Reading Time: 11 minutes

I’m writing this sat in a waiting room at my favourite place on earth, Black Country Healthcare NHS Trusts’ Mental Health Outpatient centre at Bushey Fields Hospital. Once again I’m dealing with the incompetence of information flow within the trust, and I’m using the Mental Health area of the trust specifically here as actually there are parts of the trust such as the Adult Autism / ADHD service which overall have been great, despite cancelling and rescheduling that I talk about here. At least with them they communicate to me…

This morning I was supposed to have an appointment at 10AM. As it is, 10AM is a bit of a pain in the arse, as the direct bus (Which is also the first I can use with my bus pass without paying an extra £2 per leg, which I would have had to if I took the indirect route with two separate busses) gets me into the region of the Russells Hall / Bushey Fields estate at somewhere between 52 and 55 minutes past the hour. I’m lucky that I know the hospital site backwards, forwards and sideways, having spent so much time at both hospitals, including the short cut to get to the exact building I need by cutting through the main hospital. Regardless, it would be a close call, so I called up yesterday to both confirm my appointment and let them know that in the worst case scenario I would be a couple of minutes late.

Computer Says No…. *Cough*

Some of the other services within the trust requires you to confirm your appointment 24 hours prior anyway, and as I’d not received any letters and only knew about the appointment via a separate call to the local mental health services when going through a minor episode; I thought I’d just double check. I called at about 3:30 in the afternoon, which is about as late as you possibly could without it becoming a case of the office closing and being served by the out of hours service. The conversation was essentially:

> **ME:** Hi, can I check my appointment is still on for tomorrow.
>
> **THEM:** Yes, it is, at 10AM at Henry Larch Centre.
>
> **ME:** Can you add a note that I may be a few minutes late if the busses don’t behave.

This PDF is from a WVCS Website. ©2026, Some Rights Reserved.

THEM: Certainly, thanks for letting us know.

Seeing as I woke up early, and needed to take painkillers anyway, I decided to grit my teeth and walk rather than risk the bus. I know most of the route off by heart as I used to get deep tissue massages to help with my neuropathy from a place about 10 minutes walk away from where I live now, and used to drive the route to and from it. I was just doing it on foot, and because of the fact that I was hitting post school >> work traffic, it was backed up enough that I didn't have to worry about cars hurtling down the road at 60MPH instead of the regulation 40MPH (Someone had actually been mown down by a car on this route about a year ago, yet there's still no speed cameras). As I left plenty of time, I wasn't needing to rush, and I was able to listen to music on the way (Breach by twenty one pilots). A couple of cigarettes and a vape or two helped calm the social anxiety nerves to the point that when I was arrived, I felt that I was ready for the appointment, compared to an appointment that I was due to have with the Trust online about concerns which went horribly wrong with sound and caused another mini meltdown, where I just gave up (I have a habit of just giving up at the moment, such is the state of my health and pain caused by getting worked up over anything).

I get to reception, and to their credit, the receptionist is lovely. She's been there about as long as I've lived in Dudley and most likely before. I wasn't on any of the sheets, so tried looking on the system (With the nurse next to her impressed that I knew my NHS number by heart… Am I the only one?). It turns out that my appointment was rescheduled about a week ago, but I wasn't told at any point. After a good 50 minutes of walking, and already hitting my step count for the day. Fan-fucking-tastic.

I know that doctor rotations change every July; this was the reason why my appointment from August was moved here in the first place. Without going into too much detail, whilst consultants may remain in a specific post with a specific set of patients, everyone below them are subject to change. Registrars may be promoted to consultants, and FY1 / FY2 doctors are often on rotation, so that they both get to develop in different parts of patient care, but also move closer to a specialty. It's why I joke that the first week of August is like the first day of school for doctors, as in many cases, it kinda is. New rotations means a new doctor team with a new consultant (to them) to guide them. Especially for outpatient appointments, this may mean diary changes. I get that.

I also had a physio appointment that was cancelled last minute back in July. It was

This PDF is from a WVCS Website. ©2026, Some Rights Reserved.

rescheduled to August, and ironically I couldn't attend as I was in chronic pain and told to bed rest by an out of hours team. As the appointment was at 8:30 in the morning, calling the department was useless, and by the time I got through to them later in the day, I was told that the appointment was classified as 'non attendance', and I had been discharged back to my GP, and there was 'nothing they could do'. The irony still makes me laugh, to the point where I wonder what would have happened if I had required the use of Patient Transport Services or something similar to get me to the appointment. They would have likely taken one look at me and told me to stay in bed.

Pointless Travel, Pointless Phone Calls & Post.

