a holistic approach

Where patients are living with more than one chronic condition, they may be contacted on a number of different occasions throughout the year which may hinder engagement and lead to DNA.

Make no mistake, text or reminder fatigue can result in significant waste. But one way to counteract it is by syncing up your recalls.

Using data searches to segment patients and identify overlapping comorbidities can be the first step to streamlining your recall process, ensuring patients are contacted once and reducing unnecessary contacts.

This not only improves the patient experience, but can also produce capacity gains for your organisation, reducing duplication of effort and administrative burden on your staff.

And as part of making every contact count, holistic chronic care reviews can form part of a one-stop shop approach too, where all conditions are reviewed, and associated questionnaires and tests can be completed in a single contact.



3.

 **Problem**

Consistent non-attendance

 **Solution**

Create high DNA lists

Pre-empting problems

Sometimes, despite best intentions, ample preparation and planning, patients simply unengage and DNA consistently. They may not respond or fail to notify the practice in advance of non-attendance.

One possible solution is to monitor and create lists of your high DNA patients. Contacting individuals to confirm their appointment over the phone ahead of time may feel old fashioned but it can make all the difference.

In these conversations, reconfirm with the patient how they can reschedule or cancel an upcoming appointment in the future, and provide multiple routes for patients to easily notify the practice when an appointment is no longer needed.

The right pre-booking technology can support as well. Indeed, 75% of patients engage with Suvera's platform representing a two-fold increase on competitors. While our app offers multiple methods of engagement including text, web-app and pre-schedule telephone consultation to ensure multiple points of contact.



4.



Problem

Forgetfulness



Solution

Optimise reminders

Empowering two-way communication

When it comes to the biggest reasons for DNAs, it's no surprise that forgetfulness comes top of the list in much research.⁴ Indeed, it has been identified by both patients and healthcare professionals as one of the core determinants of non-attendance. In some studies, it is said to account for 45% of patients who DNA.⁴

Reminders, whether it's SMS, by post or phone may be nothing new, but using them to their full potential can reap big wins against forgetfulness. Reductions in DNAs up to 80% have been attributed to reminders in some quarters.³

Some optimal strategies noted by NHS England include adopting an approach that facilitates two-way communication with the patient and practice. This includes providing means for patients to easily reply, confirm or cancel.

While it is essential that reminders are also accessible and utilise easy read formats.

Additionally, pay particular consideration to the tonality of reminders. Some case studies show that making small tweaks can increase engagement, such as tailoring the message to the specific persona or personality of your intended audience and adopting positive sentiments.⁵

For example, instead of stating how many patients had missed an appointment in waiting rooms, text confirmations and reminders, one practice stated how many had kept their appointment. Other tactics utilised to great effect included recording holding messages on the practice phone system to remind patients how they could cancel appointments in a playful manner. All in all, these tactics produced a 25% overall reduction in DNAs.





5.

 **Problem**

Lack of understanding/value seen in appointment

 **Solution**

Pre-frame the consultation

Setting expectations

A significant issue particularly with chronic medication review can be the patient not understanding the prior purpose of the appointment, or why they might be seeing a pharmacist instead of a GP in this instance.

For example, in one study, patients who were new to the review process were said to be uncertain of its purpose and some saw it as a 'box-ticking' exercise.⁶ Other patients were unsure of the pharmacist's role and the value of their clinical skills.

This may in turn limit the value patients see in the appointment, resulting in poor engagement and possibly non-attendance. However, advance communication with the patient on the purpose and benefits of the appointment can help to counteract this. A sentiment echoed by patients surveyed in this study:

“ If there was a letter saying we noticed that you're due for a review... this would be a good chance for you to ask us any questions and for us to make sure that you're receiving the right medication and ones that are actually necessary... have a think before...and that's what we'll discuss, that would be quite useful.⁶

As part of preparing patients for the review process, optimal forms of outreach will frame what's to come, set clear expectations and dispel any prior concerns, empowering and involving the individual. In this particular case, the practice produced a patient information leaflet to help pre-frame consultations in future.





6.

 **Problem**

Patient unable to attend in person

 **Solution**

Digital access

Providing more options

Of course, there are other reasons why DNAs can occur as well. For example, in cases of illness, anxiety, work or childcare commitments, it may not always be possible for the patient to come into the surgery and be physically present.

This is where digital technology can provide another solution. Virtual clinics can enable patients to manage conditions remotely, consult with a specialist chronic care team and also enable the submission of blood pressure readings and lifestyle information conveniently from the comfort of home.

This also has an added bonus in freeing up practice capacity.

Certainly here at Suvera, our clinics are proven to help partners manage their chronic registers to target completion while freeing up appointments.

For example, for [Shrewsbury PCN](#), we saved over 4,839 hours of appointments and approximately £345,000, collecting 22,000 blood pressure readings. While for [Enfield South West PCN](#), Suvera delivered an average 83% QOF target achievement across all practices in key hypertension indicators.



How Suvera can help

DNAs for chronic disease management present a persistent challenge for many primary care providers at present. Following up and coordinating call and recall is complex. It can also be a major resource drain and see valuable practice and clinical time go to waste.

That's why Suvera virtual clinics offer a simple, all-in-one solution for recall automation, outreach, patient engagement and chronic care capacity. And our care team encompasses both clinical prescribers and GP supervision, meaning we don't task back to you and take on complete management of chronic disease registers.

For the cost of one independent clinical pharmacist, Suvera virtual clinics provide an entire complex care team, data analytics and insights tools with no operational overheads.

This includes:



Specialist clinical team of prescribing pharmacists and pharmacy technicians in LTC management with GP supervision provided by Suvera



EMIS/SystemOne data analysts to support with risk stratification, identify missed codes and optimise call and recall



Proactive care coordination including patient outreach, automated appointment scheduling and administration



Dedicated client success team to track progress and help you achieve targets



CDM Planner to streamline recall systems, reduce duplication and maximise efficiency



Providing NHS services

For a demo and free complimentary data search, email
partnerships@suvera.co.uk.

Read our [case studies](#)

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