

University Hospitals of Leicester

Patient Initiated Follow up (PIFU)
 Standing Operating Procedure (SOP)

Approvals

This document has been approved by:

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1. Definition

Patient initiated follow-up (PIFU) describes when a patient (or their carer) can initiate their follow-up appointments as and when required, based on criteria set at their last appointment e.g., when symptoms or circumstances change. This means patients can access support when they need it (i.e., during a flare up of their symptoms), avoiding unnecessary routine appointments and delays. PIFU can be used in conjunction with timed appointments.

2. Purpose

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 with/out Accurx PIFU module
- Booking appointments initiated by the patient
- Managing patients who do not initiate an appointment within the PIFU timescale
- Discharging and/or booking reviews at the end of a patient's PIFU timescale
- Monitoring compliance

3. Scope

This SOP applies to all medical, nursing, and administrative staff who are engaged with the management and booking of appointments across the Trust including the Alliance. The procedure should always be applied including normal working hours, weekend, and bank-holiday working.

It applies to any patient with a condition identified by the service as being appropriate for consideration of a PIFU pathway. Alongside this, as per GIRFT guidance, all overdue follow-ups should be placed onto a PIFU pathway if appropriate.

4. Identifying patients suitable for PIFU

Each service within the Trust will be supported to help identify which conditions are suitable for PIFU, and criteria will be designed to assist clinicians in identifying patients suitable for PIFU.

PIFU can be used for patients of any age, provided the clinician and patient agree it is right for them. In general, for PIFU to be suitable for a patient they must meet the following criteria:

- Minimal risk of urgent follow-up care and meet criteria agreed by the specialty.
- Be 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).

- Understand which changes in the symptoms or indicators mean they should ~~contact~~ *contact at its best* the service, and how to do so.
- Have the tools they need to understand the status of their conditions (e.g., devices, leaflets, apps) and understand how to use them.
- Have sufficient health literacy and knowledge, skills, and confidence to manage their follow up care.
- Understand how to book their follow up appointments with the service, and for how long they have this option either phone or text message.

The appropriateness for PIFU needs to be assessed for each patient, and considered carefully if any of the below conditions apply:

- The patient's health issues are particularly complex
- The patient takes medication that requires regular and robust monitoring in secondary care.
- The patient is not able to contact the service easily.
- There are clinical requirements to see the patient on a fixed timescale (though a blend of PIFU and timed follow ups can be offered).
- The clinician has concerns about safeguarding the patient.

To support initiation of a follow up, patients must be asked if they are able to receive Text messages which will support triage of any initiated follow up to which they will receive a link at the point of PIFU being agreed.

5. Creating a PIFU Process

The process overview is as follows:

<u>No</u>	<u>Detail</u>	<u>Responsibility</u>	<u>Complete?</u>
1.	Clinical Pathways Identify and agree clinical pathways and appropriate patient cohorts.	Service Managers, Clinicians and Clinical team (including Alliance)	
2.	Identify Condition Flags For each condition identify 'flags' that indicate a change in condition needing action. <ul style="list-style-type: none"> • Identify which flags require patient self-management action (green flags) and which require an appointment (red flag). • Clearly mark what required emergency treatment (urgent red flag) 	Service Managers, Clinicians and Clinical team, GP led for Specialty (Including Alliance)	

