



# Developing patient-initiated follow-up in ophthalmology, a case study

**Location:** King's Mill Hospital, Sutton-in-Ashfield, Nottinghamshire

**Unit:** District general hospital

**Sub-specialty focus:** General ophthalmology

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## Background

NHS England (NHSE) outlined its ambition in the [2022/23](#) planning guidance for all major outpatient specialties to expand their use of patient-initiated follow-up (PIFU) to bring down backlogs and provide more patient-centred care. While acknowledging that different trusts and specialties will vary in their ability to implement PIFU, its goal is for the uptake of PIFU to be expanded by moving or discharging 5% of outpatient attendances to PIFU pathways by March 2023.

As the busiest outpatient specialty, ophthalmology units are under pressure to safely reduce outpatient waiting lists. Well planned and supported PIFU can be one of the tools to free up capacity as part of a wider approach to backlogs in your eye unit. Discharging appropriate patients onto PIFU pathways can help free up clinical and administrative time in your unit while improving patient satisfaction.

The following case study highlights work undertaken in the ophthalmology unit of King's Mill - a small eye unit within a district general hospital (DGH) in Nottinghamshire – to put more patients onto PIFU pathways as part of its Outpatient Innovation Programme.

## Key drivers behind expanding PIFU

*Capacity challenges provided impetus*

Like many eye units across England, King's Mill had extremely long ophthalmology backlogs even prior to the COVID-19 pandemic, with 8,000 overdue reviews and follow-up patients typically waiting between 36-38 weeks. The unit itself sits within a busy district general hospital, with numerous other specialties for the trust to manage, and relies heavily on junior doctors and locums who can be more reluctant to discharge patients.

Capacity pressures were therefore significant, exacerbated by a constant cycle of bringing patients back to the hospital who did not need to be seen, using valuable clinical and administrative time that could otherwise be spent on more complex, high-priority patients.

King's Mill effectively utilised PIFU as a tool to create capacity within the unit by making more efficient use of existing resource. By providing confidence to clinicians to put patients on PIFU pathways, it was hoped that backlogs would be reduced in a safe, cost-effective way.

## First steps to expanding ophthalmology PIFU

As a whole trust, King's Mill was an early adopter of PIFU, having done pilots first in other specialties such as physiotherapy before ophthalmology. This meant the ophthalmology unit was able to learn from teething issues in other specialties and get things right first time. Identifying and communicating the appropriate conditions suitable for safe, effective PIFU pathways was the foundation on which the PIFU offering was expanded at King's Mill.

*"PIFU is about a more structured approach to 'open appointments', which as clinicians we have always used in some form"*

### *Identifying appropriate conditions*

The first step was to identify the ophthalmic conditions seen in patients suitable for an expanded PIFU offering. All clinicians in the unit were consulted, contributing their view on the types of conditions and patients that could safely benefit from being placed on PIFU pathways. With a great deal of involvement from across sub-specialties in the unit, a list was created of suitable conditions and patient types.

Reflecting the type of patients seen at King's Mill, the list focuses in the first instance on general ophthalmology, with some exceptions in certain sub-specialties including macular degeneration and retina vein occlusion. The unit also took a safety-first approach to this first round of PIFU expansion. Patients would not be automatically discharged onto PIFU, to ensure consideration was given as to whether that was right for each individual patient. At fortnightly team meetings, involving consultants, specialty doctors and trainees, and monthly governance meetings the unit discussed and agreed the PIFU approach and criteria.

### *Communicating to clinicians*

Once the PIFU Framework was agreed (Annex 1), a laminated print version of the sheet was produced and circulated to every room in the unit. This reminded clinicians which conditions were suitable for PIFU, providing confidence to make those decisions by having a copy of the list which all clinicians could reference. The lead consultant also sent an email to every ophthalmologist regarding the conditions you could discharge on PIFU. New starters are taught at induction about the conditions that are suitable for PIFU. Team and governance meetings are also frequently used to remind staff of the PIFU Framework, thus embedding it in daily clinical activity.

### *Communicating to patients*

To ensure patients were kept well-informed about their pathway, a 'PIFU patient communication script' was also developed. This script contained an explanation of PIFU, reassurance that the patient should contact the clinic should they feel a need to be seen and contact information for the clinic. This script is provided to every patient placed on a PIFU pathway and are consulted on this change to their treatment during an in-person consultation.

## How does the new PIFU system work?

Patients are triaged as usual (Annex 2). They are seen by a clinician who then identifies whether the patient is appropriate to put on a PIFU pathway – referencing the Framework when needed.

