

# The impact of COVID-19 telephone consultations on renal clinic non-attendance

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## Introduction

Non-attendance accounts for 6.4% of all outpatient appointments. It is a significant financial burden to the NHS (circa £1 billion annually) and unfairly compromises vital services for other patients.<sup>1</sup> The COVID-19 pandemic meant classical face-to-face consultations were unfavourable and alternative approaches were required. Given the ever-increasing demands on the NHS, the circumstances of the pandemic provided an opportunity to explore the impact of outpatient non-attendance via different consultation methods. We evaluated non-attendance rates between face to face clinic and telephone consultations in a nephrology clinic.

## Materials and methods

A retrospective analysis compared non-attendance in renal outpatient telephone consultations during the 2020 COVID-19 restriction with a corresponding 15-week period between April and August of face-to-face clinics in 2018. Telephone non-attendance was defined as failed patient contact despite a pre-arranged appointment. Patient data were derived from four hospital sites and two non-district general hospital dialysis units served by the Dorset Renal Service. Additional data were collected for non-attendees including age, sex, travelling distance, appointment type (new vs follow-up), and if available, pre-clinic renal blood results. The data were analysed using chi-squared and Kruskal–Wallis tests.

## Results and discussion

264/3,397 (7.8%) face to face appointments in 232 patients were missed during clinics in 2018 compared to 204/3,341 telephone appointments (6.1%) missed by 190 patients in 2020. (chi-squared with Yates correction 6.9745;  $p=0.008268$ ). Median age of non-attendees was 60 years (range 17–94) in 2018 and 60 years (17–92) in 2020; 147/264 appointments (55.7%) were missed by male patients in 2018 and 122/204 (59.8%) in 2020; 29/264 missed appointments (11%) were new patient appointments in 2018 and 14/204 (6.9%) in 2020; median distance from clinic of non-attendees was 6 miles (range 1–44) in 2018 and 6 miles (1–84) in 2020; 28/232 (12.1%) patients missed more than one

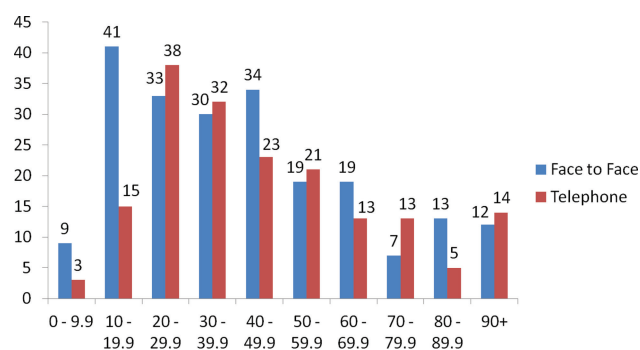


Fig 1. Pre-clinic eGFR in non-attending patients for 2018 face-to-face and corresponding 2020 telephone consultations.

appointment in 2018 and 14/190 (7.4%) in 2020; 103/264 (39%) 2018 appointments were missed by patients on renal replacement therapy and 55/204 (27%) in 2020. 217 pre-clinic blood tests were taken from the 2018 non-attenders, and 177 from the 2020 telephone cohort. The distribution of eGFR results in the two cohorts is represented in Fig 1. Non-parametric Kruskal–Wallis testing demonstrated no difference ( $p=0.094$ ) in eGFR distribution between clinic settings. However, 50/217 (23%) tests prior to the non-attended face to face clinics in 2018 and 18/177 (10.2%) tests prior to the missed telephone appointments demonstrated an eGFR  $<20$  mL/min/m<sup>2</sup> (chi-squared with Yates correction 7.3567;  $p=0.006681$ ).

## Conclusion

The COVID-19 pandemic has provided an opportunity to revise and enhance routine medical care. In this study on renal outpatients, there was a significant albeit small improvement in non-attendee rate with telephone consultation. There were also fewer non-attending patients with advanced chronic kidney disease. ■

## Conflict of Interest

None declared.

## Reference

- 1 NHS Digital. *Hospital outpatient activity 2018-2019*. NHS, 2019. <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2018-19> [Accessed 02 October 2020].

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