Partial appointment booking improves attendance for cognitive behavioural therapy

Kenwright M, Marks IM. Improving first attendance for cognitive behaviour therapy by a partial booking appointment method: two randomised controlled trials. *J Ment Health* 2003;12:385–92.

Q Does a partial booking appointment method improve first attendance for cognitive behaviour therapy?

METHODS

Design: Two randomised controlled trials.
Allocation: Concealed.
Blinding: Not blinded.
Follow up period: Time to first appointment.
Setting: The Maudsley Hospital, London, UK; timeframe not stated.
Patients: 62 (RCT 1) and 86 (RCT 2) people with anxiety or depression, or both, consecutively referred to a behavioural psychotherapy unit.
Intervention: RCT 1 There were two interventions. Usual fixed appointment: participants were notified of their first appointment time by letter. A reply slip (but no stamped addressed envelope (SAE)) was included and participants were asked to confirm that they would keep the appointment. New partial booking appointment method: participants received a letter asking them if they would still like an appointment and if so, what times and dates would be convenient. An SAE was enclosed. On receipt of the participant's reply, the clinician would then either call to arrange an appointment or would send a letter confirming an appointment had been made at the requested time. RCT 2: as per RCT 1, with the exception that an SAE was included with the "usual fixed appointment" intervention.
Outcomes: First appointment attendance.
Patient follow up: 100% (attendance or non-attendance recorded for each case).

MAIN RESULTS

Significantly more people attended their first scheduled psychotherapy appointment with the partial booking method compared with the usual fixed appointment method ($p < 0.001$ for both RCTs; see table).

CONCLUSIONS

A participant initiated partial appointment booking method improves attendance for cognitive behaviour therapy.

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Table Attendance at first appointment

Outcome	RCT 1		RCT 2	
	Usual method (no SAE) (n = 31)	Partial booking method (n = 31)	Usual method (with SAE) (n = 42)	Partial booking method (n = 44)
First appointment attendance	14/30 (47%)	23/27 (85%)*	28/41 (68%)	35/39 (90%)*
Did not attend without notice	13/30 (43%)	0/27	10/41 (24%)	0/44
Cancelled appointment				
Rearranged	2	0	2	4
Refused	1	0	1	1
Other (died, unfunded, seen at other units)	1	4	1	0

*Expressed as a percentage of those participants that replied to the initial letter and for whom appointments were made.

Commentary

This study, using a randomised controlled design, evaluates the effects of a partial booking system on first appointment attendance rates in an outpatient cognitive behavioural therapy clinic. The new partial booking system was proposed by the UK Department of Health in response to the cost incurred to services through non-attendance of first appointments. It is therefore clear that the development of an alternative to the costly fixed appointment system current in most clinics is a timely subject for research. The partial booking system was found to be effective in general hospital outpatient settings but this study tests this system in a mental health setting for the first time. The study builds on previous "opt in" methods by allowing patients to request preferred appointment times.

The results of this study were positive, showing that the partial booking method was highly effective in reducing first appointment non-attendance rates in a mental health outpatient setting. Therefore this intervention should continue to be evaluated in other mental health settings throughout the UK. It should be noted that the setting was a high profile, specialist outpatient clinic and that the results may not be generalisable to routine practice settings. The intervention does require a degree of self directedness and motivation from the clients and flexibility from clinicians. It would have been interesting to have had some details on the demographics of this population group (both clients and clinicians). In 68% of cases the intervention established direct phone contact between clinician and client. This could be viewed as the start of the therapeutic process and the authors rightly note that this aspect could be a potentially confounding factor. However, there is also the possible implication that if the intervention engages clinician and client before therapy commences, the risk of dropout later on in therapy may also be reduced. It was shown in an outcome study¹ that non-completers had significantly poorer outcomes with regard to clinically significant change. This intervention could therefore be invaluable in reducing the costs incurred through patients leaving therapy before they have had the optimum dose and being referred again.

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1 Cahill J, Barkham M, Hardy GE, et al. Outcomes of clients completing and not completing cognitive therapy for depression. *Br J Clin Psychol* 2003;42:133–43.