**Patient Initiated Follow-Up (PIFU)**

Information for staff

**What is Patient Initiated Follow-Up (PIFU)?**

PIFU allows clinicians to safely discharge patients that would normally be given a follow-up appointment but do not necessarily require one (for example patients with conditions that may flare up or for patients that may experience post-operative problems). This puts the control of their condition back to the patient and encourages self-management. The aim is to reduce the total number of follow-ups required and reduce ‘do not attends’ (DNAs), as patients on the PIFU pathway will request an appointment, rather than being given one in the future that they may not need or attend.

**How will it work?**

The decision to put a patient on a PIFU pathway lies with the clinician in charge of their care. A discussion should take place between the clinician and patient detailing why they are appropriate for the pathway and the timeframe within which they are able to request a follow-up appointment.

The clinician will need to note that the patient has been put on the PIFU pathway during clinic, and include this in any dictation to secretaries for patient letters, as well as the agreed timeframe.

Further information, alongside documentation can be found in the **SFT PIFU Implementation Pack, available via microguide.**

 **Frequently asked questions**

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.

This document addresses some of the most commonly asked questions providers may have around implementing PIFU in their trust.

**Programme implementation**

**We already do open access follow up for cancer and open appointments in dermatology – is this the same as PIFU?**

Yes, in some specialties and settings, PIFU is known as open access follow-up, patient led follow-up, patient-triggered follow-up, patient-initiated appointments, supported self-managed follow-up, self-managed follow-up, see on symptom (SOS), open appointments, open self-referral appointments or patient-activated care.

If you are already using PIFU in some specialties, we would still encourage you to review NHS guidance - [the guidance](https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/) (p19-26) - to ensure you are following best practice.

**Does it make sense to implement PIFU after we have fixed our referral process?**

While it's important to streamline your referrals process, this is not a case of one or the other – we know that follow-ups account for 68% of all outpatient appointments1, therefore PIFU is a powerful lever to reduce demand on services.

PIFU features as an intervention in the [NHS guidance for phase 3 of the COVID-19 pandemic](https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/) (p19-26) to support providers to recover the maximum elective activity possible in the window of opportunity before winter.

**What support is available to help us implement PIFU?**

You can access the **SFT PIFU Implementation Pack via microguide** which contains full guidance alongside documentation. There is also additional [information and guidance on PIFU](https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/) published online. In addition to this published guidance, senior managers, operational managers and clinicians interested in implementing PIFU within their organisations can access a range of support materials including SOPs and templates on the [Patient initiated Follow up FutureNHS workspace](https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2FECDC%2Fview%3FobjectID%3D15973424). The workspace also provides colleagues with a forum to share, learn and connect with others working on this programme. We encourage you to register to Future NHS to access this workspace or you can request access by emailing: nhsi.outpatienttransformation@nhs.net.

**PIFU process**

**Is PIFU suitable for all patients? How does it work when you are dealing with patients who are particularly vulnerable?**

PIFU is not going to be right for everyone and there will always be a cohort of patients who are not appropriate to be on a PIFU pathway. A list of characteristics which may add to the risk of putting a patient on a PIFU, is given within the PIFU Implementation Pack within the document entitled ‘Considerations Regarding PIFU Suitability’.

Clinicians should follow principles of [personalised care](https://www.england.nhs.uk/publication/universal-personalised-care-implementing-the-comprehensive-model/) and engage in shared decision-making with the patient to assess their individual and clinical risk. If clinicians are concerned about the patients' ability to initiate an appointment, there may be other ways that PIFU can still work for them, e.g. through sharing that responsibility with a carer.

**Should there be a centralised booking for PIFU appointments or can specialties manage their own booking systems?**

Different services have used different approaches for booking appointments – some do it via the central bookings team, whereas in some specialties, patients contact the service directly.

**What information should be given to patients when they are put on a PIFU pathway?**

A patient leaflet and PIFU card are provided within the PIFU Implementation Pack.

