



Patient initiated follow-up

Template standard operating procedure

May 2022

This document has been produced as a template to aid trusts in their implementation of patient initiated follow-up in line with '[Implementing patient initiated follow-up: Guidance for local health and care systems](#)'. It is intended that trusts adapt the content to their local processes (some specific areas to adapt are **highlighted in yellow**).

This document is supported by a number of other supplementary resources available on the [PIFU FutureNHS page](#).

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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, eg when symptoms or circumstances change.

This standard operating procedure (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 that 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.

[Insert statement about organisation's progress with respect to PIFU and when SOP would be expected to be reviewed, eg following completion of pilot.]

Purpose of this SOP

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

This will be achieved by ensuring that:

- 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.

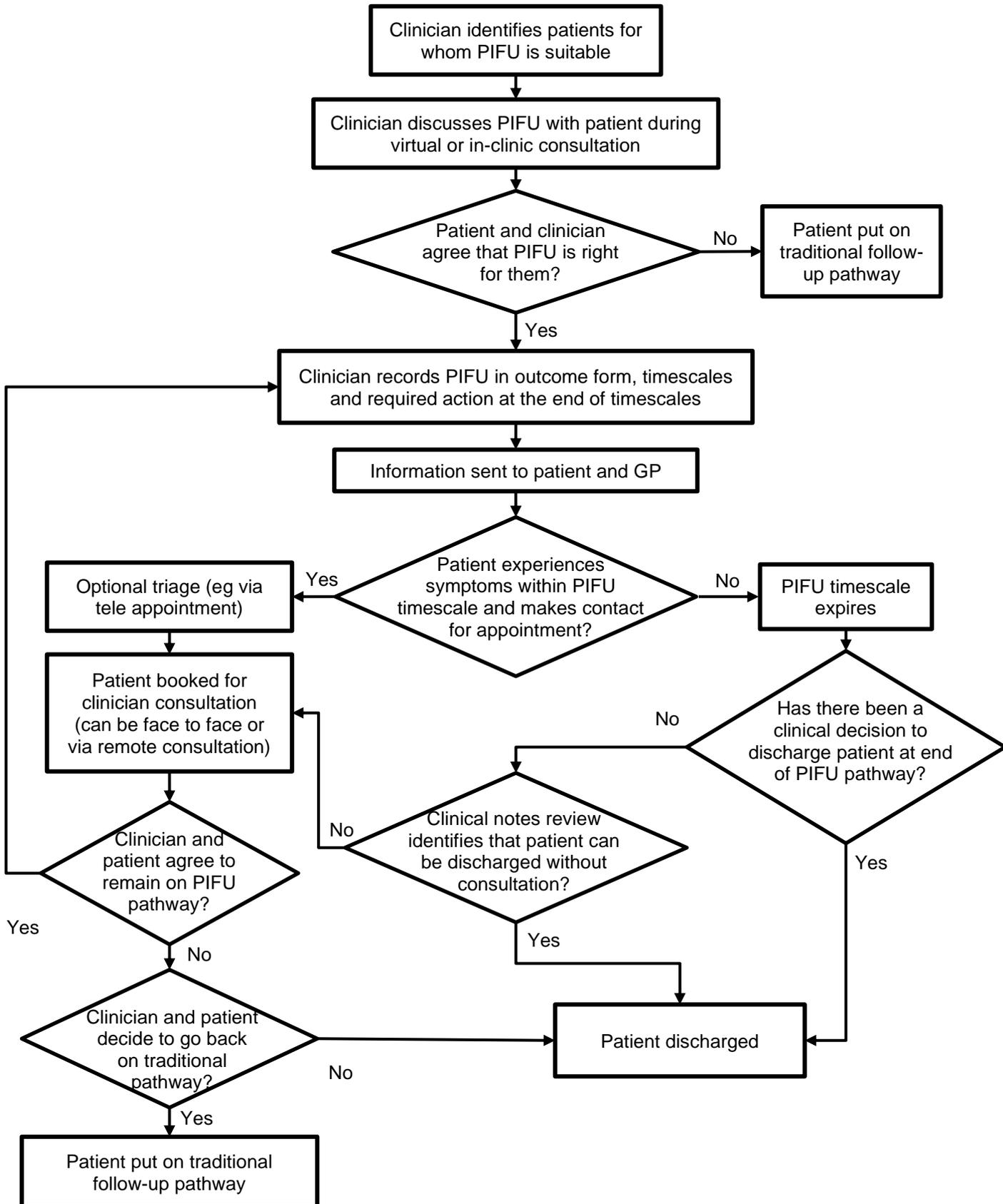
More information on safety and quality standards is given in ['Implementing patient initiated follow-up Guidance for local health and care systems'](#).