A shared decision-making conversation is then held between patient and clinician about their suitability for PIFU. If agreed, the patient is informed about next

steps by the clinician, using the Patient Communication Script as necessary (Annex 3).

A purpose-built Patient Administration System (PAS) to record PIFU was co-created by clinicians and administrative staff in the unit and the trust's data quality, service improvement and operations teams. The patient is placed onto PIFU in the PAS, where the admin staff can pull together a PIFU-specific dashboard to monitor the date patients were put onto PIFU, the date they request an appointment (the 'activation date'), and the time between activating and follow-up appointment. This enables the administration team to effectively monitor PIFU patients and ensure they are seen in a timely fashion.

## Key factors in successful PIFU development



**Clinician and patient engagement** should form the bedrock of all PIFU expansion from the outset. Clinicians are the experts, with the entire PIFU development process at every stage resting on clinical decision-making, from the identification of appropriate conditions and development of a Framework to development of triaging and communications with patients. Dedicating a clinical champion for PIFU helps drive this project forward throughout the process



**Administrative support** in expanding the PIFU offering is important, from collaboration with data teams in developing a Patient Administration System and monitoring dashboard to effective project management and communication with triage teams



**Clinic capacity** is required when expanding PIFU, as both clinicians and administrative staff need the space to develop safe, efficient PIFU pathways



**Adapting PIFU to a unit's unique requirements** will help ensure development is targeted and effective. King's Mill is a small unit within a DGH with a large general ophthalmology patient-base. In this instance, King's Mill developed an initial PIFU offering targeted at general ophthalmology, while another unit with a high proportion of a certain sub-specialty may develop their PIFU offering based around requirements specific to that sub-specialty

## Impact of developing PIFU

### Opening up capacity

In 2020, King's Mill had 8,000 overdue referrals with patients typically waiting between 36-38 weeks.

Since the development of its PIFU offering – alongside a range of other measures to tackle backlogs – the ophthalmology unit now has around 1600 overdue referrals, an 80% decrease, with no referrals more overdue than 13 weeks, a 66% decrease. The unit has saved 1,957 outpatient appointments in total (Annex 4) through PIFU alone, averaging around 104 appointments each month. These appointments can be repurposed for more complex cases while also saving patient time.

*"PIFU is helping to better prioritise patient appointments, although it does create more challenging clinics for us as clinicians!"*

There was initial concern that patients may be switched to PIFU pathways rather than being appropriately discharged, however discharge rates have not dropped (Annex 5).

The unit used to have a greater proportion of "routine" cases in its clinics, but now clinics are full of patients with complex conditions that need more clinical input.

It is important to note that these significant improvements are due to a number of additional measures as well as PIFU, including the development of a diagnostic service and virtual clinics, but it is clear PIFU is helping.

### Empowering patients and staff

Patients have been happy with the shift, and the unit received no complaints. The sense is very much that patients have felt empowered with the extra responsibility, and they know there will be space if they need to be seen quickly.

*"Patients have been happy with the shift - nobody wants to come to the hospital if they don't have to"*

Feedback within the unit has been positive too. The development of PIFU has brought structure to the 'open appointment' process, aligning patients, staff and management on the requirements and benefits of running this offering.

## Plans for expansion and improvement

Following the initial development of ophthalmology PIFU in King's Mill, the unit has a number of key areas it wants to either expand the offering into, or to improve the current operation of PIFU pathways.

King's Mill has added more conditions to the Ophthalmology PIFU Framework and plans to expand this further, for example conversations have recently begun with paediatric ophthalmology.

While PIFU has been successful in tackling backlogs, the unit continues to work with triaging nurses to make better decisions when calling PIFU patients back. Clinic space is at a premium and they currently rely on using space in eye casualty but want to move away from this reliance.

What the trust has done with other specialties, but not ophthalmology yet, is develop a 'long-term condition' PIFU pathway for conditions where clinicians should have open access to a follow-up appointment.

