



Young Men's Access to Secondary Care Appointments

Participation & Engagement Feedback Report

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1. Introduction

NHS Fife Integrated Planned Care Board is committed to reducing waiting times for appointments and, where appropriate, the length of stays in planned care services. The goal is to enhance health and wellbeing outcomes for patients. To gain a better understanding of waiting times, NHS Fife carried out an extensive data analysis between 1st April 2022 – 31st March 2023. This analysis revealed several key findings:

- Younger men, aged 18-34, are more likely to miss pre-arranged appointments, and this pattern is consistent across all localities in Fife.
- Face-to-face appointments have the highest proportion of missed appointments, which are recorded as 'Did Not Attend' (DNAs), among working-age individuals compared to other modes of attendance.
- Men facing socioeconomic challenges appear less likely to attend their appointments.
- Missed appointments were highest in the following clinical services:
 - Endocrinology Those with poor hormones, glands and / or organs.
 - Diabetes Those with high level of blood sugar.
 - > Nephrology Those with kidney disease.

Considering these findings, NHS Fife sought to engage directly with this group to better understand the barriers preventing them from attending their secondary care appointments.

2. Engagement Purpose

The purpose of this engagement was to engage directly with men across Fife, aged between 18 - 34 years, to help us understand the barriers preventing them from attending their secondary care appointments.

3. The Engagement Timeline

Stakeholder engagement took place over an 8-week period, during 30th July – 30th September 2024.

The engagement timeline is shown below:





4. Stakeholder Engagement

4.1 Designing the Consultation

NHS Fife wanted to delve further into their data analysis and hear directly from young men within that age group, to gain an understanding of the key barriers they are facing when attending secondary care appointments and the impacts these barriers may be having.

NHS Fife will use this feedback to shape and inform:

- A patient focused booking system.
- The development of the patient hub app.
- Improvements to health records for patients on how this wish to be communicated with about their appointments.
- Improved waiting times.

Overall, the feedback will be instrumental in improving healthcare access, patient attendance, overall healthcare outcomes, delivering value and sustainability.

4.2 Engagement Methods

A survey (Appendix 1), based on the NHS Fife data analysis was created. The survey was promoted by a flyer, QR code and digital link, which was made available to members of the public and organisations within Fife, who support the demographic of young males across Fife's seven localities.

16 Face-to-face engagement sessions were developed, specifically targeting young men within that age range taking place in different settings:

Local gyms (3)	Fife College Freshers week (3)
People First (1)	YMCA (1)
Recovering from addiction Cafes (4)	Auchmuty Learning Centre (2)
Glenrothes 'Party in the Park' (1)	Glenrothes Men's Shed (1)



4.3 Engagement Reach

The survey received a total response from 74 people.

This response rate is considerably greater than the previous consultation conducted in Spring 2024 (8 responses).

Feedback from staff from Skills Development, Forensic Mental Health Services and the YMCA, whom this survey was shared with, advised they have ongoing challenges around lack of engagement from this demographic of males through their own work.

In exploring why services can find it difficult to engage with the demographic group with respondents during face-to-face engagement the reasons highlighted were: **social anxiety**, **prioritising other areas of their lives** and not **foreseeing the importance** of sharing their views as they feel it will not effect change.

Equalities and Diversity

Of the **74 people** who took part in the survey, the following responded to the equalities and diversity survey questions:

Age

47 people (64%) responded to the question on age, identified their age as the following:

18 were aged 18 - 24 years

22 were aged 25 - 34 years

1 was aged 35 - 44 years

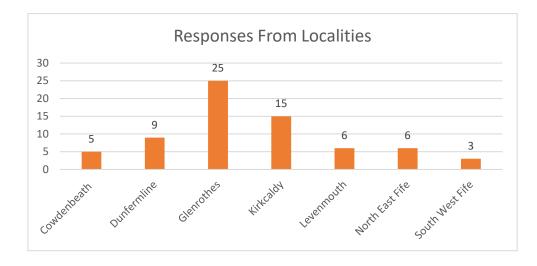
3 were aged 45 - 54 years

We were able to evidence that **91%** (40 people) who shared with us their age, were within the targeted age range.

Locality

69 people (93%) shared with us what local area they were from:

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A further insight from respondents who completed the equalities, diversity, and inclusion questions, allowed us to understand more about their **Gender**, **Nationality** and if they had a **Health Condition** or **Disability**.

