

Non-attending patients in general practice

In a large retrospective cohort analysis¹ of more than half a million patients and more than 13 million visits in Scottish primary care, David Ellis and colleagues found that 19% of patients missed more than two appointments during a 3 year period. They found that, after adjusting for the number of appointments, men, patients aged 16–30 years or older than 90 years, and patients of low socioeconomic status were significantly more likely to miss multiple appointments. Urban practices in affluent areas with waiting times of a few days were more likely to have patients who repeatedly missed appointments. The authors suggest targeting interventions at the practice level rather than at the patient level because the practice factor seemed stronger.

Ellis and colleagues framed the issue of repeated non-attendance in terms of engagement, markers of vulnerability and poor health outcomes, health inequalities, and unmet needs. It might also be interesting to pose some questions from a societal benefit-harm perspective: (1) how much will the time saved by non-attendance benefit those patients who do attend and the health-care personnel involved? (2) What actions, if any, are appropriate when a 17-year-old does not present at a consultation, and what actions are appropriate when a 92-year-old does not present? And (3) what are the health effects and costs if the consultations that were missed had been attended? We believe that approximate answers to these questions require a much more complex analysis than that done by Ellis and colleagues and should probably be tackled through mathematical models with many uncertain parameters (eg, distributions of diagnoses and diagnosis-specific costs and effects). The authors rightly promise more extensive analyses

incorporating medical diagnoses, for example, and we feel that perhaps they should have postponed publication until full analysis of the, apparently, more in-depth material. Their analyses might benefit from a formal multilevel approach to these clustered data and, given that 54% of patients did not miss any appointments, we wonder whether the use of zero-inflated negative binomial models yield different results. Finally, Ellis and colleagues could use the huge size of their dataset to try to unravel the mechanisms behind non-attendance more precisely, studying special effects in subgroups (such as cross-level interactions).² They also might consider qualitative research to study the reasons for non-attendance. Of course, the results presented by Ellis and colleagues can only be generalised to countries with a list system, where the patient is not billed for a missed appointment.

Nonetheless, any consultation behaviour reveals information about our patients and GP-patient interaction, which might prompt changes in our clinical work. In this respect, non-attendance is perhaps the least interesting of these consultation behaviours. Of more interest is persistent frequent attendance.^{3,4} Frequent attenders have 2–3 times more somatic, psychological, and social problems and are responsible for substantial use and costs in primary and secondary health care.⁵ And who are the patients who have complaints but do not attend the GP at all? Are they too anxious to make an appointment and avoid proper care?

In conclusion, we are not yet convinced that the interventions that Ellis and colleagues propose will yield more benefits than harms. At a practice level, GPs could consider adjusting practice rules. For young patients, one can imagine new consultation methods (such as email, Skype, SMS-reminders, or walk-in clinics), and, for older patients, non-attendance might be an indicator of severe

illness or memory loss and should, perhaps, trigger house calls. Very often, waiting times cause unnecessary and unpleasant discussions with patients, which might be better reduced to a minimum, especially in deprived areas. In the meantime, the debate about the usefulness of monetary fines in case of non-attendance will continue.⁶

We declare no competing interests.

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