

Patient Initiated Follow-up: Standard Operating: Gynaecology, including AGU/EPU and Gynaecology Oncology

SOP signed off by:

Date:

Review on:

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# Introduction

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 has been promoted as a key priority for COVID-19 recovery in the guidance [Implementing phase 3 of the NHS response to the COVID-19 pandemic](https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/).

This SOP defines the process, roles and responsibilities for the following:

* Identifying which patients PIFU is right for
* Moving a patient onto a PIFU pathway
* Booking appointments which have been initiated by a patient
* Managing patients who do not initiate an appointment within the PIFU timescale
* Discharging or booking reviews at the end of that patient’s PIFU timescale
* Monitoring compliance

# Purpose of this SOP

Following this SOP will help to ensure that patients receive a consistent high quality of care when on a PIFU pathway, and that customer service standards are maintained.

* A standardised process is followed for patients with a PIFU appointment.
* There is a seamless process for patients on a PIFU pathway to rebook a follow up appointment should this be required.
* The correct RTT status is used when requesting a PIFU appointment.

# Scope

This SOP applies to:

* All clinical staff responsible for managing referrals and access plans
* All administrative staff responsible for managing referrals, access plans and bookings
* Operational managers
* Information Management teams
* Performance teams
* Divisional Management teams

# An example PIFU Process

Clinician identifies patients for whom PIFU is suitable

Clinician discusses PIFU with patient during virtual or in-clinic consultation

Patient and clinician agree that PIFU is right for them?

No

Patient put on traditional follow up pathway

Yes

Clinician records PIFU in outcome form, timescales and required action at the end of timescales

Information sent to patient and GP

Patient experiences symptoms within PIFU timescale and makes contact for appointment?

Yes

No

PIFU timescale expires

Optional triage (e.g. via tele appointment)

Has there been a clinical decision to discharge patient at end of PIFU pathway?

Patient booked for clinician consultation (can be face to face or via remote consultation)

No

Clinical notes review identifies that patient can be discharged without consultation?

Yes

No

Yes

Clinician and patient agree to remain on PIFU pathway?

Yes

No

Clinician and patient decide to go back on traditional pathway?

No

Patient discharged

Yes

Patient put on traditional follow up pathway

## Identifying patients for whom PIFU is suitable

Clinicians will be supported to identify which patients PIFU is suitable for through specialty specific guidance available here:

In general, for PIFU to be suitable for a patient, the following conditions must be met[[1]](#footnote-2):

* The patient is at low risk of urgent follow-up care and satisfies criteria established by the specialty.
* The patient understands and accepts the risks and implications of going on a PIFU pathway.
* The patient is confident and able to take responsibility for their care for the time while they remain on the PIFU pathway, e.g. they do not have rapidly progressing dementia, severe memory loss or a severe learning disability.
* The patient understands which changes in their symptoms or indicators mean they should get in touch with the service, and how to do so.
* The patient has the tools they need to understand the status of their condition (e.g. devices, leaflets, apps), and understands how to use them.
* The patient has sufficient health literacy and knowledge, skills and confidence to manage their follow up care (Patient Activation).
* The patient understands how to book their follow up appointments with the service directly, and how long this option will apply for. For some patients who are unable to book their appointments directly, administrative staff at their GP surgery or care home may be able to help.

If any of the following criteria are met, careful consideration should be given to assess whether PIFU is appropriate for the patient:

* The patient’s health issues are particularly complex.
* The patient takes medicines that require regular and robust monitoring in secondary care.
* The patient is not able to contact the service easily (e.g. lack of access to telephone).
* The patient has low levels of knowledge, skills and confidence to manage their follow up care.
* There are clinical requirements to see the patient on a fixed timescale (timed follow ups). In these cases, consider offering a blend of PIFU and timed follow ups (e.g. for cancer pathways).
* The clinician has concerns about safeguarding for the patient.

## Discussing PIFU with the patient during consultation

During a virtual or in-clinic consultation, the clinician offers PIFU to the patient for whom they assess it is suitable, and has a [shared decision making](https://www.england.nhs.uk/shared-decision-making/) conversation. The patient has the option to decline to move to the PIFU pathway if it is does not meet their individual needs or circumstances.

For patients who agree that PIFU is appropriate for them, the clinician

* explains the symptoms to watch out for;
* explains to the patient how to manage their care at home (resources for patient education and supported self-management are available at <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>)
* explains the process on how to contact the hospital to arrange an appointment within a specified timescale;
* where appropriate, develops a personalised care and support plan with the patient and shares a copy with them. The plan will include a section on the patient management plan and whether the patient will have timed follow-up appointments in conjunction with PIFU appointments (based on clinical need).
* explains to the patient what will happen at the end of the specified timescale, i.e. patient will be discharged or have a clinical review;
* explains to the patient that they have the option to go back onto the traditional timed follow up pathway at any stage if PIFU is not working for them.

## Recording PIFU

The clinician updates the clinic electronic system (e.g. PAS system) that

* the patient is on the PIFU pathway;
* the timescales for PIFU based on their clinical assessment for the individual patient, i.e. how long the PIFU would be valid for, e.g. 12 months maximum or 5years for gynae oncology
* whether the patient needs to be seen at a particular time (have a timed follow-up appointment e.g. for tests) before the end of the specified timescale as per clinical guidance
* what will happen at the end of the specified timescale, i.e. patient will be discharged or have a clinical review

## Communications

The clinician writes to the patient and the GP with guidance on the symptoms, how and when the patient should request a follow-up. Include alternative access points, like CNS phone numbers, where appropriate.

The specialty admin team sends a condition-specific information leaflet/letter/SMS/email with advice on the symptoms and signs indicating the patient should contact the service. For some conditions, this can be a standardised information leaflet.

The patient is directed to a link to a patient survey, where they can provide feedback on their PIFU experience, either via the trust website or via the patient leaflet.

## Patients who contact the service during their PIFU timescale

If the patient wishes to have a follow up appointment within the specified time period before the PIFU expires, they contact the service to request an appointment. The bookings team check that they are PIFU patients for the specialty and are within timescales. A PIFU ordered by one specialty should not be used to book a follow up with a different specialty.

The bookings team either books an appointment with the specialty that the patient wishes to see or arranges a call-back from the specialty team.

If a triage is indicated, a member of the specialty team calls the patient to understand the symptoms/issues the patient is having. For general gynaecology, the patient calls and speaks to the Gynaecology Secretary who then seeks advice from their Named Consultant or in an emergency the Gynaecology Consultant on call.

For EPU and AGU patients, they can speak to the Nursing team directly.

Following the triage, if required, central booking team arrange an appointment with the appropriate clinician within the agreed maximum waiting time frame of 12 months (or 5 years for Gynaecology Oncology).

At the appointment, the clinician takes the clinical decision to

* restart the PIFU clock for the patient, or
* mark them for automatic discharge or review at the end of their PIFU timescale.

(If a patient’s query is resolved at clinical triage stage, then the clinician responsible for triage should make this decision).

## Activity at the end of PIFU timescale

The information team will produce a report of all patients who have reached the end of their PIFU timescale in each of the below groups:

* Clinically identified as being safe to discharge at the end of their PIFU timescale without review;
* Clinically identified as requiring notes review at the end of their PIFU timescale; and
* Clinically identified as needing an appointment at the end of their PIFU timescale.

## Discharging patients

The booking team will discharge all PIFU patients listed for automatic discharge at their last consultation with a letter to the patient and the GP.

## Notes review

Patient letters are accessed via Lorenzo and full patient record accessed where required. A clinical decision following notes review is then made as to whether the patient requires an appointment or whether they can be discharged.

## Patients requiring an appointment at the end of their timescale

Central Booking team to arrange appointments (can be face to face or virtual).

## Patients who request an appointment after their PIFU timescales have expired

Central Booking team will confirm expiry date on system and inform patients that they require a new referral through the GP.

# Roles and Responsibilities

| **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/Secretaries 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 Booking 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 and this includes feedback via the Governance meetings and weekly Consultants meetings
* To review the PIFU 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 Management Team** | * 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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# Monitoring compliance

There needs to be in place monitoring and escalation arrangements to ensure that services are tracking and managing the PIFU patients with adequate safety nets in place. For Gynaecology EPU/AGU a shared calendar is used to track patient interactions, which is then added to a Lorenzo template. Gynaecology oncology is also tracked using Lorenzo templates. General Gynaecology is captured via Lorenzo using ad hoc appointments.

## Related documents:

Clinical Protocol

Patient Leaflet

PIFU Posters

PIFU Card

1. [Implementing phase 3 of the NHS response to the COVID-19 pandemic](https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/) guidance [↑](#footnote-ref-2)