Gender

43 people (58%) responded to the question on **Gender**, identifying their gender as the following:

- 41 identified as a man
- 1 identified as Trans Woman
- 1 answered Prefer not to say

We were able to evidence that **41 people** (98%) who shared with us their gender, **were within the targeted gender range**.

Nationality

45 people (61%) responded to the question on **nationality**, identifying their nationality as the following:

- 43 identified as a White
- 1 identified as Mixed Ethnic Groups
- 1 answered Other (Scottish)

Health Condition

43 people (58%) responded to the question on if they had a health condition.



26 people (59%) said they **do not** have a health condition.

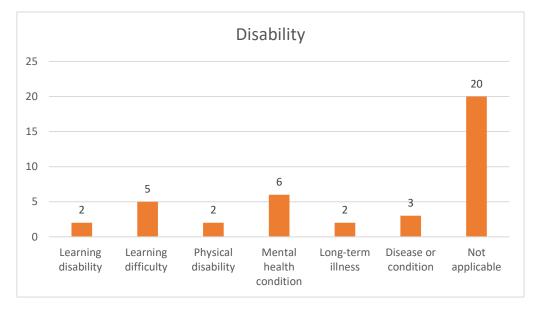
17 people (39%) told us they did have.

Disability

40 people (54%) responded to the question on if they had a disability.

Respondents also had the choice of selecting:

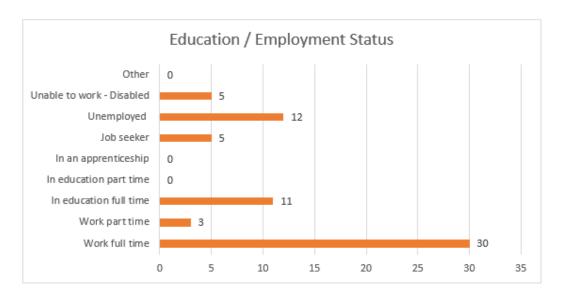
Deafness, Blindness, Full or partial loss of voice, Development disorder or could have selected 'prefer not to say'



However, no responses were received to these options.

Education / Employment

We asked respondents to share with us their education / employment status; to understand more about the commitments this demographic have daily.



Of the **66** responses received to this question: **30 people** (44%) told us they **work full time**.

Data from the second highest figure, which was from **12 people** (18%) who were **unemployed**.

We heard in question 1, there were challenges from respondents being able to leave work to attend a secondary care appointment, however questions 2 heard from those in education reported limited challenges.

We can summarise that those in employment are the demographic most likely to encounter challenges with attendance of secondary care appointments.

5. Themes from Feedback

Through the survey, NHS Fife were interested to gain a fuller understanding of the following areas:

1. Employment	2. Education
3. Transport	4. Other Reasons
5. What would have helped attend	6. Learning opportunities



The survey first asked respondents to share if there had been a time within the **last 2 years** where they **have not** been able to attend a hospital/health clinic appointment.

70 responses were received to this question.

50% (35 people) answered Yes and 50% (35 people) answered No

5.1 Employment

We asked respondents if there were challenges attending their secondary care appointment(s), due to their *Employment* commitments:



Of the **39 responses** received to this question: **19 people** (49%) **did not** experience any challenges due to **employment commitments** to attend their secondary car appointment(s).

8 people (21%) **could not get time off work** and **3 people** (8%) were unable to make their appointment due to **others being off**.

2 people (5%) told us their employers don't allow for time off at all.

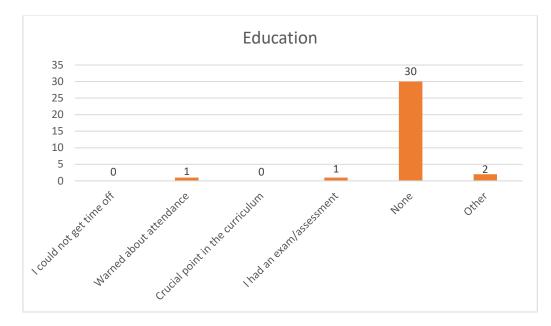
6 people (14%) offered **personal reasons** for not attending their appointments:

"Forgot about my appointment", "Don't feel the need to go" and "I am in homeless accommodation".



5.2 Education

We asked respondents if there were challenges attending their secondary care appointment(s), due to their *Education* commitments:



Of the **34 responses** received to this questions: **30 people** (88%) **did not** experience any challenges due to **education commitments** to attend their secondary care appointment(s).

2 people (6%) answered **other**, with one person explaining they could not attend an appointment due to their support worker being off and the other person wrote '**N/A'**.

1 person (3%) said they missed their appointment due to previously being **warned about attendance**.

1 person (3%) told us their nonattendance was due to having an **exam/assessment.**

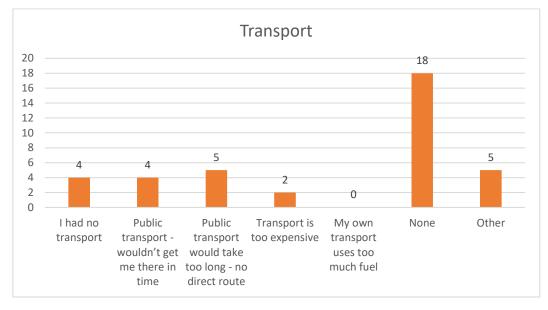
5.3 Transport

We asked respondents if there were challenges attending their secondary care appointment(s), due to *Transport*:

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Of the **38 responses** received to this question: **18 people** (47%), **did not** experience any challenges when using **public transport** when attending their secondary care appointment(s).

5 people (13%) told us **public transport would take too long** to get them there.

5 people (13%) answered **other**, explaining that **parking** in and around venues was **limited**, which contributed to people being put off attending. One respondent shared they have back pain, which makes walking difficult.

4 people (11%) told us they had no transport.

4 people (11%) told us public transport would not get them there in time.

The theme of time being spent travelling to and from appointments was echoed during face-to-face engagement with some respondents saying:

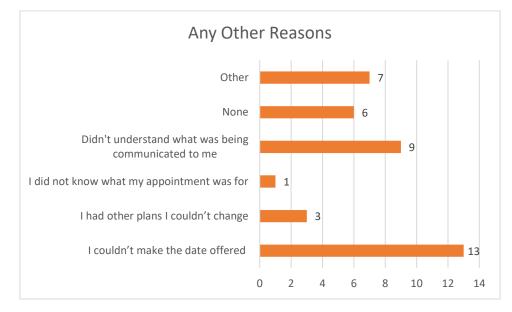
"My whole day can be taken up going to and from a 15min appointment"

One other respondent during face-to-face engagement said they relied on the **Patient Transport Service** to attend appointments, however on one occasion recently was **unable** to use this service as his hospital appointment was at 0845hrs, however, the patient transport did not start until 0900hrs.

5.4 Other Reasons

We asked respondents to tell us **any other reasons** that had caused challenges on them attending secondary care appointment(s):

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Of the **39 responses** received to this question: **13** people (33%) told us they **could not make** their appointment because the **date offered** was not right for them.

9 people (23%) told us they found it **difficult to understand what was being communicated** to them when receiving their secondary care appointment letter.

Face-to-face engagement allowed people to explain that using **larger text** within appointment letters and making use of **easy read**, along with **pictures** to accompany text would support them.

7 people (18%) of respondents answering **other**, told us why they could not attend their follow up appointment(s):

"I was struck off due to missing appointments"

"I had childcare issues"

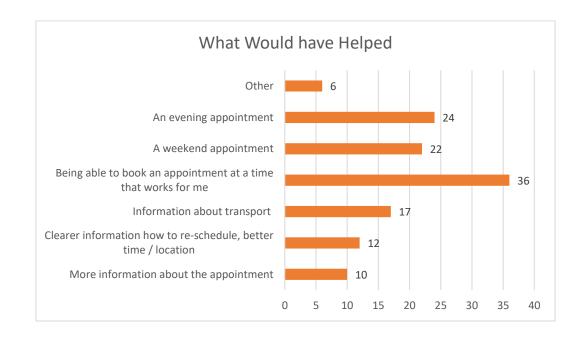
"My appointment was months after I had been seen"

5.5 What would have helped

We asked respondents to tell us *what would have helped them to attend* their secondary care appointment(s):

Respondents were able to select multiple answers to this question.

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127 answers were chosen for this question (from the 67 people who responded). **36 people** told us they **would like** to be able to book an appointment at a **time that works for them.**

The theme of appointments being right for people was continued, with the next highest results coming from **24 people** who have the desire for an **evening** appointment and **22 people** wanting an appointment at the **weekend**.

