Factors Associated with Non-Attendance at Consultant-Led Appointments in an Older People's Mental Health Service
A Clinical Audit to Inform Quality Improvement

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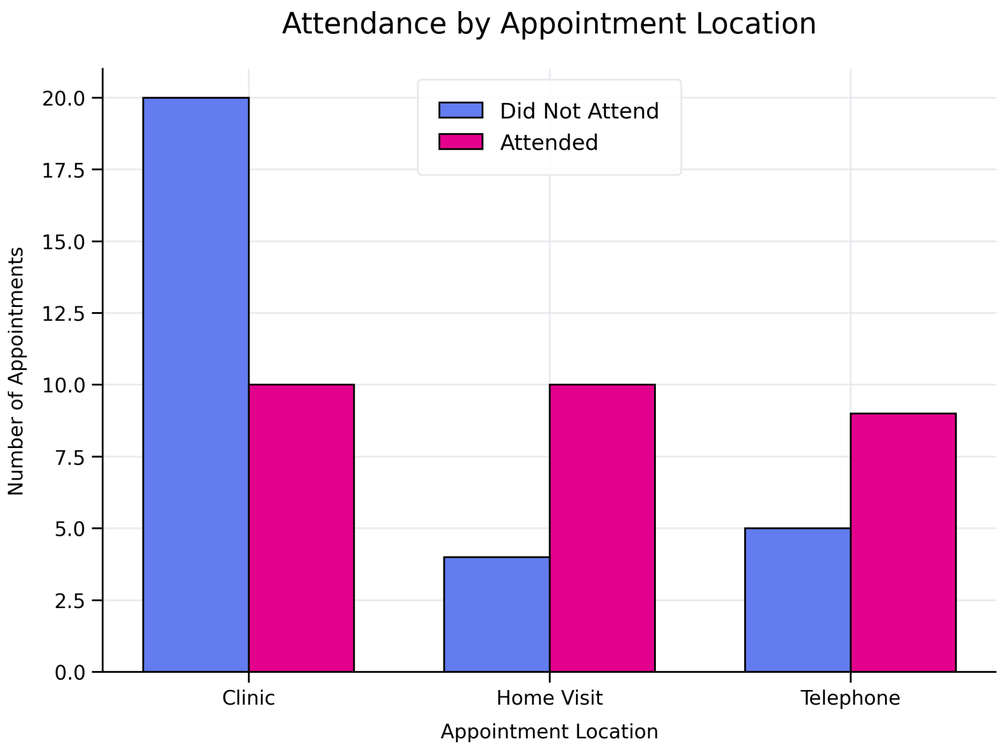
Background
Non-attendance (DNA) to community mental health appointments is a significant issue in older adult psychiatry, leading to inefficiency and delayed care. Older adults with cognitive impairment are at particular risk despite reminder systems.

Aims
The aim of this audit was to identify clinical and service-level factors associated with non-attendance to community mental health appointments by older people to inform older people's service improvement. The desired outcome of which would be better attendance to appointments and fewer missed appointments.

Methods
This was a retrospective audit of all consultant-led appointments between February and September 2025 that occurred within the Leeds and York Partnership Trust South-South East Older People's Psychiatric service.
Data was gathered from electronic patient records on 29 non-attended appointments. This was compared to 29 randomly selected attended appointments.



Results

- The appointment type at highest risk of being missed by patients was memory assessments. Patients referred for such appointments would be referred because of a suspected Dementia diagnosis by their GP.
  Suspected cognitive impairment: 93% of DNAs
- Appointments related to symptoms other than memory loss were more likely to be attended successfully.
- Initial appointments more frequently missed than follow-ups
- Communication or mobility difficulties more prevalent in DNA group

  Telephone and home visit appointments were substantially more likely to be attended than face to face appointments in clinic, particularly when NOK were involved.

Discussion
The results showed that the appointment type most likely to be missed were initial appointments within the memory assessment service.

Implications
These results were brought to a meeting with representatives from across the older people's service. The results were discussed and an intervention was proposed. The Proposed intervention was to telephone all patients that were being booked in for an initial memory assessment appointment at the time of booking the appointment to serve as an additional reminder about the appointment in addition to the routine letter. By targeting this particularly high-risk group of appointments we aim to reduce not attendance to initial memory appointments and therefore reduce nonattendance to the Leeds and York Partnership Trust South-South East older people's community mental health team as a whole. Future re-auditing will review the success of this intervention.