3.	<p>Educational Material Create condition specific education materials for patients clearly identifying</p> <ul style="list-style-type: none"> • Red flags per condition • Self-management and/or PIFU management options • Agreed contact method (phone, email etc.) • Creation of letters for GP and patient to ensure they are aware of the clinical plan. • Accurx digital PIFU link 	Service Managers, Clinicians and Clinical team (Including Alliance)	<i>Caring at its best</i>
4.	<p>Condition Questionnaire (optional) Create condition specific questionnaire that can be completed by patients when self-referring for a PIFU appointment.</p>	Service Managers, Clinicians and Clinical team (Including Alliance)	
5.	<p>Clinic/admin support processes Set up and confirm clinic and admin processes for booking in PIFU patients. Either by:</p> <ul style="list-style-type: none"> • Ring fencing slots within a clinic until 'X' days before the clinic • Replacing an existing clinic with a PIFU clinic (backfilling slots as and when needed) <p>Confirm maximum time between the referral and appointment being booked. Confirm default appointment type</p>	Service Managers, Clinicians and Clinical team (Including Alliance)	
6.	<p>PIFU Pathway Review Process Ensuring a process is in place for reviewing:</p> <ul style="list-style-type: none"> • Patients on an indefinite PIFU pathway • Patients on a fixed term PIFU pathway without a confirmed clinical decision to discharge made at the initial appointment. 	Service Managers, Clinicians and Clinical team (Including Alliance)	
7.	<p>Patient Communication Create a clinic letter template on DIT3 for PIFU appointments informing the patient and GP of:</p> <ul style="list-style-type: none"> • What PIFU means • Details of the patient's pathway (including when to come back and when to see GP). • How to contact the service. 	Service Managers, Clinicians and Clinical team (Including Alliance)	

6. The PIFU Process

6.1 Discussing PIFU with the patient during consultation

During a virtual or in-clinic consultation the clinician offers PIFU to the patient to those assessed as suitable following criteria agreed by the specialty and in line with the above guidance on suitable patients. The patient has the option to decline to move to a PIFU pathway if it 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 (supported by condition specific guidance)
- Explains the process on how to contact the hospital to arrange an appointment within the specified timescale (if a timescale agreed)
- Explains to the patient what will happen at the end of the specified timescale, i.e., the patient will be discharged back to the care of their GP.
- Explain to the patient they can go back onto the traditional timed follow-up pathway at any stage if PIFU is not working for them.

6.2 Recording PIFU

Once a clinical decision has been made to put a patient on a PIFU pathway the outcome needs to be recorded on HISS.

The HISS disposal code for an outcome of PIFU is D04P.

The clinic outcome sheet will highlight whether the patient has been given a fixed term or an indefinite PIFU pathway

- **Fixed term Pathway – 3 months, 6 months, 9 months, or 12 months:** if no appointment has been initiated by the end of this period the patient will be discharged from the service as advised at consultation.
- **Indefinite Pathway – 20 years' (lifetime of the patient):** The OPLW required date of an indefinite PIFU is 20 years, but during this period patient will be sent an acknowledgment letter.

6.3 Accurx Digital PIFU Module

All services offering PIFU should, by default, send patients an Accurx PIFU text message including a link that will allow the patient to make contact via a digital form. This link will give patients quicker and easier access to the service if they require an appointment or if they have a request relating to their care. Digital requests allow appropriate triage to be carried out with the expectation that a certain proportion of patient requests can be resolved without requiring an appointment. Patients can still be given a telephone number as an alternative way to contact the service. Both the digital link and telephone number will be included on the PIFU leaflet given to patients. Further information on how to use the Accurx PIFU solution can be found attached.

6.4 Avoiding PIFU data quality entries

UHL (University Hospitals of Leicester) nationally share our PIFU performance status, to ensure we are sharing our best position the above PIFU process needs to be followed.

When a PIFU (D04P) outcome is given at clinic, the patient must be added to an OPWL. *When at its best* adding to the OPWL the time required should reflect that on the outcome and the appointment required should be a PIFU appointment type. See appendix three.

6.5 Booking PIFU appointments

Each individual service must agree:

- 1) Default appointment type for PIFU referral
- 2) Maximum time between the referral and the appointment (for escalation purposes)
- 3) How PIFU appointment slots will be reserved, this could be via:
 - Reserving/ring-fencing a couple of outpatient appointments in a clinic until 'X' days before the date.
 - Replacing an existing clinic with a PIFU dedicated clinic, and backfilling slots as needed 'X' days before the date.
 - Any other option.

On HISS the PIFU appointment must be booked using the following codes:

- **PFU** – PIFU Face-to-Face
- **PTF** – PIFU Telephone
- **PWF** – PIFU Webcam

7. Communications

7.1 At the Appointment

At the appointment, following the decision to place the patient on a PIFU pathway, the patient should be provided with a PIFU Patient Information Leaflet, which includes information on:

- What is Patient Initiated Follow Up
- When to initiate an appointment (signposting to their clinic letter or patient leaflet)
- How to initiate e.g. Phone, email or digital link
- When not to use their PIFU pathway
- Signposting to their clinic letter for information about their specific PIFU pathway and how to contact the service.

The Generic Patient Information Leaflet has been approved by the Patient Information team and made available on YourHealth.

7.2 Following the Appointment

Following the outpatient appointment, the clinician should write to the patient and the GP informing them of:

- What being on a PIFU pathway means
- What the details of their PIFU pathway are
- How to contact the service, and when this is appropriate

This information should be supplied on DIT3 as PIFU Template letter, on which the clinic letter should be dictated.

8. Patients who initiate their PIFU

If a patient wishes to have a follow-up appointment within the specified time before their PIFU expires (if applicable), they will contact the service by the agreed method in their Patient Information Leaflet or clinic letter.

- Telephone
- Text message link (Accurx digital PIFU Module)

The patients PIFU pathway must be for the specialty they are calling, a PIFU for one specialty is not transferrable to another specialty.

The service will then check the waiting list to verify the patient is on a PIFU pathway, and still within their time limit. If PIFU is still applicable, the patient will be booked an appointment via the agreed default appointment type and within the agreed maximum timescale between referral and appointment (previously agreed by the service).

At the appointment, the clinician takes the clinical decision to:

- Discharge the patient from PIFU (if appropriate)
- Decide to retain the patient on their current PIFU pathway (either indefinite or fixed term)
- Extend the PIFU pathway (if on fixed term)
- Mark them for discharge without review or for review at the end of their PIFU time scale.

Patients who contact after the end of their PIFU pathway requesting an appointment will need a new referral from their GP, as they will have been discharged.

9. Accurx Digital PIFU Triaging

At the point of the patient selecting their link that they received in the PIFU text message and on the PIFU leaflet, they will be asked a number of questions to give essential details about their request. On receipt of the request, administrative teams should be able to resolve administrative queries. The triaging team can assign medical requests to the relevant consultant / nurse within Accurx. The clinical team member can then respond to the patient as appropriate or carry out any further actions (e.g., request to book patient in for an appointment.)

10. Patients who reach the end of their PIFU timescale

Patients who reach the end of their PIFU period will be discharged back to the care of their registered GP; some services may decide to:

- Request medical notes for clinical review, leading to renewal or discharge
- Patient being clinically identified as needing an appointment at the end of their pathway, leading to renewal or discharge.
-

If a notes review is required, this should take place in compliance with standard practice within the service's usual processes.

For those patients who have not requested an appointment within the timescale and have been discharged from the service will require a new referral via their GP. Appendix one.

11. Robotic Process Automation (RPA)

RPA software automates repetitive, rules-based processes usually performed manually. By interacting with applications just like a human, robots can perform many manual tasks such as recording and re-keying data.

11.1 RPA PIFU Waiting List Management

Services that require no clinical review of expired PIFU pathways will have the support of RPA to manage fixed term and indefinite PIFU pathways. RPA has been set up to remove the waiting list entry, discharge the patient episode on HISS, and send the patient a letter advising them that they have been discharged back to the care of their GP.

For indefinite PIFU patient RPA will send an acknowledgment letter reminding the patient that they continue to be on a PIFU pathway. Appendix two.

12. Roles and Responsibilities

Role	Responsibilities
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<p>Clinicians</p>	<ul style="list-style-type: none"> • Agree clear criteria for which patient cohorts are suitable for PIFU within the service. • Agree PIFU timescales for fixed-term pathways. • Agree clear condition flags which require the patient to contact the service for an appointment. • 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 be on the PIFU pathway, and what will happen at the end of it. • Educate the patient about self-management. • Provide a generic PIFU leaflet to the patient explaining what PIFU is and where to find specific information about their pathway. • Indicate correctly on the clinic outcome form that the patient should be placed on a PIFU pathway and for how long. • Use the DIT3 PIFU template when creating a clinic letter explaining to the patient the details of their pathway, and how they can activate a follow up appointment within the specified timescale. • Review medical requests that are assigned to them and process as applicable (by responding to patient via text, phoning patient, or asking admin team to book patient in for an appointment) • Agree with Service Manager the maximum waiting time for an appointment following a patient initiating contact. • Share information about PIFU with the patient's GP. • Triage the patient when they call for a PIFU appointment (if triaging has been adopted). • Take the clinical decision to restart the PIFU clock; or mark the patient for discharge without review /for review at the end of their timescale, at the patient's PIFU consultation. • If the patient is for discharge without review at the end of their pathway, clearly indicate this in the letter to the GP and patient following their appointment. • Decide on further management if a patient does not want to attend their appointment, such as discharge the patient or rebook a further follow up appointment.
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Caring at its best

<p>Specialty Team (including nurses, administrators, medical secretaries etc.)</p>	<p style="text-align: right;"><i>Caring at its best</i></p> <ul style="list-style-type: none"> • Send the Accurx PIFU text message to the patient • Send the condition-specific information leaflet (as an attachment to the text message) to the patient with symptoms and signs for initiating a PIFU appointment. This leaflet should include the Accurx PIFU link as well as a telephone number for the service. • Inform patients GP through clinic letter • Receive referrals from patients requesting a PIFU follow-up. • Triage administrative requests within Accurx, and assign medical requests to the relevant clinician. • Arrange/book an appointment with clinician as appropriate following the referral/triage within the agreed timescale. • Send a confirmation letter and/or text to patient after booking an appointment. • Escalate any lack of capacity to the Service Manager to ensure capacity can be found. • Contact the patient to book an appointment when capacity has been identified. • Manage the PIFU waiting list if not using RPA
<p>Service Managers</p>	<ul style="list-style-type: none"> • Ensure there is a clear process for the patient to contact the service for a PIFU appointment. • Ensure responsibilities are agreed within the service. • Have a clear plan in place to manage capacity so that PIFU appointments can be accommodated in clinic within the maximum wait time, and PIFU appointments are prioritised in line with other waiting list targets. • Ensure any clinic template changes have been made and all staff have been sighted on where PIFU capacity is and understand the process. • Ensure that the clinical protocol has been signed off by the service lead clinician. • Ensure the DIT3 PIFU template has been personalised for the service and attached to the clinics using PIFU. • Monitor, validate and review the PIFU waiting lists and reports. • Set up a system for capturing staff and patient feedback; monitor it regularly so that any issues can be addressed, and process refined. • Monitor patient demographics and protected characteristics to ensure PIFU is not exacerbating health inequalities. • Monitor the impact of PIFU on service appointments and waiting lists. • If patients require a review before discharge, monitor the list and notify the administration team when a review appointment is required. • Audit the list of patients who make contact after their PIFU has expired. • Ensure GPs are communicated with and are aware of the PIFU process.

