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Applying a missingness lens to healthcare

**WORLD
CHANGING
GLASGOW**

THE SUNDAY TIMES
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**GOOD
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SMA Research Acknowledgements

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Participating GP practices

Colleagues at Scot Gov and eDRIS



Missed appointments results

136 Scottish representative GP practices

550 083 patient records

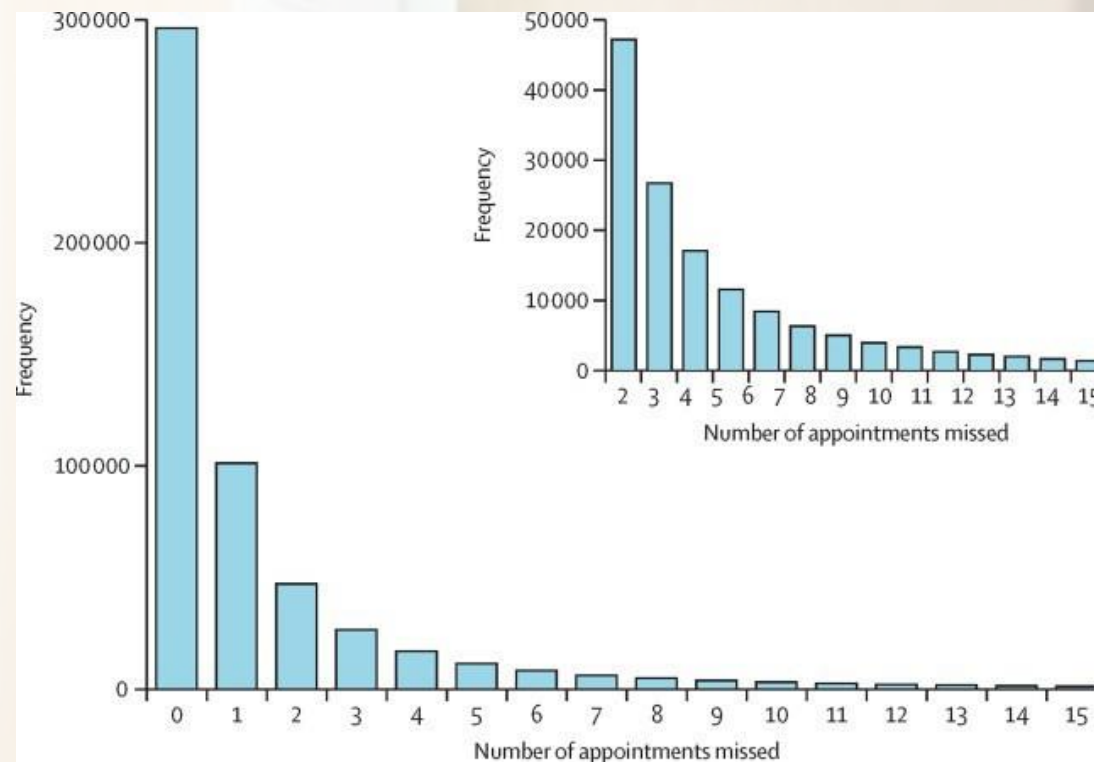
9 177 054 consultations

54.0% (297,002) missed no appointments

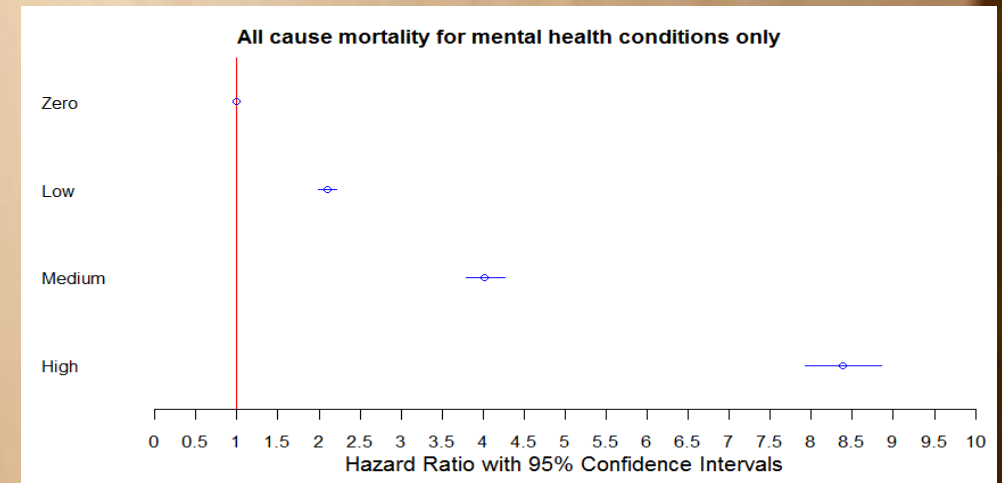
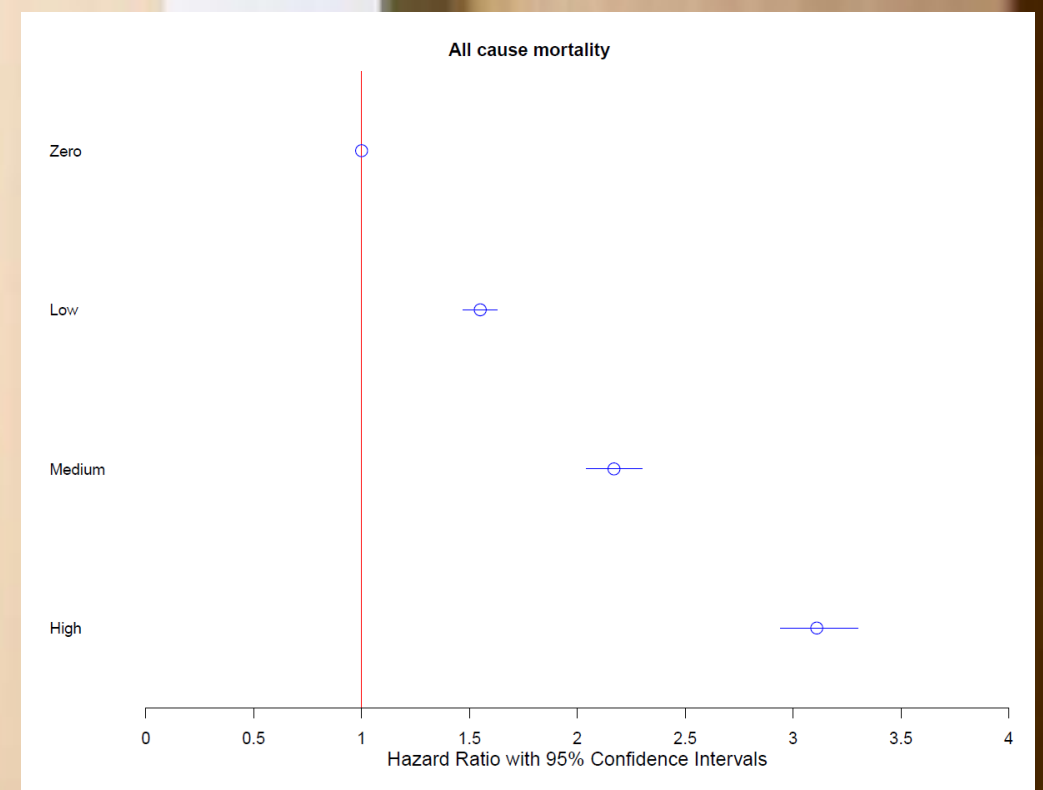
46.0% (212,155) missed one or more appointments

19.0% (104,461) missed more than two appointments

(Ellis, McQueenie et al Lancet Public Health 2017)



- **Patients** at high risk of missingness are characterized by poor health, higher treatment burden, complex social circumstances and have higher premature mortality (McQueenie et al BMC Medicine, 2019, Williamson et al Plos One 2021, Williamson et al BJGP Open 2020, McQueenie et al BMC Medicine 2021)
- **General practice appointment scheduling** and context is important (Ellis, McQueenie et al Lancet Public Health 2017)
- **Patterns of missingness persist across secondary care** outpatients and inpatient 'irregular discharges'; patients are NOT seen in ED instead (Williamson et al Plos One 2021)
- **Missingness is a strong risk marker for a poor outcome** so needs urgent attention from health service planners and practitioners



What causes missingness? (Lindsay et al 2024)

- Patients not feeling the service is **‘for’ them**: necessary, helpful, appropriate, safe.
