An Roinn Sláinte
Department of Health

The Better Letter Initiative: An Impact Evaluation of a Redesigned Inpatient and Day Case Appointment Letter

A Department of Health Research Paper, 2020

Research Services and Policy Unit, R&D and Health Analytics Division, Department of Health

IGEES
Irish Government Economic & Evaluation Service

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EXECUTIVE SUMMARY

Background

Good communication between patients and health care administrators is important to ensure the best outcomes for patients and the most efficient use of limited healthcare resources. A key phase in a patient's healthcare journey is the point from receiving an appointment date for a procedure to receiving a procedure on appointment day. Healthcare administrators typically offer an appointment date by a letter four to six weeks in advance for inpatient or day case procedures.

All hospitals request patients to phone to reschedule if they cannot attend. Some hospitals also ask patients to phone to confirm acceptance, in order to support good planning. While the latter is regarded as good practice by some, resources are required in instances where patients do not make contact for hospital staff to phone patients three to four days in advance of appointment date to see if they can attend. There is a desire to improve the efficiency of this approach by increasing the numbers of patients who make contact when they receive an appointment letter and so reducing the number of patients that need to be phoned by staff.

The Project

The National Treatment Purchase Fund (NTPF) is producing a communications pack for hospitals to include a template appointment offer letter for inpatient and day case appointments. This project follows on the success of a redesigned waiting list validation letter (see Murphy et al., 2020). The Research Services and Policy Unit in the Department of Health worked collaboratively with the NTPF and the Health Service Executive (HSE) and an advisory group to design a behaviourally informed and tested appointment correspondence for inpatient and day case patients.

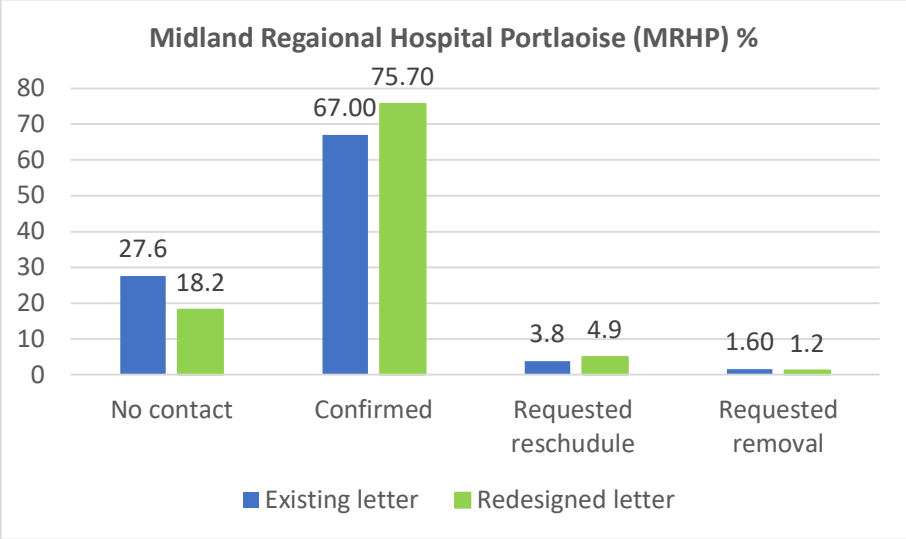
The redesigned correspondence was tested in the Midland Regional Hospital Portlaoise (MRHP) and Midland Regional Hospital Tullamore (MRHT), members of the Dublin Midlands Hospital Group. The objective of this project was to reduce in both test sites the number of patients who do not contact the hospital when they received the letter. Another objective in MRHP was to monitor the impact on attendance on appointment day. The impact of the redesigned correspondence was tested by using both existing and redesigned correspondence over the same period and comparing patient engagement with both types.

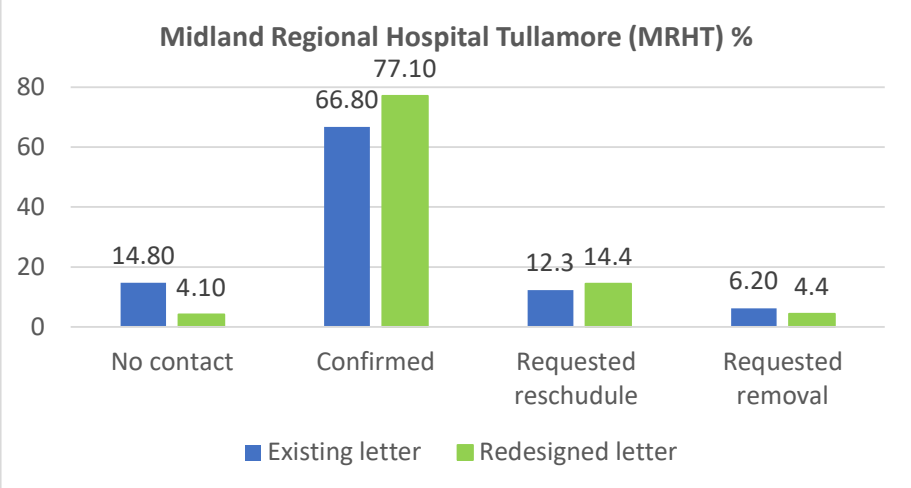
Results

Patient engagement was improved by the use of the redesigned appointment letter and patient preparation note. The redesigned correspondence increased the number of patients making contact, as requested, when they received their appointment offers (see Figure 1).

Better performance in the MRHP saw a reduction of 9.4 percentage points or 34% in people not making contact, equivalent to one third of non-responders changing their behaviour. In MRHT this better performance saw a reduction of 10.6 percentage points or 72% in people not making contact, equivalent to two thirds of non-responders changing their behaviour.

Figure 1. Response of patients when they received the letter



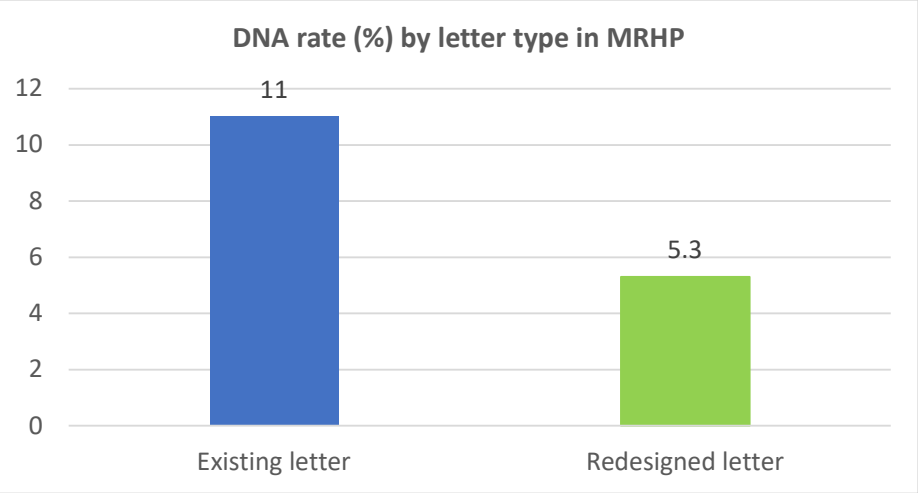


The increased contact was due to an increase in the number of patients phoning to confirm they intended to attend their appointment. In both sites the confirmation rate was only 67% for the existing correspondence but it was 76-77% for the redesigned material. Across the

two test sites use of the redesign correspondence increased the confirmation rate by an average of 9.2 percentage points or a relative increase of 14.6%.

Enough data was available in Midland Regional Hospital Portlaoise (MRHP) to test the impact of the redesigned correspondence on attendance. Using the redesigned correspondence halved the did not attends (DNA) rate in the MRHP, 11% versus 5.3%.

Figure. 2 Reduction in the did not attends (DNA) rate on appointment day



Conclusion

This study shows that when you ask patients to phone to confirm acceptance of an appointment date (using the redesigned material), it is likely to improve patient engagement both when they received the appointment offer and on appointment day. We suspect this is because the redesigned correspondence makes clearer what the patient is asked to do (simplification, call for action and salience), makes it easier to make contact (simplification and voicemail option), and makes it easier to remember to attend (simplification and commitment device).

Where the practice is to ask patients to phone only if they cannot accept an appointment date, it may also be the case that using an appointment letter and patient preparation note based on the one used in this project may also help to improve patient engagement.

Overall, it is likely that use of the redesigned correspondence for inpatient and day care procedures (offer letter and preparation note) will improve patient engagement and will enable better use of resources.

This project was undertaken before the emergence of COVID-19. During the first few months of COVID-19 much of the scheduling of procedures was paused for inpatient and day case (IDPP) care, and this was followed by the scheduling of procedures using communication methods adapted to the situation. The collaborators from this project will work together to see how the learning from this project can best be applied to future IDPP patient appointment offers in the context of COVID-19.

1. INTRODUCTION

The acute hospital sector is where the sickest patients receive treatment, and it accounts for the largest share of expenditure on healthcare. Across the OECD inpatient care on average accounts for nearly 30% of spending and about 2.8% of GDP in 2009. Good communication between patients and health care providers/administrators is important to ensure the best outcomes for patients and the most efficient use of limited healthcare resources.

A key phase in a patient's successful journey through the healthcare system is the point from receiving an appointment date for a procedure (healthcare administrators typically offer an appointment date by a letter sent four to six weeks in advance, referred to as "time to come in" (TCI) letters) to successfully receiving a procedure on appointment day. Ineffective communication at the point of appointment offer can reduce engagement and can contribute to patients unexpectedly not attending on appointment day – "did not attends" (DNAs). DNAs can lead to worse care for patients, the inefficient use of staff, and increased waiting times (Karter et al., 2004; Murray, 2000).

The Research Services and Policy Unit, Department of Health and the Process Innovation Unit in the National Treatment Purchase Fund (NTPF) wanted to take a behaviourally-informed and tested approach to redesigning hospital inpatient and day case appointment letters. The redesigned letters were being developed as part of a communications pack, as a consultation with staff from the Health Service Executive (HSE) identified the need for a standardised and consistent set of letters to help implement a new national Protocol - *National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol* (NTPF, 2017). This project is part of a broader approach to improve communication and reduce administrative burden in the health system, and it follows on the success of a redesigned waiting list validation letter (see Murphy et al., 2020, *The Better Letter Initiative: An Impact Evaluation of a Redesigned Waiting List Validation Letter*).

The content of appointment letters differs across hospitals in Ireland. While all letters request patients to phone to reschedule if they cannot attend the appointment date, some hospitals issue letters that ask patients to phone to confirm acceptance of the appointment

date. The Midland Regional Hospital Portlaoise (MRHP) found it good practice to ask patients to confirm in advance whether they can or cannot attend their appointment. This was done by requesting, in the appointment letter, for a patient to phone or email to confirm their intention. However, the hospital found that a significant share of patients did not make contact. In instances where patients do not make contact when they receive the letter, hospital staff phone patients three to four days in advance of their appointment date to see if they can attend. There was a desire to improve the efficiency of this approach by increasing patient engagement, that is by increasing the number of patients who make contact when they receive an appointment letter and so reducing the number of patients that need to be phoned by staff. This project tested to see if this could be achieved by redesigning existing patient correspondence.

Most of the procedures provided in MRHP are on a day case basis. The Midland Regional Hospital Tullamore (MRHT), a larger hospital providing a mixture of inpatient and day case procedures in the same hospital group, also agreed to participate in the initiative. This ensured that the test included a wider range of procedures. Prior to this, the MRHT did not require patients to confirm if they could attend, only to indicate if they could not attend.

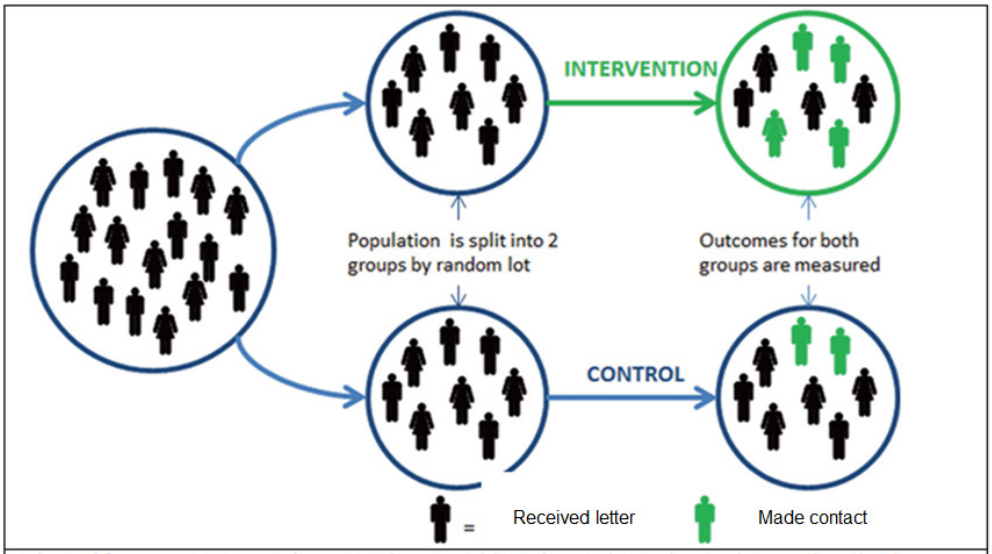
In summary, the objective of this project was to reduce in both test sites the number of patients who do not contact the hospital when they receive the letter, and specifically in MRHP to also monitor the impact on attendance on appointment day.

