Diagnostics non attendees in Cheshire and Merseyside hospitals

July 2025

healthwatch Cheshire East

healthwatch Cheshire West

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"The Cheshire & Merseyside Endoscopy Network extends its sincere thanks to Healthwatch Cheshire, as well as the NHS Endoscopy Units at Mid Cheshire Hospitals and the University Hospitals of Liverpool (Aintree site), for their collaboration in gathering patient feedback. This joint effort has provided valuable insights into both positive patient experiences and areas requiring improvement, with the shared goal of optimising appointment attendance and enhancing overall service quality. The Network takes this feedback seriously and remains committed to working with partner Trusts to share outcomes and learning across the wider Cheshire & Merseyside system to support continuous improvement in endoscopy services."

Executive Summary

The aim of this report is to provide insights and gain a better understanding why patients were not attending their scheduled diagnostics appointments in Cheshire and Merseyside.

Research took place at two hospitals - **Aintree University Hospital, part of Liverpool University Hospitals NHS Foundation Trust**, and **Leighton Hospital, part of Mid Cheshire Hospitals NHS Trust** with a view that this could be extended to encompass more Trusts if required.

Initial conversations with members of the Cheshire & Merseyside Endoscopy Network and Aintree Diagnostics Teams highlighted discrepancies in the way DNA (Did Not Attend) patients were reported across two IT systems and cancellations were being logged. Changes to this resulted in an immediate reduction in the reporting of DNAs across the region (approx. 50 per month).

Further engagement and in-depth conversations with patients who had arrived for their appointment and those who had missed it, gave insights into reasons why appointments are missed, what motivates people who attend and what could be done to lower the reporting of DNAs.

From our analysis, the follow themes and trends emerged which applied to both locations.

Reporting and logging DNAs

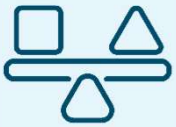
- When contacting the people who were listed as DNAs, some told us they had attended their appointment and others said that they had called to cancel in advance.
- The meetings held with the Diagnostics Project Team and representatives from Aintree's diagnostics department highlighted gaps in IT systems and internal processes which were causing inaccuracies in reporting.

Fear and anxiety

- Fear and anxiety was a consistent theme from both those who attended their appointment and those who didn't.
- Those who'd had a procedure were less impacted by fear and anxiety. Some stated they found the procedure uncomfortable, but fears were reduced.
- For those who were having the procedure for the first time, the fear of the unknown, being influenced by other's experiences or making negative assumptions impacted their experience or likelihood to attend.

Additional health issues and wider challenges

- From those who did not attend their appointment without informing the hospital, it was apparent during conversation that some had additional physical or mental health issues.
- This was sometimes accompanied by wider challenges such as financial or transport issues. In depth conversations highlighted the complexity of some people's lives, making attendance more difficult.



Mindset and persistent symptoms

- There was a difference in mindset between some of those who attended their appointment versus those who hadn't.
- Most of those of attended their appointment had a drive to find out what was wrong with them, had persistent symptoms or were following advice from the doctor.
- The majority of who didn't attend had a different mindset, were either fearful or felt the procedure wasn't as important due to less significant symptoms or other health issues.

Healthwatch Cheshire would like to thank all the people who participated in this project – for generously sharing their experiences and time to help inform future strategies and services.

These findings will contribute to future improvements to diagnostic services in Cheshire and Merseyside, helping to reduce missed appointments and ensure those who are the most in need are able to get an appointment as quickly as possible.

1.0 Introduction

Healthwatch Cheshire are the local independent consumer advocate for health and care services, forming part of the national network of local Healthwatch across England.

As part of our core activity, we seek the views and experiences of residents of Cheshire, to help inform how health, care and wellbeing services are planned and delivered. The information we gather is then analysed so we can identify and act upon trends, presenting our findings to decision-makers to improve the services people use. We also share people's views locally with Healthwatch England who strive to ensure that the government puts people at the heart of care nationally.

Cheshire and Merseyside Diagnostic Programme is one of 5 key CMAST (Cheshire and Merseyside Acute and Specialist Trust Collaborative) system transformational programmes.
The programme's stated mission is to 'Deliver diagnostic services which are safe, equitable, clinically effective, efficient, innovative, timely, sustainable and represent best value for money.'

To deliver this, the programme consists of five separate but co-dependent networks and portfolios:

- Endoscopy Network
- Imaging Network
- Pathology Network
- Physiological Measurements
- Community Diagnostic Centres (CDCs)

Cheshire and Merseyside's diagnostic programme wished to better understand why patients were not attending their scheduled appointments. They approached Healthwatch Cheshire to lead on this project, acting on behalf of the Healthwatch network in the capacity of local independent advocates.

Areas of particular interest were:

- Why some people do not attend their planned appointments.
- What are the real and perceived barriers to attending appointments.
- What specific groups of people or geographical areas do not attend.
- Suggestions from those groups on how to remove barriers or add in support that would make it possible for a greater number of people to attend.
- If there are large groups of non-responders or attendees, understanding why those particular groups or communities don't engage or attend.
- For those who did attend, what was in place that ensured that they didn't forget their appointment, were able to attend and were able to arrive having followed the preparatory instructions.

2.0 Methodology

Initially, Healthwatch Cheshire met with the Senior Programme Manager of the Cheshire & Merseyside Endoscopy Network along with members of the team, to establish the objectives and approach for the project. It was decided to focus initially on **Aintree University Hospitals NHS Foundation Trust**, as the department had higher levels of DNA (did not attend) patients than others within the Cheshire and Merseyside region and they were keen and ready to embark on the project. As the local Healthwatch covering the area, Healthwatch Liverpool were kept updated during this process.

2.1 Our approach – Aintree University Hospital

Before speaking to patients about their experiences, Healthwatch Cheshire met with key representatives from the Cheshire and Merseyside Endoscopy Network and the diagnostics team at Aintree University Hospital, including Consultants and members of the booking team.

During the meeting Healthwatch Cheshire requested additional information before progressing with patient research, to see whether the demographic data which the Trust held could give initial findings from which to focus engagement.

In addition, Healthwatch Cheshire requested copies of the letters and communications that patients receive. Time was spent with the bookings team listening to calls and talking to team members to gain an understanding of the patient's pre appointment journey.

A further meeting with members of the Cheshire and Merseyside Endoscopy Network and bookings team, revealed system disparities and certain processes for documenting DNAs were impacting the numbers recorded. Further details of this can be found with the findings section of the report.

Once the team were confident the DNA list of patients was accurate, a cohort of people who did not attend their appointment were ringfenced for Healthwatch to contact directly by telephone. This approach was agreed to enable richness of conversation rather than sending a survey or letter with preset questions for people to complete. From a data sharing perspective, this ensured minimal information was required from the Trusts for Healthwatch Cheshire to complete their research, particularly confidentiality around people's home addresses.

The telephone calls were made by members of the Healthwatch team. Three attempts to contact the patients were made on different days and times to try to give more opportunity of contacting them successfully. An additional attempt was made after 6pm to see if contact was more successful out of hours.

In addition to speaking to those who did not attend their appointments, Healthwatch Cheshire visited Aintree University Hospital's diagnostics department on two occasions to speak to those who had attended.

All conversations with patients were conducted as semi structured interviews, guided by questions coproduced by Healthwatch Cheshire and the Cheshire and Merseyside Endoscopy Network which can be found in the appendix.

The people engaged with in person and by telephone were scheduled to attend Colonoscopy, Gastroscopy, Endoscopy, Cystoscopy and Sigmoidoscopy appointments.

