

# **Socioeconomic Deprivation Influences Failure To Attend Arranged Orthopaedic Outpatient Appointments as well as Access To and Engagement With Healthcare: A Cohort Study**

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## **INTRODUCTION:**

Despite best efforts, a proportion of patients do not attend planned outpatient appointments. This problem is often viewed as wasting precious clinical capacity which could be used for other patients. There are also specific risks of poor outcomes and adverse health consequences following missed episodes of care for children, young people, patients isolated by language or culture as well as other vulnerable groups. Many healthcare providers use access policies to manage this problem, safeguarding care for vulnerable groups.

The reasons for failing to attend a planned outpatient appointment are not well understood despite considerable work undertaken to explore the reasons for this. Measures widely employed to make the scheduling and running of outpatient clinics more efficient include postal, telephone and text message reminders.

We undertook this study to examine the 'did-not-attend' (DNA) rate for the orthopaedic clinic at a large tertiary centre over a 12-month period. The questionnaire examined the reasons patients gave for non-attendance, the influence of socioeconomic deprivation on the likelihood of patients not attending a planned orthopaedic appointment and their perception of the accessibility, usefulness, and format of the outpatient model.

## **METHODS:**

We reviewed all outpatient attendances to our trauma and orthopaedic surgery service over a 12-month period and demographic information for each patient, including the index of multiple deprivation (IMD), a nationally validated geographically based measure of deprivation.

We identified those patients who 'did not attend' their planned appointment. We contacted all those patients who did not attend their planned orthopaedic outpatient appointment over the 12-months of the study period and invited them to complete a short questionnaire to explore their reasons for not attending. In addition, patients were asked to indicate their level of satisfaction using a visual analogue scale (VAS) from 0 (very dissatisfied) to 100 (very satisfied) in 3 domains.

Patients were asked to rate their level of satisfaction with a number on a scale from 0 (very dissatisfied) to 100 (very satisfied) with how easy it is to:

1. Access orthopaedic help and services when you need them.
2. Access orthopaedic help and services in a way that suits you.
3. Make changes or check your appointments with the clinic and administration team.

Non-responders were followed up with at least one telephone and/or text message contact. Bivariate analyses were undertaken to analyse for associations with socioeconomic deprivation.

## **RESULTS:**

18,033 patients attended 58,396 outpatient appointments over the 12-month study period. 3270 outpatient appointments were unused over the 12-month study period as patients did not attend. The DNA rate for the outpatient appointments was 5.6% over the course of 12-months. 1211 patients 'did not attend' more than one outpatient appointment.

1146 patients 'did not attend' a planned orthopaedic outpatient appointment over the 12-months of the study period. All patients were contacted within 4-weeks of their appointment and invited to complete the study questionnaire. 936 patients (81.7%) patients agreed to participate and completed the questionnaire. There were 549 men (58.7%). The women were older than the men in the study (mean age 37 vs 51.5 years,  $p < 0.001$  Mann Whitney U test). 649 patients (69.3%) were scheduled to attend for treatment of a fracture or acute injury.

The most common reasons given for not attending were that patients did not feel that the appointment was useful for them 309 patients (33%); patients could not take the time from work/personal responsibilities to attend 294 patients (31.4%); forgot about the appointment 114 patients (12.2%); transport or access difficulties 87 patients (9.3%). 93 patients (10%) reported that their complaint had resolved, and the appointment was no longer needed. Patients from more socioeconomically deprived groups were more likely to reference transport difficulties as a reason for not attending ( $p < 0.001$  Pearson correlation). More affluent patients were more likely to report that they had obtained private or self-funded care elsewhere ( $p < 0.05$  Pearson correlation).

Socioeconomically deprived and disadvantaged patients reported poorer satisfaction scores for how able they felt to access orthopaedic help and services when they needed to ( $p < 0.001$  Spearman's rho) and how able they felt to access orthopaedic help and services in a way that suits them ( $p < 0.001$  Spearman's rho).

#### DISCUSSION AND CONCLUSION:

Our study supports evidence that socioeconomic deprivation strongly impacts not only health but also access to healthcare. DNA rates may reflect underlying issues of equity and access to services.

Socioeconomically deprived patients reported that they felt less able to access orthopaedic help and services. They were also less satisfied with how they were able to access help in a way that suited them.

Understanding the reasons why patients do not attend their outpatient appointments and the impact of socioeconomic factors may allow a more targeted approach to improve this and provide opportunities to improve equitable care and access to care.