

Cancellations and Recycling Survey 2015



Introduction

Our analysis focussed on investigating the ability of 35 randomly selected GP practices using iPLATO PCM Messaging with auto-cancellation enabled to recycle primary care appointments. This study follows on from the study conducted in May 2014 looking at best timing, pre-appointment to send reminders and how they affected the rate of appointment recycling.

The practices in the study consisted of 35 mixed size GP practices across the following CCGs: Islington; Enfield; Barnet; Haringey; Newham; Wigan, Wirral (Wirral Health, Wirral Alliance, Wirral GPCC); Southwark, Greenwich; and existing networks in Tower Hamlets. The served population was in excess of 250,000 patients and all users had been using iPLATO PCM for at least 6 months. All practices in the survey had the auto-cancel feature enabled on their system and were using EMIS, TPP or INPS GPIT systems within the practices.

Aim

To understand how many freed-up appointments in the opinion of the practice managers using the system could actually be reused following an iPLATO PCM auto-cancellation.

Method

We looked at our users of auto-cancel across 10 CCGs and selected at random 4 practices per CCG and asked them to participate in a telephone survey. Some practices either declined due to staff shortages or we were unable to reach the Practice Manager who was directly engaged and familiar enough with the iPLATO system. From this we were able to sample 35 practices and gather data.

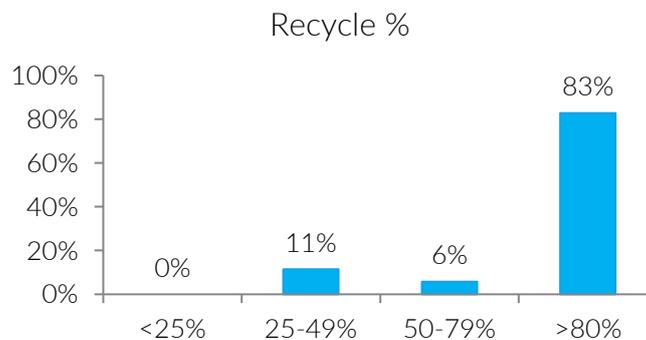
All practices were called within a one week period by a single telephone operator and asked a standard series of questions, and the responses were tabulated and verified.

Data

A sample of Practice Managers in 35 GP practices across 10 CCGs were surveyed and the responses to a 10-point questionnaire were consolidated and analysed. The first 3 questions of the survey related to the ability of direct regular users of the system to measure the impact of recycling auto-cancelled appointments. The balance of questions related to attitudes and preferences regarding FFT testing and will be analysed in a further synopsis.

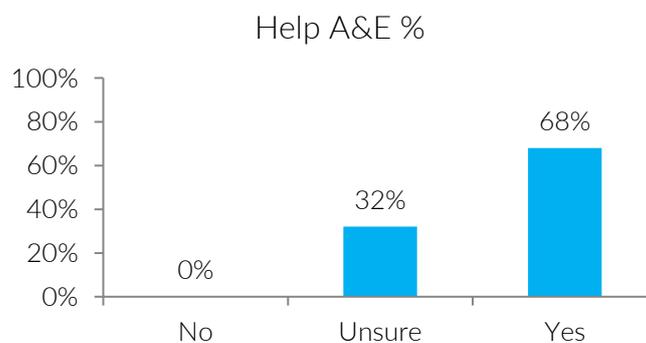
The data from the sample indicated that the responders believed that 82.5% (see table below) of appointments could be recycled for use by other patients.

Table 1: Ability to recycle GP appointments



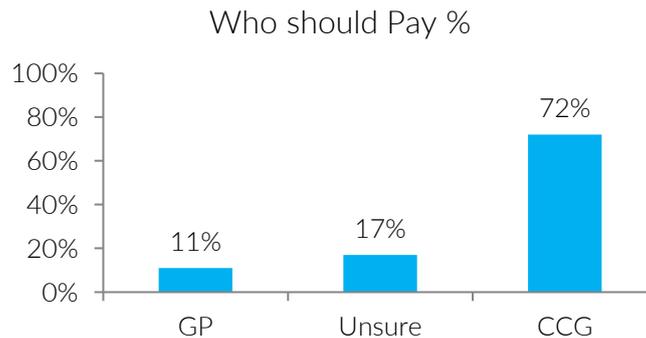
The other interesting data point was that we also surveyed whether freeing extra GP appointments would relieve the pressure on A&E. Over 2/3rds of the sample thought that in their area, the pressure on A&E could be mitigated by using tools like auto-cancellation to free GP appointments.

Table 2: Whether freeing GP appointments would assist in unplanned A&E attendances



The final interesting point from the data is that we also asked Practice Managers based on the benefit of reducing A&E costs accrues to the CCG, who should finance the iPLATO service.

Table 3: Opinion on who should pay for improvement services like iPLATO PCM auto-cancellation



The sample was quite clear in highlighting that the service should be paid for by those where the benefit accrues. Over 72% of users thought this should be a centrally (CCG) funded service as it was beneficial.

Discussion

The sample population represents a population of nearly 250,000 people and have been users of iPLATO PCM for enough time to reach a conclusion on perceived benefits. Overwhelmingly the number of appointments that they understand could be re-cycled exceeds 82% of all auto-cancellations. With an average GP practice generating 1000 auto-cancellations per year on iPLATO PCM this means that 820 appointments per practice were able to be re-distributed and used by other 'in-need' patients.

Data from HSCIC shows that the cost to provide a GP appointment is around £43 each, so this represents an indirect value saving of £35,000 per practice per year. For a typical CCG with 40 GP practices the saving would therefore exceed £1.4m per year.

Anecdotally, many patients do not cancel appointments and DNA as there is no penalty for no-show, and the effort to contact practices to wait on hold on an answering machine for 6-8 minutes to cancel. Providing a simple text back cancellation service reduces waste and allows appointments to be used by those in need.

Conclusions

This data ties in with the earlier in depth study from Camden (May 2014 Cancellations analysis) which showed that looking at the time of Cancellation, around 80% of appointments were able to be recycled.

Limitations

The main limitation of this study that it relies on the opinions of users but to analyse 1000's of cancellations individually would take significant time. The consistency with prior analyses does validate the methodology.