2. METHOD

2.1 Using an RCT to test the redesigned letter

To find out if a redesigned validation letter really makes a difference, we used the scientific technique of a randomised control trial or RCT. The basic idea is illustrated in Figure 2.1. People are assigned to different groups on a random basis, and the impact for the group who received the redesigned letter is compared with a similar group who did not receive the redesigned letter. See Appendix C.1 for a discussion of ethics and data protection issues.

Figure 2.1: How to determine the effectiveness of different appointment letters



Adapted from *Test, Learn, Adapt: Developing Public Policy with Randomised Control Trials,* The Behavioural Insights Team, London, UK.

Participants were randomly allocated to receive a letter type (A or B). As staff print appointment offer letters on a patient by patient basis it was decided that it would not be feasible to allocate the appointment letters on a random basis by patient as the time commitment would be too great (as well as the potential for error in allocation to letter type). It was decided that the main basis for allocating letter types would be by staff member and by week. This was judged to be the next best basis to randomize as it was feasible and minimized the risk of patterns in allocation that could influence the study outcomes.

In MRHP two clinic secretaries (CS) managed the appointment diaries of four consultants. CS 1 scheduled the appointments of two consultants (both surgical), and CS 2 scheduled the appointments of the other two consultants (one surgical and one urology), and the number of appointment offers issued by both CSs in a typical week was similar. So, in MRHP the allocation by week and staff was in week one CS 1 sent letter A (control) and CS 2 sent letter B (intervention), and the allocation to letter type rotated each week thereafter (for example, in week two CS 1 sent letter B and CS 2 sent letter A).

In MRHT three clinic secretaries (CS) managed the appointment diaries of ten consultants. CS 1 scheduled the appointments of four consultants (one surgical and three ear, nose and throat (ENT), CS 2 and CS 3 each scheduled the appointments of three consultants (all in ENT), and the number of appoint offers issued by CS 1 in a typical week was similar to that by CS 2 and 3 combined. So, the allocation by week and staff in MRHT was: in week one CS 1 sent letter A (control) and CSs 2 and 3 sent letter B (intervention), and the allocation to letter type rotated each week thereafter (for example, in week two CS 1 sent letter B and CSs 2 and 3 sent letter A).

A few additional allocation rules also applied, in effect where deviations from the weekly allocation should be made in order to ensure consistency in letter type used for patients who previously received an appointment offer (these are available upon request).

A number of steps were taken to support the allocation of letters by the correct sequence. First, written instructions were provided to each clinic secretary. The instructions stated that (a) it was very important that patients were allocated to the correct letter type as otherwise it would not be possible to stand over the results of the test, (b) included a table which showed the weekly allocation for each clinic staff member (for each consultant) by letter type over the study duration with colour coded sections for each staff member, (c) described additional allocation rules, and (d) included a decision tree to be used in determining the allocation of patients to letter type (and the letter templates that applied). Second, the letter type to be used each week was handwritten (using different colours for Letter A or B) in advance by the Patient Services Manager/Patient Services Officer in the

physical diary that each clinic secretary used for each consultant's appointments. Third, electronic templates for each letter type was pre-loaded on each clinic secretaries computer.

2.2 Redesign of the appointment letter

The test letter was redesigned based on the following:

1. a review of
    - existing appointment offer letters,
    - guides on plain English (NALA, 2015; HSE, 2017),
    - guides on applying behavioural insights to public policy and services (Halpern et al., 2010),
    - reasons for patient non-engagement with health services (Murphy and Taaffe, 2019),
    - approaches to increasing responses to surveys (Edwards, 2009), and trials to gauge the impact of changing the wording and presentation of information in letters or SMS messages (Hallsworth, Spotlight on Health Results: Behavioural Insights Short Report).

2. feedback on drafts of redesigned material from members of the advisory group, staff in MRHP, MRHT and the NTPF, and a patient advocacy association, Patient Focus.

The redesigned material included a redesigned appointment letter and new patient preparation note. A key element of the test letter was to simplify. The test letter focused on: the key action, the consequences of inaction and preparing for the appointment. Design elements used within the test letter were personalisation, reciprocity, highlighting salient information, chunked image, highlighting the consequences of the patient's action, a commitment device (tear-off slip), the messenger effect (staff name given). See Box 2.1.

Box 2.1: Design elements and supporting evidence

Font and size: Font Arial was used; we aimed for 12 point as standard (but had to use 11 to fit to 1 page). Recommended in *How to use plain English when writing* (NALA, 2015).

Format: Give relevant information in the right order; and help people to understand this

information quickly. Recommended in *How to use plain English when writing* (NALA, 2015).

Personalisation: The client is addressed by their first name throughout the letter. Research has shown that people are more likely to respond to communications utilising their first name, survey response likelihood of 1.22 (Edwards et al., 2009) and the BIT (UK) has shown that including the person's 1st name at the start of an SMS increased payment rates of court fines (BIT, 2014).

Simplifying text: The language within the letter has been simplified to make the letter easier to read. Simplifying text is somewhat related to the fact that people have a limited attention span or limited "cognitive capacity". Research has shown that the easier it is for people to understand and process information, the more likely they are to enact a behaviour (Halpern et al., 2010).

Salience: Important messages are highlighted using different techniques. People's attention span is limited. Highlighting key features can draw people's attention to important information quickly (Halpern et al., 2010).
Image: The action involved in confirming the appointment is highlighted. Breaking tasks into easy to complete chunks has been effective in helping jobseekers complete CVs and smokers to order quit kits (BIT, 2014).

Reciprocity: The letter states: "I have booked you an appointment for admission". The principle of reciprocity suggests that a reader will be more inclined to do what is requested if the messenger has done something for him/ her (for example, INTREO letter (Doyle & Purcell, 2017).

Messenger Effects: The letter is closed by a named staff member rather than a job title. We are heavily influenced by who communicates information. Our response to a message depends greatly on the reactions we have to the source of that information. We are affected by the perceived authority of the messenger (whether formal or informal): we are more likely to act on information if experts deliver it, but also if the messenger has demographic and behavioural similarities to ourselves. We are also affected by the feelings we have towards the messenger (Halpern et al., 2010).

Consequences and Observer effect: The letter states: "If you do not phone to confirm, your procedure may be cancelled." and "If you do not attend or if you twice cancel you may be removed from the waiting list. We will seek clinical guidance where appropriate. This follows national protocol." Previous research by the BIT (2015) in the UK shows people's behaviour changes when they feel like they are being observed.

Value: The letter states: "If you cannot attend, phone to let me know so another patient can use this valuable appointment." The reference to value is based on research showing that indications of cost, value and altruism impact on consumers' behavioural intentions to an organisation and are mediated by feelings of gratitude (Bridger and Wood, 2017).

Commitment Device: A tear-off slip to record the date, time and location of the appointment acts as a form of commitment from the invitee to attend his/her appointment. The very act of writing a commitment can increase the likelihood of it being fulfilled, and commitment contracts have already been used in some public policy areas. (Halpern et al., 2010). Example: NHS Health Check, Cervical Screening NSW

The revised patient information leaflet was enclosed with the letter, it was one page (duplex) containing information that was previously included in existing appointment offer letters. As part of the redesign this information was organized under logical headings (Before your admission, On the day of your admission, After your procedure, Hospital policies, Details on fasting). An illustration of the re-designed letter is provided on the next page. The intervention material is presented in Appendix A.2 (MRHP) and Appendix A.3 (MRHT).

Illustration of Letter B – Test Letter, not to scale, appeared on HSE headed paper

Strictly Private and Confidential

Mr Robert Murphy
50 – 58, Block 1,
Miesian Plaza,
Baggot Street Lower,
Dublin 2,
D02 XW14

Medical Record No.: 12345
DOB: <Patient DOB>

19 March 2019

Please phone to confirm your appointment for admission

Dear Robert

I have booked you an **appointment for admission** to Surgery at Midland Regional Hospital Portlaoise under the care of Ms Deirdre Robertson.

Date: **5 April 2019**
Time: 10.00 a.m.
Procedure: (was written by hand, as is hospital practice)

Please phone to confirm you can attend

We need you to please call 01 635 3122 to confirm or cancel your appointment. If you cannot call during office hours, you can leave a voicemail at this number 24-hours a day.

If you do not confirm by **26 March 2019**, your procedure may be cancelled. If you cannot attend, please phone to let me know so another patient can use this valuable appointment.

If you do not attend once or if you cancel twice, you may be removed from the waiting list. This follows national protocol. We will seek clinical guidance where appropriate.

It is important that you read the enclosed **Preparation Note** for fasting and other instructions. If you have any questions, I will be happy to answer them when you call me.
Kind regards,
Carol Taaffe, Scheduled Care Department, Clinic Secretary

✂.....

Reminder: After you phone, fill in this slip and place it somewhere you can see it.

I will attend my < specialty > appointment at _____on _____at _____.
Place Date Time

At the time of the study different hospitals used different appointment offer letters. The control letter (and any related communications sent for particular procedures) in each test site was similar to the material sent by each hospital site before this project.

One change was made to the control letter in both hospital sites. A minor change was made to the letter to include text in relation to the National Waiting List Management Protocol (NTPF). This text stated that: “If you do not attend once or if you cancel twice, you may be removed from the waiting list. This follows national protocol. We will seek clinical guidance where appropriate.” This text was included because (a) it was consistent with the new national protocol for management of appointment offers and (b) it was important there was not a difference in the provision of this information between patients who received a control or intervention letter.

In addition to a typical appointment offer letter staff in the MRHP site also attach a cut-out note, which stresses the importance of attending, to the front of the appointment offer. This practice continued for this project, i.e. the control material was in line with previous practice. An illustration of the control material for MRHP is shown on the next page.

As stated earlier, before this project the MRHT did not require patients to confirm if they could attend, only to indicate if they could not attend, but the MRHT (which is a larger hospital providing a mixture of inpatient and day case procedures in the same hospital group as MRHP) agreed to participate in the initiative to ensure that the test included a wider range of procedures. So, an additional change was made to the MRHT existing letter, the following text was inserted as the first bullet point in the existing appointment offer letter for MRHP: “Please call <<insert number>> to confirm or cancel your appointment. If you cannot call during office hours, you can leave a voicemail at this number 24 hours a day.” See the end of this section for an illustration of the control material for MRHT.

Illustration of Letter A MRHP – Control Letter, not to scale, appeared on HSE headed paper

Please be advised that you must confirm that you will be available to attend this appointment by contacting **Tel** [redacted] or email [redacted]@hse.ie (Monday –Friday) on receipt of this letter. If you do not get an answer leave your name, number, and hospital number on voicemail and I will get back to you.

In the event that you do not attend for your procedure a letter will be issued to your GP and you will be removed from the waiting list

Note when patient does not attend for their appointment they deny other patients the opportunity of an earlier appointment

Thanks for your co- operation

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Executive
Baile Átha Cliath & Lár Laighin
Dublin Mid-Leinster
Midland Regional Hospital at Portlaoise
Dublin Road, Portlaoise, Co. Laois

Telephone (057) 86 21364

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Recipient
<RecipientAddressLine1>
<RecipientAddressLine2>
<RecipientAddressLine3>
<RecipientAddressLine4>

Patient ID: PatientID
D.O.B.: PatientDateOfBirth

Printed on: CurrentDate

Re: Admission for _____

Dear Patient/Parent/Guardian,

An appointment has been made for your/your child's admission to the **WardName** in the Midlands Regional Hospital, Portlaoise, under the care of **Clinician** on **TCIDate** at **TCITime**.

Please confirm your/your child's bed availability by phoning:

- Adults: Nursing admin at [redacted], Bleep 035
- Children (up to the age of 15): Paediatric Department at [redacted]

Between 07:30am and 08:00am on the morning of admission (in the event of a bed not being available your procedure will be rescheduled for the earliest possible date)

On the day of your admission please take this appointment letter with you and check in at the Admission's Office (located on the ground floor past the main hospital reception, down to the Medical Assessment Unit).

Please Note

- If you are taking medications including the following: Aspirin, Warfarin, Plavix, Pradaxa, Xarelto, Asantinin, Persantin, HRT, or the Oral Contraceptive Pill, Or having Hormonal Injections or Implant in place, or if you or your child have had a recent chest infection or runny nose within the last 2 weeks please contact the clinic secretary on Tel no: (05786) [redacted]
- You are required/not required to fast for this procedure. If you are required to fast please do not eat or drink anything from midnight/6.30am prior to your procedure.
- Patients should bring a pair of slippers and a dressing gown with them for their admission.
- Late arrival for admission may result in the Operation/Procedure being rescheduled.
- Patients must not drive, operate machinery, or take any alcohol in the 24 hours period following anaesthetic and should be accompanied home by a responsible adult.
- Can you bring with you a list of your current medications.

Yours sincerely

_____
Clinic Secretary

Please bring your Medical Card or Insurance details with you when attending the hospital.

