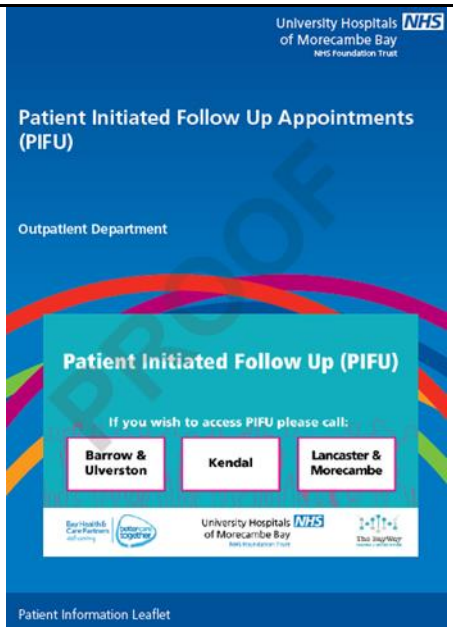
VANGUARD: Better Care Together	
Case study:	**Patient Initiated Follow-Ups (PIFU)**
  	
Purpose:	Patient initiated follow ups put the patient in ***control*** of any further outpatient appointments with consultants or nurses for their existing condition. Instead of being offered regular clinic visits and routine check-ups with their consultant, patients can make their own appointment only when they need it e.g. when an individual experiences a flare-up of their condition.
Context:	As part of the Better Care Together work across Morecambe Bay, a review of patient pathways and the clinical appropriateness of routine follow up appointments within the hospital services has taken place. This has resulted in stopping some routine appointments and exploring different ways of following patients up rather than the traditional face to face contact with medical consultants. As part of this work a Patient Initiated Follow up **(PIFU)** pathway has been developed and Rheumatology was the first service to go live with this new pathway philosophy in January 2017. Gynaecology, Paediatrics, Pain and Respiratory have also developed PIFU pathways, which are being launched. Gastroenterology is in the process of developing a pathway, with the aim of this going live shortly. Patients who are currently on a routine follow up access plan who are assessed as suitable for PIFU are contacted either by letter or moved (with the patient's consent) onto a PIFU access plan following their next routine appointment. They receive a patient information leaflet and a "Your Personal Guide" card. The guide card and the letter that the patient receives are speciality-specific and provide patients with trigger criteria related to their

	specific condition, and a number to dial to arrange an appointment or telephone contact with a clinician.
Existing infrastructure	Historically patients were often placed on a follow up plan without them being clear of the clinical reason for the follow-up appointment. The data systems used currently at the hospital do not allow system users to find out how many patients are currently being seen regularly by a consultant – or the reasons why they require regular follow-ups. This leads to a huge number of unnecessary appointments. The trust is considering alternative ways of coding information to facilitate more accurate recording.
Set up processes	PIFU was set up following a review of rheumatology services, which highlighted a high level of outpatient follow ups taking place where there was a lack of understanding (from staff and consultants) as to clinical reason for them. National evidence (Liu N, 2010) (Robinson L, 2010); (Rose, 2011) also said that while some patients require follow up, this does not always need to be a face to face contact with a consultant. PIFU is providing patients with direct access to guidance when they most need it, if it relates to their original condition. For symptoms or concerns not related to the condition for which they were previously attending follow up, their GP remains the first point of contact. Working with clinicians such as hospital consultants, senior nurses and GPs to understand their follow up waiting list and the establishment of clinical governance processes were the most important parts of the process. This needed to be linked with the available resource to set up an increased number of nurse-led/ Allied Health Professionals-led contacts if appropriate or needed, with administrative systems to manage `normal results' and primary care/ community agreement to manage specific pathways. Clinical engagement took place in speciality forums using existing governance channels with the additional support of the trust Deputy Chief Operating Officer and a Project Officer. Clinicians at the hospital were initially wary of the PIFU approach when it was first mooted and concerned that some patients may become at risk if the new system was introduced. It was therefore agreed to introduce a pilot into a low-risk speciality and rheumatology was chosen for the pilot- with vigorous monitoring in place to ensure a robust clinical governance process. As PIFU has developed, other specialities have pursued a more generic approach so that the patient information leaflets now link to a range of clinical conditions within a specialty rather than to individual conditions. The initial trial with Rheumatology also demonstrated that the wording in the leaflet and PIFU card (which had been tested with patients) was correct. One