2.2 Our approach – Leighton Hospital

The findings from the research gathered, led to a further study taking place at **Leighton hospital**, part of Mid Cheshire Hospitals NHS Trust, where DNAs were lower, enabling Healthwatch Cheshire to compare feedback from both locations during analysis and highlight common themes or dipartites.

An initial meeting took place with members of the Healthwatch Cheshire Team and the Endoscopy Clinical Service Manager to discuss more about the project and determine next steps.

An additional meeting allowed the Healthwatch Cheshire Team to find out more about the department, how the booking process and DNA logging worked and spend time with the booking team.

A similar engagement approach to Aintree University Hospital was taken, with two visits to the department to speak to those who had attended their appointment and a cohort of people who had not attended being contacted by telephone.

The people engaged with in person were scheduled to attend Colonoscopy, Gastroscopy, Endoscopy, Cystoscopy and Sigmoidoscopy appointments. Those engaged with by telephone were due to attend a Gastroscopy appointment. This was highlighted as a specific cohort with higher levels of DNAs recorded than other procedures.

The information gathered from both in person engagements and telephone conversations was analysed to find key themes and trends, with reference to the initial research we gathered during meetings and shadowing the bookings team.

This methodology could be replicated across other Trusts based in Cheshire and Merseyside to expand the research if desired.

2.3 Who did we engage with?

Number of people engaged with who had attended their diagnostic appointment

26 people spoken to at **Aintree hospital.**

40 people spoken to at **Leighton hospital.**

Number of people approached by telephone who had not attended their appointments

24 contacts provided by **Aintree hospital.**

40 contacts provided by **Leighton hospital.**

2.4 Challenges and learnings

- In order to contact those who had not attended their appointment, Healthwatch Cheshire needed to have a **data sharing agreement** in place with both hospital trusts. This was a lengthy process, particularly for Aintree taking 5 months to complete from initial contact to sign off which delayed the completion of the project.
- **Parking** at Leighton hospital proved challenging. One Healthwatch Cheshire team member took over an hour to find a parking space, delaying the start of engagement activity. The following visit was less challenging but still took 20 minutes to find a space. This was echoed by a small number of people we spoke to on the day suggesting that parking is a persistent issue at the hospital and could potentially cause people to be late for appointments. Others had arranged for friends or family to bring them as they knew parking would be a problem.

"The parking here is an issue. I have hip pain so walking far is a problem and you sometimes have to park miles away."

"Parking is a problem. Its hit and miss. I got a lift today but if I had to drive, I would have been late and I would have been stressed."

"Car parking is a challenge."

People who attended their appointment at Leighton hospital

- Parking at Aintree, whilst busy, was easier and did not negatively impact engagement.
- Contacting people by telephone proved challenging, with 40% of people we telephoned not answering their phone, despite at least three attempts at differing times and days. See section 4.4- Speaking to people by telephone, for more details.

3.0 Who did we hear from?

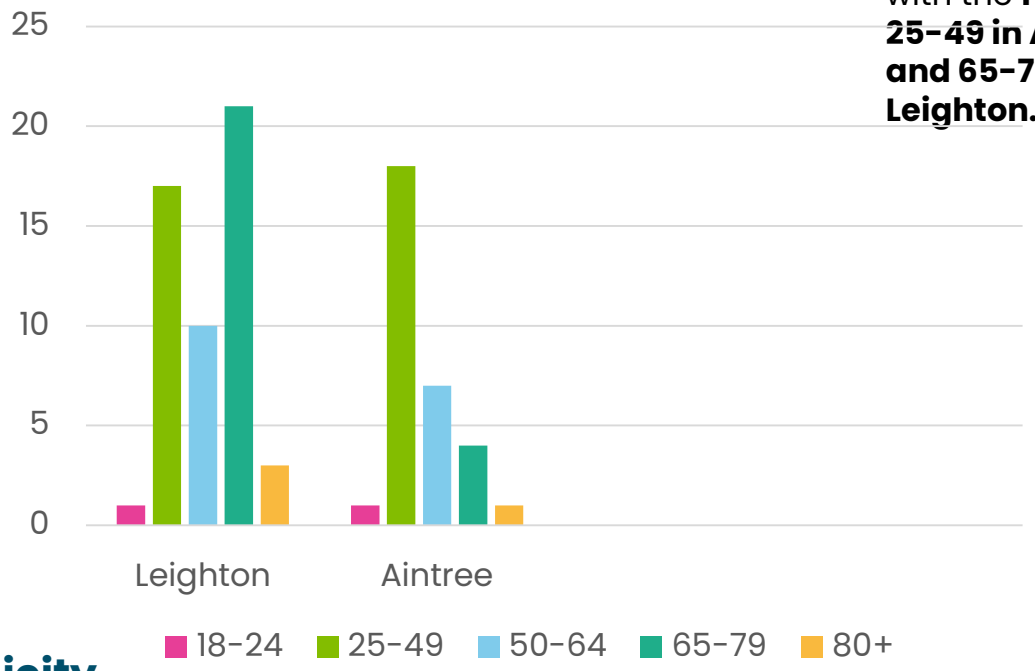
During engagement people were given the option to share demographic information with us. On some occasions this was not possible as they were called to have their procedure or had limited time to talk to us by telephone.

From the findings and the limited responses, it was not possible to determine whether DNAs are more prevalent within specific demographics. The following demographics have been split by location and include both those who attended and did not attend their appointment.

3.1 Age

83 responses

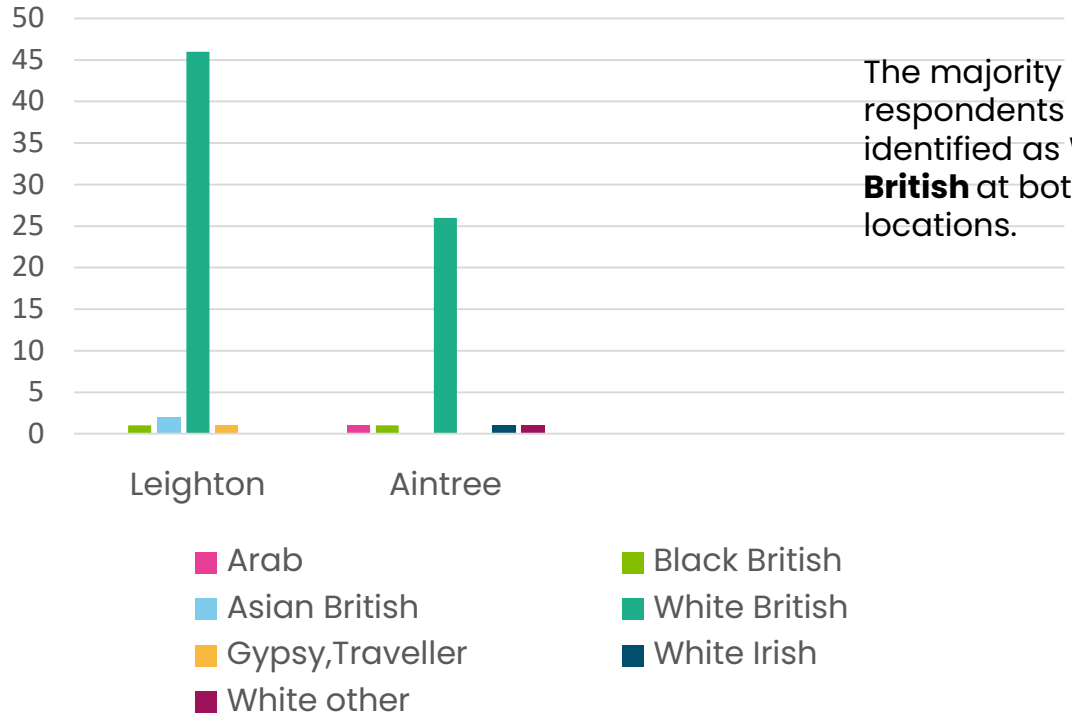
Representation from all age groups with the **majority 25-49 in Aintree and 65-79 in Leighton.**