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
- [Add any other teams involved with the PIFU process here].

Example PIFU process



Identifying patients for whom PIFU is suitable

Clinicians will be supported to identify which patients PIFU is suitable for through specialty specific guidance, including criteria for identifying patients to ensure PIFU is safe for them [\[reference your guidance here\]](#).

In general, for PIFU to be suitable for a patient, they must meet the following conditions (to note, some of this responsibility can be shared with a carer or guardian):

- is at low risk of urgent follow-up care and satisfies criteria established by the specialty
- has the health literacy and knowledge, skills and confidence to manage their follow-up care (patient activation). If they do not, the patient might benefit from support to improve these areas in line with the personalised care approach
- is confident and able to take responsibility for their care for the time they will be on the PIFU pathway, eg they do not have rapidly progressing dementia, severe memory loss or a severe learning disability
- understands which changes in their symptoms or indicators mean they should get in touch with the service, and how to do so
- has the tools (eg devices, leaflets, apps) they need to understand the status of their condition, and understands how to use them
- understands how to book their follow-up appointments directly with the service, and how long they will be responsible for doing this. For some patients who are unable to book their appointments directly, administrative staff at their care home or GP surgery may be able to help.

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

- the patient has health issues that 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 (eg 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 (eg for cancer pathways)
- the clinician has concerns about safeguarding for the patient.

To note, PIFU can be used alongside timed appointments, eg to comply with clinical guidance for a particular condition. The trust may also have other adaptations in place to help make PIFU suitable for a wider cohort of patients, for instance those listed as part of its PIFU EHIA.

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](#) conversation. The patient has the option to decline to move to the 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 to the patient what the symptoms are to watch out for
- explains how to manage their care at home (resources for patient education and supported self-management are available [here](#))
- explains 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 of this 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 what will happen at the end of the specified timescale, ie the patient will be discharged or have a clinical review
- explains they have the option to go back onto the traditional timed follow-up pathway at any stage if PIFU is not working for them.

The clinician should check that the patient understands this information, and would be confident triggering an appointment should they need one.

Recording PIFU

The clinician updates the clinic electronic system (eg PAS system) to show:

- the patient is on the PIFU pathway
- the timescales for PIFU based on their clinical assessment of the individual patient, ie how long the PIFU would be valid for, eg 6 months, 12 months, 18 months, etc [add details of timescale option on your system]
- whether the patient needs to be seen at a particular time (have a timed follow-up appointment, eg for tests) before the end of the specified timescale as per clinical guidance
- what will happen at the end of the specified timescale, ie patient will be discharged or have a clinical review [add any other option identified by the clinician]. This should reflect any frequency required to meet clinical guidelines (eg annual reviews for some patients with long term conditions).

Communications

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

[The specialty admin team – add role here] sends a condition-specific information leaflet/letter/SMS/email to the patient with advice on what symptoms and signs should prompt them to contact the service. For some conditions, this can be a standardised information 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. [Booking team – add role here] check that the patient is a PIFU patient for the specialty and is within timescales [add detail of how this will be checked]. (A PIFU ordered by one specialty should not be used to book a follow-up with a different specialty.)

[Booking team – add role here] either books an appointment with the specialty the patient wishes to see or arranges a call-back from the specialty team [add how the process will work in your trust].

