### Background

Failure to attend pre-arranged outpatient appointments represents a failed opportunity to engage those with mental health problems.

Text based prompts have been proposed as a means of addressing this problem and have been recommended in UK national strategy guidelines.

However, if this simple intervention has little effect on patient behaviour, then the NHS wide adoption of this strategy represents an administrative burden, and further waste of valuable NHS resources.

If, on the other hand, this policy makes even a 10% decrease in non-attendance rates, implementation of text-based prompts could have major implications for providers of care. Text-based prompts could be an inexpensive way to increase the burden on already stretched services.

After a systematic review of the evidence for or against this policy many questions remain.

We therefore propose a simple multi-centre trial of the effectiveness of text-based prompts.

### Aims

To establish the effect of simple text based prompts on attendance of people due to be seen at psychiatric outpatient clinics.

### Methods

People attending psychiatric outpatient clinics for the first time will be randomised to receive the text-based prompt before 24-48 hours before attendance.

Randomisation will be undertaken at the level of the administrative offices and will not involve the clinicians. The standard practice of the clinical staff will continue.

Once the person is randomised they will continue to receive the prompts before every appointment.

### Participants

The PROMPTS trial will be set in general psychiatric services. Every person due to attend a routine general psychiatric outpatient clinic (hospital or community based) is eligible to either be randomised to receive either a brief ‘orientation’ prompts or not.

As numbers available to be randomised will be large, subgroups of those with problems of suspected psychoses, and substance misuse will be tagged.

### Intervention

The prompt will be an orientation statement - a short paragraph, taking about 30 seconds to read, explaining the programme of care, giving clear directions to the clinics, and providing gentle encouragement to attend.

The control will be standard care, including reminders, if employed by those already running the out patient clinics.

### Outcomes

The principle outcome will be failure to attend a prearranged outpatient appointment.

The secondary outcome is hospitalisation within one year, with subgroup analyses undertaken to identify differences in those who are first, second and continuing attendance, and in those deemed difficult to engage with.

In order to examine the additional specified (a priori) subgroups outlined, we propose to randomise a total of 3000 people within the timeframe of the study.

### Funding

None as yet. But where there is a will, we have, in the past, found a way (see TREC posters). Suggestions gratefully received!