**PIFU Implementation Pack**

**Purpose of the pack**

The purpose of this pack is to provide specialty teams with the key resources needed to set up a PIFU service. The different resources have been compiled by the Salisbury Foundation Trust Outpatient Transformation Team but also include a number of items developed by colleagues in the national team.

If you already use PIFU, the guidance provides information regarding key considerations, as well as documentation that can be used to formalise an existing process.

This document pack is designed to be read in conjunction with other supporting documentation such as the Clinical Protocol and SOP template and considerations regarding PIFU suitability, as well as national guidance, all contained within the appendix below.

**What is PIFU**

To give patients and their carers the flexibility to arrange their follow-up appointments as and when they need them, NHS England and NHS Improvement is supporting providers to roll out patient initiated follow-up (PIFU).

The term patient-initiated follow-up (PIFU) describes when a patient (or their carer) can initiate their follow-up appointments as and when required, e.g. when symptoms or circumstances change. This helps patients access support when they need it (e.g. during a flare-up of their symptoms) and avoids unnecessary routine ‘check in’ appointments. The patient is empowered to manage their own condition and takes responsibility for initiating the appointment.

PIFU is one aspect of personalised follow up which describes the broader concept of when a patient’s follow up care is tailored to their individual clinical need, circumstances and preferences.

**Steps To Take Before Implementing PIFU**

**Clinical protocol** (a template is provided in the appendix)

Clinicians should agree the following for each patient cohort:

* clinical criteria for patient cohort/selection and exclusion criteria
* signs and symptoms that would trigger a follow up appointment request
* ideal and maximum waiting time for a follow up appointment request
* who can allocate PIFUs
* how PIFU patients who request an appointment will be managed
* Agreeing process for informing GP of PIFU pathway

A short written protocol should be produced, using the template (see appendix) once the above is agreed, which is then signed off by the Clinical Director and go through the Directorate / Divisional Governance process.

**Standard Operating Procedure**

The signed off protocol(s) should be embedded into the specialties SOP (also available within the appendix as a template).

**Patient Communications**

Patient communication processes should be agreed as part of the SOP, including methods for patients to be able to access the service (please see EQIA for accessibility considerations). This guide also includes a patient leaflet, patient card and patient poster ready for use which can be adapted as required. **Please leave the survey link in place.**

**Managing Capacity**

Whilst PIFU will create capacity for the specialty in the long term there may be challenges managing capacity during the transition to PIFU implementation.

As most specialties will have follow up clinics booked in advance the service **must ensure** that they have a clear plan to manage this demand so that patients will be given an appointment within the agreed acceptable time limit. This may be a non-face-to-face appointment.

Data from PIFU schemes that have been implemented elsewhere have shown that between 20-30% of patients are likely to initiate a follow up but this varies, depending on the specialty. Each service will need to review any available data for their specialty in order to more accurately anticipate potential demand.

**Key message:** The intention of the PIFU is to reduce follow ups, not to increase them, so please do not use PIFU where you would previously have discharged a patient without a further follow up appointment.

**Validation of waiting lists - Using PIFU as part of a waiting list review process**

Using PIFU as part of a waiting list review process can help support demand management. A separate process map, produced by the national team regarding PIFU use within this scenario is included within the appendix.

Signed off clinical protocols can be used to validate waiting lists, using template patient information clinic letters to advise patients who are offered and accept a PIFU for their condition.

A patient letter and SOP template, for use in this scenario are provided within the appendix.

**What services need to decide before implementing PIFU**

* How does the service want the patient to contact for a PIFU? e.g. generic email; or telephone
	+ What is the agreed timeframe for a patient to receive a response?
	+ If the service wants the patient to phone for an appointment, what is the number/extension and who will be responsible?
	+ If the service would prefer patients to email, who will be responsible for ensuring the message is picked up and dealt with?
	+ If not already in place, consider a dedicated telephone phone line with voicemail or email address with out of office message set up to advise of response time for the patient-initiated service
	+ What cover arrangements need to be in place for sickness/leave?
* How will the service manage their capacity during the implementation phase? (e.g. will there need to be reserve slots in a specific clinic, temporary additional PIFU clinics, general overbooking)
	+ Establish demand and workforce capacity and ensure there is capacity to deliver this. This may be an ongoing process to understand how many patient-initiated follow ups are requested on average, and how many slots are needed to be reserved.
* Training requirements for booking and recording process
* Are any template changes required?
* Who will the booking services / speciality booking teams and PALS teams be advised to contact if the patient calls them to say they’ve lost their PIFU contact details?

