NHS England
South- East

Patient Initiated Follow Up (PIFU)

Clinician guide for ENT Pathways

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ENTUK

Professional Membership Body Representing
Ear, Nose and Throat Surgery

Contents

Context

Managing Outpatient Flow in ENT pathways

In order to optimise outpatient care amid the growing demand and support the recovery of hospital services following the Covid-19 outbreak, it is increasingly becoming important to stratify patients based on risk and need. Those at low risk can be seen in a more flexible manner and do not need to be seen at face-to-face appointments in the Outpatients department at regular intervals. These patients can be seen in a more flexible manner via Patient Initiated Follow Up appointments (PIFU). Time is then released for patients at higher risk to be seen in clinics, thus helping manage clinical capacity.

PIFU is part of the NHSE Outpatients transformation and operational guidance requirements, encouraging moving or discharging 5% of Outpatients appointments to this pathway by March 2023.

Get it Right First time (GIRFT) programme has also recently released a Clinically led Specialty Outpatient Guidance to tackle the increasing demand for outpatient appointments. PIFU has been cited as an implementation must to drive quality improvement. See guide resources section (page 12).

This guide provides a quick introduction to PIFU and an overview of implementation needs.

1. Patient Initiated Follow Up (PIFU)

Patient Initiated Follow Up (PIFU) is a process which allows patients to arrange their own follow up appointments for their condition as and when they need them, rather than booking routine follow up appointments at regular intervals. This may include post-operative reviews if appropriate. Patients are offered a time limited window in which to arrange follow up appointments, at the completion of which they are discharged.

Patients are increasingly being offered PIFU in numerous specialties and the patient support for this service is growing as illustrated by the testimonials below.

"It feels like I am in control if I can book a follow up appointment as I need rather than when one is due whether or not I need it."

"Rather than clogging up the system with potentially unnecessary appointments. I was happy to call the hospital to discuss my condition when it arose, and an appointment was then booked." *(Cambridge University Hospitals)*

Implementing a version of PIFU in place is a starting point. It cannot be a pathway in isolation. This then can be integrated with digitisation at optimum points along the entire pathway to achieve maximum benefit. For example, digital assessments, digital otology, electronic referral services and virtual consultation platforms.

2. Benefits of PIFU

Patient Initiated Follow Up offers several benefits to the clinician, the patient, and the system.

Key benefits to clinicians are listed below-.

- Permits an agile approach versus a rigid system fit
- Effective patient centric consultations
- Better management of caseload and waiting lists for theatre and out-patients
- Effective use of skills mix
- Collaborative working between professionals

Appendix I – provides more information on the benefits to the patient and the system.

The case study below helps to illustrate how PIFU has added value to an Aural Clinic in all the three areas stated.

Area Case Study

Using Patient Initiated Follow Up (PIFU) for Aural Care Clinic

Royal Hampshire County Hospital, Winchester

Patient initiated follow ups, led by two nurse practitioners (Jackie Boxall and Andrea Roskova) has helped to unlock capacity, effectively manage outpatient waiting lists and reduce unnecessary outpatient visits at Royal Hampshire County Hospital, Winchester.

Pre Covid-19 and before the implementation of PIFU, follow ups were booked immediately post clinic appointment and a year in advance. This blocked clinic capacity to see urgent requests and required resourcing another clinician or clinics being overbooked. In the event that a full-time nurse practitioner was on leave or absent for just 1 week, it required cancelling and rescheduling 90 appointments.

To improve the process since Covid-19, the team have introduced PIFU in Aural Services. Patients are given contact details for the department and moved to PIFU for 1 year. After this, if they have not required an appointment, they are discharged back to GP care.

Numerous advantages have been observed using the PIFU method and the points below highlights the benefits observed by the nurse practitioners.

- Clinics not fully booked in advance means cancellations are avoided and staff absence is better managed.
- The team have been able to clear the backlog of high and medium Outpatient waiters in Winchester Clinic.
- The team have been able to respond rapidly to infections, flare ups and deafness resulting in patients receiving prompt care, positive outcomes, and improved patient experience.
- Follow up has been based on need controlled by the patients rather than at a set interval, cutting down on travel, inappropriate appointments, and costs for the patient.
- Flexibility to arrange appointments when needed has meant DNAs are reducing
- Patients have felt to be more in control of their symptoms

The team have not found any problems since PIFU implementation in the last year. Additional time was required for the following

- Daily monitoring of the clinics to manage capacity issues.
- Scheduling to accommodate clinicians who only attend a few sessions per week.
- Ensuring essential administration has been factored in and put in place to answer calls and emails.
- Ensuring patients have clear understanding of how PIFU works and aware of contact details.