If a triage is indicated, a member of the specialty team calls the patient to understand the symptoms/issues the patient is having [add whose responsibility it will be to make the call-back and the triage, eg nurse; and within what timeframe, eg same day or within 48 hours].

Following the triage, if required, [booking team – add role here] arrange an appointment with the appropriate clinician within the agreed maximum waiting time [add the maximum waiting time after the patient has initiated the appointment].

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.)

Patients who do not attend an appointment during their PIFU timescale

Did Not Attends (DNAs) by patients on a PIFU pathway should be treated in line with the trust's policy, in particular ensuring that high risk patients who miss their appointments are followed up appropriately.

If a patient misses their appointment, then [booking team – add role here] should contact the patient via their preferred contact method to understand if the appointment is still required and rebook as appropriate. [Add in trust process for managing higher risk patients who DNA and can't be contacted afterwards.]

Activity at the end of the 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
- 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 their GP.

Notes review

[Include how you will manage patients requiring notes review]. Clinical decision following notes review as to whether the patient requires an appointment or whether they can be discharged.

Patients requiring an appointment at the end of their timescale

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

Patients who request an appointment after their PIFU timescales have expired

Booking team will confirm expiry date on the system and inform patients that they require a new referral through their GP. [Trusts may also consider informing GPs of this practice and logging these requests to understand how many patients make contact after their PIFU has expired.]

Other considerations

Using PIFU alongside timed appointments

Some patients may need to be seen at a fixed frequency to comply with clinical guidance (eg annual reviews for patients with some long-term conditions). [Describe here the process ensuring that timed appointments are still taking place for those patients.]

Using PIFU alongside regular tests and scans

Some patients may be invited in for regular tests or scans alongside their PIFU, and may just be invited for an appointment dependent on the outcome of those tests. [Describe here the process ensuring that tests and scans will be clinically reviewed without the patient attending an appointment.]

Roles and responsibilities

[Review and update the below to ensure it aligns to your processes.]

Role	Responsibilities
Clinicians	<ul style="list-style-type: none">• 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.

Role	Responsibilities
	<ul style="list-style-type: none"> • Ensure 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, a 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 the operations manager the maximum waiting time for an 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.
Specialty team (including nurses, administrators, medical secretaries, etc)	<ul style="list-style-type: none"> • 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 to discuss/arrange an appointment. • Arrange appointment with clinician as appropriate following the triage and within the agreed timescale.
Operations managers	<ul style="list-style-type: none"> • Ensure there is a clear process for patient to contact the service for a PIFU appointment. • Ensure there is a designated PIFU co-ordinator for the service. • Ensure responsibilities 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.

Role	Responsibilities
	<ul style="list-style-type: none"> • 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 the clinical protocol has been signed off by the service lead clinician. • Ensure the PIFU information on the website 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 co-ordinator. • Monitor, validate and review the PIFU report from the Information management team via the RTT performance team. • Set up a system for capturing staff and patient feedback; monitor it regularly so that any issues can be addressed and process refined.
Nominated PIFU administrators/ co-ordinators	<ul style="list-style-type: none"> • Ensure all PIFU patients are given 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 their 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.
Outpatient booking centre	<ul style="list-style-type: none"> • Check that the PIFU order is 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 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.

Role	Responsibilities
	<ul style="list-style-type: none"> • 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 their GP after confirming that their PIFU timescale has expired.
Information management team	<ul style="list-style-type: none"> • Create and distribute a weekly performance monitoring report. • 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. • 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. • Submit required data to relevant national collections (Provider EROC, Outpatient CDS)
Any additional teams involved	

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. **[Add monitoring and escalation processes you have in place].**

Managing risk

Any incidents or near misses associated with PIFU should be reported through the trust’s incident reporting process **[reference your process here]**. This would include:

- A patient failing to contact the service for an appointment when they needed one
- A patient being found to have been put on PIFU inappropriately

Related documents

[Include details of other relevant documents here eg risk register, clinical protocols, EHIA (template [here](#)), DNA policy, incident reporting process.]

SOP signed off by:

Date:

Review on: