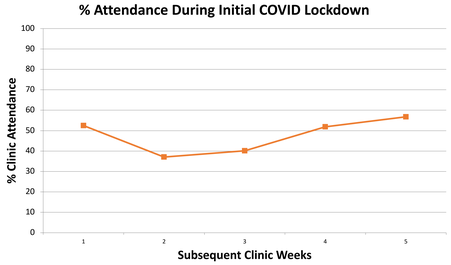
The Impact of the COVID-19 Pandemic on Attendance Rates at Age-Related Macular Degeneration Clinic in Wrexham Maelor Hospital

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Patients attending the age-related macular degeneration (AMD) clinic, particularly those receiving anti-VEGF therapy for choroidal neovascularization, depend on regular appointments. Delays can lead to worsening vision and adverse outcomes for the patient. During the first national lockdown in Wales due to Coronavirus, a significant *non-attendance rate* was observed at our AMD clinic. This occurred despite the clinic continuing to offer appointments through this period.

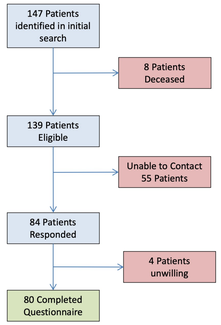


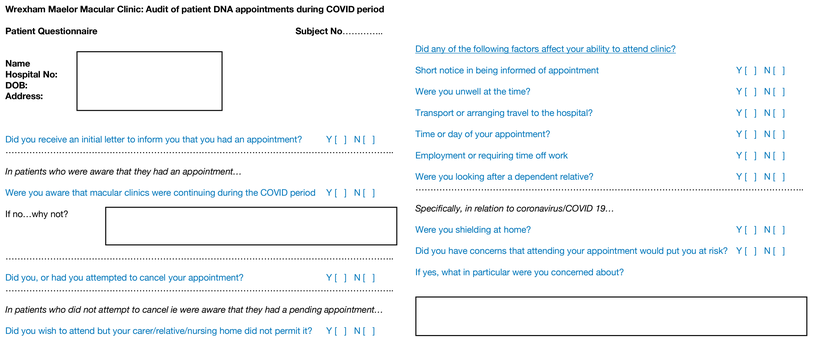
There are many factors that influence whether a patient attends a hospital appointment. Many of these are explored in the NHS Improvement publication "*Reducing Did Not Attends*"[1].

Socio-economic	Patient	Hospital	COVID specific
Population deprivation Age and gender Distance to travel	Forgets Unwell Employment Travel Childcare Seriousness of illness Previous experience	Transport/parking issues Booking process difficult Cancellation process difficult Incorrect documentation Lack of notification Limited day/time for clinic	Hospital environment safety Fear of exposure to virus Shielding Incorrect information in media

To explore why our patient population were not attending, we retrospectively identified the non-attending patients on 'WelshPAS'. We contacted them by telephone to complete a **questionnaire**. The questionnaire was designed to encompass the factors listed in the table above. This would allow us to target specific problematic areas, in order to improve clinic attendance.

139 patients were identified from a consecutive four-week period. We were able to contact 84 patients (60.4%) by telephone, the majority were willing to engage with the questionnaire (80 patients - 95.2%). From these 80 non-attending patients, the group was subdivided in 63 who cancelled (CNA) and a remaining 17 patients who did not attend (DNA).



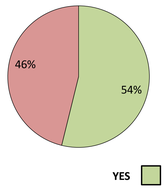


On analyzing the patient responses to the above questionnaire, it was clear there were several areas contributing significantly to our non-attendance rate in AMD clinic. For 'did not attend', miscommunication appeared to play a factor, as many patients thought appointments had been cancelled (either due to reports in the media, or receiving a generic text message from the hospital) and subsequently did not attend, or attempt to cancel an appointment they thought was not taking place.

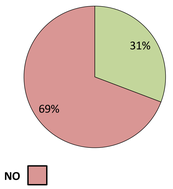
Overwhelmingly, the most cited reason for non-attendance for both patients who cancelled and those who did not attend was concern that the hospital was not safe and would expose them to coronavirus.

With this information, and the knowledge that failures in communication were playing a role, we devised a strategy to overcome these problems.

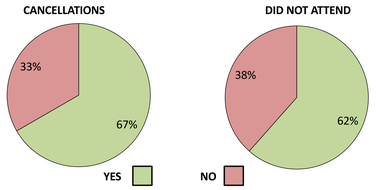
Patient Aware Appointments Were Continuing



Patient Attempted to Cancel Appointment



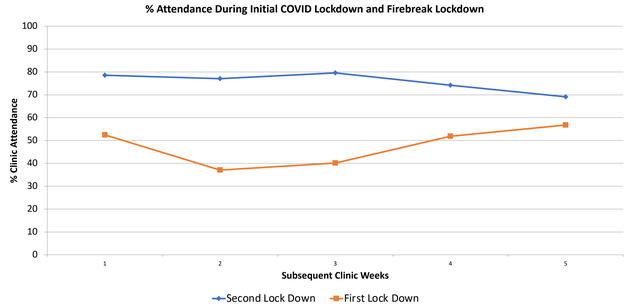
Did You Have Concerns Attending Would Put You At Risk?



Prior to an impending clinic appointment, a new **telephone call** to patients was introduced. The nursing staff contacted the patient to confirm the appointment. During the call, it was also possible to reassure the patient that adequate measures were being taken in our department to reduce their exposure to coronavirus, including:

- Strict hand hygiene
- Temperature and symptom check on arrival to department
- Use of personal protective equipment
- Social distancing
- Postponing appointments for symptomatic patients

This practice continued through the COVID period, and during the later 'Firebreak' lockdown in Wales, a second period of data collection was carried out on AMD clinic attendance rates.



With a comparable number of appointments offered between each period, we observed a statistically significant improvement in AMD clinic attendance rates during this second lockdown period.

- Initial COVID lockdown: average attendance was **47.7%**
- Second 'Firebreak' lockdown: average attendance was **75.7%** ($P < 0.0001$)

In conclusion, during the COVID era, significant non-attendance rates at clinic may be expected, particularly in a patient population who would be considered more vulnerable. **Efforts to improve attendance should be focused on providing a safe environment for patients and reassuring them in relation to precautions in place**.

In our department a simple telephone call prior to clinic attendance allowed us to make use of the appointments more effectively, and we had a significant improvement in our attendance rate after this was introduced.

1. NHS England and NHS Improvement. Reducing Did Not Attends (DNAs). https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-reducing-dna.pdf