Key Messages

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voluntary health scotland

Applying a 'Missingness Lens' to Healthcare

VHS Member Engagement Event

26 March 2025

Introduction

VHS hosted an engagement event on 26 March with Andrea Williamson, Professor of General Practice and Inclusion Health at the University of Glasgow. This followed on from a presentation that Andrea delivered at VHS's 2024 Annual Conference, about her work on missingness. Her work aims to understand and address barriers to healthcare access, including stigma, trauma and mistrust. The follow up session aimed to find out from members what they can achieve when they apply a 'missingness lens' to close the health inequalities gap. The missingness lens focuses on empathy, flexibility and tangible support to meet the diverse needs of patients. This approach aligns with many of VHS's members' fundamental commitment to human rights and equity.

The issue of 'missingness' in healthcare is the recurring tendency for individuals not to engage with care, resulting in further negative impacts for their health. Research by GPs at the Deep End Scotland has highlighted that multiple missed appointments are not just an operational cost to the NHS; they are also a sign of deeper health inequalities. Findings reveal that individuals missing more than two GP appointments annually face significantly higher premature mortality rates and often contend with multi-morbidity, socio- economic disadvantage and high treatment burdens.

Addressing Inequalities in Healthcare

VHS's Chief Executive Tejesh Mistry opened the session by expressing his interest in learning about the work of various organisations across the health space, particularly in addressing inequalities. He also highlighted the importance of understanding the evidence behind these efforts.

Addressing Healthcare's Missingness Issue

Professor Williamson outlined the root causes of missingness, factors ranging from systemic barriers, such as rigid healthcare structures and poor communication methods, to patients' personal challenges including stigma, trauma and competing life demands. Early interventions such as assertive outreach programmes in Scotland's Deep End GP Practices show promise in terms of re-engaging missing patients by fostering a more adaptive and inclusive care environment. Andrea emphasised the importance of addressing the social determinants of health and the need to focus on the most socioeconomically deprived communities.

She presented findings from a large population sample in Scotland, indicating that nearly one in five people miss more than two appointments, and these individuals are characterised by poor health, higher treatment burden, complex social circumstances, and higher premature mortality. The patterns of missingness in general practice persisted across into secondary care, with patients more likely to leave hospital before their care plan is complete. Andrea also highlighted the need for urgent attention from various stakeholders to address this issue.

Addressing Healthcare's Missingness Challenges

Andrea discussed some of the challenges of missingness in healthcare, including transportation, space, access rules, and competing demands. She emphasised the importance of understanding the context and applying a missingness lens to address the issue. Andrea proposed a suite of interventions, including embedding a missingness lens, building localised perspectives, identifying patients at risk, and implementing missingness co-ordinators. She also highlighted the need for relational communication changes, transport and logistics, flexible scheduling, and contact before and after appointments. She emphasised the need for a systems perspective to disrupt missingness and create conditions for better healthcare outcomes. Andrea discussed the importance of understanding the reasons behind missed appointments and the need for a plan to best contact high-risk individuals. She also mentioned the challenges faced by people in accessing healthcare, especially in rural areas.

Discussion from breakouts and Zoom chat

Participants had been asked to reflect on Andrea's presentation in their breakout groups and consider the opportunities and challenges in applying a 'missingness lens' to their work.

Support for healthcare staff

Richard Simpson brought up the issue of low support for administrative staff in the NHS, which affects the functioning of the system. He also shared a link to a King's Fund Report which highlighted that 1 in 5 hospital appointment letters arrived AFTER the appointment date.

Communication methods
Dawn Craig from CarrGomm shared her experiences of sending text reminders to patients and the challenges faced by those with no support. Her team also discussed the potential use of texting as a means of communication and the need for a better understanding of the reasons behind missed appointments.

Education and training
Flora Ranachan from the Edinburgh CLW Network referenced their project with the University of Edinburgh's medical students to ensure community link working and social prescribing is included in the curriculum. They are educating future doctors on the benefits of social prescribing and addressing health within communities and have now trained nearly 1400 medical students. You can read more about the partnership in this blog. Hilda Campbell from Cope Scotland also emphasised that community-based applied suicide intervention skills training and mental health first aid training helps build capacity in communities.

Adopting a person-centred approach
Hilda Campbell from Cope Scotland emphasised the importance of understanding individual stories and being trauma-informed when interacting with patients. The discussion highlighted the need for a more person-centred approach in healthcare, better staff training, and adequate resources to implement these changes effectively. They did some work with their member to find out what barriers they were facing with engagement; these included times of appointments (evening appointments can work well) and transport issues. She shared one of her case studies with the group.

Accessibility
Laura Jones from RNIB Scotland shared a report that they released in 2020 about the inaccessibility of health information for blind and partially sighted people. This included missing appointments due to inaccessible patient appointment letters: Communication Failure? In addition, today, RNIB has released a report about motherhood and sight loss and this gives clear examples about the barriers presented, including turning up for appointments which were cancelled last minute (and they didn't know) and misconceptions about their capabilities: Read Navigating Motherhood with Sight Loss I Voice of the Customer report 2025 | RNIB. These are all examples of how people then disengage from the health service, missing out on vital support and information.

Catherine White from Alcohol Focus emphasised the importance of health literacy. Some of the people that she worked with who had intellectual disabilities would be wary of appointment letters and often put them in the bin; however, they were open to text reminders.

Terminology and language
Amy Campbell from YGam highlighted the need to move away from 'did not attend' terminology and adopt more person-centred language, emphasising the importance of inclusive language training and incorporating lived experiences.

Importance of Community Link Workers in addressing missingness
Andrea Williamson elaborated on the role of Community Link Workers (CLWs) in addressing missingness, noting that their responsibilities can vary considerably and suggesting a strategic conversation about extending their role. Richard Simpson emphasised the critical importance of CLWs and expressed concern about potential cuts to their services. The discussion also touched on the need for a systematic approach to reaching different communities and the ongoing importance of prevention services, despite current funding pressures.

Further information

Please contact Lauren Blair, Events and Engagement Lead at Voluntary Health Scotland with any questions: lauren.blair@vhscotland.org.uk