Illustration of Letter A MRHT– Control Letter, not to scale, appeared on HSE headed paper

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«Recipient»
«RecipientAddressLine1»
«RecipientAddressLine2»
«RecipientAddressLine3»
«RecipientAddressLine4»
«RecipientPostCode»

Patient ID: «PatientID»

D.O.B.: «PatientDateOfBirth»

Printed on: «CurrentDate»

Re Patient: «PatientForename» «PatientSurname»

NOTIFICATION OF ADMISSION

Arrangements have been made for the above patient's admission to **«WardName»,** in the Midland Regional Hospital at Tullamore as a **«AdminCategory»** under the care of **«Clinician», «ClinicianSpecialty»**.

Please check in at the **Admissions Office** located on the 1st floor in the Day Hospital on **«TCIDate» at «TCITime»**.

- Please **phone NUMBER REMOVED** to confirm your appointment for admission.
- Ensure the details above are correct (Name/Address/Date of Birth). If there are any discrepancies it is very important you inform the admission's office on arrival.

PLEASE NOTE: "Minors will not be able to stay with you while you are attending the Day Hospital".

If you do not attend or if you cancel twice you may be removed from the waiting list. We will seek clinical guidance where appropriate. This follows national protocol.

PLEASE READ THE ATTACHED INSTRUCTION SHEET CAREFULLY.

Yours Sincerely,

_____
Waiting List Office

If you have any queries prior to admission you can contact **NUMBER REMOVED (057)9358146**

Please present your **Medical Card/Health Insurance** details if appropriate.

Please bring this letter with you to the hospital
"The Midland Regional Hospital @ Tullamore is a smoke free campus and smoking is not permitted on the hospital grounds"

2.3 Test power

In this study, the null hypothesis is that there is no difference in behaviour between recipients of the existing correspondence and the redesigned correspondence. The rejection of the null hypothesis is equivalent to concluding that the redesigned correspondence has an impact (additional details are provided in Appendix C.2).

2.4 Participants and sample sizes

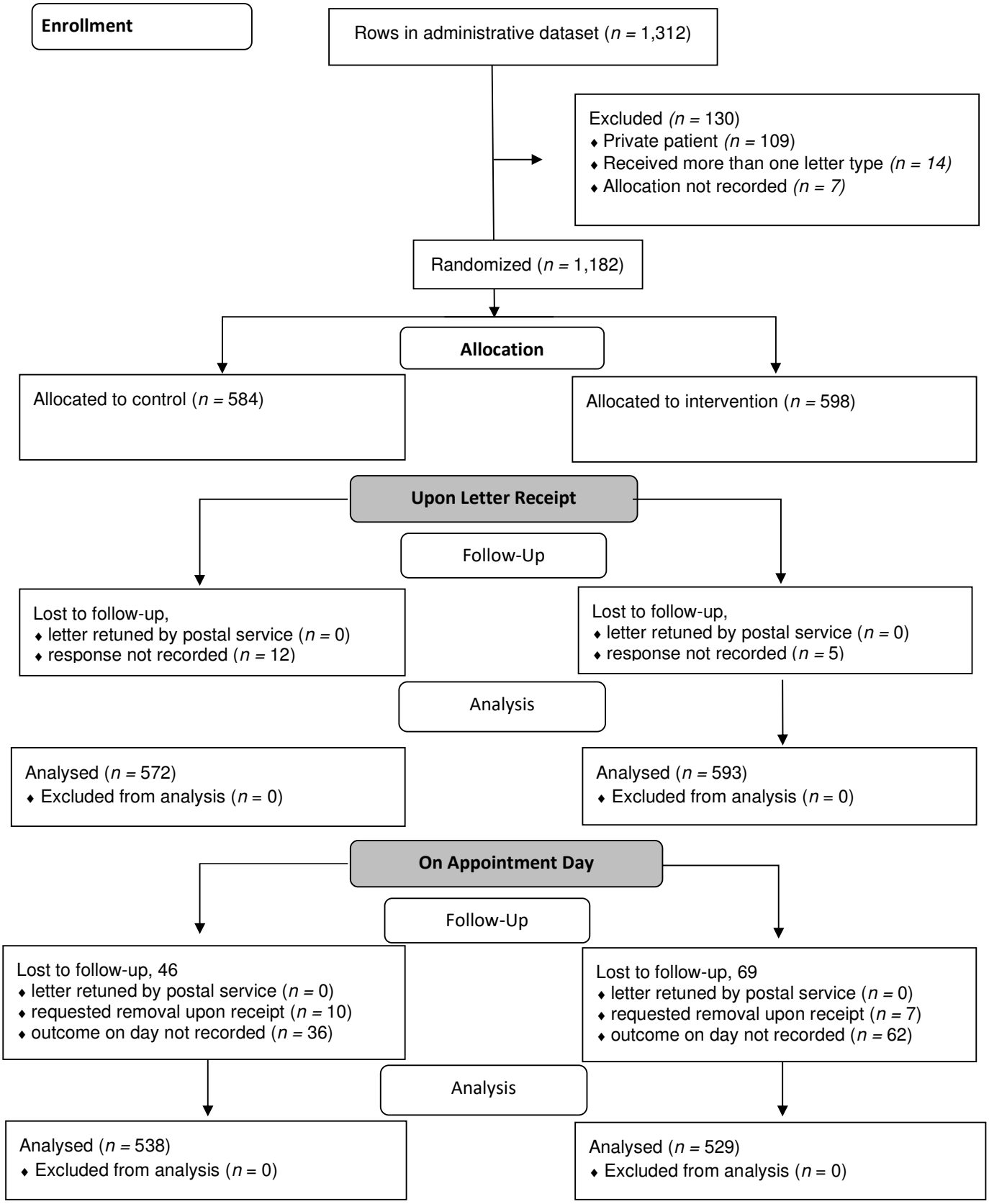
Participants

This study was conducted in two hospital sites in the Ireland during 2018 and 2019; the Midland Regional Hospital, Portlaoise (MRHP) and the Midland Regional Hospital, Tullamore (MRHT). Eligible participants were public patients offered an inpatient or day case appointment, through an appointment offer letter, during the period of the test. In all cases appointment offer letters were sent to adults, in most cases the recipient was the patient but in a smaller number of cases the recipient was the parent or guardian for a paediatric patient. All eligible patients were participants. Exclusions were (a) private patients, (b) public patients who received more than one letter type, and (c) public patients who received an appointment offer for letter before test began and received a second appointment offer letter (for the same procedure) during the test.

Sample from Midland Regional Hospital, Portlaoise (MRHP)

The Outcomes File contained a total of 1,312 rows relating to appointment offers issued to patients of the Midland Regional Hospital, Portlaoise (MRHP) between 28th September 2018 and 19th March 2019 inclusive. Of these, 1,182 letters were included in the analysis, the main reason for exclusions was because an offer was to a private rather than a public patient (private patients were outside the scope of this project). Patients were evenly split between the Control and Test Letter (584 versus 598). See the CONSORT participant flow chat in Figure 2.2.

Figure 2.2. CONSORT Participant Flow Diagram for MRHP



Chi-square tests of independence were performed to examine for relations between the letter type sent and patient/service characteristics. The relation between sex and letter type, and between speciality and letter type was not significant. The relation was significant (see Table 2.1) between list type and letter type. Visual inspection showing a higher share of the day case list, 56.11%, and lower share on the endoscopy list, 43.20%, receiving letter B. The relation was also significant between consultant and letter type. Visual inspection showing a higher share of patients for consultant 3 and 4, 56.12% - 57.11%, and lower share of consultant 1 and 2's patients 42.68% - 46.18%, receiving letter B). Controlling for these differences in the analysis shows that these differences do not drive the study results.

Table 2.1 Participant Characteristics in MRHP

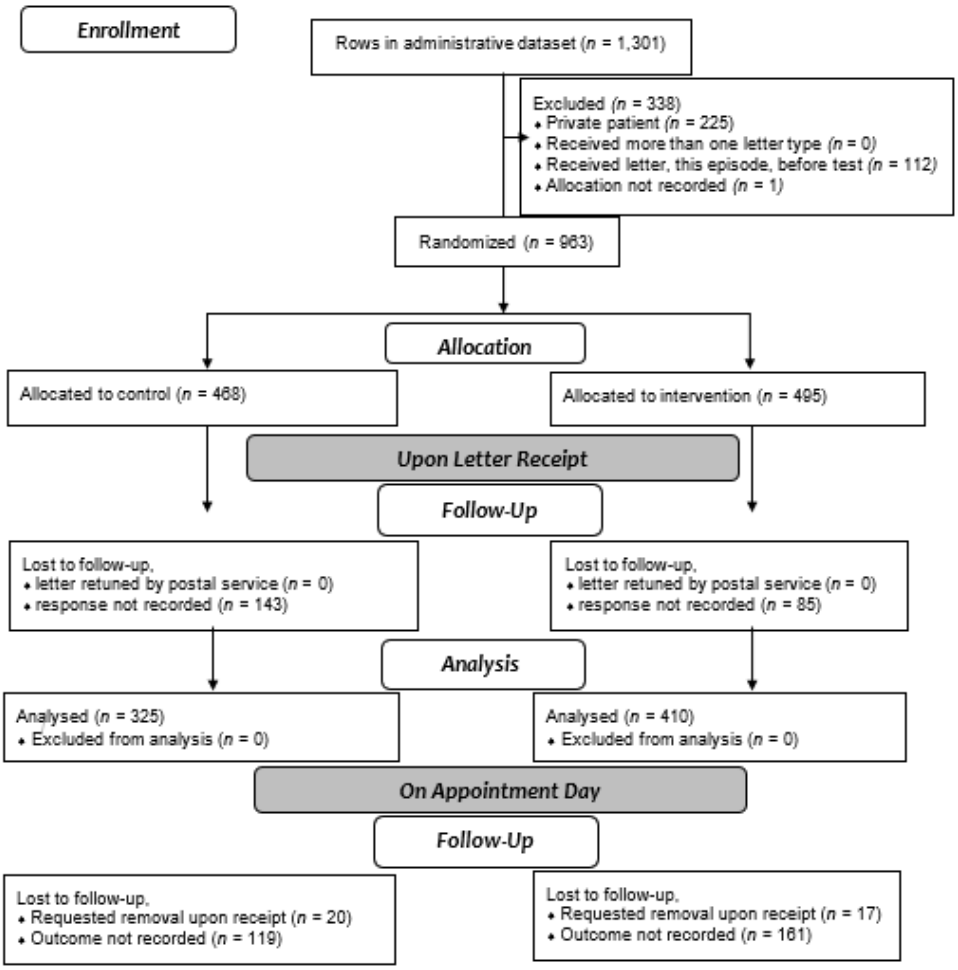
Variable	Control	Intervention
Sex		
Female	49.83%	48.74%
Male	50.17%	51.26%
Speciality		
Surgery	89.55%	86.79%
Urology	10.45%	13.21%
Type of List*		
Day Case	49.83%	62.21%
Endoscopy	44.35%	32.94%
Inpatient	5.82%	4.85%
Consultant*		
1	24.19%	20.30%
2	32.25%	23.49%
3	33.10%	43.12%
4	10.46%	13.09%
Total	584	598

Note: Percentages do not add to 100 for gender (data was missing for one recipient of the intervention) or consultant (data was missing for one recipient of the control and two recipients of the intervention).
* The relation was significant between list type and letter type $\chi2(2, N = 1,182) = 18.56$, $p < 0.001$, and between consultant and letter type $\chi2(3, N = 1,179) = 19.59$, $p < 0.001$. The relation was not significant between sex and letter type $\chi2(2, N = 1,182) = 1.12$, $p = 0.572$, nor between speciality and letter type $\chi2(1, N = 1,182) = 2.16$, $p = 0.141$.

Sample from Midland Regional Hospital, Tullamore (MRHT)

The Outcomes File contained a total of 1,301 rows relating to appointment offers issued to patients of the Midland Regional Hospital, Tullamore (MRHT) between 20th May to 27th August 2019 inclusive. Of these, 963 letters were included in the analysis, the main reason for exclusions was because an offer was to a private rather than a public patient. Patients were evenly split between the Control and Test Letter (468 versus 495). See the CONSORT participant flow chat in Figure 2.3. Outcomes on appointment day were not recorded in the Outcomes File for this project for 33% of cases (29% when allow for requests for removal when they received their letter) and the number of DNAs recorded was less than 50 (13). Therefore, data is not presented for DNAs. It is important to bear in the mind that the purpose of the test in MRHT was to test engagement when they received the letter and enough data was captured for this.

Figure 2.3. CONSORT Participant Flow Diagram for MRHT



Chi-square tests of independence were performed to examine for relations between the letter type sent and patient/service characteristics. The relation between these variables and letter type was not significant (see Table 2.2).

Table 2.2 Participant Characteristics in MRHT

	Variable	Control	Intervention
Sex			
	Female	49.69%	46.10%
	Male	50.31%	53.90%
Speciality			
	ENT	37.23%	40.24%
	Orthopaedics	45.54%	40.24%
	Surgical	17.23%	19.51%
Type of List		A	B
	Day Case	50.15%	45.61%
	Endoscopy	9.23%	10.24%
	Inpatient	40.62%	44.15%
Consultant		A	B
	1	17.85%	19.56%
	2	16.31%	11.49%
	3	13.54%	13.45%
	4	6.77%	15.16%
	5	11.08%	11.00%
	6	2.15%	8.56%
	7	4.92%	1.22%
	8	5.85%	1.71%
	9	10.77%	9.54%
	10	10.46%	8.31%
	11	0.31%	0.00%
Total		325	410

Note: Data was missing for gender for three recipients of Letter A and for consultant for one recipient of Letter B. The relation was not significant between sex and letter type, specialty and letter type nor between type of list and letter type. There was insufficient data by consultant to test for association.