**Standard Operating Procedure**

* As part of the implementation process, each specialty must agree a Standard Operating Procedure (SOP) and ensure that all staff are clear about their own and others’ roles and responsibilities.

A generic SOP template is embedded within the appendix below. Sections of the SOP have been highlighted in yellow so that they can be adapted for use by individual teams.

An overview of the steps to take regarding key stakeholders are listed below:

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| **Stakeholder** | **Actions** |
| Patients and their Carers (please see EQIA for further information) | * Verbal communication – at existing contact points
* Consider any specialty specific PIFU information to be displayed on public website, alongside general PIFU information already available
* Provide patient clinic letter with PIFU information, including signs and symptoms and contact details for the service – this can be electronic and/or hard copy with links to the trust website for more information
* Ensure patient is given link to the PIFU survey, with link provided by trust website and PIFU leaflet
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| Clinicians | * Agreeing clinical protocol(s) and Standard Operating Procedure for the service (particularly plans to manage capacity)
* Protocol to be signed off by Clinical Director and go through the Directorate / Divisional Governance process
* Cascading an implementation plan to specialty colleagues once agreed
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| Designated PIFU Co-ordinator (likely to be medical secretary) | * Ensuring staff have been trained appropriately on the process and are informed of implementation dates
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| Reporting & Analytics | * Ensuring use of agreed standard operating process for recording of PIFU
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| PALS and Complaints  | * Informing PALS and Complaints team of contact details for patient use prior to going live
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**Sign-off Process**

* Before starting implementation of PIFU, the service should submit the sign off template to their relevant divisional board. This is to ensure that the service is fully prepared and the implementation plan has adequately mitigated any risks.

**Roles and Responsibilities**

It is essential that all staff involved in or impacted by implementing a PIFU service fully understand what the PIFU pathway is and are clear about their roles and responsibilities in order that it functions effectively and efficiently. These are as follows:

| **Role** | **Responsibilities** |
| --- | --- |
| Clinicians | * Agree a clinical protocol that includes clear criteria and follow up timescales for the patient cohort identified as suitable.
* Have a shared decision making conversation with the patient explaining the options, risks and benefits
* Ensure that the patient understands the PIFU process and agrees to being on the PIFU pathway, and what will happen at the end of it.
* Educate the patient about self-management, develop a personalised care and support plan and share it with the patient
* Provide information about symptoms to watch for, patient information leaflet and a completed guide card to the patient.
* Indicate correctly on the clinic outcome form that the patient should be placed on a PIFU pathway and for how long.
* Explain patient is on a PIFU pathway in the clinic letter and how the patient can activate a follow up appointment within the specified timescale.
* Agree with operations manager the maximum waiting time for appointment following a patient initiating contact.
* Share information about PIFU with the patient’s GP.
* Triage the patients when they call for a PIFU appointment.
* Take the clinical decision to restart the PIFU clock; or mark the patient for automatic discharge/review at the end of their timescale, at their PIFU consultation.
* Decide on further management if a patient does not attend their appointment, such as discharge the patient or rebook a further follow up appointment.
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| Specialty team (including nurses, administrators, medical secretaries etc) | * Send the condition-specific information leaflet to the patient with symptoms and signs for initiating a PIFU appointment.
* Call the patient back and do triage as required, when prompted by the Booking team to discuss/arrange an appointment.
* Arrange appointment with clinician as appropriate following the triage within the agreed timescale.
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| Operations managers | * Ensure there is a clear process for patient to contact the service for a PIFU appointment.
* Ensure that there is a designated PIFU coordinator for the service.
* Ensure responsibilties are agreed with the Bookings team.
* Have a clear plan in place to manage capacity so that PIFU appointments can be accommodated in clinic within the agreed maximum waiting time, and PIFU appointments are prioritised in line with other waiting list targets.
* Ensure any clinic template changes have been made on how patients will be logged into the system, and all staff have been sighted on and understand the process.
* Ensure that the clinical protocol has been signed off by the service lead clinician.
* To ensure any additional information for the website beyond that provided for the trust regarding PIFU has been signed off by the comms team
* Provide the appointment booking team and PALS with up-to-date contact details for the service PIFU coordinator if any changes are made.
* Monitor, validate and review the PIFU data provided via the outpatient dashboard and clinical PAS system.
* To set up a system for capturing staff feedback and monitor this regularly so that any issues can be addressed and the process can be refined
* To review the PIFU patient survey results for their specialty to ensure any issues can be addressed and the process can be refined
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| Nominated PIFU administrators /Coordinators | * Ensure that all PIFU patients are made appointments or discharged from the request list.
* Order replacement Guide Cards and Patient Information leaflets.
* Remotely monitor patients on the PIFU pathway, close down referrals and discharge patients where appropriate (including when a clinician decides to discharge a patient following a DNA) with a letter to the patient and the GP.
* Escalate any lack of capacity to the relevant operation managers to ensure capacity can be found.
* Monitor patients with management plan reviews and arrange telephone review appointments as required.
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| Outpatient booking centre | * Check that the PIFU pathway is recorded as open and within the agreed time period when a patient makes contact to request an appointment to allow booking to commence.
* Identify if a follow up appointment is available with the original/designated/agreed clinician, where possible.
* Send a confirmation letter after booking an appointment.
* Book a follow up appointment within the agreed maximum time of contact. If this is not possible, obtain the patient’s contact details and advise that the patient will be called back later the same/following day to arrange an appointment. In such cases, communicate the patient request to the relevant service PIFU administrator to arrange an appointment.
* Escalate any lack of capacity to the relevant PIFU administrators to ensure capacity can be found.
* Contact the patient to book an appointment when capacity has been identified.
* Inform patient that they require a new referral through the GP after confirming that their PIFU timescale is expired.
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| Service Team | * Monitor the impact of PIFU on service appointments and waiting lists
* Monitor the list of PIFU patients flagged for ‘Review before discharge’ to Booking team to arrange telephone appointments.
* Monitor the list of PIFU patients for those with ‘management plans review’ and send to the PIFU administrators
* Audit the list of patients who make contact after their PIFU has expired.
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| Information ManagementTeam | * Provide live data regarding:
	+ PIFU offered
	+ PIFU take up
* Support for developing data capture processes
* Support with team engagement to ensure process is understood
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**Management of Risk**

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| **Description** | **Impact** | **Mitigation** |
| Patients do not contact the service when they have a flare-up of symptoms | Patients discharged back to the GP and require a new referral to the service | Give patients clear inclusion/exclusion criteria and information about when they should contact the service for an appointment via patient leaflets/PIFU card and during consultations. |
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| Patients do not get through/ have difficulty getting through to the PIFU administrators to book an appointment | Patients will get frustrated and complain | Service has a clear plan in place to ensure that patients can contact them for an appointment as well as a process for managing the requests.Patients are made aware of best method to contact the team when required, ie email/phone. |
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| Lack of outpatient capacity results in patients having to wait much longer than they should | Frustration for patients and clinicians, leading to complaints | Services to provide a clear plan for how they will manage the demand, particularly during initial roll out |
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| Service does not plan properly how it will manage PIFU patients to ensure effective clinical prioritisation over new patients/those with appointments already | Patients wait longer than they should to see a clinician because they are not prioritised appropriately | Services to provide completed SOP and clinical protocol which is signed off by the Divisional Board prior to go live.Senior Managers to take responsibility for fully engaging with teams and ensuring that all are aware of their role and responsibilities. |
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| Service not properly prepared (ie systems not in place/no cover for sick leave) | PIFU process will fail and patients will get frustrated and complain | Services to provide completed SOP and clinical protocol which is signed off by the Divisional Board prior to go live.Senior Managers to take responsibility for fully engaging with teams and ensuring that all are aware of their role and responsibilities. |
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| Patients will "abuse" the system and call for appointments for unrelated conditions within the same specialty | PIFU will be less effective in reducing the number of appointments | Ensure clinicians are advised to clarify with patients that putting them on the PIFU pathway is for their current condition only |
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