3.2 Ethnicity

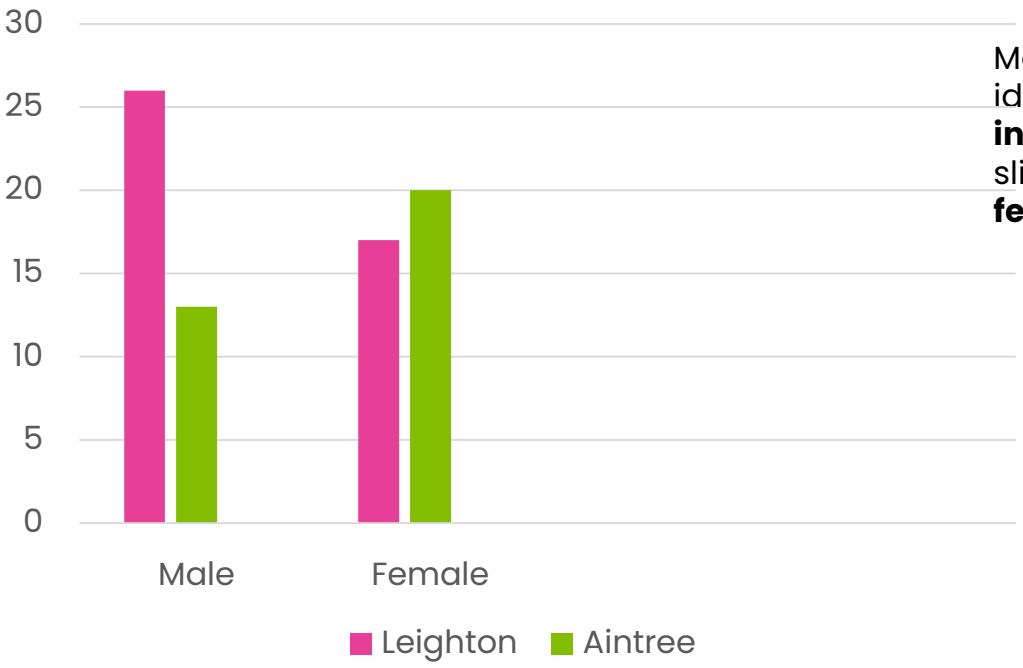
80 responses

The majority of respondents identified as **White British** at both locations.



Gender

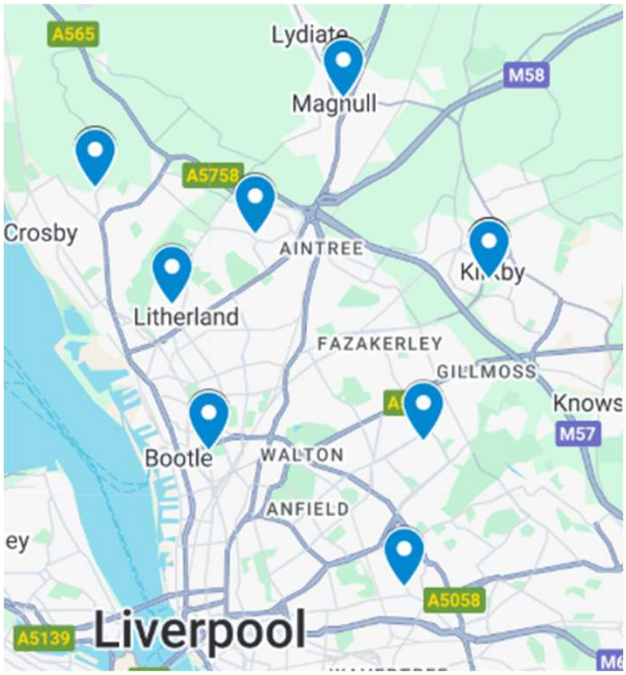
86 responses



More people identified as **male in Leighton** and slightly more as **female in Aintree.**

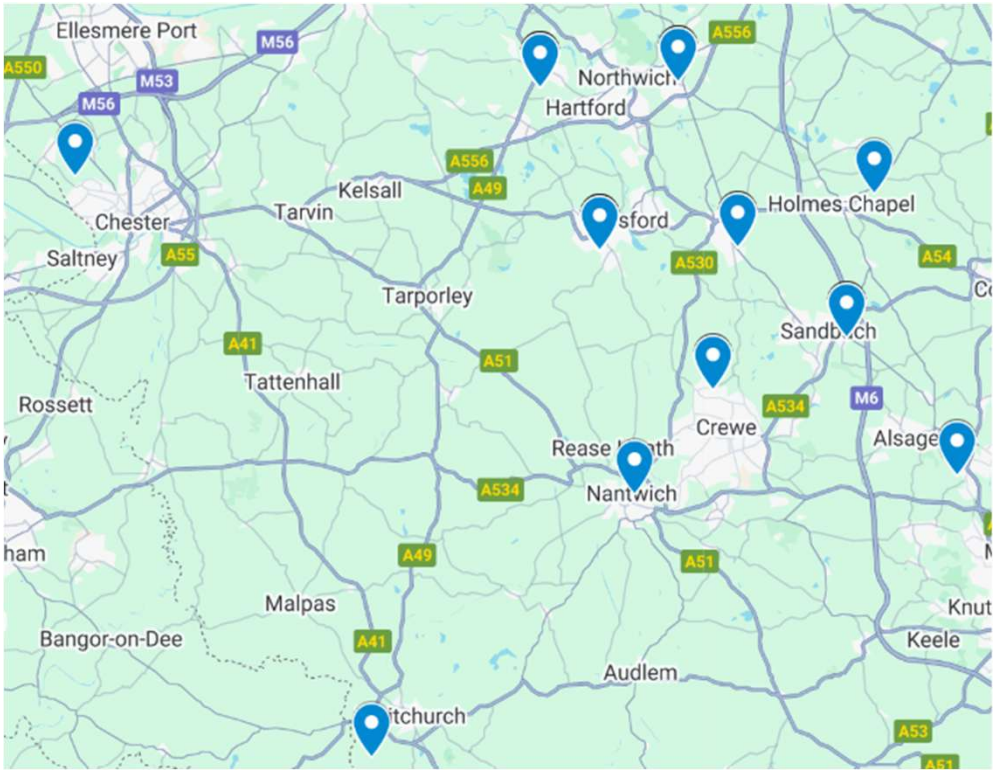
3.1 Locations

Aintree University Hospital



Locations of those who attended and did not attend their appointments at **Aintree University Hospital.**

Leighton



Locations of those who attended and did not attend their appointments at **Leighton hospital.**

Hearing from those accompanied by an interpreter at Aintree

Two people who attended Aintree hospital for an appointment did so accompanied by an interpreter. Whilst support was available to enable them to attend their procedure, the question lies whether they would be able to cancel their appointment via telephone if they were unable to speak English, which could could be a factor in DNAs reported for this community.

"The communication has been very good. It's mainly been via telephone and face to face."

"My interpreter has been with me at every step. I am very grateful."

In addition, one of the translators shared his experiences and thoughts on why people who need translation services do not attend appointments.

"Some people who I accompany say they were too stressed in the morning with the school run which is why they didn't turn up. Others say they were sick. One said they didn't bother phoning as they knew they would get another referral anyway. On occasion there has been no interpreter booked for them, so they turned up and were unable to have the procedure."

All of the people spoken to by telephone did not require an interpreter.

4.0 Findings

The findings were determined from speaking with those that did and did not attend their appointments, giving insight into what motivates people to attend and any real or perceived barriers to attendance.

Many themes and trends were the same for both locations which is where this section begins. Findings which were specific to location have been highlighted accordingly.

4.1 Pre engagement findings

During the initial meeting at Aintree University Hospital, Healthwatch Cheshire asked for further information prior to speaking to those who did not attend their appointments, and made other suggestions of what may contribute to people not attending.

This included:

- Obtaining specific data such as referral pathway, if the appointment was a routine or first referral and length of wait time.
- Finding out if specific demographics were influencing likelihood to attend, such as age, gender or where the person lived – if transport could be an issue or if they lived within a high index of deprivation for example.
- If there was a pattern when more people didn't attend their appointments – for example on a Monday morning or Friday afternoon.
- How non attendance is classified and logged – for example if someone telephones to cancel 20 minutes before their appointment, or if someone arrives but is unable to go ahead with their procedure, how is this logged?

From these initial investigations it was found that the process for recording cancellations made over the weekend, meant a proportion of calls were logged as DNA's (did not attend) despite them contacting the service to cancel.

In addition, the process of amending status within the 'Thrive' booking system from 'DNA' to cancellation was highlighted as an issue, with staff unable to change themselves and having to email the provider to amend.

These findings enabled Aintree University Hospitals NHS Foundation Trust to make changes to their processes, resulting in a significant reduction in DNAs.

"One of the most important elements for me was the fresh perspective that you brought to the discussion. Just by asking the questions that you did we have shared your insights with other Trusts and we have seen a sustained decrease in DNA since we started to partner with you.

Since April 2024 you can see a sustained decrease in the number of patients who DNA (circa 50 per month). This is significant for a number of reasons:

- *This is circa 50 patients who have had their anxiety burden reduced, a diagnosis and treatment started or a cancer diagnosis.*
- *This is 50 slots that we would have had to give to patients who have DNA'd that have been given to new or follow up patients, who again have had their anxiety burden reduced, a diagnosis and treatment started or a cancer diagnosis."*

Karen Lloyd, Diagnostics Programme Senior Programme Manager

From these findings the department was able to cleanse the data and provide Healthwatch Cheshire with a cohort of 24 people to speak to by telephone who from their records did not attend their appointment and had not informed them prior.

Observations from visiting the booking teams

The Healthwatch Cheshire team were welcomed by staff from the booking teams at both sites, who explained the booking process and how DNAs were logged. Both teams were open, helpful and accommodating during the visit, and the Healthwatch Cheshire team were able to observe calls being made with patients in preparation for their appointments.

Observations made:

- Staff were friendly, supportive and informative during conversations with patients, asking if they had any additional questions about the procedure and offering reassurance.

- Teams at both sites were obviously busy and working between multiple systems. One telephone call or interaction often resulted in information needing to be added to a number of systems or logs – some manual duplications were needed because the systems weren't linked.

- At Aintree, staff appeared to be multi-tasking - answering incoming calls, making call backs, completing logs, speaking to staff who had come into the booking office to pass on information etc. The environment was busy, workload appeared to be high and there was an urgency to complete tasks.

- At Leighton, the team appeared to have designated roles and a more systematic way of working. The team said 'huddles' took place each morning to plan for the day and each person had a 'buddy' to help them with their specific tasks if workload had increased. The environment felt calmer and more ordered.

- The team at Leighton talked of the challenges with postal delays as they send letters via second class postage. This was evident when speaking to patients and was a factor in DNAs at this location. Issues with the post was not mentioned at Aintree neither by the booking team or patients.

The booking teams at Aintree and Leighton appeared to be run differently, but this did not appear to have a direct impact on DNAs, apart from the postal situation at Leighton.

4.2 Speaking to people who attended their appointment

Healthwatch Cheshire visited both hospitals to speak to people who were either waiting to have their procedure or had just completed it.

Visits took place over two days per hospital and covered the morning and afternoon sessions. Healthwatch Cheshire approached those who were waiting and were cautious to only approach those who appeared comfortable on returning from their procedure.

A variety of questions were asked, to gain an understanding of what motivates people to attend their appointment and what barriers could have got in the way, both practical and perceived. Other questions aimed to discover the value of the information they received before attending their appointment and their referral journey. The semi structured interviews conducted used these questions as prompts to allow free flowing conversation.

Aintree University Hospital

People were called through for their procedure in a timely manner, not long after the time of their appointment. Most had a friend or family member who had brought them and collecting them after the procedure whilst others were using taxis or public transport.

Leighton hospital

People appeared to wait longer in the initial waiting area in Leighton before being called through to the next area where they were prepped before going for their procedure. Some mentioned the anxiety building the longer they were waiting which wasn't as apparent at Aintree.

4.3 Speaking to people by telephone

Healthwatch Cheshire were sent the names and contact details of the people who had been ringfenced by each diagnostics department, who were logged as non attendees or DNA's.

Members of the Healthwatch team made three attempts to contact each person – each call made on differing times and days to try and reach them. These were made between office hours of Monday – Friday 09:00 – 17:00. An additional attempt was made early evening between 18:00 and 19:00 for those who may have been working during the day.

Aintree

Outcome	Number of people
Duplicated names due to multiple DNAs	5
Invalid telephone numbers	2
Unable to reach after 3 attempts	10
Attended appointment and said they had not DNA'd	1
Attended appointment after cancelling	1
Attended appointment after DNA	2
DNA and not attended	3
Total:	24

Leighton

Outcome	Number of people
Duplicated names due to multiple DNAs	4
Unable to reach after 3 attempts	20
Attended appointment and said they had not DNA'd	5
Attended appointment after cancelling	1
Attended appointment after DNA	2
DNA and not attended	9
Total:	38

The challenge of getting hold of people by telephone was evident. Many did not answer or their mobile went straight to voicemail, possibly if people had their telephone switched off during working hours or preferred not to answer an unknown call. 4 people contacted us a few minutes after not answering the call to find out who the caller was, so information was able to be collected.

It could be assumed this is the same for staff when contacting people pre appointment to confirm or give information about their procedure. From this experience it's understandable that some people are not reached by telephone pre appointment, despite every attempt being made.

The attempts made to contact people in the evening resulted in 3 more contacts. Whilst a low number, it did mean 3 more people were spoken to, suggesting having staff working out of office hours to call patients could result in more contacts, potentially reducing DNAs.

When questioned how they were informed about their appointment or procedure there were mixed responses, between letters, telephone calls, text messages – some receiving all three, others only one.

It was evident that there was an issue with letters arriving late in Leighton, which resulted in three people not making their appointment. They did not received telephone calls or text messages either, questioning whether their telephone information was up to date.