2.5 Statistical Analysis

The analysis was undertaken on irreversibly anonymised (i.e. non-personal data). The basis for random allocation to type of appointment offer letter used was by staff member and by week as described in Section 2.1 (within any one week both templates A and B were used). The basis for judging an effect is by using proportion tests and Odds Ratio controlling for gender and list type (for additional details see Appendix C.3).

2.6 Quality Assurance

In preparing this report, the authors followed the Irish Government Economic and Evaluation Service (IGEES) quality assurance process, seeking feedback on:

- the analysis format (structure)
- clarity (quality of writing)
- accuracy (reliability of data)
- robustness (methodological rigour), and
- consistency (between evidence and conclusions).

The report was circulated for review to the following:

- Internal/ Departmental
  - Line management – Research Services and Policy Unit
  - Other divisions/ sections – Scheduled and Unscheduled Care Performance Unit
- External
  - A behavioural insights advisory group
  - The National Treatment Purchase Fund and the HSE
- Other
  - Participating hospitals

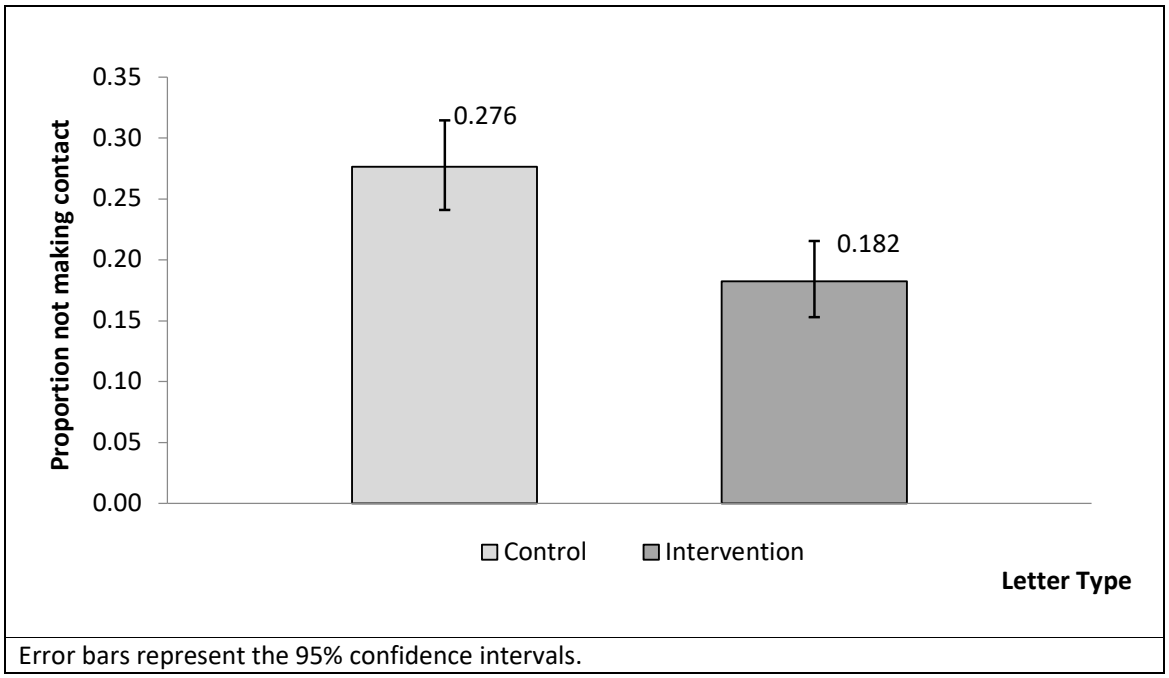
3. RESULTS

Engagement When They Received the Letter

The Test Letter improved engagement by patients when they received the letter in both MRHP and in MRHT as it reduced the proportion of people not making contact and increased the proportion phoning to confirm they intended to attend.

In the MRHP the Test Letter reduced non-engagement when an appointment offer was received, a no contact rate of 18.2% (108/593), compared to a rate of 27.6% (158/572) for the Control Letter (see Figure 3.1). This is a statistically significant difference , Z = -3.82, $p <$ .001. Testing for a difference using a logistic regression model while controlling for gender and list type also suggests the Test Letter resulted in a lower proportion of people not making contact, an odds ratio for not making contact of less than 1, OR 0.59 (95% CI 0.45–0.78, $p <$ .001).

Figure 3.1. Proportion of patients in MRHP who did not make contact upon re receipt of the letter.



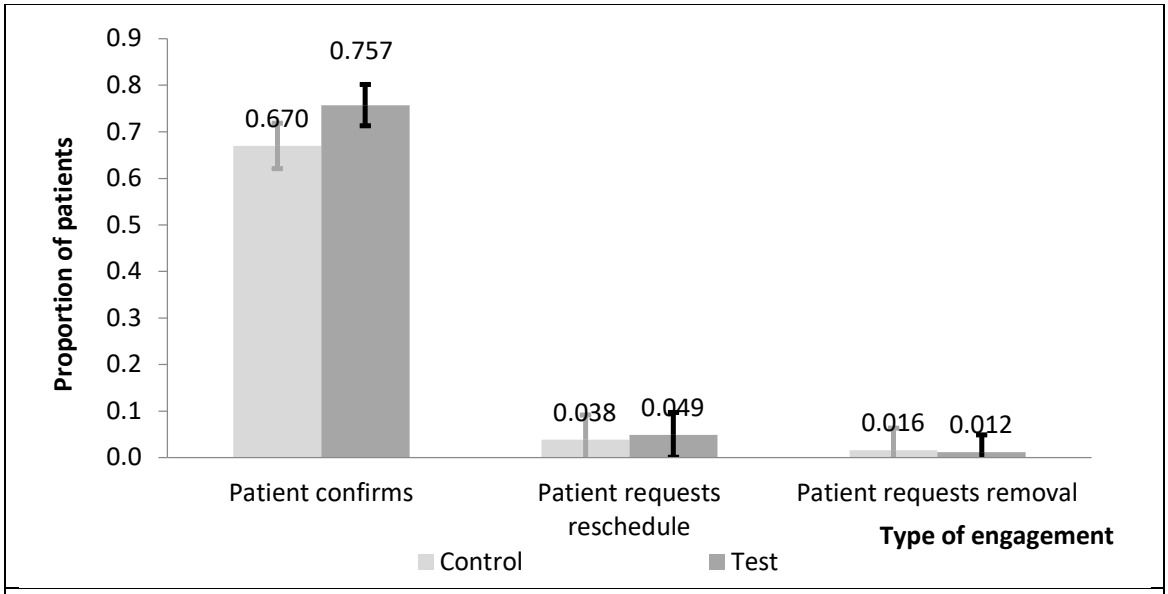
Error bars represent the 95% confidence intervals.

This better performance is equivalent to:

- a reduction of 9.4 percentage points or 34% in people not making contact,
- one third of non-responders changing their behaviour.

The increase in engagement due to the Test Letter was driven by an increase in patients confirming they intended to attend rather than phoning to request a reschedule or removal from the waiting list. The confirmation rate increased from 67.0% for the Control Letter to 75.7% for the Test Letter. Testing for a difference using a logistic regression model while controlling for gender and list type also suggests the Test Letter resulted in a higher confirmation rate, an odds ratio greater than 1, OR 1.48 (95% CI 1.14-1.92, p = .003). This is an increase of 8.8 percentage points or a relative increase of 13.08% in the confirmation rate.

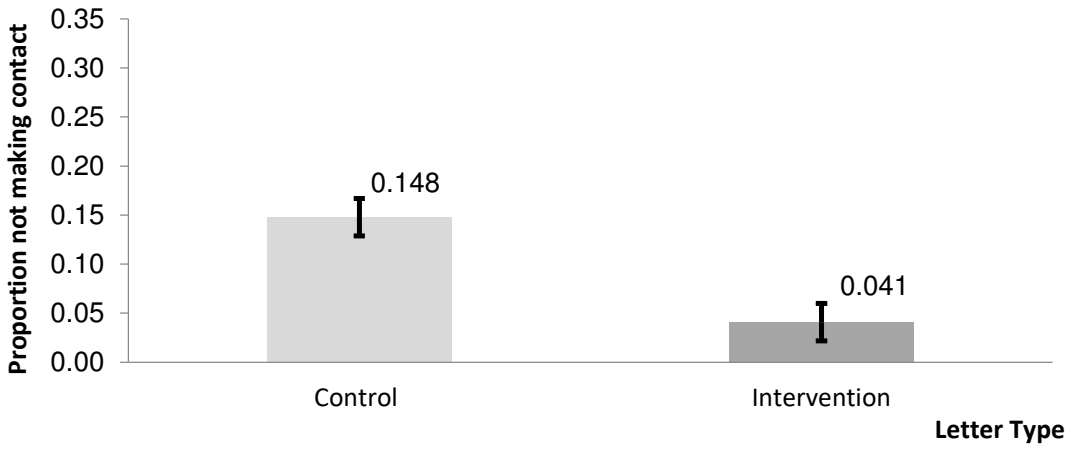
Figure 3.2. Proportion of patients in MRHP by type of response where contact was made.



Error bars represent the 95% confidence intervals. The project was designed to be powered to test for differences in the proportion who did not make contact, so the sample is small for type of engagement and therefore the error bars are large for "patient requests reschedule" and "patient requests removal".

A similar pattern of increased engagement was found in MRHT. In the MRHP the Test Letter reduced non-engagement when an appointment offer was received, a no contact rate of 4.1% (17/410), compared to a rate of 14.8% (48/325) for the Control Letter (see Figure 3.3). This is a statistically significant difference , Z = -5.08, p < .001. Testing for a difference using a logistic regression model while controlling for gender and list type also suggests the Test Letter resulted in a lower proportion of people not making contact, an odds ratio for not making contact of less than 1, OR 0.24 (95% CI 0.14–0.44, p < .001).

Figure 3.3. Proportion of patients in MRHT who did not make contact upon re receipt of the letter.



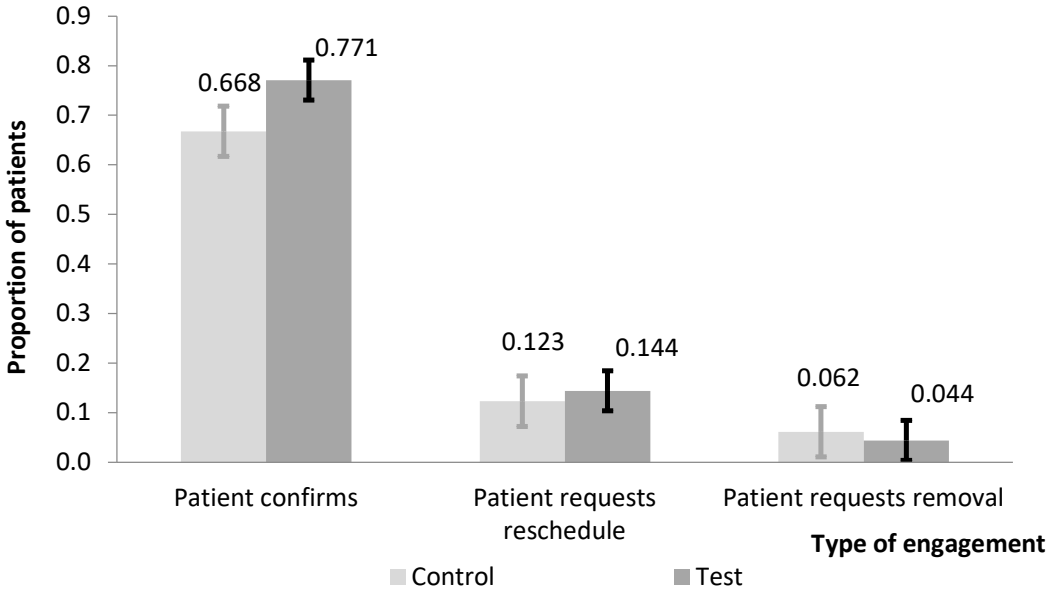
Error bars represent the 95% confidence intervals.

This better performance is equivalent to:

- a reduction of 10.6 percentage points or 72% in people not making contact,
- a little over two thirds of non-responders changed their behaviour.

The increase in engagement due to the Test Letter was driven by an increase in patients confirming they intended to attend rather than phoning to request a reschedule or removal from the waiting list. The confirmation rate increased from 66.8% for the Control Letter to 77.1% for the Test Letter. Using a logistic regression model while controlling for gender and list type also suggests the Test Letter resulted in a higher confirmation rate, an odds ratio greater than 1, OR 1.69 (95% CI 1.22-2.36, p = .002). This is an increase of 10.3 percentage points or a relative increase of 15.41% in the confirmation rate.

Figure 3.4. Proportion of patients in MRHT by type of response where contact was made.