## King's Mill top tips to developing ophthalmology PIFU

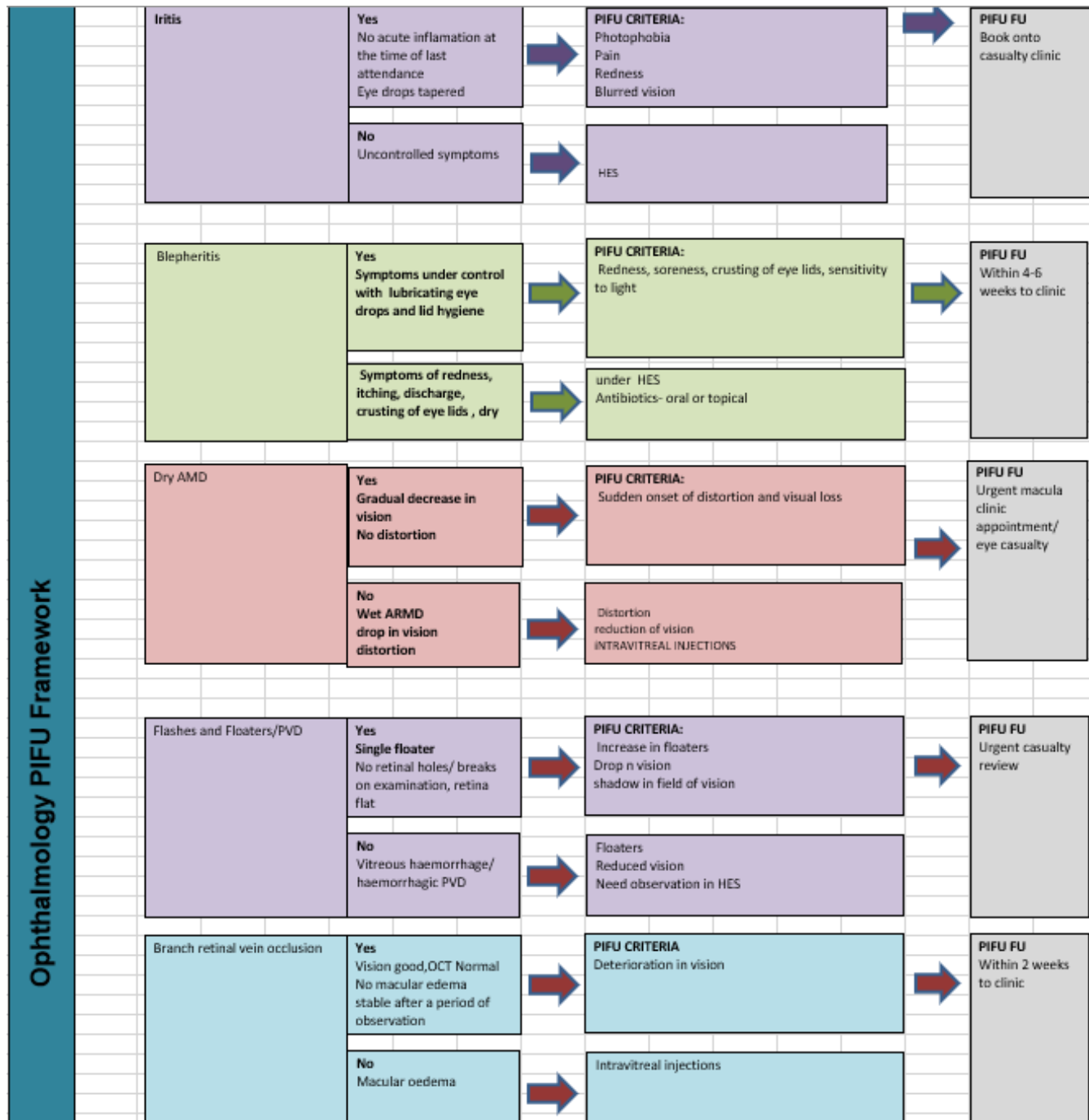
- When implemented well, PIFU makes better use of existing capacity, but it is not a silver bullet. Units still need capacity to see patients on PIFU pathways, ideally in sub-specialty specific clinics, though King's Mill was able to utilise general and eye casualty clinics
- Effective communication is absolutely key from the outset and throughout, clinicians and administration staff must be on the same page and in constant communication. Appointing a clinical champion for PIFU is critical – for clinic or by sub-specialty – in ensuring continued progress
- Demonstrating success is important - once patients, clinicians, and management can see it is working, it encourages them to keep on using and developing the service

More guidance on PIFU can be found both [here](#) and on the [NHS England Eye Care Hub](#)



Annex 1

Ophthalmology PIFU Framework



## Annex 2

### PIFU Flow Chart

#### Ophthalmology Patient Initiated Follow Up Care

##### P.I.F.U Flow Chart



## Annex 3

### Patient communication script

# Patient communication script

The patient is aware they currently do not require an ophthalmology appointment and I will place them on a Patient Initiated Follow Up,

Patient initiated follow-up (PIFU)

Having a regular outpatient follow-up may not help prevent your condition worsening or allow us to treat you quickly when you get worse. In addition, many people find that routine follow-up visits to the hospital cause a lot of anxiety. We think that you would benefit from having a patient- initiated follow-up appointment.

This means that you can contact us if you feel you need to be seen in clinic, your doctor will have discussed with you the reasons that indicate you ought to be seen in the clinic and these should be listed in your clinic letter.

When you need us, please ring the call centre on 01623 672383. The opening times are 8am-8pm Monday to Friday and 8am-1pm on Saturdays.

Most people who manage for 6 months without being seen by the hospital can be looked after by their GP. If you don't need an appointment within the 6 months, we will write to you and to your GP to confirm that after this time, you will need to see your GP first if your symptoms get worse.

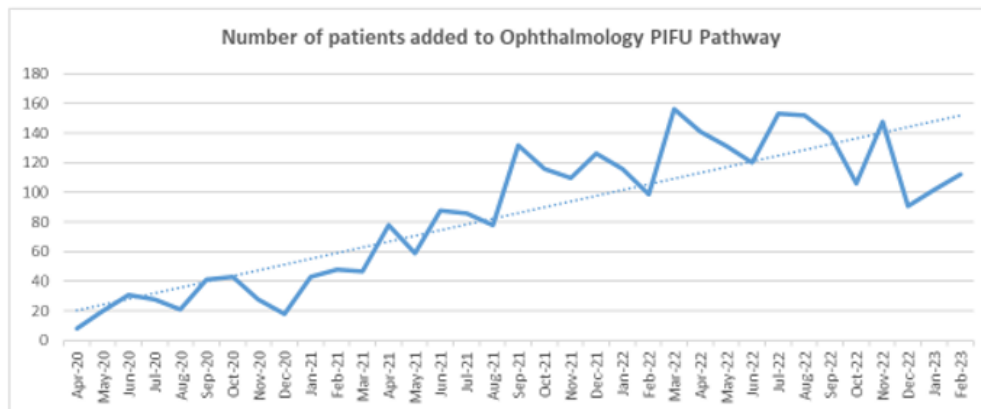
Finally, we've changed the way that we manage follow-up appointments, and we use patient feedback to help to improve our services. To help us monitor this new approach you may be contacted for some feedback

## Annex 4

### Patients attending ophthalmology outpatient appointment added to PIFU pathway

\*Please note the drop in patients added to PIFU pathways is a result of a reduction in clinics affected by winter pressures and seasonal reduction in OP activity

## Patient Initiated Follow Up (PIFU) Performance



### Performance Highlights

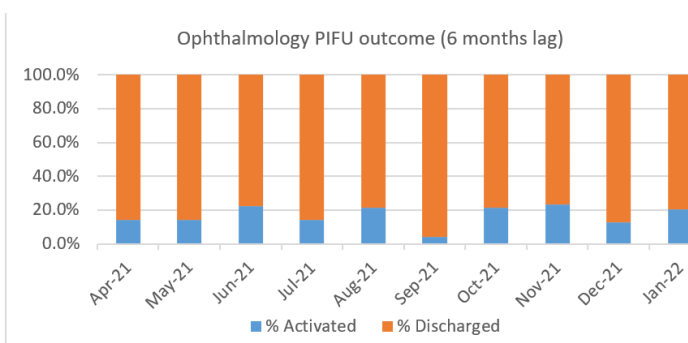
- ❖ **3,015** Patients added to PIFU
- ❖ **1,957** Outpatient appointments saved by reactivation
- ❖ Average number of additions to PIFU per month:
  - 20/21 – 31
  - 21/22 – 103
  - 22/23 – 127



## Annex 5

### Ophthalmology PIFU outcome (6 months lag)

Outcome Month	% Activated	% Discharged	Saved Appts
Apr-21	14.0%	86.0%	37
May-21	14.3%	85.7%	24
Jun-21	22.2%	77.8%	15
Jul-21	14.0%	86.0%	37
Aug-21	21.3%	78.7%	36
Sep-21	4.3%	95.7%	45
Oct-21	21.2%	78.8%	52
Nov-21	23.2%	76.8%	45
Dec-21	12.9%	87.1%	74
Jan-22	20.5%	79.5%	66



Patients added 6 months prior to PIFU pathway  
(e.g Jan-22 shows outcome of patient added in Jul-21)