Salisbury Foundation Trust EQIA Patient Initiated Follow Up (PIFU)

This document was produced as a template to aid trusts in completing Equalities and Health Inequalities Assessment ahead of their implementation of patient initiated follow-up, and identify practical steps to address any risks. Trusts have legal obligations on equality under the [Public Sector Equality Duty](https://www.legislation.gov.uk/ukpga/2010/15/section/149) and specific health inequalities duties under the Health and Social Care Act 2012.

Summary of the proposal and its benefits

The trust aims to roll out [patient initiated follow-up](https://www.england.nhs.uk/outpatient-transformation-programme/patient-initiated-follow-up-giving-patients-greater-control-over-their-hospital-follow-up-care/) (PIFU) widely across its outpatient specialties.

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 has been highlighted as a priority for the NHS phase 3 recovery, in the NHS phase 3 [letter](https://www.england.nhs.uk/coronavirus/publication/third-phase-response/) and supporting [implementation document](https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/).

Patients who are put on a PIFU pathway can experience the following benefits:

* Patients are seen when they need it the most e.g. during a flare-up of their symptoms or in when they are concerned their condition has recurred (e.g. for cancer patients)
* Empowers patients to take control over their own care
* Reduces causes of anxiety for patients
* Saves patients (and carers) time and money by avoiding unnecessary appointments and mitigates their risk of exposure to coronavirus in the hospital setting
* Care is better suited to a patient’s individual needs and preferences which means better outcomes for them

PIFU also reduces demand on services, improving service waiting times, which should benefit all patients on a service caseload. It can also help reduce local CO2 emissions through contributing to a reduction in travel, which benefits the local population.

# How PIFU could impact health inequalities

While PIFU can benefit many patients in all demographic groups, it is not going to be right for every patient. For it to work, the patient (or carer) needs to know when and how to initiate an appointment, and be confident in doing so.

PIFU is always offered as a choice and patients can opt out.

When PIFU is offered to patients for whom it is appropriate, it is likely to have a positive impact on patients in all equality groups as it reduces the need for routine outpatient attendances when the patient doesn’t need them. However, if PIFU is implemented using a “one size fits all” model, there is a risk that this could exacerbate health inequalities, by only benefiting groups in the population who are already at a position of relative advantage. Conversely, it can also help reduce inequalities by promoting personalised care and supported self-management. This document outlines how Salisbury NHS Foundation Trust will ensure that:

* As many people as possible in our local population are able to access a PIFU pathway, when clinically appropriate;
* Actions are taken to address reasons why patients may not be likely to initiate their appointment when required, preventing them from receiving timely care to address the issue;
* We achieve consistently high outcomes for all people in the population; and
* PIFU is used to reduce existing inequalities and prevent new inequalities from arising.

# Summary recommendations from this EHIA

The high level recommendations from this EHIA are outlined below.

## Before implementation

* Ensure safety nets identified as part of this assessment are in place such as clinically led mutual discussion determining eligibility
* Ensure that clinicians are trained and supported in the use of [shared decision making](https://www.england.nhs.uk/shared-decision-making/) where appropriate for that service
* Undertake both clinical and administrative engagement sessions for all staff involved in PIFU (both clinical and administrative) and give them the opportunity to feed back on the proposed processes and potential risks
* Develop guidelines for all specialties where PIFU will be used clearly stating which patients PIFU may be suitable for and how to use it.
* Ensure PIFU can be used in conjunction with timed appointments if appropriate for patients
* Ensure processes support use of PIFU alongside remote consultations where clinically appropriate

## Early Stages of Implementation

## Carry out patient engagement for each of the agreed clinical specialties

* Develop local personalised care support (e.g. health coaching, link workers) and support clinicians to use this as part of PIFU offer
* Ensure alternative contact options are available for patients who cannot use a phone line
* Ensure patient information on PIFU process and symptoms to look out for do not require a high reading age, and are available in easy read format, large print and other languages
* Ensure patient information is written in a gender-neutral format and include diverse images of patients and staff
* Ensure all patient information is non-discriminatory in content
* Ensure information about PIFU is copied to patients’ GPs.

## Subsequent Stages of Implementation

* Obtain patient feedback with patients on a PIFU pathway to understand how it is working for them
* Produce information for patients in other formats e.g. videos
* Consider monitoring demographic information about patients initiating follow-ups to ensure that patients from all groups are initiating follow-up appointments
* Consider offering targeted education programmes to specific groups to improve symptom recognition and self-management

# Potential impact of PIFU on health inequalities for protected characteristic groups

| **Protected characteristic groups** | **Summary explanation of the main potential positive or adverse impact of your proposal** | **Main recommendation to reduce any key identified adverse impact or to increase the identified positive impact** |
| --- | --- | --- |
| Age: older people; early years; children and young people. | Some people may have a higher prevalence of complex long term conditions or have lower digital literacy, so may find it more difficult to initiate their own follow up appointment. | Guidelines will be provided for which patients PIFU is suitable for and what actions to take if PIFU is not suitable for a patient.  The PIFU model has the option to share responsibility for initiating an appointment with a carer or guardian if the patient cannot do this for themselves.  Manage PIFU with a carer or guardian through use of a Parent or Caregiver |
| Disability: physical, sensory and learning impairment; mental health condition; long-term conditions | Many patients with long term conditions spend a significant amount of time visiting hospitals for routine appointments, PIFU means that they will no longer have to travel to hospital unless clinically necessary. For most patients, this will reduce time taken out of their lives to attend appointments, reducing their anxiety and the associated costs for travel and/or car parking, and therefore help reduce the inequalities that these groups face.  Patients with long term conditions who are put on a PIFU pathway will also benefit as PIFU will allow them to make an appointment when they are having a flare up or experiencing a change in symptoms.  For patients with a learning disability, there is a risk that they might not be considered for PIFU unless it is adapted to work for them.  For patients with a mental health condition, there is a risk that they might not be considered for PIFU unless it is adapted to work for them. Some of these patients may also struggle to initiate an appointment during a mental health episode (e.g. depression).  Patients with a disability such as a hearing impairment may find it difficult to book their follow up appointment on a phoneline if there are no alternative booking options available.  Patients with a disability such as a visual impairment may be adversely impacted without information resources that meet their needs. | Guidelines will be provided for which patients PIFU is suitable for, and what actions to take if PIFU is not suitable for a patient.  For some long term conditions such as (*MS, Epilepsy, Headache*), PIFU may be implemented in combination with a timed follow-up/phone call from the service on a case-by-case basis.  Provide ongoing support and training to clinicians will to assess how well a patient understands PIFU  Support shared decision making with patients, families and carers  Ensuring that the service for booking appointments is accessible through different means, for example through the ability to send and receive text.  Provision of other non-phone booking options for patients with a hearing impairment.  Provision of patient information in alternative formats.  Ensuring information available through audio and videos |
| Gender Reassignment and/or people who identify as Transgender | Individuals in this group who are concerned about experiencing stigma may be less likely to initiate a follow-up appointment when required (also see section on sexual orientation) | Ensure all patient information is non-discriminatory in content  Use of a wide variety of diverse images within patient information. |
| Marriage & Civil Partnership: people married or in a civil partnership | The proposed changes are unlikely to impact any patients if they are living with a partner. | Neutral impact expected on people who are married or in a civil partnership. |
| Pregnancy and Maternity: women before and after childbirth and who are breastfeeding | PIFU may decrease health inequalities for pregnant women and mothers of young children who may find it harder to travel into hospital for their appointment. | Positive impact expected |
| Race and ethnicity | Some ethnic groups and races may have an increased burden of certain conditions such as diabetes and hypertension (see section on Long term conditions) and/or have less proficiency in English (see section on English proficiency below).  Some cultures may need adjustments when using PIFU, e.g. in some cultures, women may not initiate or attend appointments without their husband or a male family member; or may prefer alternative medicine first rather than initiating a PIFU appointment. | Development of culturally relevant targeted education programmes to improve management of conditions and symptom recognition  Use of a wide variety of diverse images within patient information. |
| Religion and beliefs: people with different religions/faiths or beliefs, or none. | Some religious groups may be less likely to contact services (e.g. due to viewing treatment negatively) which may mean they are less likely to initiate an appointment in a timely way. | Development of culturally relevant targeted education programmes to improve management of conditions and symptom recognition  Use of a wide variety of diverse images within patient information.  Patient information accounting for different religious/cultural practices e.g. fasting periods, beliefs around taking medication etc] |
| Sex: men; women | Men are less likely to initiate a follow-up appointment when required so could be adversely impacted. | Flexible opening hours for the patient helpline and improved information available online to make the service more accessible to men.  Use of a wide variety of diverse images within patient information.  Measuring demographics data to ensure that similar proportions of men and women are accessing follow-ups. |
| Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual. | Individuals who are concerned about experiencing stigma based on their sexual orientation may be less likely to initiate a follow-up appointment when required. | Ensure all patient information is non-discriminatory in content  Use of a wide variety of diverse images within patient information. |

# Potential impact of PIFU on health inequalities for other groups of the population

| **Other vulnerable groups who face health inequalities** | **Summary explanation of the main potential positive or adverse impact of your proposal** | **Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact** |
| --- | --- | --- |
| Carers of patients: unpaid, family members | PIFU is likely to have a positive impact on carers as they will be less likely to have to take time out to attend a hospital appointment with the patient if not required.  However, in cases where the patient is unable to take responsibility themselves for PIFU and the carer accepts this responsibility, it may have an adverse impact as it means even greater responsibility for the carer to watch out for the patient’s symptoms and initiate the follow up appointment when required, potentially creating stress for the carers and affecting their own health and wellbeing.  There may also be a positive impact as the carer is empowered and it increases their knowledge, skills and confidence to manage the patient’s (and their own) health and care. | To mitigate the negative impact of additional carer responsibility, carers must have the support, knowledge and skills to manage their caring responsibilities effectively without adversely affecting their own health and wellbeing.  Signposting to Carer Support Wiltshire as appropriate |
| Homeless people: people on the street; staying temporarily with friends/family; in hostels or B&Bs. | PIFU could increase health inequalities for people without a fixed address to receive letters or communications, as they may miss important information on how and when to initiate an appointment.  Some people in these groups may be less likely to initiate an appointment if they are nervous about spending time in a hospital setting or facing stigma. | Liaising with patients to identify their preferred means of communication and sharing information |
| People involved in the criminal justice system: offenders in prison/on probation, ex-offenders. | Travel to hospital could be particularly disruptive for patients in this group, therefore an expected reduction in appointments may benefit these patients.  PIFU could have increase health inequalities for offenders in prison who may face restrictions about when they can travel to hospital, which may make them less willing to initiate an appointment.  Offenders on probation may have to tell their probation officer where they are going and may be less likely to initiate an appointment.  Ex-offenders may be more nervous about going to hospital, experiencing stigma or wishing to avoid contact with services. In such cases, these individuals may be less likely to initiate a follow-up appointment when it is required, leading to delays in clinical advice or treatment. | For offenders in prison, the option of remote consultations when clinically appropriate will reduce the need to travel to hospital, and may therefore encourage patients to initiate their appointments. PIFU can be implemented in combination with a timed follow-up/phone call from the service.  All information relating to PIFU should be copied to the patient’s GP. |
| People with addictions and/or substance misuse issues | PIFU may increase health inequalities if individuals are concerned about facing stigma or wish to avoid contact with services because of addiction issues. It could be a potential barrier to individuals accessing healthcare or revealing information that may benefit their health. These individuals may be less likely to initiate a follow-up appointment when it is required, leading to delays in clinical advice or treatment.  Patients with substance misuse issues who stay intoxicated for long periods may not be able to initiate appointments in a timely way, which could adversely impact their health. | Services should set guidelines for patients for whom PIFU is suitable, so only those patients are put on the PIFU pathway if it is right for them. PIFU should be implemented in combination with a timed follow-up/phone call from the service.  All information relating to PIFU should be copied to the patient’s GP. |
| People with poor literacy, health literacy or patient activation (knowledge, skills and confidence to manage their health) | PIFU may exacerbate inequalities for people with poor literacy, health literacy or who have low activation, as they may not be considered for a PIFU pathway.  People with poor literacy, health literacy or patient activation may find it difficult to understand how and when to initiate a follow-up appointment. | Through use of personalised care approaches health coaching, personalised care and support plans, and self management education courses.  Ensuring literature is simple and does not require a high reading age |
| People with little or no proficiency in English language  Deaf community | PIFU may exacerbate inequalities for people who do not speak English proficiently as they may find it difficult to understand how and when to initiate a follow-up appointment, or they may struggle to initiate an appointment if this is done over the phone. | Information leaflets available in the most common languages spoken in the local area and offered in other languages and accessible formats (include information on which languages you will translate information into.)  Where appropriate, patients will be encouraged to bring friends or relatives to appointments who can translate for them  Provide translator services  Consider use of BSL |
| People facing digital exclusion - those without digital equipment and reliable connectivity or have little knowledge of the use of or prefer not to use technology | Some patients, with low digital skills and/or little access to digital equipment such as smartphones or wireless connectivity may find it difficult to initiate an appointment if they need to. | Patients will be asked their preferred means of communication and information shared as hard copy via non-digital means |

# Sources

| **Evidence Type** | **Key sources of available evidence** |
| --- | --- |
| Published evidence | NHS Long Term Plan objective of reducing outpatient appointments by a third by 2023-24.  PIFU national guidance |
| Consultation and involvement findings | Engagement with patient groups, Healthwatch  Joint Strategic Needs Assessment (JSNA) reports  Patient and staff feedback, etc |
| Participant or expert knowledge  For example, expertise within the team or expertise drawn on external to your team | * EHIA template provided by NHS England and NHS Improvement Outpatients Transformation programme * NHS Health Inequalities Expert Advisory Group * NHS Race & Health Observatory * Regional Covid-19 BAME Disparity Advisory Panel |

# Document control

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