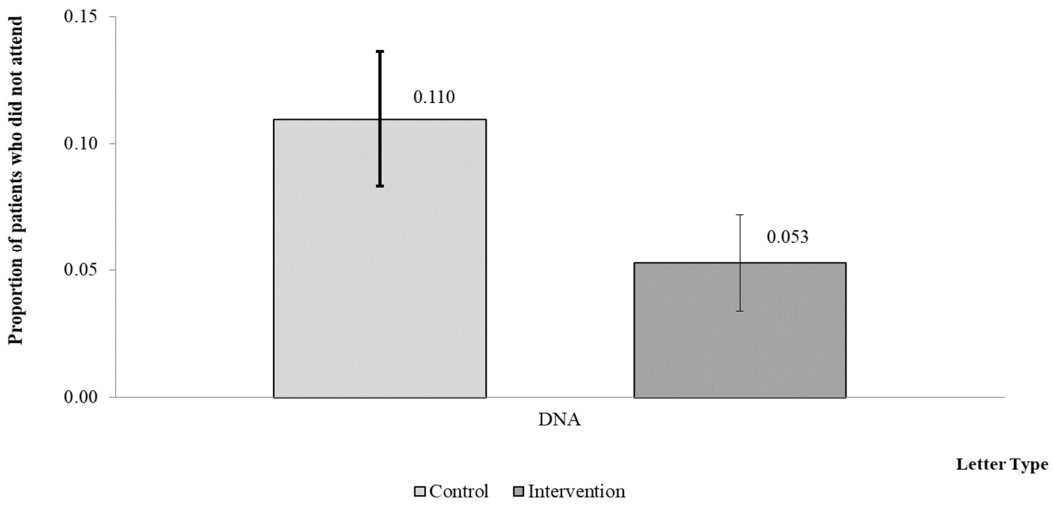
Error bars represent the 95% confidence intervals. The project was designed to be powered to test for differences in the proportion who did not make contact, so the sample is small for type of engagement and therefore the error bars are large for "patient requests reschedule" and "patient requests removal".

Engagement on Appointment Day

As noted in Section 2.5, sufficient data was available from MRHP to test for differences in attendance on appointment day by letter type.

In the MRHP the Test Letter reduced did not attends (DNAs), a DNA rate of 5.3% (28/529) for the Test Letter compared to a DNA rate of 11% (59/538) for the Control Letter. See Figure 3.3. This is a statistically significant difference , Z = -3.4, $p < .001$. Testing for a difference using a logistic regression model also suggests the Test Letter resulted in a lower DNA rate, an odds ratio for not attending of less than 1, 0.41 (95% CI 0.25–0.65, $p < .001$).

Figure 3.5. Do not attend (DNA) rate in MRHP by letter type



Error bars represent the 95% confidence intervals.

This better attendance performance is equivalent to:

- a reduction of 5.7 percentage points or 52% in the DNA rate,
- half of non-responders changed their behaviour.

4. IMPACT AND CONCLUSION

This impact evaluation found that the use of the redesigned appointment letter and patient preparation note improved patient engagement. The tests show that using the redesigned correspondence increased the number of patients making contact, as requested, when they received appointment offers. This applied for both day case and inpatient procedures.

Increased contact was driven by an increase in the number of patients phoning to confirm they intended to attend their appointment. Across both test sites the confirmation rate was only 67% for the existing correspondence but it was 76-77% for the redesigned material. Across the two test sites use of the redesign correspondence increased the confirmation rate by an average of 9.2 percentage point or a relative increase of 14.6%. We suspect this is because the redesigned correspondence makes clearer what the patient is asked to do when they received the letter (simplification, call for action and salience) and makes it easier to make contact (simplification and voicemail option).

The tests also show that where enough data was available on correspondence type used and attendance on appointment day, i.e. in the MRHP, that using the redesigned correspondence also halved the DNA rate (11% for the existing correspondence compared to only 5.3% for the redesigned correspondence). We suspect this is because the redesigned correspondence increases engagement when they received the letter (due to simplification, call for action, personalisation, reciprocity, salience, consequences and observer effect, messenger effect) and makes it easier to remember the appointment (due to simplification and the commitment device).

These findings suggest that where the practice is to ask patients to phone to confirm acceptance of an appointment date, that using the redesigned material (Appendix A) would help to improve patient engagement both when they received the appointment offer and on appointment day. Where the practice is to ask patients to phone only if they cannot accept an appointment date, it may also be the case that using an appointment letter and patient preparation noted based on the one used in this project (see Appendix B) may help to improve patient engagement.

This project was undertaken before the emergence of COVID-19. During the first few months of COVID-19 much of the scheduling of procedures was paused for inpatient and day case (IDPP) care, and this was followed by the scheduling of procedures using communication methods adapted to the situation. The collaborators from this project will work together to see how the learning from this project can best be applied to future IDPP patient appointment offers in the context of COVID-19.

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APPENDIX A: REDESIGNED / TEST LETTER MATERIAL

A.1 Instructions on Template Set Up and Use

A.2 MRHP Test Letters and Patient Preparation Note Templates

A.3 MRHT Test Letters and Patient Preparation Note Templates

A.1 Instructions on Template Set Up and Use

Template Inpatient/Day Case Appointment Letter & Note

It is important that the content and design of the template is used and is not altered.

Using the Template

This template is designed to be used in Word, as part of a mail merge or as a system template, when printing on HSE headed paper. To **SET UP** and **USE** the template the following needs to be done:

Step 1: Type into the Word file the hospital and staff information - see the symbols << >> **- to create the relevant source material for the template files.** This applies as follows:

Letter

- ☐ First sentence: hospital name
- ☐ Second sentence: staff phone number (make sure this remains in bold type)
- ☐ Close: name of a staff member

One phone number should be provided for the patient to call and it should be the direct number of the named staff member dealing with the speciality. The phone number should be typed with space four places from the right, e.g. 01 635 3122.

Patient Preparation Note, Before your admission

- ☐ Fourth bullet point: phone numbers (try to limit to one or two contact numbers)
- ☐ Fifth bullet point: phone number of bed manager. **Delete bullet for Day Case Template.**

Recall phone numbers should be typed with space four places from the right, e.g. 01 635 3122.

Be sure to remove the < > symbols as you enter the text. There may be a number of template files established on the system where each secretary deals with the patients of specific consultants. For example, in the case of the Tullamore test there were templates for each secretary. These template files were identical apart from the individualisation of the secretary's name and number.

Step 2: Set up your template files on the system so that the information between << >> inserts from your source document into the letter.

The << >> symbols should not appear after the letters have been produced.

Letter

- ☐ At the start: patient title, name and address, patient MRN and DOB, issue date
- ☐ After the salutation: patient first name (for Parent/Guardian template, patient first name appears in the 1st sentence and the 3rd paragraph
- ☐ First sentence: Speciality, Consultant Title (e.g. Mr, Ms), Consultant Forename, Consultant Surname
- ☐ Appointment lines: Day and date (e.g. Monday 27 August 2018) , time
- ☐ Third paragraph: Confirmation date (the issue date plus 7 days)
- ☐ Reminder (at the bottom of the page): Speciality.

Insert dates with no ordinals (e.g. 27 August 2018)

Step 3: After generating the patient's letter electronically, print and tailor the letter and preparation note for the specific patient.

Letter

- ☐ Procedure line: hand write the procedure using the term(s) which staff's experience has found to be most familiar to patients. This is because for some procedures hospitals use slightly different wording in communications with patients to that which appears on the computer system.

Do not write in block capitals.

Patient Preparation Note, Before your admission
Hospital staff should cross out text before or after the "OR" as appropriate for the individual patient. There are two, possibly three, relevant parts

- ☐ The third bullet point, Before your admission
- ☐ Fourth item in the checklist (applies only where different approach for different procedures, and so one approach is not specified in template file at Step 1)
- ☐ The last paragraph, Details on fasting.

Format of the Template

When setting up or using a template, one can sometimes accidentally overwrite the settings (e.g. change the font size or spacing) so a summary of the settings is provided below.

Font

The font is Arial and font colour is black. The font size is 11 and regular with three exceptions namely:

1. in the letter the font size is 10 for all the text above the heading '**Please phone to confirm your appointment for admission'** (this is to allow the text to fit to one page),
2. the heading font size is 14,
3. some of the text is bolded.

Header and footer

The letter header is set at 3.5 cm from the top. This is set to allow space to print the letter on HSE headed paper.

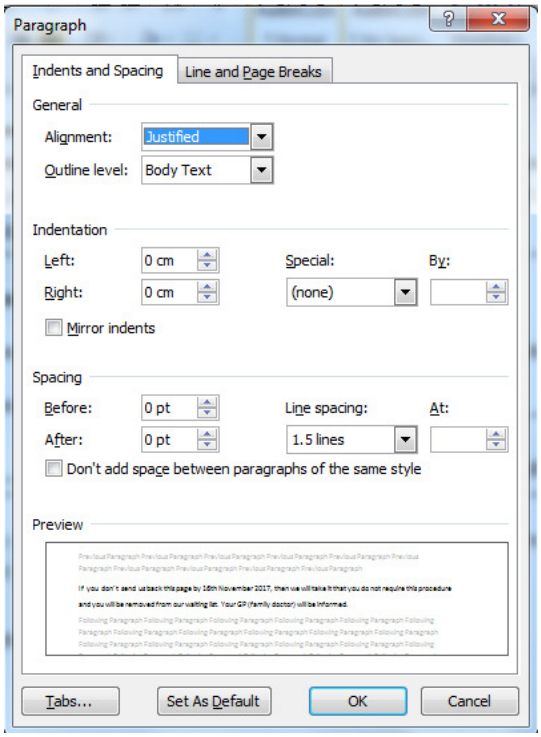
Indents and spacing

The line spacing is set at 1.5 lines.

The before and after spacing is set at 0 pt.

The indentation is set at 0 cm.

Details are provided in the illustration.



Printed material

The appointment letter and Patient Preparation Note should be included in the one envelope.

The appointment letter should be the first page (printed on one side).

The Patient Preparation Note should be the second page (printed on both sides).

A.2 MRHP Test Letters and Patient Preparation Note Templates

A.2.1 Letter B 1st Offer Patient

A.2.2 Letter B 1st Offer Parent/Guardian

A.2.3 Letter B 2nd Offer Patient

A.2.4 Letter B 2nd Offer Parent/Guardian

A.2.1 Letter B, 1st Offer Patient used in MRHP – letter printed on headed paper

Strictly Private and Confidential

<Title> <Pt Forename> <Pt Surname>
<Pt. Address Line 1>
<Pt. Address Line 2>
<Pt. Address Line 3>
<Pt. Address Line 4>

Medical Record No.: <Patient MRN>
DOB: <Patient DOB>

<Insert current date>

Please phone to confirm your appointment for admission

Dear <Pt Forename>

I have booked you an **appointment for admission** to <Specialty> at <<Hospital>> under the care of <Title> <Consultant Forename> <Consultant Surname>.

Date: <Insert day and date>
Time: <Insert time>
Procedure:

Please phone to confirm you can attend

We need you to please call <<insert number>> to confirm or cancel your appointment. If you cannot call during office hours, you can leave a voicemail at this number 24-hours a day.

If you do not confirm by < **date** >, your procedure may be cancelled. If you cannot attend, please phone to let me know so another patient can use this valuable appointment.

If you do not attend once or if you cancel twice, you may be removed from the waiting list. This follows national protocol. We will seek clinical guidance where appropriate.

It is important that you read the enclosed **Preparation Note** for fasting and other instructions. If you have any questions, I will be happy to answer them when you call me.

Kind regards,

<<Insert forename surname of staff member>>, Clinic Secretary

✂.....

Reminder: After you phone, fill in this slip and place it somewhere you can see it.

I will attend my < specialty > appointment at _____on _____at _____.

Place Date Time

Patient Preparation Note – please read this page

Here is important information to help you prepare and to receive the best service possible.

Before your admission

- If you have had a recent chest infection or runny nose within the last 2 weeks, or if you have flu-like symptoms, please contact your GP (family doctor) for advice before attending the hospital.
- Have a bath or shower the night before you come to the hospital.
- You are *OR* are not required to fast before your procedure. See the instructions overleaf.
- If you are taking medications including the following: Aspirin, Warfarin, Plavix, Pradaxa, Xarelto, Asantinin, Persantin, HRT, or the oral contraceptive pill, or having hormonal injections or have an implant in place, please contact the clinic secretary on <<insert phone number>>.
- Phone the bed manager on <<insert phone number>> on the morning of admission between 7.30am and 8.00am to confirm a bed is available for you. If a bed is not available your procedure will be rescheduled for the earliest possible date.

Be sure to

1. Bring your appointment letter ☐
2. Bring your medical card or health insurance details, if applicable ☐
3. Bring your own phone number and a relative's contact number ☐
4. Bring <<a list of *OR* any medications you are taking>> ☐
5. Pack a dressing gown and a pair of slippers ☐
6. Phone the bed manager as requested above ☐

On the day of your admission

Double check you have completed the above checklist.

Arrive on time for your appointment. If you arrive late your procedure may not take place.

Check in at the Admissions Office. This is on the ground floor, past the main hospital reception, down to the Medical Assessment Unit.

Please

- **do not** chew gum before you are admitted or while waiting for your procedure, as it will produce more saliva and acid.
- **do not** wear make-up, jewellery, false eye lashes, false or gel nails or nail polish of **any** sort. This is because doing so could interfere with the procedure. For example, when you are in theatre observation measurement is taken through your finger nail as part of the procedure.
- **do not** bring valuables with you.