Clinicians should ensure that patients have a good understanding of PIFU and how and when to contact services. Patients should be provided information on which symptoms to watch out for, when to contact the service and details on how to contact the service for an appointment. The information can be sent both digitally (e.g. via email and SMS messages) and as a hard copy handed/posted to the patient so they can keep track of their PIFU information.

The information should also be communicated to the patient’s GP so they are kept informed.

**How should providers manage clinic capacity to accommodate PIFU appointment requests?**

It is important that patients on a PIFU pathway are able to get their issue resolved quickly when they contact the service. A number of providers have found it helpful to establish dedicated PIFU clinic slots, which then get opened up for other appointments if they haven’t been booked a few days before.

**What is an appropriate timescale for patients to remain on PIFU before they are discharged?**

Depending on the service, patients may be discharged after a length of time on a PIFU pathway, or for acute conditions, they may have an appointment booked to check in or run tests. The length of time should depend on the specific service, condition or the patient’s individual circumstances. We would recommend that providers implement PIFU in relevant services in a way which offers clinicians a choice on how long the PIFU will be valid for.

**What is the role of primary care in PIFU?**

Services should communicate with the patients’ GPs to ensure they are kept informed (such as through copying patients’ letters) so that they can signpost the patient to the service if the patient contacts them.

After the PIFU timeframe has completed and the patient is discharged by the service, the patient will need to get a new referral from their GP if they need further care.

**Can remote monitoring be used with PIFU?**

Yes, remote monitoring of patients’ symptoms is part of a recognised model of personalised follow-up (called clinically triggered follow-up) and can be done alongside PIFU. In clinically triggered follow-up, the clinical team can trigger an appointment when required, based on clinical information obtained from monitoring the patient’s condition. This may be done through the use of wearables, apps, clinical questionnaires or from test results. A patient can be on both pathways for the same condition at the same time.

**What are the risks associated with implementing PIFU?**

PIFU must be implemented carefully to avoid the risk of any patients getting ‘lost’ in the system and missing important changes in their condition. A list of risks and their mitigation options are listed within the **SFT PIFU Implementation Pack available via microguide**. Further information is also in the [PIFU Future NHS workspace](https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2FECDC%2Fview%3FobjectID%3D22067760).

**Impact assessment**

**What PIFU data should we collect and report?**

Further guidance will be circulated as part of the pilot scheme to ensure the correct data is being gathered and reported.

**Does PIFU help to free up clinical capacity?**

Evidence shows that PIFU helps to reduce waiting times and service waiting lists due to a net reduction in follow-up appointments (Hewlett S et al, 2005; Wickham-Joseph R et al, 2019).

**Is there a risk that the number of follow-up appointments in some services could increase?**

Generally, services tend to see a reduction in the number of appointments. Many patients’ concerns are addressed by the nurse specialist on the phone in the first instance without needing a follow up hospital appointment with a consultant. If a service finds that the number of appointments is increasing, it is likely to reflect that the service has significant unmet need.

**What impact can PIFU have on health inequalities?**

We know that PIFU will not be right for everyone, and it is important to consider whether key groups or individuals will miss out on the opportunity to be offered a PIFU and how to address this. A completed EQIA is available via the **SFT PIFU Implementation Pack, available via Microguide.**

There may be some key groups that require particular consideration for your specialty, such as:

1. Are some key groups in society likely to have lower patient activation, and therefore would not be safe to put on a PIFU as they may not initiate their own appointment when required? What can be done to address this, e.g. through supporting them to improve their knowledge, skills and confidence, or sharing the responsibility of booking an appointment with a carer.
2. Are some key groups in society likely to struggle to make contact with a service, e.g. due to not having a phone line, internet access, fixed home address or facing a communication barrier. To address these inequalities, it is important to offer flexible routes for people to access services.

**Who can I contact for further support?**

For further information or support, please do contact the Outpatient Transformation Team by email at:

 sft.transformationandinformatics@nhs.net