3. Understanding cohorts suitable for PIFU

Case selection

There are 2 tests that need to be satisfied when identifying suitable candidates for Patient Initiated Follow Up (PIFU). These are factors relating to the condition and factors relating to the patient including shared decision making. Shared decision is a crucial step in the process to ensure that the patient is fully involved in the decision to move to the PIFU pathway and has the feasibilities to return to the traditional pathway if circumstances dictate.

The patient has the option to decline to move to the PIFU pathway, if they feel it will cause undue anxiety or they do not have the confidence to manage their follow up.

Conditions suitable for PIFU

Any chronic condition that manifests escalation of symptoms concurrently with any deterioration or progression or where there is an appropriate test suitable for periodic monitoring can be considered suitable for PIFU. This is especially so where there is an intervention that could be offered that will halt or largely inhibit progression when applied at a clinically appropriate interval.

When PIFU is not suitable

Any chronic condition that may deteriorate or progress without appreciable symptoms or where there is no suitable test for periodic monitoring is less likely to be a suitable candidate for PIFU. Cancer follow-ups may not be suitable for PIFU in the earlier stages. PIFU cannot be used where patients may have otherwise been discharged.

Identifying patients for whom PIFU is suitable

The criteria below based on patient understanding and capacity will help to judge patient suitability for PIFU

- The patient will need to have capacity in relation to the subject matter and decisions being discussed and is not considered likely to lose capacity during the PIFU period.
- The patient fully understands changes in their symptoms or disease indicators which triggers a contact with the service. Patient health literacy and knowledge, appropriate skills, and confidence to manage their follow up care will need to be assessed.
- Where applicable, the patient will need to be provided tools they need to understand the status of their condition (e.g., devices, information leaflets, apps), and understands how to use and interpret them.
- The patient understands how to book their follow up appointments with the service directly, and how long this option will remain open for.
- The patient can readily contact the service.

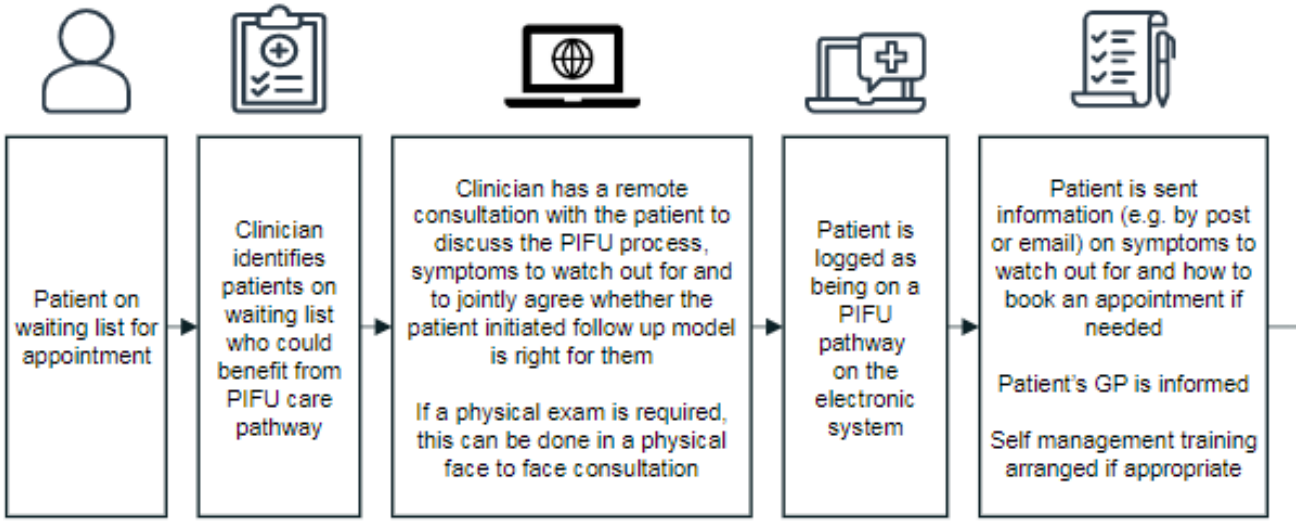
Patients that do not satisfy all the above criteria are generally not good candidates for PIFU unless there are clear mechanisms for family or carers to full fill these requirements, including the views of a Health and Welfare Power of Attorney where the patients lack capacity in relation to the subject matter.

