

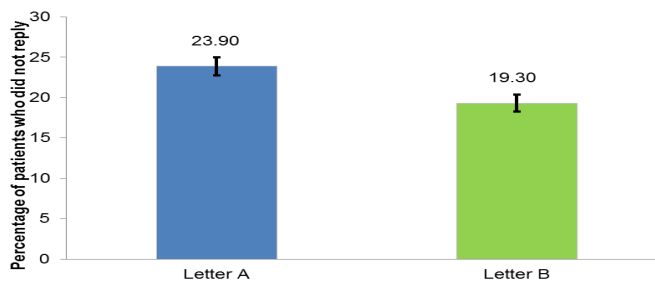
Background: It is good practice for hospitals to undertake administrative validation of waiting lists. This is a process where hospital administration contacts patients on waiting lists to check if patients still require a procedure or wish to be removed from a waiting list. The *National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (NTPF)* includes an administrative validation process for IDPP waiting lists and states that “it is compulsory that a formal bi-annual hospital validation is carried out on all inpatient and day case waiting lists over six months.” Most hospitals write to patients. It is estimated that 25% or one in every four patients do not reply to a validation letter.

The Project: The National Treatment Purchase Fund (NTPF) is producing a communications pack for hospitals to manage waiting lists. This will include a template validation letter. Different validation letters are currently used throughout the health system. After looking at a sample of existing letters we wanted to explore if using behavioural insights in the re-design of the validation letter would help more patients to engage with the validation process. This was measured by lower non-responses from patients. The Research Services Unit in the Department of Health worked collaboratively with the NTPF and the Health Service Executive (HSE) and an advisory group¹ to design a behaviourally informed and tested letter² for Inpatient and Day Case patients (see the next page).

Results: The number of patients who did not reply was lower for the redesigned validation letter (Letter B) than for the control letter (Letter A).

Fig 1: Non responses by letter type (n = 2,861)

Patients who received Letter B had a statistically significant lower non-response rate of 19% compared to non-responses for patients who received Letter A of 24%, $Z = 2.99$, $p < .01$.



Letter B achieved a 19.3% better performance or resulted in one in five non-responders changing their behaviour.

Conclusion: Using the redesigned validation letter reduced non-responses. We suspect this is because it makes clearer the importance of the validation process and what the patient is asked to do. Based on bi-annual validation of 2017 waiting lists of three months plus for inpatient and day cases, it would result in at least 5,000 more patients responding. It would reduce follow-up for non-response, enable better use of resources and help hospitals to meet their requirement in the Protocol that “Postal validation cycles must be completed within a six week timeframe.”

Impact: In early 2018 following the above results, the redesigned letter (Letter B) was adopted by the NTPF as the national template for waiting list validation correspondence.

Illustration of Letter B (not to scale, appeared on HSE headed paper)

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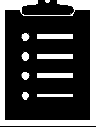

Strictly Private and Confidential

2nd November 2017

Please reply to this letter

Dear Robert

You are on our General Surgery waiting list for a procedure with Deirdre Robertson. I apologise that you are still waiting. We want to provide our valuable services to our patients as soon as we can. That is why we are checking our waiting list.

	Read this letter
	Fill in the form
	Return this form

We need you to please:

1. Answer the question below and sign.
2. Return this page to us in the freepost envelope enclosed.

Please do this **even if** you have recently been in contact with the hospital.

If you **don't send** us back this page by **16th November 2017**, then we will take it that you do not require this procedure and **you will be removed** from our waiting list. Your GP (family doctor) will be informed.

Question: Do you still require this procedure? (tick one box only)

☐ Yes, I still require it ☐ No, I had it done elsewhere ☐ No, other reason

If "No, other reason" please give reason: _____

Please sign: _____ Medical Record No. 12345

If you have any questions about the above, please phone 01 635 3122.

Kind regards,

Carol Taaffe, Scheduled Care Department

Endnotes

¹ **The evaluation team**

Department of Health

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Patient correspondence behavioural advisory group

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Ms Helen Ryan, National Adult Literacy Agency (NALA)

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² **Behaviourally informed and tested validation letter**

We reviewed existing validation letters and designed an alternative letter based on principles from plain English and findings from behavioural science. Key design elements in the revised letter include a call for action, simplification, personalisation, an apology, stressing the intention of checking the waiting list and the value of the service, salience and chunking of desired actions, and highlighting consequences of non-response including observation.

At the time of the study different hospital groups used different validation letters, and in some cases different hospitals in the same group use different validation letters. As there isn't a single validation letter we included two different existing letters in our control group. The two letters in the control group were the existing validation letter for five of the six hospitals (University Hospital Limerick; St. John's Hospital Limerick; Nenagh Hospital; Ennis Hospital; Croom Hospital) in the University Limerick Hospitals Group (ULHG) and a compilation of letters used in three hospitals (Our Lady of Lourdes Hospital, Drogheda; Cavan and Monaghan Hospital; Louth County Hospital) which are part of the RCSI (Royal College of Surgeons in Ireland) Hospitals Group.

We wanted to test if the alternative letter (Letter B) resulted in a lower non-response rate than the control letter (Letter A). That is, if the percentage of people who did not reply to the letter, indicating if they still required a procedure, was lower. We followed standard practice and tested with 80% power and at the 5% significant level. Based on three studies of attendance at healthcare appointments (we did not find any previous validation studies) we estimated a possible reduction of 18%. Ex-ante power calculations suggested that a sample of 2,718 was required. We achieved the required sample size, approximately 800 from RCSIHG and 2,000 from ULHG. An addressed freepost envelope was included with each letter.

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Mr John Doyle and Ms Aideen O'Callaghan for facilitating the distribution of letters and entry of data in University Limerick Hospitals Group, and Ms Aideen O'Callaghan for co-ordinating activities under this project across the University Limerick Hospitals Group.

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