What I don't get is calling up about confirming an appointment, for it to not be the case the following day. It's not because a doctor was off ill, it was a lack of communication, and these are two different things. This is the second time when I've had issues with the NHS and appointments, the other being for my yearly diabetic eye test. Even though I get my eyes tested yearly with my options (And contact lenses, which I only wear every so often, but keep the direct debit going for a box every 6 months, as I then get 50% off glasses), I also have to have a separate diabetic eye test, which looks for things which won't be covered on a normal eye test. This is arranged by the NHS, and slightly annoyingly, you have to go a specific opticians, which is normally a local independent one. Where I used to live, this was two busses and an hour+ away, or a 25 minute drive with almost no parking.

This time around, my optician for this is just a 10 minute walk away. Great. Except I got the letter for the appointment 1 hour after my appointment should have taken place. So not only did I have a lack of advance notice, I had no notice at all and would have had to rely on Doctor Who's Tardis if I wanted to make it. This necessitated eating in a queue for over an hour to reschedule, causing more wastes of my time. I often say this to friends, but it's also as if we are all sat in front of our TV in our pyjamas watching whatever is on in place of Jeremy Kyle these days. Yes, I'm off on pre-retirement illnesses, but that doesn't mean that I don't ever have any plans or anything, and I'm sure this is the case for many other people.

This gets even more complicated that in some cases, you can only reschedule an appointment once. So if the appointment they sent you is at a time / day completely unattainable, you only get one chance to reschedule before being referred back to your GP. To compound this even further, in some cases you're not offered a new date / time to suit, but just another letter popping through your letterbox, maybe or maybe or not in time for the appointment itself, and maybe or maybe not in any way possible for you to attend. In

This PDF is from a WVCS Website. ©2026, Some Rights Reserved.

other words, regardless of your life / work situation, you may still be landed with an appointment which requires wholesale changes to your day, having to take unpaid time off work, perhaps at short notice, or wondering even how the kids are going to get to school.

I get how overworked and underfunded the NHS is. I've written specifically about how this is even worse when it comes to mental health support and similar, as the NHS funding comes from a local authority level compared to say national funding. I think that this creates a massive postcode lottery that many people have little they can do about it. Moving to another area is often not an option due to being in local authority / housing association properties, and moving to the fully private sector could prove not only problematic but risky. Even with more safeguards in place recently over no fault evictions, it's very easy to price someone out of an area, especially if they aren't working and therefore afford the deposit from one place to another (You likely have to wait a month to get your deposit back from a previous property, whilst checks are made etc, and it's easy to create disputes in this area).

On a patient >> appointment level, getting to a hospital may be much easier for some than others. I've been lucky that ever since I've lived in and around Dudley, both my mental and physical health hospitals have been in technical walking distance, or certainly accessible by bus (Time depending). Even when I lived closer to Stourbridge, there was at least two options to get to the hospital; either the into and out of Stourbridge approach, or going via Merry Hell. Even my 'Adult Social Care' facility is doable pretty easily, but I know full well that the bus system in and around parts of the Black Country can make it a nightmare for some people; having to go directly into Dudley and back out, or taking a myriad of services. Dudley does have high car usage, but there are a lot of people with mobility issues, as one could tell spending just one day observing the magnolianess that is Dudley High Street.

What Could Be Done To Make Things More Efficient?

The basics of NHS services across the country though need to be considered. It's so often pointed out that missed appointments cost between £60 and £150 (More if it's a specialist, surgery required etc), so it's in the NHS' best interest to ensure that appointments actually are attendable by patients. Even calling up to re-arrange an appointment costs the NHS in terms of time and management systems, so there has to be a better way. Some appointments are scheduled 'way' in advance, which you could argue should help with much of this; this provides clarity to patients, and also helps in terms of getting time off / scheduling support for childcare, caring and so on. Though there are some that argue that

This PDF is from a WVCS Website. ©2026, Some Rights Reserved.

the longer a gap you leave to an appointment, the more this can be forgotten about. This can be easily worked on however, by providing reminders at 4 weeks, 2 weeks, 1 week and 48 hours before an appointment, which in some case I have received. This may be annoying as just more e-junk, but it does provide, if worded properly a decent reminder and instant rebooking exercise if plans change last minute.

I could argue further that there are some characteristics that could be taken into account to take into account patient needs a bit further. Without being intrusive, a booking system in 2025 could easily include factors such as:

- Likely method of getting to hospital.
    - If by car, then an appointment could be made earlier in the day to take into account parking availability, or at a time when there is less ‘visitor rush’ (For example at 11AM at Russells Hall Hospital, when most wards start visiting hours).
    - If by bus with someone with a concessionary bus pass, far enough after 9:30 to allow free travel, say prioritising afternoon appointments, but also remembering when bus services may finish for the day to make too late.
- Parenting Needs.
    - Focus on having appointments outside of child drop off / pick up if parent is responsible for doing ‘the school run’. This would be between say 10AM – 2PM. This is important also as many outpatient services do not have facilities for children on site, and won’t let children remain in waiting areas alone.
    - Where a parent is a single parent, this should be marked as a priority for the above.
    - Consideration should be taken also if the parent is responsible for supporting others in the school run process; often a parent will informally look after another’s children until the latter returns say from work.
    - Additional consideration needs to be made during school holidays. Whilst a parent may ’seem’ more available, the above childminding / parenting activities may prevent the ability to attend appointments.
- Working Patterns
    - Full time, fixed working patterns likely provide better opportunities for flexibility in booking time off with employers, therefore adequate lead time (1 Month+) should provide ample opportunity for a patient to take the required time off for an appointment.

