

WHERE ARE MY PATIENTS?

PATIENT ATTENDANCE AND GLOBAL IMPLICATIONS FOR TRAINEES DURING THE COVID-19 PANDEMIC.

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The authors declare no conflict of interest.

INTRODUCTION

COVID-19 has resulted in the disruption of care for millions around the world. Considerable healthcare spending has highlighted the need to ensure resources are used judiciously and efficiently. Almost eight million NHS hospital appointments were missed in 2017/18, not including cancellations, costing almost £1 billion.¹ Improved attendance can therefore result in cost-savings and ensure ample opportunities for trainees.

OBJECTIVE

- To investigate patient attendance following re-instatement of oral surgery clinics and during increasing levels of restrictions during the COVID-19 pandemic.

METHODS

- Patient attendance was analysed following the resumption of care on the 19/10/2020 to 18/12/2020.
- Consultation (face-to-face and remote) and treatment sessions were analysed.
- The total number of patients booked and attended was gathered. Cancellations were excluded from data collection.
- Data was analysed to assess the percentage patient attendance and the effect of increasing local restrictions on patient attendance.

RESULTS

See figure 1.

- 1933 patients were booked over the 60-day period.
- Average patient attendance was 78% (1506).
- A gradual decline in attendance was observed as lockdown restrictions increased in severity. The greatest decline was observed for consultations during greatest 'tier 4' restrictions (7%). Treatment appointment attendance did not change significantly.
- Greatest average attendance was achieved for treatment clinics (88%), followed by face-to-face consultations (76%) and remote consultations (71%).

DISCUSSION

PATIENT ATTENDANCE

Global healthcare services face continued disruption to clinical activity. Improving attendance is vital to ensure activity is resumed in a time and cost efficient manner. Treatment attendance remains similar to pre-COVID levels but consultation attendance has suffered a 12% drop.² COVID-19 resulted in the increased use of virtual and telephone consultations. Lower attendance for these consultations (71%) indicate possible technological issues and lower level of acceptance. Patients may also perceive consultations to be of a lower priority than treatment. Increased referral-to-appointment time may account for decreased attendance due to resolution of issues.

TRAINING

A General Medical Council survey reported significant training disruption as a result of the pandemic.³ Our findings indicated that 1 in 4 patients did not attend a scheduled appointment. This has significant implications for trainees clinical experience. Prioritising trainees and restructuring programmes is required to reduce disruption.

A WAY FORWARD?

COVID-19 presents a serious challenge. Current regulations have reduced capacity across all areas of healthcare and is complicated by the accumulation of large waiting lists. Patients should be made aware of the procedures in place to protect them to create a welcoming environment. Patients must also understand the financial implications of non-attendance and rising healthcare costs combined with the lengthy waiting lists which may result in significant delays for their care.

CONCLUSION

- Patient attendance suffered throughout the COVID-19 pandemic and as local restrictions increased.
- Support is required to ensure trainees receive adequate clinical opportunities.
- Future research should aim to improve and address barriers to attendance.

REFERENCES

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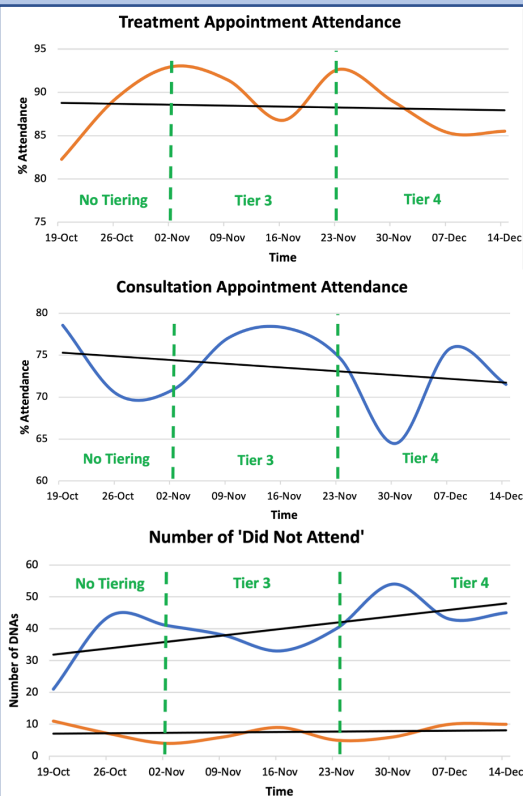


Figure 1 (above)

Graphical representation of changes in attendance over time with increasing restrictions.