4. Moving Patient to a PIFU pathway

Activity at the start of moving the patient to a PIFU pathway

The diagram below illustrates typical activity when a patient is placed on a PIFU pathway. Determining the length of time that a patient stays on the PIFU pathway will need to be a clinical decision and adjusted on a case-by-case basis. This may range from, for example, 6 weeks for post-operative patients, to 5 years for patients with long term conditions.

Typical activity when patient is placed on a PIFU pathway.



On discharging to a PIFU pathway, specific instructions need to be made available to the administration team with respect to timelines and frequency of contact expected so they know the action to take when the patient makes contact. These actions should have been agreed with the patient at the time of initiating the PIFU pathway. For example, if they will have an investigation or test prior to being seen in clinic.

Activity at the end of PIFU timescale

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

- **Safe Discharge without review -** Clinically identified as being safe to discharge at the end of their PIFU timescale without review.
- **Safe discharge with a review -** Clinically identified as requiring notes review at the end of their PIFU timescale.
- **Final appointment before discharge -** Clinically identified as needing an appointment at the end of their PIFU timescale.

The booking team will action the above activities including flagging patients note reviews with the specialty admin team.

These arrangements should be clearly defined in a locally arranged Standard Operating Protocol.

Appendix II provides an example of a standard procedure.

5. Requirements for a PIFU Service

Key Requirements for a PIFU service

It is important to consider the following when establishing a PIFU service

Clinician awareness of process

Ensure clinicians and associated professionals in the pathway are notified and understand how and when to use the Service. A clinical protocol can be devised.

Patient awareness of process

System-wide patient communication and engagement about the change to a PIFU pathway will be a prerequisite to reassure patients about the effectiveness and desirability of PIFU ENT Care. Develop a robust method to provide patient information and self-management resources, support, counselling, and assessments (e.g., Leaflets or on-line materials) and health promotion information.

Administration process musts

Establish

- an administrative mechanism to record and flag that a patient is on a PIFU pathway, record the length of time for the PIFU and the action at the end of the PIFU pathway, e.g., discharge or further appointment
- a booking process for patients to get in contact and book a follow up directly with the service
- and ensure sufficient availability of clinic slots
- and maintain acceptable waiting times to ensure patients are seen in a clinically appropriate time

Patient Information

Most patients who are on a PIFU pathway will not be offered routine check-in follow up appointments. Instead, patients are supported to self-manage and understand when they need to seek advice or a further appointment. Patients will need to receive information on how to self -care, how to use the service and how long the PIFU period will apply for. Services can set clear red flag symptoms or criteria for patients as a guide to when to get in touch and make the booking process easy to navigate.

An example of a simple trigger card for Rhinology is shown in Appendix III

Brief patient information trigger cards can be created for each of the subspecialties in ENT e.g., otology, throat conditions

Tests and investigations before appointment

Advise and guide patients to complete this before the appointment.

Equity of access to patients

The design of the PIFU service will need to not only ensure the service is accessible/equitable to most patients but also be flexible to provide an access route to informal clinician advice and support when needed for those key groups who are likely to struggle such as those facing communication barriers.

Completing an Equality Health Impact Assessment (EHIA) for PIFU will form a good starting point. A template can be found in the resources section (page 12).

PIFU will not be right for everyone, and you may have to consider how to address this. Areas to consider as part of this may include groups likely to have lower patient activation, and therefore would not be safe to put on a PIFU pathway as they may not initiate appointments when required. This can be overcome by improving their knowledge, skills, and confidence, or sharing the responsibility of booking an appointment with a carer.

Clinical safety

Clinical safety can be effectively maintained by ensuring patients on a PIFU pathway are included in systems for failsafe, risk stratification, governance, and triage processes.