- **Past experiences**: mistreatment, poor communication, power imbalances, offers do not help/‘fit.’
- **Getting there**: travel, transport, space and place.



“you see yourself as one of the least deserving people, when somebody reaches their haund... [...] because you believe already that you don’t deserve it, you arenae gonnae take the haund...”

(Jim, Glasgow)

What causes missingness(2)? (Lindsay et al 2024)

- **Access rules:** difficult to understand/navigate; gatekeeping; delay; inflexibility; errors/mistakes.
- **Competing demands/limited resources:** appointments, work/money, relationships, survival.
- **Mistrust/distrust:** stigma, trauma, discrimination, mistreatment, misunderstanding, “easier” patients.



“There's a constant dynamic of conflict [...] and this is a theme you'll find from anybody you speak to, who has a child or an adult with complex health needs, a constant fight. And some people; they get exhausted, and they give up, and I can't blame them.” (Jodie, Glasgow)

Redefining the problem – a missingness lens

The 'situational' model

Patient 'responsibilisation'

Shallow, monocausal perspective

Technical, practical, logistical

Standardised, service-oriented

Biomedical models of healthcare

Hierarchical, service-oriented solutions

A missingness lens

➡ **Services** committed, resourced, incentivised to identify and address barriers

➡ **Complex causality** for individuals, in contexts (tailoring)

➡ **Safety** - structural, cultural, relational, psychological

➡ Proportionate universalism and positive selectivism

➡ **Condition Competency**, addressing SDOH, poverty, & marginalisation

➡ Person-centred approaches