After your procedure

After an anaesthetic, for your own safety, please follow this advice

- do not drive, operate machinery, or drink alcohol within 24 hours.
- be brought home by an adult.

Hospital policies

- When you arrive, relatives or friends will be told the estimated time you can leave.
- Children will not be able to stay with you while you are attending the hospital.
- The hospital is a smoke-free campus and smoking is not allowed on hospital grounds.
- “Clean Hands Save Lives”. Please use hand gel as you enter and leave the hospital to protect you and your family.

Details on fasting

It is important that you adhere to fasting guidelines. If you have food or drink in your stomach, there is a higher risk of you being sick during the procedure and so your procedure cannot go ahead if you have not fasted properly.

Do not eat or drink anything between midnight and 6.30am on the morning of your procedure.

OR

Eat a small snack such as tea and biscuits near to midnight the night before your planned procedure. On the morning of your procedure, you may drink up to 500mls (2 cups) of water or clear liquids before 5.30am. Clear liquids include water, black coffee, tea without milk and prescribed pre-op medicinal drinks.

A.2.2 Letter B, 1st Offer Parent/Guardian used in MRHP – letter printed on headed paper

Strictly Private and Confidential
Parent/Gaurdian of

<Title> <Recipient Forename> <Recipient Surname>
<Rt. Address Line 1>
<Rt. Address Line 2>
<Rt. Address Line 3>
<Rt. Address Line 4>

Medical Record No.: <Patient MRN>
DOB: <Patient DOB>

<Insert current date>

Please phone to confirm appointment for admission

Dear Parent/Guardian

I have booked <1st name> an **appointment for admission** to <Specialty> at <<Hospital>> under the care of <Title> <Consultant Forename> <Consultant Surname>.

Date: <Insert day and date>
Time: <Insert time>
Procedure:

We need you to please call <<insert number>> to confirm or cancel the appointment. If you cannot call during office hours, you can leave a voicemail at this number 24-hours a day.

If you do not confirm by < **date** >, this procedure may be cancelled. If <1st name> cannot attend, please phone to let me know so another patient can use this valuable appointment.

If you do not attend once or if you cancel twice, <1st name> may be removed from the waiting list. This follows national protocol. We will seek clinical guidance where appropriate.

It is important that you read the enclosed **Preparation Note** for fasting and other instructions. If you have any questions, I will be happy to answer them when you call me.
Kind regards,
<<Insert forename surname of staff member>>, Clinic Secretary

✂.....

Reminder: After you phone, fill in this slip and place it somewhere you can see it.

We will attend a < specialty > appointment at _____on _____at _____.

Place Date Time

Patient Preparation Note – please read this page

Here is important information to help prepare, and to receive the best service possible.

Before your admission

- If you have had a recent chest infection or runny nose within the last 2 weeks, or if you have flu-like symptoms, please contact your GP (family doctor) for advice before attending the hospital.
- Have a bath or shower the night before you come to the hospital.
- You are *OR* are not required to fast before your procedure. See the instructions overleaf.
- If you are taking medications including the following: Aspirin, Warfarin, Plavix, Pradaxa, Xarelto, Asantinin, Persantin, HRT, or the oral contraceptive pill, or having hormonal injections or have an implant in place, please contact the clinic secretary on <<insert phone number>>.
- Phone the bed manager on <<insert phone number>> on the morning of admission between 7.30am and 8.00am to confirm a bed is available for you. If a bed is not available your procedure will be rescheduled for the earliest possible date.

Be sure to

1. Bring your appointment letter ☐
2. Bring your medical card or health insurance details, if applicable ☐
3. Bring your own phone number and a relative's contact number ☐
4. Bring <<a list of *OR* any medications you are taking>> ☐
5. Pack a dressing gown and a pair of slippers ☐
6. Phone the bed manager as requested above ☐

On the day of your admission

Double check you have completed the above checklist.

Arrive on time for your appointment. If you arrive late your procedure may not take place.

Check in at the Admissions Office. This is on the ground floor, past the main hospital reception, down to the Medical Assessment Unit.

Please

- **do not** chew gum before you are admitted or while waiting for your procedure, as it will produce more saliva and acid.
- **do not** wear make-up, jewellery, false eye lashes, false or gel nails or nail polish of **any** sort. This is because doing so could interfere with the procedure. For example, when you are in theatre observation measurement is taken through your finger nail as part of the procedure.
- **do not** bring valuables with you.

After your procedure

After an anaesthetic, for your own safety, please follow this advice

- do not drive, operate machinery, or drink alcohol within 24 hours.
- be brought home by an adult.

Hospital policies

- When you arrive, relatives or friends will be told the estimated time you can leave.
- Children will not be able to stay with you while you are attending the hospital.
- The hospital is a smoke-free campus and smoking is not allowed on hospital grounds.
- “Clean Hands Save Lives”. Please use hand gel as you enter and leave the hospital to protect you and your family.

Details on fasting

It is important that you adhere to fasting guidelines. If you have food or drink in your stomach, there is a higher risk of you being sick during the procedure and so your procedure cannot go ahead if you have not fasted properly.

Do not eat or drink anything between midnight and 6.30am on the morning of your procedure.

OR

Eat a small snack such as tea and biscuits near to midnight the night before your planned procedure. On the morning of your procedure, you may drink up to 500mls (2 cups) of water or clear liquids before 5.30am. Clear liquids include water, black coffee, tea without milk and prescribed pre-op medicinal drinks.

A.2.3 Letter B, 2nd Offer Patient used in MRHP – letter printed on headed paper

Strictly Private and Confidential

<Title> <Pt Forename> <Pt Surname>
<Pt. Address Line 1>
<Pt. Address Line 2>
<Pt. Address Line 3>
<Pt. Address Line 4>

Medical Record No.: <Patient MRN>
DOB: <Patient DOB>

<Insert current date>

Please phone to confirm your appointment for admission

Dear <Pt Forename>

I have booked you an **appointment for admission** to <Specialty> at <<Hospital>> under the care of <Title> <Consultant Forename> <Consultant Surname>.

Date: <Insert day and date>
Time: <Insert time>
Procedure:

Please phone to confirm you can attend

We need you to please call <<insert number>> to confirm or cancel your appointment. If you cannot call during office hours, you can leave a voicemail at this number 24-hours a day.

If you do not confirm by < **date** >, your procedure may be cancelled. If you cannot attend, please phone to let me know so another patient can use this valuable appointment.

As you cancelled your previous appointment, if you again cancel or do not attend you may be removed from the waiting list. This follows national protocol. We will seek clinical guidance where appropriate.

It is important that you read the enclosed **Preparation Note** for fasting and other instructions. If you have any questions, I will be happy to answer them when you call me.
Kind regards,
<<Insert forename surname of staff member>>, Clinic Secretary

✂.....

Reminder: After you phone, fill in this slip and place it somewhere you can see it.

I will attend my < specialty > appointment at _____on _____at _____.

Place Date Time

Patient Preparation Note – please read this page

Here is important information to help you prepare and to receive the best service possible.

Before your admission

- If you have had a recent chest infection or runny nose within the last 2 weeks, or if you have flu-like symptoms, please contact your GP (family doctor) for advice before attending the hospital.
- Have a bath or shower the night before you come to the hospital.
- You are *OR* are not required to fast before your procedure. See the instructions overleaf.
- If you are taking medications including the following: Aspirin, Warfarin, Plavix, Pradaxa, Xarelto, Asantinin, Persantin, HRT, or the oral contraceptive pill, or having hormonal injections or have an implant in place, please contact the clinic secretary on <<insert phone number>>.
- Phone the bed manager on <<insert phone number>> on the morning of admission between 7.30am and 8.00am to confirm a bed is available for you. If a bed is not available your procedure will be rescheduled for the earliest possible date.

Be sure to

1. Bring your appointment letter ☐
2. Bring your medical card or health insurance details, if applicable ☐
3. Bring your own phone number and a relative's contact number ☐
4. Bring <<a list of *OR* any medications you are taking>> ☐
5. Pack a dressing gown and a pair of slippers ☐
6. Phone the bed manager as requested above ☐

On the day of your admission

Double check you have completed the above checklist.

Arrive on time for your appointment. If you arrive late your procedure may not take place.

Check in at the Admissions Office. This is on the ground floor, past the main hospital reception, down to the Medical Assessment Unit.

Please

- **do not** chew gum before you are admitted or while waiting for your procedure, as it will produce more saliva and acid.
- **do not** wear make-up, jewellery, false eye lashes, false or gel nails or nail polish of **any** sort. This is because doing so could interfere with the procedure. For example, when you are in theatre observation measurement is taken through your finger nail as part of the procedure.
- **do not** bring valuables with you.

After your procedure

After an anaesthetic, for your own safety, please follow this advice

- do not drive, operate machinery, or drink alcohol within 24 hours.
- be brought home by an adult.

Hospital policies

- When you arrive, relatives or friends will be told the estimated time you can leave.
- Children will not be able to stay with you while you are attending the hospital.
- The hospital is a smoke-free campus and smoking is not allowed on hospital grounds.
- “Clean Hands Save Lives”. Please use hand gel as you enter and leave the hospital to protect you and your family.

Details on fasting

It is important that you adhere to fasting guidelines. If you have food or drink in your stomach, there is a higher risk of you being sick during the procedure and so your procedure cannot go ahead if you have not fasted properly.

Do not eat or drink anything between midnight and 6.30am on the morning of your procedure.

OR

Eat a small snack such as tea and biscuits near to midnight the night before your planned procedure. On the morning of your procedure, you may drink up to 500mls (2 cups) of water or clear liquids before 5.30am. Clear liquids include water, black coffee, tea without milk and prescribed pre-op medicinal drinks.

A.2.4 Letter B, 2nd Offer Parent/Guardian used in MRHP – letter printed on headed paper

Strictly Private and Confidential
Parent/Gaurdian of
<Title> <Recipient Forename> <Recipient Surname>
<Rt. Address Line 1>
<Rt. Address Line 2>
<Rt. Address Line 3>
<Rt. Address Line 4>

Medical Record No.: <Patient MRN>
DOB: <Patient DOB>

<Insert current date>

Please phone to confirm appointment for admission

Dear Parent/Guardian

I have booked <1st name> an **appointment for admission** to <Specialty> at <<Hospital>> under the care of <Title> <Consultant Forename> <Consultant Surname>.

Date: <Insert day and date>
Time: <Insert time>
Procedure:

We need you to please call <<insert number>> to confirm or cancel the appointment. If you cannot call during office hours, you can leave a voicemail at this number 24-hours a day.

If you do not confirm by < **date** >, this procedure may be cancelled. If <1st name> cannot attend, please phone to let me know so another patient can use this valuable appointment.

As you cancelled the previous appointment, if you again cancel or do not attend <1st name> may be removed from the waiting list. This follows national protocol. We will seek clinical guidance where appropriate.

It is important that you read the enclosed **Preparation Note** for fasting and other instructions. If you have any questions, I will be happy to answer them when you call me.
Kind regards,
<<Insert forename surname of staff member>>, Clinic Secretary

✂.....

Reminder: After you phone, fill in this slip and place it somewhere you can see it.

We will attend a < specialty > appointment at _____on _____at _____.

Place Date Time

Patient Preparation Note – please read this page

Here is important information to help prepare, and to receive the best service possible.

Before your admission

- If you have had a recent chest infection or runny nose within the last 2 weeks, or if you have flu-like symptoms, please contact your GP (family doctor) for advice before attending the hospital.
- Have a bath or shower the night before you come to the hospital.
- You are *OR* are not required to fast before your procedure. See the instructions overleaf.
- If you are taking medications including the following: Aspirin, Warfarin, Plavix, Pradaxa, Xarelto, Asantinin, Persantin, HRT, or the oral contraceptive pill, or having hormonal injections or have an implant in place, please contact the clinic secretary on <<insert phone number>>.
- Phone the bed manager on <<insert phone number>> on the morning of admission between 7.30am and 8.00am to confirm a bed is available for you. If a bed is not available your procedure will be rescheduled for the earliest possible date.

Be sure to

1. Bring your appointment letter ☐
2. Bring your medical card or health insurance details, if applicable ☐
3. Bring your own phone number and a relative's contact number ☐
4. Bring <<a list of *OR* any medications you are taking>> ☐
5. Pack a dressing gown and a pair of slippers ☐
6. Phone the bed manager as requested above ☐

On the day of your admission

Double check you have completed the above checklist.

Arrive on time for your appointment. If you arrive late your procedure may not take place.

Check in at the Admissions Office. This is on the ground floor, past the main hospital reception, down to the Medical Assessment Unit.

Please

- **do not** chew gum before you are admitted or while waiting for your procedure, as it will produce more saliva and acid.
- **do not** wear make-up, jewellery, false eye lashes, false or gel nails or nail polish of **any** sort. This is because doing so could interfere with the procedure. For example, when you are in theatre observation measurement is taken through your finger nail as part of the procedure.
- **do not** bring valuables with you.

After your procedure

After an anaesthetic, for your own safety, please follow this advice

- do not drive, operate machinery, or drink alcohol within 24 hours.
- be brought home by an adult.

Hospital policies

- When you arrive, relatives or friends will be told the estimated time you can leave.
- Children will not be able to stay with you while you are attending the hospital.
- The hospital is a smoke-free campus and smoking is not allowed on hospital grounds.
- “Clean Hands Save Lives”. Please use hand gel as you enter and leave the hospital to protect you and your family.

Details on fasting

It is important that you adhere to fasting guidelines. If you have food or drink in your stomach, there is a higher risk of you being sick during the procedure and so your procedure cannot go ahead if you have not fasted properly.

Do not eat or drink anything between midnight and 6.30am on the morning of your procedure.

OR

Eat a small snack such as tea and biscuits near to midnight the night before your planned procedure. On the morning of your procedure, you may drink up to 500mls (2 cups) of water or clear liquids before 5.30am. Clear liquids include water, black coffee, tea without milk and prescribed pre-op medicinal drinks.

MRHT Test Letters and Patient Preparation Note Templates

A.3.1 Letter B 1st Offer Patient

A.3.2 Letter B 1st Offer Parent/Guardian

A.3.3 Letter B 2nd Offer Patient

A.3.4 Letter B 2nd Offer Parent/Guardian

A.3.1 Letter B, 1st Offer Patient used in MRHT – letter printed on headed paper

Strictly Private and Confidential

<Title> <Pt Forename> <Pt Surname>
<Pt. Address Line 1>
<Pt. Address Line 2>
<Pt. Address Line 3>
<Pt. Address Line 4>

Medical Record No.: <Patient MRN>
DOB: <Patient DOB>

<Insert current date>

Please phone to confirm your appointment for admission

Dear <Pt Forename>

I have booked you an **appointment for admission** to <Specialty> at <<Hospital>> under the care of <Title> <Consultant Forename> <Consultant Surname>.

Date: <Insert day and date>
Time: <Insert time>
Procedure:

Please phone to confirm you can attend

We need you to please call <<insert number>> to confirm or cancel your appointment. If you cannot call during office hours, you can leave a voicemail at this number 24-hours a day.

If you do not confirm by < **date** >, your procedure may be cancelled. If you cannot attend, please phone to let me know so another patient can use this valuable appointment.

If you do not attend once or if you cancel twice, you may be removed from the waiting list. This follows national protocol. We will seek clinical guidance where appropriate.

It is important that you read the enclosed **Preparation Note** for fasting and other instructions. If you have any questions, I will be happy to answer them when you call me.
Kind regards,
<<Insert forename surname of staff member>>, Clinic Secretary

✂.....

Reminder: After you phone, fill in this slip and place it somewhere you can see it.

I will attend my < specialty > appointment at _____on _____at _____.

Place Date Time

Patient Preparation Note – please read this page

Here is important information to help you prepare and to receive the best service possible.

Before your admission

- If you have had a recent chest infection or runny nose within the last 2 weeks, or if you have flu-like symptoms, please contact your GP (family doctor) for advice before attending the hospital.
- Have a bath or shower the night before you come to the hospital.
- You are *OR* are not required to fast before your procedure. See instructions overleaf.
- If you are taking medications including the following: Aspirin, Warfarin, Plavix, Pradaxa, Xarelto, Asantinin, Persantin, HRT, or the oral contraceptive pill, or having hormonal injections or have an implant in place, please contact <<insert phone number>>.
- Phone the bed manager on <<insert phone number>> on the morning of admission to confirm a bed is available for you. If a bed is not available your procedure will be rescheduled for the earliest possible date.

Be sure to

1. Bring your appointment letter ☐
2. Bring your medical card or health insurance details, if applicable ☐
3. Bring your own phone number and a relative's contact number ☐
4. Bring a prescription list or any medications you are taking ☐
5. Pack a dressing gown and a pair of slippers (onesies are not suitable) ☐
6. Phone the bed manager as requested above ☐
7. For female patients between the ages of 12 and 55 please bring a urine sample for analysis when attending for surgery under general anaesthesia ☐

On the day of your admission

- Double check you have completed the above checklist.
- Arrive on time for your appointment. If you arrive late your procedure may not take place.
- Check in at the Admissions Office. This is the Main Hospital on the first floor, at the top of the stairs, inside the doorway marked "Day Hospital".
- Any person under the age of 16 years undergoing an operation must have a parent/guardian present to sign a consent form in the presence of a hospital doctor.

Please

- **do not** chew gum before you are admitted or while waiting for your procedure, as it will produce more saliva and acid.
- **do not** wear make-up, jewellery, including all body piercings, false eye lashes, false or gel nails or nail polish of **any** sort. This is because doing so could interfere with the procedure. For example, when you are in theatre observation measurement is taken through your fingernail as part of the procedure.
- **do not** bring valuables or large amounts of money with you.
- **do not** provide onesies if you are the parent/guardian of a child going to theatre.

After your procedure

After an anaesthetic or sedation, for your own safety, please follow this advice

- do not drive, operate machinery, or drink alcohol within 24 hours.
- be brought home by an adult.

Hospital policies

- Some patients will be asked to attend pre-op assessment and will need to pass a pre-op assessment before their appointment. In certain circumstances the hospital may need to reschedule your appointment.
- When you arrive, relatives or friends will be told the estimated time you can leave.
- Children will not be able to stay with you while you are attending the hospital.
- The hospital is a smoke-free campus and smoking is not allowed on hospital grounds.
- “Clean Hands Save Lives”. Please use hand gel as you enter and leave the hospital to protect you and your family.

Details on fasting

It is important that you adhere to fasting guidelines. If you have food or drink in your stomach, there is a higher risk of you being sick during the procedure and so your procedure cannot go ahead if you have not fasted properly.

Do not eat or drink anything after midnight prior to admission except for prescribed medication with half a glass of water only.

OR

Eat a small snack such as tea and biscuits near to midnight the night before your planned procedure. On the morning of your procedure, you may drink up to 500mls (2 cups) of water or clear liquids before 5.30am. Clear liquids include water, black coffee, tea without milk and prescribed pre-op medicinal drinks.

A.3.2 Letter B, 1st Offer Parent/Guardian used in MRHT – letter printed on headed paper

Strictly Private and Confidential
Parent/Guardian of

<Title> <Recipient Forename> <Recipient Surname>
<Rt. Address Line 1>
<Rt. Address Line 2>
<Rt. Address Line 3>
<Rt. Address Line 4>

Medical Record No.: <Patient MRN>
DOB: <Patient DOB>

<Insert current date>

Please phone to confirm appointment for admission

Dear Parent/Guardian

I have booked <1st name> an **appointment for admission** to <Specialty> at <<Hospital>> under the care of <Title> <Consultant Forename> <Consultant Surname>.

Date: <Insert day and date>
Time: <Insert time>
Procedure:

We need you to please call <<insert number>> to confirm or cancel the appointment. If you cannot call during office hours, you can leave a voicemail at this number 24-hours a day.

If you do not confirm by < **date** >, this procedure may be cancelled. If <1st name> cannot attend, please phone to let me know so another patient can use this valuable appointment.

If you do not attend once or if you cancel twice, <1st name> may be removed from the waiting list. This follows national protocol. We will seek clinical guidance where appropriate.

It is important that you read the enclosed **Preparation Note** for fasting and other instructions. If you have any questions, I will be happy to answer them when you call me.
Kind regards,
<<Insert forename surname of staff member>>, Clinic Secretary

✂.....

Reminder: After you phone, fill in this slip and place it somewhere you can see it.

We will attend a < specialty > appointment at _____on _____at _____.

Place Date Time

Patient Preparation Note – please read this page

Here is important information to help you prepare and to receive the best service possible.

Before your admission

- If you have had a recent chest infection or runny nose within the last 2 weeks, or if you have flu-like symptoms, please contact your GP (family doctor) for advice before attending the hospital.
- Have a bath or shower the night before you come to the hospital.
- You are *OR* are not required to fast before your procedure. See instructions overleaf.
- If you are taking medications including the following: Aspirin, Warfarin, Plavix, Pradaxa, Xarelto, Asantinin, Persantin, HRT, or the oral contraceptive pill, or having hormonal injections or have an implant in place, please contact <<insert phone number>>.
- Phone the bed manager on <<insert phone number>> on the morning of admission to confirm a bed is available for you. If a bed is not available your procedure will be rescheduled for the earliest possible date.

Be sure to

1. Bring your appointment letter ☐
2. Bring your medical card or health insurance details, if applicable ☐
3. Bring your own phone number and a relative's contact number ☐
4. Bring a prescription list or any medications you are taking ☐
5. Pack a dressing gown and a pair of slippers (onesies are not suitable) ☐
6. Phone the bed manager as requested above ☐
7. For female patients between the ages of 12 and 55 please bring a urine sample for analysis when attending for surgery under general anaesthesia ☐

On the day of your admission

- Double check you have completed the above checklist.
- Arrive on time for your appointment. If you arrive late your procedure may not take place.
- Check in at the Admissions Office. This is the Main Hospital on the first floor, at the top of the stairs, inside the doorway marked "Day Hospital".
- Any person under the age of 16 years undergoing an operation must have a parent/guardian present to sign a consent form in the presence of a hospital doctor.

Please

- **do not** chew gum before you are admitted or while waiting for your procedure, as it will produce more saliva and acid.
- **do not** wear make-up, jewellery, including all body piercings, false eye lashes, false or gel nails or nail polish of **any** sort. This is because doing so could interfere with the procedure. For example, when you are in theatre observation measurement is taken through your fingernail as part of the procedure.
- **do not** bring valuables or large amounts of money with you.
- **do not** provide onesies if you are the parent/guardian of a child going to theatre.

After your procedure

After an anaesthetic or sedation, for your own safety, please follow this advice

- do not drive, operate machinery, or drink alcohol within 24 hours.
- be brought home by an adult.

Hospital policies

- Some patients will be asked to attend pre-op assessment and will need to pass a pre-op assessment before their appointment. In certain circumstances the hospital may need to reschedule your appointment.
- When you arrive, relatives or friends will be told the estimated time you can leave.
- Children will not be able to stay with you while you are attending the hospital.
- The hospital is a smoke-free campus and smoking is not allowed on hospital grounds.
- “Clean Hands Save Lives”. Please use hand gel as you enter and leave the hospital to protect you and your family.

Details on fasting

It is important that you adhere to fasting guidelines. If you have food or drink in your stomach, there is a higher risk of you being sick during the procedure and so your procedure cannot go ahead if you have not fasted properly.

Do not eat or drink anything after midnight prior to admission except for prescribed medication with half a glass of water only.

OR

Eat a small snack such as tea and biscuits near to midnight the night before your planned procedure. On the morning of your procedure, you may drink up to 500mls (2 cups) of water or clear liquids before 5.30am. Clear liquids include water, black coffee, tea without milk and prescribed pre-op medicinal drinks.

A.3.3 Letter B, 2nd Offer Patient used in MRHT – letter printed on headed paper

Strictly Private and Confidential

<Title> <Pt Forename> <Pt Surname>
<Pt. Address Line 1>
<Pt. Address Line 2>
<Pt. Address Line 3>
<Pt. Address Line 4>

Medical Record No.: <Patient MRN>
DOB: <Patient DOB>

<Insert current date>

Please phone to confirm your appointment for admission

Dear <Pt Forename>

I have booked you an **appointment for admission** to <Specialty> at <<Hospital>> under the care of <Title> <Consultant Forename> <Consultant Surname>.

Date: <Insert day and date>
Time: <Insert time>
Procedure:

We need you to please call <<insert number>> to confirm or cancel your appointment. If you cannot call during office hours, you can leave a voicemail at this number 24-hours a day.

If you do not confirm by < **date** >, your procedure may be cancelled. If you cannot attend, please phone to let me know so another patient can use this valuable appointment.

As you cancelled your previous appointment, if you again cancel or do not attend you may be removed from the waiting list. This follows national protocol. We will seek clinical guidance where appropriate.

It is important that you read the enclosed **Preparation Note** for fasting and other instructions. If you have any questions, I will be happy to answer them when you call me.
Kind regards,
<<Insert forename surname of staff member>>, Clinic Secretary

✂.....

Reminder: After you phone, fill in this slip and place it somewhere you can see it.

I will attend my < specialty > appointment at _____on _____at _____.

Place Date Time

Patient Preparation Note – please read this page

Here is important information to help you prepare and to receive the best service possible.

Before your admission

- If you have had a recent chest infection or runny nose within the last 2 weeks, or if you have flu-like symptoms, please contact your GP (family doctor) for advice before attending the hospital.
- Have a bath or shower the night before you come to the hospital.
- You are *OR* are not required to fast before your procedure. See instructions overleaf.
- If you are taking medications including the following: Aspirin, Warfarin, Plavix, Pradaxa, Xarelto, Asantinin, Persantin, HRT, or the oral contraceptive pill, or having hormonal injections or have an implant in place, please contact <<insert phone number>>.
- Phone the bed manager on <<insert phone number>> on the morning of admission to confirm a bed is available for you. If a bed is not available your procedure will be rescheduled for the earliest possible date.

Be sure to

1. Bring your appointment letter ☐
2. Bring your medical card or health insurance details, if applicable ☐
3. Bring your own phone number and a relative's contact number ☐
4. Bring a prescription list or any medications you are taking ☐
5. Pack a dressing gown and a pair of slippers (onesies are not suitable) ☐
6. Phone the bed manager as requested above ☐
7. For female patients between the ages of 12 and 55 please bring a urine sample for analysis when attending for surgery under general anaesthesia ☐

On the day of your admission

- Double check you have completed the above checklist.
- Arrive on time for your appointment. If you arrive late your procedure may not take place.
- Check in at the Admissions Office. This is the Main Hospital on the first floor, at the top of the stairs, inside the doorway marked "Day Hospital".
- Any person under the age of 16 years undergoing an operation must have a parent/guardian present to sign a consent form in the presence of a hospital doctor.

Please

- **do not** chew gum before you are admitted or while waiting for your procedure, as it will produce more saliva and acid.
- **do not** wear make-up, jewellery, including all body piercings, false eye lashes, false or gel nails or nail polish of **any** sort. This is because doing so could interfere with the procedure. For example, when you are in theatre observation measurement is taken through your fingernail as part of the procedure.
- **do not** bring valuables or large amounts of money with you.
- **do not** provide onesies if you are the parent/guardian of a child going to theatre.

After your procedure

After an anaesthetic or sedation, for your own safety, please follow this advice

- do not drive, operate machinery, or drink alcohol within 24 hours.
- be brought home by an adult.

Hospital policies

- Some patients will be asked to attend pre-op assessment and will need to pass a pre-op assessment before their appointment. In certain circumstances the hospital may need to reschedule your appointment.
- When you arrive, relatives or friends will be told the estimated time you can leave.
- Children will not be able to stay with you while you are attending the hospital.
- The hospital is a smoke-free campus and smoking is not allowed on hospital grounds.
- “Clean Hands Save Lives”. Please use hand gel as you enter and leave the hospital to protect you and your family.

Details on fasting

It is important that you adhere to fasting guidelines. If you have food or drink in your stomach, there is a higher risk of you being sick during the procedure and so your procedure cannot go ahead if you have not fasted properly.
Do not eat or drink anything after midnight prior to admission except for prescribed medication with half a glass of water only.

OR

Eat a small snack such as tea and biscuits near to midnight the night before your planned procedure. On the morning of your procedure, you may drink up to 500mls (2 cups) of water or clear liquids before 5.30am. Clear liquids include water, black coffee, tea without milk and prescribed pre-op medicinal drinks.

A.3.4 Letter B, 2nd Offer Parent/Guardian used in MRHT – letter printed on headed paper

Strictly Private and Confidential
Parent/Guardian of
<Title> <Recipient Forename> <Recipient Surname>
<Rt. Address Line 1>
<Rt. Address Line 2>
<Rt. Address Line 3>
<Rt. Address Line 4>

Medical Record No.: <Patient MRN>
DOB: <Patient DOB>

<Insert current date>

Please phone to confirm appointment for admission

Dear Parent/Guardian

I have booked <1st name> an **appointment for admission** to <Specialty> at <<Hospital>> under the care of <Title> <Consultant Forename> <Consultant Surname>.

Date: <Insert day and date>
Time: <Insert time>
Procedure:

We need you to please call <<insert number>> to confirm or cancel the appointment. If you cannot call during office hours, you can leave a voicemail at this number 24-hours a day.

If you do not confirm by < **date** >, this procedure may be cancelled. If <1st name> cannot attend, please phone to let me know so another patient can use this valuable appointment.

As you cancelled the previous appointment, if you again cancel or do not attend <1st name> may be removed from the waiting list. This follows national protocol. We will seek clinical guidance where appropriate.

It is important that you read the enclosed **Preparation Note** for fasting and other instructions. If you have any questions, I will be happy to answer them when you call me.
Kind regards,
<<Insert forename surname of staff member>>, Clinic Secretary

✂.....

Reminder: After you phone, fill in this slip and place it somewhere you can see it.

We will attend a < specialty > appointment at _____on _____at _____.

Place Date Time

Patient Preparation Note – please read this page

Here is important information to help you prepare and to receive the best service possible.

Before your admission

- If you have had a recent chest infection or runny nose within the last 2 weeks, or if you have flu-like symptoms, please contact your GP (family doctor) for advice before attending the hospital.
- Have a bath or shower the night before you come to the hospital.
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- If you are taking medications including the following: Aspirin, Warfarin, Plavix, Pradaxa, Xarelto, Asantinin, Persantin, HRT, or the oral contraceptive pill, or having hormonal injections or have an implant in place, please contact <<insert phone number>>.
- Phone the bed manager on <<insert phone number>> on the morning of admission to confirm a bed is available for you. If a bed is not available your procedure will be rescheduled for the earliest possible date.

Be sure to

1. Bring your appointment letter ☐
2. Bring your medical card or health insurance details, if applicable ☐
3. Bring your own phone number and a relative's contact number ☐
4. Bring a prescription list or any medications you are taking ☐
5. Pack a dressing gown and a pair of slippers (onesies are not suitable) ☐
6. Phone the bed manager as requested above ☐
7. For female patients between the ages of 12 and 55 please bring a urine sample for analysis when attending for surgery under general anaesthesia ☐

On the day of your admission

- Double check you have completed the above checklist.
- Arrive on time for your appointment. If you arrive late your procedure may not take place.
- Check in at the Admissions Office. This is the Main Hospital on the first floor, at the top of the stairs, inside the doorway marked "Day Hospital".
- Any person under the age of 16 years undergoing an operation must have a parent/guardian present to sign a consent form in the presence of a hospital doctor.

Please

- **do not** chew gum before you are admitted or while waiting for your procedure, as it will produce more saliva and acid.
- **do not** wear make-up, jewellery, including all body piercings, false eye lashes, false or gel nails or nail polish of **any** sort. This is because doing so could interfere with the procedure. For example, when you are in theatre observation measurement is taken through your fingernail as part of the procedure.
- **do not** bring valuables or large amounts of money with you.
- **do not** provide onesies if you are the parent/guardian of a child going to theatre.

After your procedure

After an anaesthetic or sedation, for your own safety, please follow this advice

- do not drive, operate machinery, or drink alcohol within 24 hours.
- be brought home by an adult.

Hospital policies

- Some patients will be asked to attend pre-op assessment and will need to pass a pre-op assessment before their appointment. In certain circumstances the hospital may need to reschedule your appointment.
- When you arrive, relatives or friends will be told the estimated time you can leave.
- Children will not be able to stay with you while you are attending the hospital.
- The hospital is a smoke-free campus and smoking is not allowed on hospital grounds.
- “Clean Hands Save Lives”. Please use hand gel as you enter and leave the hospital to protect you and your family.

Details on fasting

It is important that you adhere to fasting guidelines. If you have food or drink in your stomach, there is a higher risk of you being sick during the procedure and so your procedure cannot go ahead if you have not fasted properly.

Do not eat or drink anything after midnight prior to admission except for prescribed medication with half a glass of water only.

OR

Eat a small snack such as tea and biscuits near to midnight the night before your planned procedure. On the morning of your procedure, you may drink up to 500mls (2 cups) of water or clear liquids before 5.30am. Clear liquids include water, black coffee, tea without milk and prescribed pre-op medicinal drinks.

APPENDIX B: REDESIGNED TEMPLATE IF CONFIRMATION IS NOT REQUIRED

This project found that where the practice is to ask patients to phone to confirm acceptance of an appointment date when they received an appointment offer letter, that using the redesigned material (Appendix A) would help to improve patient engagement both when they received the appointment offer and on appointment day.

Where the practice is to ask patients to phone when they receive an appointment offer letter, only if they cannot accept an appointment date, it may also be the case that using an appointment letter and patient preparation noted based on the one used in this project may help to improve patient engagement.

The next page shows the suggested letter format where the practice is to ask patients to phone when they receive an appointment offer letter only if they cannot accept an appointment date. The format shown is for a 1st offer to a patient, please see Appendix A for content refinements (a) for a 2nd offer rather than a 1st offer and (b) where the letter is to a parent/guardian rather than the actual patient. See Appendix A also for (a) the Patient Preparation Note and (b) details on setting up and using the templates.

Strictly Private and Confidential

<Title> <Pt Forename> <Pt Surname>
<Pt. Address Line 1>
<Pt. Address Line 2>
<Pt. Address Line 3>
<Pt. Address Line 4>

Medical Record No.: <Patient MRN>
DOB: <Patient DOB>

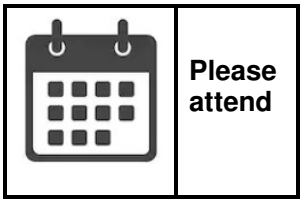
<Insert current date>

Please note your appointment for admission

Dear <Pt Forename>

I have booked you an **appointment for admission** to <Specialty> at <<Hospital>> under the care of <Title> <Consultant Forename> <Consultant Surname>.

Date: **<Insert day and date>**
Time: <Insert time>
Procedure:



We look forward to seeing you. If you cannot attend, please phone to let me know so another patient can use this valuable appointment.

If you do not attend once or if you cancel twice, you may be removed from the waiting list. This follows national protocol. We will seek clinical guidance where appropriate.

It is important that you read the enclosed **Preparation Note** for fasting and other instructions. If you have any questions, please phone me.

Kind regards,
<<Insert forename surname of staff member>>, Clinic Secretary

✂.....

Reminder: Please fill in this slip and place it somewhere you can see it.

I will attend my < specialty > appointment at _____on _____at _____.

Place Date Time

APPENDIX C: ADDITIONAL METHODOLOGICAL DETAILS

C.1 Ethics and Other Considerations

In designing and undertaking the project, the evaluation team considered ethical and data protection issues. Three important factors considered are described below.

Firstly, the project consisted of two core components, neither of which posed ethical concerns, namely:

(a) Redesigning an appointment offer letter for use in two pilot sites. There was no standard letter used across hospitals at the time and making changes to the appointment letter is part of usual care and management of health systems and services. The redesigned letters did not involve the use of any design elements that may be deemed to be inappropriate and the letters did not have any impact on personal autonomy.

(b) Analysis of secondary non-personal data by the evaluation team. All data for this project is already collected as part of routine care / service management (no new data was collected on patients) and there is a clear legal basis under both the GDPR and the Data Protection Act 2018 for this by the HSE and the NTPF. The project did not involve the analysis of information (confirmation of intention to attend, and attendance) that patients would not expect to be analysed. The evaluation team in the Department of Health did not require access to personal data.

Secondly, this project is most appropriately described as an evaluation rather than as health research. Therefore, it does not fall under the Health Research Regulations made by the Minister for Health in August 2018 and the evaluation plan did not need to be sent to a research ethics committee for review. The website of Ireland's Health Research Board provides a link to a HRA's decision tool to help decide whether or not a study is research as defined by the UK Policy Framework for Health and Social Care Research.[1] The response to

[1] http://www.hra-decisiontools.org.uk/research/

the tools four questions in the tool for this project (Yes, No, No, No) yield the result from the tool that "Your study would NOT be considered Research by the NHS." The purpose of the project was to see whether patient engagement with appointment processes could be increased (its conduct did not involve changes to allocation to nor changes to treatment/ care / services) by testing changes to correspondence in two pilot sites (that is the "sample" was not nationally representative of the inpatient and day case waiting list in Ireland).

Thirdly, not requesting informed consent to be part of the Better Letter Initiative (to see whether one form of letter worked better than another) was appropriate. The project was consistent with Principle 10 of the Council for International Organizations of Medicine Sciences (CIOMS)/ World Health Organization (WHO) Ethical Guidelines' criteria for a waiver of informed consent, namely: (a) it would not be practicable to carry out without a waiver; (b) it poses no more than minimal risks to the participants; (c) it has important public benefits. Telling patients that two different letters were being tested would have undermined the project results by introducing bias (practicality), since the purpose was to test whether different letters resulted in different levels of engagements. There was no more than minimal risk to privacy and confidentiality as only an irreversibly anonymised dataset (non-personal data) was required by the Research Services and Policy Unit (RSPU) for analysis. The project offered public benefit as it was seeking means to most efficiently manage the waiting list and provide more timely access to care. If it was found that a redesigned version of the appointment letter worked best, this version would be adopted as the recommended letter for use nationally. The approach adopted was also considered legally sound under both GDPR and the Data Protection Act 2018.

C.2 Power of the Study Tests

The power of a test is the probability of rejecting the null hypothesis when it is false; in other words, it is the probability of avoiding a type II error. The power may also be thought of as the likelihood that a particular study will detect a deviation from the null hypothesis given that one exists (https://www.sciencedirect.com/topics/medicine-and-dentistry/power-of-a-test)

It is customary to run studies with a minimum power of 80% (i.e. 80% chance of detecting a difference if a true difference exists). One of the factors that influences the power of a study is the sample size; the larger the sample size, the larger the power.

Before data collection commenced, the required sample size was estimated using a power calculation. It suggested the need for a useable sample of 1,136 was required per site to have an 80% chance of detecting, at the 5% significance level, a decrease in the primary outcome measure by 10%. The power calculation for binary outcome superiority trial was undertaken using the online resource Sealed Envelope: https://www.sealedenvelope.com/power/binary-superiority/

C.3 Odds Ratio

An Odds Ratio (OR) is a measure of association between exposure and an outcome. The OR represents the odds that an outcome will occur given a particular exposure, compared to the odds of the outcome occurring in the absence of that exposure. Where the odds of an event happening is defined as the likelihood that an event will occur, expressed as a proportion of the likelihood that the event will not occur.

An OR >1 indicates increased occurrence of an event while an OR <1 indicates decreased occurrence of an event.