Safety can be managed by

- developing locally adapted clinical guidance for the specialty and subspecialties.
- Considering patient activation and suitability for PIFU.
- Seeing patients on a PIFU pathway at a frequency that complies with clinical guidance
- Returning the patient to a traditional pathway if PIFU is not working for them.
- Identifying patients who need a review at the end of the PIFU time period before discharge.
- Ensuring there is a plan to monitor tests in a timely way for patients on PIFU pathway if tests are needed to monitor the condition.
- Developing own risk register and incident reporting mechanisms for patients who fail to initiate an appointment

Additional considerations when launching a PIFU service

Building in Capacity to implement at scale and pace

Technology and Monitoring tools

- Explore supporting technology to manage the pathway and allow patients to book - could include a patient portal, access to their electronic patient record
- Consider supporting with home monitoring tools and the ability to obtain virtual opinion on results

6. Recording and Tracking Patients on a PIFU pathway

A robust process to record, track and measure outcomes will need to be integral to the pathway.

Moving or discharging the patient to a PIFU pathway

Providers can opt for different delivery models.

Patients can either be kept on their service caseloads for the duration of their PIFU timescale e.g., by moving patients to a PIFU waiting list on their patient administration system ('moved to PIFU pathway').
or
Discharge patients to PIFU allowing them to make an appointment with the service should they need to within a defined timescale ('discharged to PIFU pathway').

Recording

A vital component of the PIFU process is reflecting patient status on the PIFU pathway in the data captured on IT systems.

Specific codes can be used to identify whether the patient has been moved or discharged to the PIFU pathway (outcome metrics), referral to treatment period status, and PIFU expiry status. A guide to these codes can be found in the Recording and reporting patient initiated follow ups document, resources section (page 12) or
on NHS Futures https://future.nhs.uk/OutpatientTransformation/view?objectId=89784229

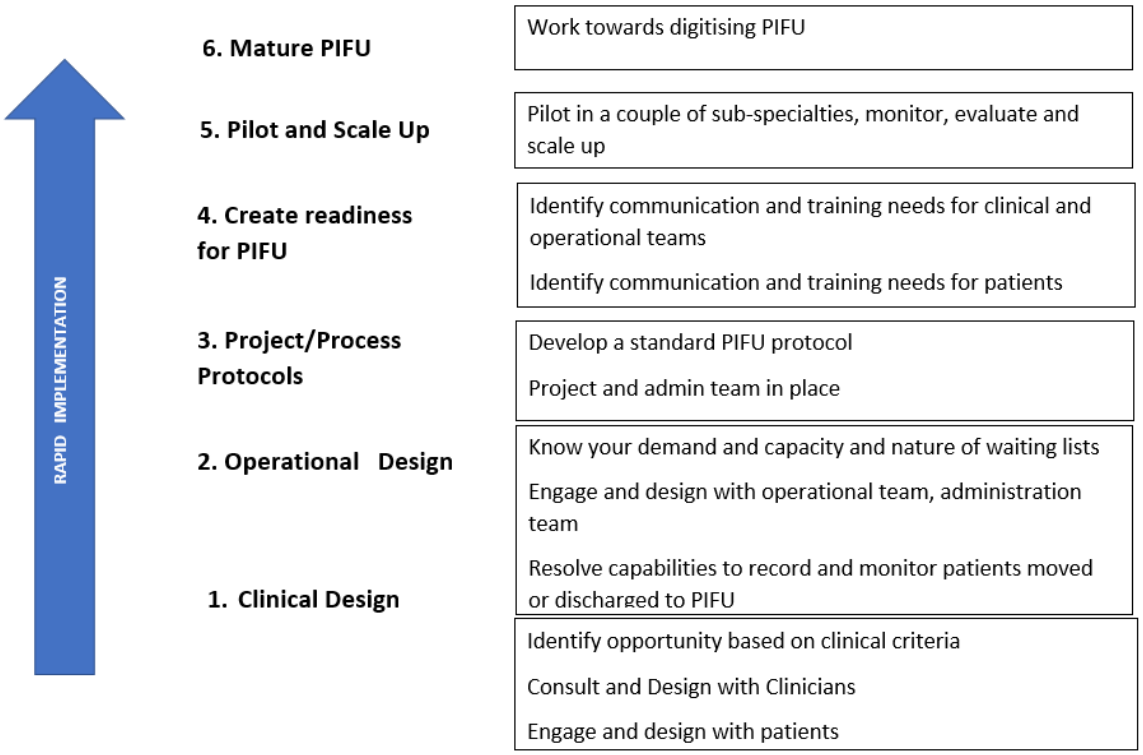
Minimum data collection to manage the service

We recommend that you have a robust process for monitoring the number of patients on the PIFU pathway to manage, monitor and evaluate the service to inform development of PIFU services further.