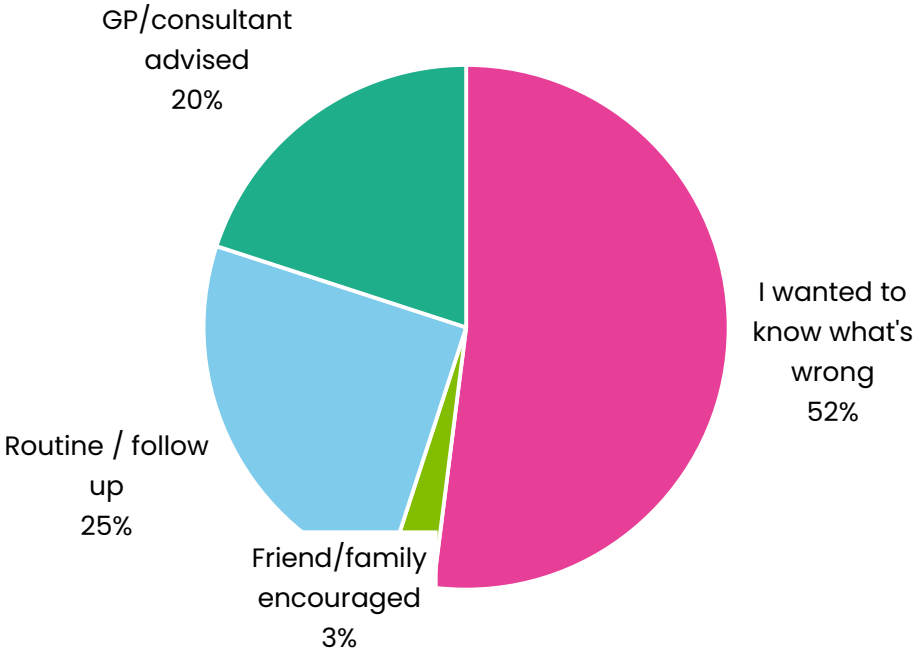
From others who did not attend due to other reasons, the communication method did not appear to have a direct impact on them not attending.

One person from Aintree and five from Leighton said they had attended their appointment and had not missed any previously.

Despite people not attending their initial appointment, many went on to have the procedure later on with others either choosing not to have the procedure or postponing due to other health issues.

4.4 What encouraged people to attend their appointment?

66 responses



The reasons why people attended their appointments fell into the same themes for both locations. Of those that attended their appointment, **over half (52%) wanted to know what was wrong** as they had symptoms or concerns over their health. Many spoke of wanting peace of mind and that nothing would have stopped them from attending their appointment.

A quarter (25%)were attending for a routine appointment or follow up, again they had an interest in their health and wanted to know if anything had changed since their last procedure.

A fifth (20%) said their main reason was because **their GP or Consultant had referred them or advised them to have the procedure**, many also shared their desire to know what was wrong.

A small number (3%) said their friend or family member had encouraged them to come. They were reluctant to attend due to anxiety or apathy but attended after discussions with loved ones.

""I always come - I want to keep up to date with my appointments to check I'm OK."

"I want to find out what's wrong so nothing would have discouraged me."

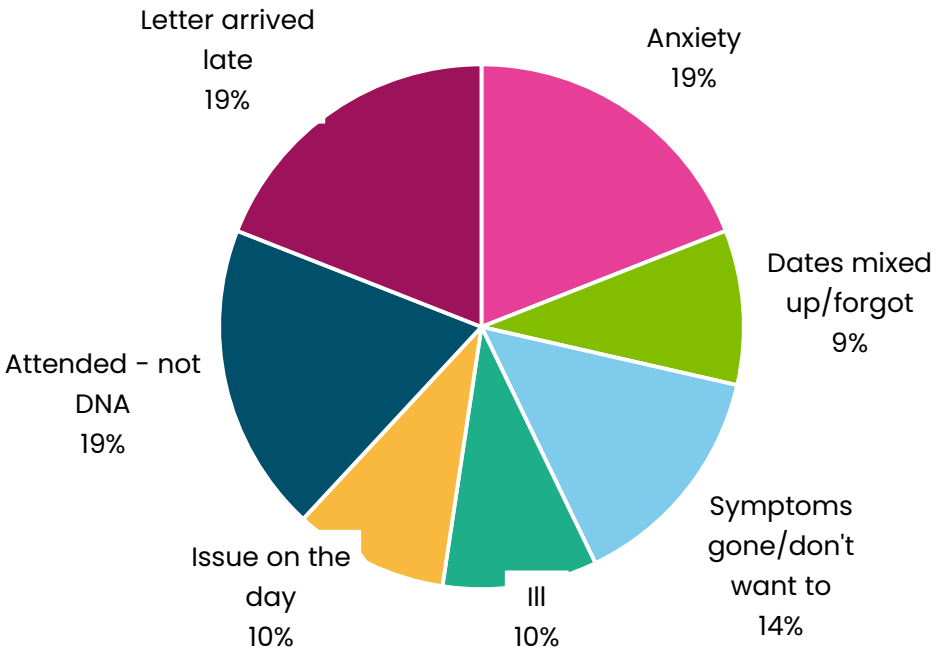
"I had a telephone call and a letter. My GP said I should come."

"My consultant told me to come"

"The consultant recommended it."

4.5 Why didn't people attend their appointments?

24 responses



Anxiety and fear of having the procedure rated highly as a reason for not attending their appointment. This was for specifically found for those who had not had the procedure before. Many also spoke of having bad medical experiences in the past which put them off attending or had other things happening in their lives which increased their anxiety levels.

Interestingly, there was evidence of people from both locations who said they had either **attended their appointment or cancelled** and had not missed any appointment that they were aware of.

Some didn't feel they needed the appointment anymore as their **symptoms had gone whilst others were ill on the day** but didn't understand the need to cancel, despite having access to the telephone number.

For Aintree, there were more people who had forgotten about their appointment, were ill or had anxiety or other complex health issues. One person said they had cancelled their appointment, using the number from the letter and had left a voicemail.

Of the two who had attended an appointment after missing previous ones, one had got the wrong day and the other said the previous appointment had been too early for her and she was unable to get up for it.

Of the three who did not attend, one is waiting for a new appointment and the other two felt too poorly to attend on the day.

For Leighton, **letters arriving late** appeared to be a consistent issue along with **issues on the day** - some being unable to have their procedure despite arriving for it due to ill health, or other being admitted into hospital on the day they were due to have their procedure.

"The appointment letter arrived late"

"I turned up for my initial appointment and because I had a dressing on my foot they said they couldn't go through with the procedure."

"Anxiety. I was really scared and chickened out on the day. "

4.6 Themes and trends

The analysis showed there were factors which appeared **not to directly impact** whether people attended or didn't attend their appointments.

Referral experience

On referral, the majority of respondents were advised to have the procedure to investigate their symptoms but weren't necessarily involved in decision making and rarely offered alternatives. From our research this didn't appear to directly impact their likelihood to attend the appointment. They felt the GP or Consultant was offering them the best path forward and the vast majority followed their advice without question.

There was little evidence of patient choice throughout the referral process and the culture of 'the doctor knows best' was prevalent.

Given some of the people we spoke who did not attend their appointment had numerous health issues, were ill on the day and/or had underlying anxiety issues, there is a question whether primary care could do more to consider a patient's history and if factors could impact their likelihood to attend diagnostics appointments.

"I had a bowel screening which showed something up. The GP said I should come so taking his advice. Want to check for peace of mind."

"They just said they'd refer me and I was happy to go along with what they thought. ."

"I assumed this was the best thing for me and the GP knows best. "

"I had one years ago and should have had follow ups but never had any scheduled. I recently changed doctors, and they picked up on this and have referred me. The doctors have been brilliant. They explained everything and the service has been wonderful."