<p>Nominated PIFU administrators/Co-Ordinator's</p>	<ul style="list-style-type: none"> • Book PIFU appointments when initiated within the timeframe confirmed by the service or after triage <i>Caring at its best</i> • Order replacement PIFU Patient Information leaflets. • Escalate any lack of capacity to the relevant Service Manager to ensure capacity can be found. • If not using RPA to manually manage the OPWL and discharge patients and remove from the waiting list at the end of their PIFU pathway provided they have been clinically identified for discharge without review at their initial consultation. • If not using RPA to manually manage the OPLW and send acknowledgement letter to patients on an indefinite PIFU pathway at the services confirmed period
<p>GP's</p>	<ul style="list-style-type: none"> • Be informed of what PIFU is and what it means for patients. • Be informed that patients are on PIFU pathways, and when it is appropriate for the patient to contact the service directly (outpatient clinic letter) • Continue to see patients even when on a PIFU pathway, if in line with usual practice – i.e., a referral to an acute hospital is not appropriate.
<p>RPA</p>	<ul style="list-style-type: none"> • To remove patients from an OPWL • To discharge patient on a fixed term PIFU pathway • Inform patient of their discharge from the PIFU pathway by or of letter generated from HISS at time of discharge • To inform patient by letter of they continued PIFU pathway

13. Monitoring Compliance

Monitoring and escalation process we have in place are:

- PIFU pathway outcome used on HISS (D04P)
- Patient added to an outpatient waiting list on HISS
- Patient 'reviewed' annually, if not discharged or reverted to timed follow-up. Letter sent to patient after 12 months of no contact reminding patient of PIFU pathway and how to contact the service.

14. Appendices

14.1 Appendix one - PIFU Discharge letter (example)

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Enclosures:



**University Hospitals
of Leicester**
NHS Trust

Leicester General Hospital
Gwendolen Road
Leicester
LE5 4PW

Tel: 0300 303 1573

P12183034;000001;2/2
COL GAVIN EDITTEST PATIENT
ePMA LANE
ePMA LAND



Your reference (please quote): S2662024
NHS Number:
Date: 7th March 2022
UPB17A01 DV2

Dear COL EDITTEST PATIENT,

Speciality: NEPHROLOGY

Following your recent hospital attendance, you were put on a fixed term patient-initiated follow-up pathway. This enabled you to contact us if you needed a further appointment.

The agreed time-frame for this has now ended and we hope that your condition has improved. If you have any further concerns or need advice, please contact your own GP or the NHS 111 service.

Yours sincerely,
The Staff at the Department of Nephrology



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14.2 Appendix Two - PIFU Acknowledgement letter (indefinite PIFU)

Caring at its best

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Enclosures:



**University Hospitals
of Leicester**
NHS Trust

Leicester General Hospital
Gwendolen Road
Leicester
LE5 4PW

Tel: 0300 303 1573

P12183034-00012-1/2
MISS ELEVEN EDITESTPATIENT
HEALTH & SOCIAL CARE
HEXAGON HOUSE
PYNES HILL , EXETER
EX2 5SE




Your reference (please quote): S2568824
NHS Number: 999 999 9565
Date: 7th March 2022
UPB16A01 DV2

Dear MISS EDITESTPATIENT,

We hope that you are continuing to manage your condition.

Speciality: GENERAL SURGERY

This letter is to remind you that you can contact us if you think you may need to be seen.

 Please contact the Booking Centre: Telephone 0300 303 1563. Email bookingcentre@uhl-tr.nhs.uk Office opening hours are Monday to Friday 8am - 5pm. Monday is our busiest day. Please note we do not open on weekends or Bank Holidays.

This patient-initiated follow-up pathway was agreed with you at your previous appointment.



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All our patient information leaflets can be found on the YourHealth website:
<http://yourhealth.leicestershospitals.nhs.uk>

Yours sincerely,
The Staff at the Department of General Surgery

14.3 Appendix Three – OPWL screen (for data quality avoidance)

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Command      :ADD
WL Code      :PIFUCV19 F30A RAE
New WL Code  :
Consultant   :RAE
Specialty    :30A
Warning: Consultant and Specialty do not match with Referral's
Date Required :05/2022
Appointment type :PTF PIFU Telephone FU
Transport code :
Comment      :PIFU PT EXP MAY - CV19 CLINIC IF INITIATED

Category     :N NHS
Date on List :08/02/2022      Short Notice : 
```

14.2 Appendix Four – PIFU Process Map