Appendix IV lists the minimum data requirements that will support this process.

7. Implementing PIFU

Rapid implementation requirements are presented in steps that need to be taken in the diagram below. Details can be found in Implementing Patient Initiated follow-up guidance and Implementation plan and checklist attachments, resources section (page 12)



8. Resources

1. Recording and reporting PIFU
2. Implementing Patient Initiated Follow Up, Guidance for local health and care systems.
3. Implementation plan and checklist
4. Equality and Health Impact Assessment
5. GIRFT outpatient guide

Appendix I – Benefits of PIFU

Benefits to patients

- **Access** - a means to access support, advice and guidance directly at frequency needed and desired by patient and at the right time rather than prearranged. Helps to reduce unmet need.
- **Patient Empowerment** - Care is personalised, encourages ownership to self-manage condition/health/medications
  Improves health literacy - Understand their conditions and symptoms
- **Engagement** - increased confidence of care received and better relationships with the health professionals. Provides opportunity to ask questions. Time and cost savings assist this further as travel to OP unnecessary.
- **Patient Experience of care** - Perception of care received positive as feels more collaborative
- **Psychosocial/Physical** - Reduces anxiety.
  Patient has better ability to gain improved health, leading to increased patient satisfaction

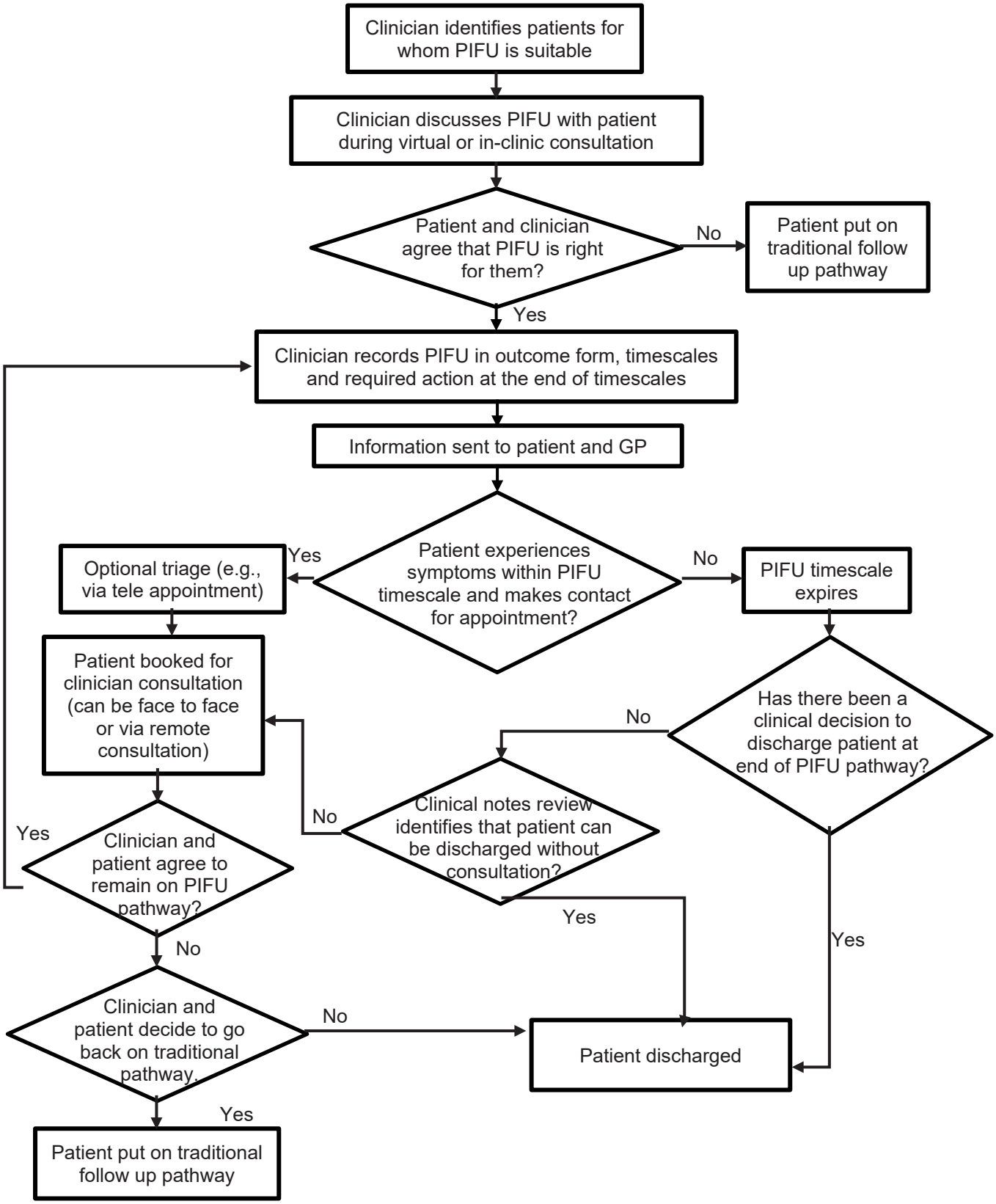
Benefits to clinicians

- **Agile approach** - allows an approach that is flexible rather than a rigid systemic approach to suit diverse range of specialty or treatment function. Can mix telephone, digital and face to face appointments and length of time patient stays on PIFU.
- **Effective consultations** -Provides a mechanism for the clinician to jointly develop plans with patients and share the clinical risk.
- **Caseload and waiting lists** - managed better.
  Releases capacity for improved patient flow and to focus on complex patients. Promotes clinical satisfaction and improved outcomes for patients.
- **Effective use of skills mix** - allows development of specialisms and clinical expertise, training and upskilling. Roles and responsibilities - become more collaborative.

Benefits to organisations and systems

- **Stratified outpatient appointments** - based on priority and need
- **Adjacent service improvement** - parallel innovation with traditional delivery model. Encourages evolution of new processes and practices and to think differently.
  This includes intelligent communication and technology to manage pathways and work-flow(eg patient knows best) Can link in to patient generated data (apps and monitors).
  (Note: still limitations with data, recording and technology capabilities but evolving rapidly)
- **Potential for system transformation** in acute care.