We can link this question to the previous, whereby most respondents said they **couldn't make the date offered.**

The data highlights opportunities for the NHS Planned Care Board to develop a user-friendly system to **promote people being in control** of their planned care appointments, including **being able to book / re-schedule** at a **time that is right for them**.

This would also support people taking **ownership** of their own **health and wellbeing**, as well as encouraging attendance.

5.6 Learning Opportunities

We asked respondents to share any *learning opportunities* from when they had attended their hospital or clinic appointment(s) within the **last 2 years:**

49 responses were received to this question. Feedback can be detailed below:

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Conclusion:

In conclusion, the feedback has highlighted opportunities to address some of the barriers faced by younger men, aged 18-34, when attending secondary care appointments.

Young men shared with us that although employment and education did not necessarily present barriers to them attending appointments, 34% had



experienced an employment barrier, either because they could not get time off work, their work would not allow it or others being off. 12% had experienced an education barrier, either because they had no appropriate person to accompany them, they had an exam or have previously been warned about their attendance. We heard that 14% offered personal reasons for not attending, such as forgetting their appointment and not feeling the need to go.

48% of young men who responded experienced a transportation barrier to attend appointments, either with public transport, parking, timescales, information about transport to get to the appointment. Expanding the availability of video or phone consultations to make it easier for patients to attend appointments without the need for travel, could potentially improve attendance.

Young men shared with us what could help them to attend their secondary care appointments:

- To be able to **book an appointment or reschedule an appointment** at a **time** that is right for them, (with more choice for booking an **evening** or **weekend** appointment). The opportunity to explore with working-age individuals, who may find it difficult to attend during regular hours, may support a reduction in missed appointments and encourage people to manage their own **health** and **wellbeing** around work, education and the general commitments of everyday life.
- To understand what is being communicated to them, which highlights an opportunity for health records to improve written communication in a more user-friendly way. Suggestions include the use of easy read wording, and pictures to accompany text within appointment letters.
- To implement an enhanced reminder system, such as SMS or email reminders closer to the appointment date, may reduce the likelihood of patients forgetting their appointments / non-attendance – which contributes to extended witing times.

This feedback could inform a patient focused booking system, the development of the patient hub app, improvements to communication for patients within health records and improvement waiting times.

Next Steps:

The findings from the engagement exercise offer the NHS Planned Care Board an opportunity to identify key improvement areas to support the further development of a patient focused booking system and patient hub app.



Appendices:

Appendix 1 – MS Form: <u>https://forms.office.com/e/bAPxSNHaEj</u>

Appendix 2 - List o	f stakeholders	invited to	participate	(71	organisations):
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The Wash (Homeless	Lochgelly Community	HSCP Executive
accommodation)	Centre	membership briefing
HSCP Social Media	Fife Sports and Leisure	Crossroads
Platforms	Centres	
Deaf/Blind Society	Dunfermline Mosque	Enable
Clued Up	Barnardo's	Binarity Food Bank
Pure Gym's Fife	Fife Voluntary Action	Fife Carers Centre
Briggs Marine	NHS Social Media Platforms	FMC
Tartan Talkers	Fife Council Intranet	Scottish Drugs Forum
Police Scotland	Fife Young Carers Centre	Andy's Man Club
Fife Alcohol Support	Fife Forum	Fife Gingerbread
Foodbanks Fife	Kindred	Fife's Men's Shed
Fife Samaritans	PAMIS	Nourish
Marie Curie	Gym 64	LEAD Scotland
Link Living Fife	The Well (Fife HSCP)	Locality Planning Teams
Fife Centre for Equalities	Fife College	People's First
Restoration Café's	Skills Development Scotland	Auchmuty Learning Centre
Fife Migrants Forum	Fife International Centre	Continuing Care
LGTBQ Equalities	Deaf Communications	Seascape
Learning Disability Team	Sam's Café	WRAP
Support in Mind	Talk Matters	Bipolar Fife
Express Group	Fibromyalgia Fife	Diabetes Fife
Breathe Easy	Carers Leven Project	Carers Income
Macmillan	Young Scot	Leven Homestar
Greener Kirkcaldy	Fife Veterans	Veterans Best Friend
Oasis Project	Forensic Mental Health	