This PDF is from a WVCS Website. ©2026, Some Rights Reserved.

    - Zero hour contracts still come with some obligations (Required shifts), therefore should not be considered as ‘always available’.
    - When on *x* days on *y* days off shift patterns, scheduling during non working shift may be preferential, but needs to be provided with adequate lead time and consultation.
    - If working night shifts, consideration should be given towards early appointments / late appointments due to shift and sleep patterns.
- Communication Protocols
    - The email / online system works well as advance notice, but digital mobility needs to be recognised at all levels. Just because someone has a smartphone, doesn’t mean they have data on the go. Effective appointment summation by text may improve followthrough and confirmation.
    - Encouraging people to register to keep appointment letters in one place should be an NHS priority, instead of working through individual letter links where appointment links may be missed / deleted.
    - Improving the NHS app to include more appointment data should also be an NHS priority. It seems that even though the appointment letter systems look the same from trust to trust, they are discombobulatingly separate systems. Using NHS number as a unique ID should fix this easily on an app.
    - Where an individual makes it clear that they have no access to a smartphone, then text systems should provide all necessary information, including calendar links. Even non ‘smart’ phones have calendars these days.
    - Where possible for those who identify specific needs, ensure a phone call is made to inform and confirm appointments. The above list should reduce the list of incoming calls.
    - Where an appointment needs to be rescheduled, try and find a new appointment slot by app if possible. Doctors / Specialists will have marked out days of clinic, and this is simply replicating work that would be done by phone. This ensures that individuals can, where possible find an appointment better suited to them.
- Missed / Late Cancellation of Appointments
    - Life happens; the NHS often fails to accept this.
    - When there is an early appointment, sometimes it is too early to call and cancel as clerk / appointment centre staff are not at desk. This means that an appointment is classified as missed despite any efforts made by the patient, often leading to a refer back to GP outcome.

This PDF is from a WVCS Website. ©2026, Some Rights Reserved.

    - Consideration should be made in regards to safeguarding patients whom would come under the Equalities Act. There are times when physical / mental / socio-environmental factors could lead to an outcome where a patient can not make an appointment at the very last minute, even en-route.
    - App rescheduling system mentioned above should work 24/7 to help with last minute issues.
    - Rebooking process should be supportive if patient makes the first point of contact. A 48 hour patient driven rebook should be supported to help those who can't make appointments last minute before initiating an automatic rebook / discharge process.
- Hospital driven changes to appointments
    - Patient should be the one to agree a new appointment, rather than a new random date / time being provided, especially consideration of the above.

Conclusions

Whilst some of this may seem fairytale stuff, a lot of this is practical. The NHS have many bits of software that work well, it's just really badly integrated all together. If the NHS wants to drive down waste, placing more impetus on patients taking the lead on confirming / rescheduling appointments to better suit themselves both supports less manpower, but also a service which feels less imposed. I know that this is a free health service, and in many ways we should be thankful for how it is.

Most importantly, whilst staff illness is understandable (I think the pressure on NHS staff is so much that I'd hate to see the stress related illnesses that occur), when the NHS can cancel / reschedule an appointment last minute, there needs to be some level of reciprocal discussion. Missing appointments because you simply can't be bothered is a really unfair use of our health service, but ***genuine*** reasons should be taken into account, and in some cases, being proactive in ensuring people can get to appointments without undue stress / impacts on work and family life can be massively important. It's easy to say 'Jump in an Uber', but that could be the cost of dinner for the family for a day / two, and for some reason taxis in Dudley are **REALLY EXPENSIVE**.

Relying on a digital first strategy won't work, because it's a known fact that people use the NHS for specialist appointments more as they age, and this could isolate people from being able to have effective input into their care, the same way the worries continue around contactless and cashless societies. A blended approach which combines telephone, text

This PDF is from a WVCS Website. ©2026, Some Rights Reserved.

and digital apps is the ‘at best’ outcome, each leading to the same outcome, or to partially quote the NHS themselves ‘The Right Care, At The Right Place, At The Right Time, With The Right People.’

It’s a complicated subject, and what started off as a rant actually has become an interesting thing for me to think about. Missed / cancelled appointments cost the NHS so much money, so why not be omni-directional when thinking about the process from referral >> outcome? It’s in everyone’s best interest. Right?

I’m just glad that this time, I was in a decent enough state mentally to take things on the chin and go grab a latte before randomly typing. It could have been a lot worse…

Peace, Rage And Love xx

This PDF is from a WVCS Website. ©2026, Some Rights Reserved.