	initial concern was that PIFU would result in many patients using the system to get direct access to additional secondary care consultant appointment, and that this may actually increase demand. This has not taken place and only three patients (out of 320 placed onto the PIFU pathway) contacted the PIFU line for an appointment in the first three months of the Rheumatology pathway launch. The PIFU system allows self-referral when needed and has not been abused. Staff training (including extended scope practitioner training and training relevant staff on the new systems) took place and embedding the process with clinicians in clinic are other important areas that need addressing. Finally information governance is an essential component. All patients are managed on PIFU Access plans. This flags the patients when they contact the booking office and enables timely management, tracking and monitoring of contacts. The new PIFU system is more efficient because people are being seen for a clinical reason when they need it most e.g. a flare-up of a condition, appointments are therefore more timely and efficient, and the patient feedback has been good. Previous complaints about low value appointments, waiting times cancellations etc. are now not being received. If patients would like a face-to-face appointment they remain able to request this via telephone triage; the telephone triage ensures that the person meets the criteria for an appointment e.g. an escalation of the particular condition they are registered with. For other, non-related health issues the GP remains the first port of call. Patients have access to the telephone contact number to arrange an initial telephone triage or PIFU appointment **Monday- Friday, 8am-8pm, on 0845 055 9990.** The operator cannot give any clinical advice, but does arrange the telephone triage or appointment.
Data implications	Historically the management of out-patient follow up lists have been based on Consultants validating their list when it becomes unmanageable. Trying to sort through the data to provide accessible and meaningful information for clinicians to prevent this happening in the future became the focus of a linked piece of work. We are now in the process of developing an outpatient dashboard that monitors at treatment level (eg rheumatology) and care provider level (eg consultant/nurse/physiotherapist) all aspects of outpatient activity.

Staff implications: different ways of working	The concept of PIFU and the process of reviewing outpatient data by speciality highlighted the need for a Comprehensive Review of Outpatients, which is now underway – led by senior management within the acute hospital Trust. This is a large piece of work as it will link with the new e-referral system. It is important to remember that consultants continue to risk assess people and will continue to see patients that have complex health issues, are at risk of deterioration, take certain drugs that require monitoring etc. In addition some follow up appointments will always need to take place as they involve treatment. However, it has proved to be extremely important to make sure that PIFU is available to suitably identified patients who are happy and prefer to manage and initiate their own contacts – if an individual needs routine follow ups they will take place. PIFU is not offered if the individual is deemed vulnerable e.g. mental health capacity concerns. As a health system we are now **scoping** an agreed principle of: NO ROUTINE CONSULTANT FOLLOW UPS, with one consultant rheumatologist. This will be undertaken as a pilot to establish if it would enable Consultants to see new and complex patients in a timely manner. It will also scope whether GPs would be able to directly access an appointment if they have concerns regarding a patient's medical condition.
Resources	Initial Project Manager and Clinical lead resource accessed via Vanguard Funding PIFU will continue as a workstream: once Vanguard funding ceases, existing resource across the Bay Health and Care Partners will be utilised.
Benefits:	**The benefits of PIFU** • Giving the patients the power to make further appointments to suit them eg: when the individual experiences a flare-up of their condition. An explanatory letter is shared and it is explained that an individual can opt out – to date no-one has. • Reducing time, travel and costs for the patient • Reducing anxiety for the patient associated with being in hospital
Lessons learnt:	• There is a current lack of patient communication and information as to reason for follow up outpatient appointments • Clear clinical governance structure needs to be in place to reduce risk • The risk that patients will over-utilise direct access appointments did not materialise but remains a concern • Patient feedback and engagement has been extremely positive and

	valuable • PIFU alone will not significantly reduce the number of follow up appointments managed via secondary care – changes to outpatient services that will assist could include: ➢ application of an alternative coding system for data on e.g. number of face to face contacts, number of telephone contacts, number of telehealth contacts and the staff roles that are participating in the contact e.g. nurse-le d or consultant-led • Importantly we must also recognise that some outpatient follow up appointment will always be needed as some follow up appointments involve treatment e.g. ADM in ophthalmology, the treatment is lifelong and the number of people with this condition is growing.
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