Content of the information provided before the procedure

The vast majority felt they had received enough information prior to their procedure, whether they received a letter, text, telephone call or combination of the three. The research showed a mix of communication methods depending on when they were referred, how much time was available to send letters and if they were available when a member of the bookings team called them by telephone.

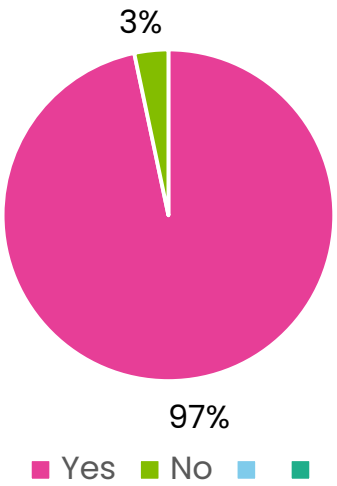
A small number had only received a text message from the hospital but still said they felt they had received enough information.

Only one person who did not attend their appointment said the information did not answer their questions or put them at ease. The person also suffered from anxiety and had previously had a bad experience during an operation which was the reason they said they didn't attend.

Did the information provided answer your questions and ease any concerns?

Responses 84

As mentioned previously, at Leighton hospital some people did not receive any information about their appointment before the day resulting in DNA



The vast majority said they knew where to find the cancellation telephone number if they needed it and said the information was clearly available on the letter. Many said if they didn't have the letter to hand, they would use Google to find the telephone number.

There was little mention of the NHS app with just one person saying they had found their appointment via the app before receiving any communications directly from the hospital.

"I had a letter and telephone call - I felt the information and was fine. I had no text messages. The telephone call gave a lot of info and reassurance. My dad has had one so explained too."

"Not really. Felt I would have benefitted from a more in depth conversation rather than a quick call."

"Yes, can't fault them. Really happy with the process and the information given. They're very thorough."

Staff

The vast majority of people were positive about staff interactions, whether that was with their GP, consultant, booking staff or staff on the day of their procedure. This was the case for both those who had attended and those who haven't.

"I couldn't fault the staff. They phoned me after I didn't turn up and I made an excuse as felt shamed to say I was frightened. They made me another appointment. The second time I didn't turn up they phoned again - this time I said I was scared and they were so kind and understanding. To be honest I don't think it was the way they spoke to me. I think I just decided I was going to do it and no matter what anyone said it wouldn't have made a difference to me going or not. I had to work through it myself."

"I think the whole process is second to none. The staff were brilliant and looked after me. They were so kind and considerate and explained everything. They really put me at ease. I think everything ran very well both before and during the procedure. Every time they called me they were kind and reassuring. It was me who didn't feel like I could be honest about how I was feeling."

"The staff have been brilliant today and I would have come here years ago if I'd have known it was going to be this straightforward. I had visions of being really exposed but I wasn't at all. I can't fault the service. "

"The person I spoke to was very kind and supportive."

Location

The vast majority of people were happy with the location of their appointment and said it was their local or preferred hospital. Three people who attended their appointments in Leighton mentioned Northwich infirmary as an easier location to get to, but there was no evidence that the location was a factor in non-attendance.

Only three people said they had been offered an alternative and elected to attend either Leighton or Aintree. From conversation it appeared people were automatically referred to their nearest hospital to their GP Practice or where they were already under a consultant.

"No - Northwich Infirmary would be easier but aware they don't do them there."

"No. I didn't know I would get a choice. If I'd have known I would have elected the Countess as its more convenient for me."

"They offered me North Staffs or here - I prefer here."

"Never gave me the option but I would have chosen this hospital as its very close to my home."

"Aintree is my preferred location. For another test I had they (not diagnostics) referred me straight to Renacres. It cost me £40 in a taxi! I couldn't afford a taxi back so had to walk down a long country lane to try and find a bus. Took hours and I was really stressed. If I was sent there again I wouldn't go. I don't like to make a fuss so I don't think I'd call to ask for another location. I'd feel shamed. It's a private hospital so should be grateful."

The analysis also showed there were **factors which could have increased the number of DNAs** recorded.

Logging DNAs

The lists of people who were logged as DNAs which was provided by both hospitals contained those who said they had attended their appointments and hadn't missed any previously, suggesting the information may have been incorrectly logged as a DNA.

In Leighton, three people turned up for their appointment but were unable to go ahead with their procedure due to health conditions. Whilst they were unable to have their procedure, it question whether this constitutes a 'DNA' as the patient attended on good faith and the appointment would not have been able to be filled.

From the 32 people we spoke to, half (50%) did not attend their appointment, having been aware of it and calling to cancel. The other half said they had cancelled, attended their appointment or weren't aware of it as they hadn't received any communication.

"I phoned up to cancel my original appointment as I was too scared. I then got a letter saying I didn't turn up to my appointment which wasn't true. I had called and left a message. When I contacted them again they said on my notes I was a 'neglected appointment' and that my GP said I didn't need it anymore which wasn't the case. There were mixed messages - the paperwork wasn't consistent with what was happening verbally."

"I attended my appointment – there's no appointments I haven't attended"

"I attended but had a seizure in the waiting room"

"I was in hospital. I assumed the systems would alert them."

Anxiety and fear

Anxiety and fear was a key theme, both from those who had attended and those who hadn't. In the main, when people had the procedure once, they felt more confident about having the procedure again.

Those who were in for routine appointments or check ups didn't mention anxiety or fear. Some mentioned the discomfort and dislike of the procedure and that they were fearful initially but that dissipated once they had gone through the experience for most.

During engagement activity at Aintree hospital a person called to cancel at the last minute and apologised but they felt unable to go through with the procedure. They said they didn't want to rebook and would speak to their GP to seek an alternative option.

"I was really scared and missed a few appointments. I suffer badly from anxiety and I was terrified. I thought I wouldn't be able to breathe. I couldn't face it."

"I don't think anything they could have said or done would have calmed by anxiety. I didn't tell them quite the level of my anxiety. They were kind and said to call back when I'm ready to make an appointment."

"I've had the procedure before years ago so know what was happening. I don't like it but need to get it done."

"I was concerned, it's natural - it wasn't as bad as I thought it would be."

"The sent me the 'Surgery App Hero' The physio they assigned me has helped me with some exercises to help reduce my anxiety."

"I understand anxiety would be challenging but it wouldn't have stopped me. "

"I suffer from anxiety and have tablets. I know what to expect so I don't get as anxious now."

Postal delays – Leighton only

Respondents said their letters sometimes were delivered very close to the appointment date and in some cases after. One person said they had missed their appointment as their letter came a week late.

From speaking to staff members from the bookings team in Leighton, they said they sent letters by second class post and were aware of issues of late delivery due to issues with the postal service.

Healthwatch Cheshire were pleased to hear the recent news that the NHS is to be given its own postage class, in a move that the Health Secretary said will stop patients facing the "frustration of missing appointments" due to letters arriving late in the post. This should hope to mitigate this in the future.

The bookings team said they use other methods to try and get the information to patients in time of their appointments.

"I had a scan last Thursday and they made me an appointment then. The letter was delivered by taxi the day after."

"Hospital sends me letters every three months - I do have to call up to chase sometimes if its late."

"There's a number of reasons I've not turned up, late letters, anxiety …"

"I didn't go as my appointment letter arrived late."

"The appointment letter arrived late."

"It <The cancellation telephone number> was on the letter. Although it arrived late so wouldn't have known what number to call if I needed to cancel earlier."

"I had two procedures booked. One letter arrived a week late and the other on the day of my appointment, so I ended up missing two appointments. I hadn't received any telephone calls or text messages either."

Not liking to question or 'bother' people.

There were a number of occasions where people were anxious or had questions but didn't like to ask. Some said they didn't like to 'bother' the staff member or wanted to put on a brave face rather than admit to feeling scared or fearful.

There was a trend of people not wanting to speak up or ask questions. A sense that they 'didn't want to bother anyone' so avoided making a telephone call or felt embarrassed by their fear of the procedure. In this case they would say they were fine and had no questions or worries when asked directly, but had internal fears and questions they didn't feel confident in asking. All respondents in this case said staff were very empathetic and understanding and that there was nothing they could have done to support them further.

"I think I could be a bit more informed. You don't like to ask too many questions as you're worried about taking too much time."

"I struggle to get up and ready in the morning, so morning appointments are difficult, but I doesn't like to bother anyone to change my appointment."

"The GP didn't explain anything. I don't think the GP knew what was going to happen. He just said he'd refer me. I wasn't given any information and didn't like to ask."

"You don't like to ask too many questions as you're are worried about taking too much time."

Personal challenges and past negative experiences

Some of those who didn't attend their appointments had past negative medical experiences which put them off attending. Whilst the experiences weren't directly related to the procedure, the fear of something going wrong was stopping them attending.

Others had complex health or mental health issues which impacted many aspects of their life which made their appointment less of a priority to them. For example, one person was an alcoholic who was waiting for treatment, another rarely left the house and struggled to get up in the morning due to a number of health conditions.

"I previously had a bad experience at a colonoscopy appointment. When I went for my appointment the surgeon told me it was going to hurt and this has put me off."

"I was very nervous and I may not have gone through with it but I was determined. I had a terrible experience with the NHS years ago when I had an operation which left me with permanent back issues. When I couldn't get through to anyone it put my faith in the NHS to question again. "

Was there anything that could have encouraged you to attend the appointrment?

When asked if there was anything that could have encouraged them to attend their appointment, the majority said no. Many felt like it was within their control but other factors stopped them from taking action.

One person mentioned if the appointment was later in the day they may have attended, but they weren't certain they would have. Another said if they had known they could have had their procedure first thing in the morning without waiting around feeling anxious they may have attended. Interestingly both mentioned on other occasions during the conversation they 'didn't like to ask' or 'bother anyone'.

Another who hadn't had a text message reminder said that may have been useful as he was prone to forget due to his ADHD.

"The speed of the letter. The letter had first class written on it and had been crossed out. From the date of the letter what should have taken 2 days took 7 days to arrive. "

"A text message reminder would have been good. Not had another letter or appointment sent through. Assume it's the long waiting lists."

"No - they did what they could. It was my fault I didn't turn up. "

"I would prefer a proper time. I was asked to come at 10:00. 12 other people came through at the same time. It's now 11.15 and I'm still waiting. Can make you anxious."

"I have been very impressed with the whole process. I was booked in and seen within two weeks, the staff have been lovely and very thorough, and I can go home knowing everything is well. I am very relieved."

5.0. Conclusion and Recommendations

The following conclusions and recommendations are based on:

- Discussions and insights shared with members of the Cheshire & Merseyside Endoscopy Network, Aintree University Hospital and Leighton Diagnostics teams
- Observations made during visits to the diagnostics departments at Aintree University Hospital and Leighton
- Conversations with those who attended their planned diagnostics appointment at both hospitals and those who didn't

5.1 Conclusion

From the findings, there are various contributing factors which can led to people not attending their appointments. Both the system and the patient themselves play a role, each individual patient having their own reason or circumstance for not attending.

From a system perspective, the manual logging process and use of multiple IT systems can affect the ways DNAs are reported and increase the risk of inaccuracies. A recent Healthwatch England report highlighted the extent and impact of inaccurate NHS patient records. As evidenced, small changes in processes can have positive impacts on DNAs and increase patient access to appointments.

Staff and the information provided was rated highly. From observations and conversations, it was evident that care and consideration is taken to supporting patients through the journey, if staff are able to make contact and have enough time to do so effectively. Having found contacting people by telephone challenging, there is a likelihood this is also the case for booking teams when they are contacting people to confirm their appointments. The difficulty in reaching some people by telephone means a disparity in patient experience.

From a patient perspective, perceptions, anxieties and fears were a common theme and were a clear factor in attendance. Alongside, this poor physical health and lessening of symptoms also played a role.

Whilst some people didn't see the need to cancel their appointment, for many, circumstances on the day meant it wasn't a priority at the time. Some called afterwards to rebook or inform the hospital. Access to the telephone number was not a factor as the vast majority knew where to find the information.

The difference in those who attended their appointment compared to those who didn't, was a strong drive to discover what was wrong with them, or the symptoms they were having were impacting their lives. Particularly amongst the older generation, the importance of cancelling appointments and that nothing would have stopped them from attending was evident.

5.2 Recommendations

Review process for logging DNAs

A number of people who were logged as DNAs said they had called up to cancel or had attended their appointment which suggests they were logged incorrectly. For example, should a person who had a seizure in the waiting room and was unable to go through with the procedure despite attending, be logged as a DNA?

The initial meetings at Aintree highlighted this and despite DNA data already being cleansed before being sent to Healthwatch, there was evidence of this during telephone calls.

Providing adequate time and resource to booking teams

At both hospitals it was evident that booking teams were busy and had many patients to contact using multiple systems. Aintree in particular, were often doing multiple tasks and reacting to incoming calls and additional requests.

Given the errors in logging DNAs and the obvious benefit to patients of having empathetic and reassuring conversations, its important teams have the time to fulfil both the practical and supportive roles they play within the booking process. The initial conversation or interaction with the booking team should be seen as the beginning of their procedure. It sets the tone of what's to follow and could consciously or subconsciously impact their decision to attend on the day. Adequate time should be given to help teams to fulfil this important role and ensure records are maintained correctly.

Helping to alleviate fears and anxieties

- Additional signposting to other services such as Talking Therapies. During conversations it was evident for some of those who were anxious about the procedure, anxiety was prevalent in other areas of their lives. Signposting to other services who could help give people the tools to cope could enable them to go through with the procedure at a later date. One person we spoke to talked about being referred to a Physiotherapist who helped her with breathing exercises which she said enabled her to continue with the procedure.
- Primary care support for those with multiple health issues. A number of people we spoke to had complex health conditions and illness or anxiety on the day stopped them from attending. Linking with a Wellbeing Coordinator or Social Prescriber at the Practice could support them in understanding the procedure ,coordinating their appointments more effectively and alleviate their fears.

- Up front call to action on letters or text messages. There was a reluctance of those who felt fear or anxiety to speak up and share their feelings, despite the warm and empathetic tone of those who they spoke to by telephone. Mentioning this on the initial letter or text message and signposting to someone they could speak to specifically about their fears or anxieties, could encourage them to speak up, feeling they are not alone.
- Actively signpost to the website if you want to use it as a communication tool. Nobody mentioned the website as a place where they found useful information and very few mentioned watching videos. The few who mentioned a video found it useful so perhaps more could be done to signpost to it.
- Offer peer to peer support. Those who had the procedure before did not talk of anxiety, despite finding it uncomfortable. Others who attended the procedure talked about having reassurance from friends and family who had shared their positive experiences. One person we talked to, made the suggestion of offering a telephone call with someone who's had the procedure to help reduce anxiety, or featuring videos on social media or on the website to help.
- Whilst quick pathways from referral are often welcomed, in some cases this can mean information is not received in time and people don't necessarily have the time to process what's happening. For those with more complex lives, trying to arrange transport or childcare in short time frames could be challenging. Reinforcing the message that patients can reschedule appointments if the original date is not convenient to them could encourage people to find a time more suitable to their needs. In addition, arranging appointments further out could have potentially reduced DNAs at Leighton for example, given the known issues with postal delays.
- Patient focus, compassion and reassurance during each interaction could help to alleviate fears and encourage attendance. It was evident the difference positive human interaction and support made to the those feeling particularly anxious about the procedure.

Reinforcing the reasons people should cancel

Whilst the letters and text messages provide the telephone number or link for people to cancel their appointment, the reasoning behind this isn't evident. Perhaps if people understood the impact DNAs have, both on themselves if a condition goes undiagnosed, and on the NHS it would encourage them to cancel. From speaking to those who did not call to cancel their appointment, there was little understanding of the impact this may have or that the appointment could have been taken by someone else in need.

For example, the letter sent from Leighton states:

"It is very important that you telephone 01270 277980 to cancel or rearrange this appointment if it is not convenient to you OR you do not wish to undergo the procedure"

This does not give the person receiving the letter a reason why it is important and the impact a missed appointment could have on themselves or others. The tone could also put people off calling if they missed the appointment due to unforeseen circumstances, particularly with anxiety and fear being a concurrent theme.

The subtlety of information and the tone of the way things are worded or spoken can have an impact beyond the words. Whilst the evidence suggests the information provided on the letters or contacts with medical professionals did not directly impact DNAs, positive wording and interactions can help to relieve fears and anxieties and provide permission to speak out if additional support is needed. Reminding patients why it is important for them to attend for their own health and that the NHS want to help and support them to get better, could encourage them to connect with services rather than simply not attending or contacting anyone.

Helping to make the cancellation process easier

From the findings it was evident that access to the telephone number is not the barrier to cancelling an appointment, so addressing other possible barriers and trying to make the cancellation processes easier should be considered.

- Provide an easy one click option to cancel via text, perhaps with visual signs or emojis, sent a few days before their appointment. Making cancellation convenient, quick and not dependant on speaking to a person, may encourage people to take action.

  Whilst support is given to those who don't speak English when attending their appointments, cancellation via telephone may prove challenging. Providing a solution which does not require human interaction, could make cancellation less challenging – not only for those who don't speak English but for others with communication or learning difficulties.

Supporting those with additional health issues

From conversations with those who had not attended their appointments, it was evident that some had additional health issues which could impact their ability to attend. Adding an additional flag on referral could inform the booking team to assist by sending additional reminders, calling the day before to gauge whether they are well enough to attend or giving more time during conversation to help unpack any barriers they may have.

Being empathetic to a person's situation, giving them the opportunity to say no to the procedure and offering alternatives may help to prevent DNAs. This may help those who 'didn't like to bother' or ask questions during referral or standard booking calls.

Cultural dietary changes

One person who had not attended their appointment said they no longer had symptoms as he had stopped eating pizza and realised this was causing the issues. He said he had arrived recently from another country and was eating different foods that he was not used to.

This questions whether the need for some diagnostics appointments could be prevented with more understanding of dietary issues which may be caused by changes of diet on arrival to the UK. Additional research into this demographic, their symptoms and diagnosis could prove insightful.

6.0 Diagnosis programme response:

The Diagnostics Non-Attendees in Cheshire and Merseyside Hospitals report is a truly impressive piece of work and reflects a thorough, thoughtful analysis.

It is seldom that we get to speak to patients who don't attend for their appointments and so obtaining their feedback on how we can do better is gold dust, we simply would not have been able to do this without your support and ability to connect with patients.

Walking through the process has held up a mirror as to how complicated we sometimes make things for patients and even before the Healthwatch work was finished this resulted in more accurate recording so that our figures improved immediately and less patient care was compromised as a result.

Key areas that we plan to address due to this report (not just in endoscopy but also for other diagnostic tests) are as follows:

- *The results relating to anxiety and fear are very understandable but also incredibly sad, reading that one patient said "I was really scared and chickened out on the day" has compelled us to explore implementing the peer-to-peer support system suggested in the report.*
- *We are looking at how existing text systems can be amended in the ways suggested so that voting buttons are available re attending or not thus making it easier for patients to cancel. The report showed us how hard it is for patients to cancel due to our complex systems.*
- *We are also planning to insert clearer information in our letters as to why cancelling is important, and we would appreciate Healthwatch input to ensure that this wording is impactful yet sensitive.*
- *On another matter, we want to encourage patients to attend our purpose built endoscopy hub in Halton and so your offer to guide and review the marketing materials to help patients to positively select this site for their test is warmly received.*

Finally, we would like to you to know the changes that we have seen in our figures.
For the Trusts included in the study:

- *The percentage of patients not attending for an endoscopy has reduced from 6.1%in April 2024 to 4.8% in July 2025.*
- *Endoscopy activity has increased by 3.4% from April 2024 to July 2025.*

It is impossible to prove cause and effect, but we feel certain that working with Healthwatch has helped us to improve several areas such as the timeliness of letters, accurate recording of patient non-attendance and potentially sensing anxious patients and doing even more to put them at ease so that they don't have to ask.

Thank you Healthwatch, we are delighted and most grateful for the learning that you have brought to us which will be presented at the Cheshire and Merseyside Diagnostic Board along with each of our diagnostic networks (Endoscopy, Imaging and Physiological Science) so that senior leaders and departmental managers can learn from the important journey that we went on together.

Tracey Cole-Wetherill - Cheshire & Merseyside Endoscopy Network, Diagnostics Programme Director
Dr Ash Bassi, Cheshire & Merseyside Endoscopy Network, Clinical Lead

6.0 Diagnosis programme response:

Cheshire and Merseyside Endoscopy Network

"The Cheshire & Merseyside Endoscopy Network extends its sincere thanks to Healthwatch Cheshire, as well as the NHS Endoscopy Units at Mid Cheshire Hospitals and the University Hospitals of Liverpool (Aintree site), for their collaboration in gathering patient feedback. This joint effort has provided valuable insights into both positive patient experiences and areas requiring improvement, with the shared goal of optimising appointment attendance and enhancing overall service quality. The Network takes this feedback seriously and remains committed to working with partner Trusts to share outcomes and learning across the wider Cheshire & Merseyside system to support continuous improvement in endoscopy services."

Liverpool University Hospitals NHS Foundations Trust (Aintree Site)

"Thank you to Healthwatch for visiting our endoscopy unit and for providing invaluable insight into how we can look to improve our DNA rates. We have acknowledged feedback from Healthwatch regarding patient experiences and areas requiring improvement. Thank you again for recognising what a fantastic job our administration team do. We have addressed a number of recommendations outlined in the report and our efforts are ongoing, with the ultimate goal of enhancing patient care and experience."

Nikki Groves - Assistant Service Manager – Gastroenterology/Endoscopy

Mid Cheshire Hospitals NHS Foundations Trust

"We would like to extend our sincere thanks to the Healthwatch team for their valuable contribution. Any initiative that supports improved patient attendance and enhances the overall patient experience is of great importance to us. The feedback process captured a balanced view of both positive and negative experiences, highlighting strengths in staff structure and atmosphere, while also identifying areas for improvement. The Trust acknowledges the recommendations outlined in the report and is committed to working through them with the aim of delivering meaningful improvements to patient care and experience."

Carole Lyth – Clinical Service Manager Endoscopy

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7.0 Appendix

Appendix 1:
Improving access to diagnostics – attendees questions

Appendix 2:
Improving access to diagnostics – non -attendees questions