Patient Initiated Follow-up: Standard Operating Procedure template

This document has been produced as a template to aid trusts in their implementation of patient initiated follow-up. It is intended that trusts adapt the content from this document 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](https://future.nhs.uk/connect.ti/ECDC/view?objectID=15973424).

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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. The 2024/25 Elective Reform Plan asks systems and providers to ensure PIFU is offered as standard in all appropriate pathways by March 2026 and significantly increase the uptake of PIFU to at least 5% of all outpatient appointments, including through the enhanced identification of suitable patients using AI and automation by March 2029.

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

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

# 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.

This will be achieved by ensuring that:

* A standardised process is followed for patients with a PIFU appointment.
* A set of minimum standards are followed for inviting patients to a PIFU pathway.
* 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
* [Add any other teams involved with the PIFU process here].

# Ideal standard PIFU process example

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

## Minimum standard 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 (reference your guidance here).

Ideally, for PIFU to be suitable for a patient, the following conditions should be met:

* 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 the service is inviting patients to a PIFU pathway asynchronously then the clinician must hold full confidence of the patient’s ability to meet the above conditions and they must ensure that all relevant and appropriate information is shared.

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.

## Inviting a patient to a PIFU pathway asynchronously

A clinician can decide if their patients are suitable for, and invite them to a PIFU away from an appointment and a traditional shared-decision making conversation (e.g. straight from a non-RTT waiting list). However, if following this process, the clinician / service must ensure that:

* the patient is appropriate for PIFU as outlined earlier in this document and in the national guidance
* information is shared with the patient on what PIFU is and how / when to book an appointment, what their specific PIFU timescale is and what will happen at the end of this
* condition-specific information is shared with the patient so they know what symptoms to look out for

contact details are shared with the patient so they can call if they would like to ask questions or book an appointment

## 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. 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 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 (add any other option identified by the clinician).

## Communications

If following the traditional method of inviting patients to a PIFU pathway during an appointment, then 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 – add role here) 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.

If moving a patient to a PIFU pathway asynchronously then the patient will have already received all of the information listed above. It is however vital that the clinician still contacts the GP to inform them of the patient’s change of care plan.

## 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 they are PIFU patients for the specialty and are 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). At this point, acknowledgement of the request needs to be sent to the patient (e.g. via text message) within 24 hours.

(Booking team – add role here) either books an appointment with the specialty that the patient wishes to see or arranges a call-back from the specialty team (add how the process will work in your trust). Once the patient activates, they should be provided with an appointment within 2 weeks of the request being made.

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, e.g. nurse; and within how much time e.g. 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).

## 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

(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 system and inform patients that they require a new referral through the 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.)

# Roles and Responsibilities

(Review and update the below to ensure it aligns to your processes)

| **Role** | **Responsibilities** |
| --- | --- |
| **Clinicians** | * Agree a clinical protocol that includes clear criteria and follow up timescales for the patient cohort identified as suitable.
* Either have a shared decision making conversation with the patient explaining the options, risks and benefits or ensure the patient is appropriate before being invited asynchronously and they receive all necessary information
* 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 or is provided with contact information to make enquiries
* Educate the patient / provide information 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.
 |
| **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 to discuss/arrange an appointment.
* Arrange appointment with clinician as appropriate following the triage within the agreed timescale.
 |
| **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.
* 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 coordinator.
* 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 /Coordinators** | * Ensure that all PIFU patients are made appointments or discharged from the request list.
* Answer any general questions on PIFU from patients
* 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.
 |
| **Outpatient booking centre** | * 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.
* 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.
 |
| **Information management team** | * 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.
 |
| **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)

## Related documents:

(Include details of other relevant documents here e.g. risk register, clinical protocols.)