  Currently condition or department specific
- **Information Resources** - required to support and educate patients in place at the right time
- **Clinical Resource** - effective use
- **Urgent Care** - potential to reduce activity
- **Sustainability** - Cost and time efficiencies as DNA reduced.
- **Administration burden** – simplified
- **Reduction in waiting times** and waiting lists due to net reduction in follow-up appointments means services can be more responsive. Enabler to delivering the NHS Long Term Plan aim of reducing outpatient appointments by 30%

Appendix II - An example PIFU Process



Appendix IV – Example of Trigger card for patient to initiate a follow up.

Patient Initiated Follow Up (PIFU)

For Rhinology Conditions of the Nose and Sinuses

You can arrange an appointment if you need to access PIFU any time up until -- / -- / ----

please call or email The Rhinology Team

Tel xxxxxx (between (09:00 to 17:00)

Email xxxxx

If your PIFU period has expired, please speak to your GP for a new referral to be made.

At the time of being put on the PIFU list you were given the Sino-Nasal Outcome Test-22 Questionnaire. This is a really good way of monitoring your symptoms. It is scored from 0 to 110 being the most severe score. You can do this periodically or every few months while on the PIFU list.

If you have had persistent and worsening symptoms especially related to **nasal blockage, facial pain/pressure or nasal discharge and progressive deterioration in your SNOT-22 score** you should consider making a PIFU appoint for a review.

Your appointment might be over the phone or video in the first instance.

If you have lost your copy, you can find it online by Googling ‘SNOT22’ or a copy can, be found at the following address.

https://entsurrey.com/Download/Questionaires/Sinonasal_Outcome_Test_(SNOT)_score.pdf

Appendix IV - Minimum data requirements for managing a PIFU service

Headline metrics	Process measures	Other outcomes and experience measures
Total number and proportion of patients on the PIFU pathway Patient outcomes, e.g. recovery rates, relapse rates Waiting times DNA rates	Number and proportion of patients who are: • put on a PIFU pathway following an appointment • discharged to primary care from PIFU pathway • discharged to primary care without being put on a PIFU pathway • taken off the PIFU pathway and put back on the routine follow-up pathway Average time between an individual patient's appointments at different stages of treatment Number of patients on the PIFU pathway who: • made contact with the service and had an appointment booked • made contact with the service but had their issues resolved without requiring an appointment Patient demographics and numbers of patients for whom specific conditions are being managed	Patient and staff experience measures Changes in patients' knowledge, skills and confidence (activation) Workforce productivity measures