THE EFFECT OF PATIENT INITIATED FOLLOW-UP (PIFU) IN THE OPHTHALMOLOGY DEPARTMENT

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Background

With the increasing numbers of outpatient appointments, the traditional models of outpatient care are unsustainable. The NHS Long Term Plan highlights the need for a model which empowers patients to return to a clinic when they need it[1]. The concept of Patient Initiated Follow-Up (PIFU) allows patients to initiate their own appointments, especially in the challenging times of the COVID-19 pandemic. The Standard Operating Procedure (SOP) defines the process, roles and responsibilities for identifying which patients the PIFU pahtway is suitable for and moving patients onto PIFU pathway (see Figure 1); booking appointments initiated by patients and managing patients who do not initiate appointments within PIFU timescale (see Figure 2).

Aim

Our aim was to assess the effects of PIFU pathway in the ophthalmology department in our institution and to evaluate patients' feedback regarding the service.

Methods

We used our electronic system to identify patients on the PIFU pathway. We collected information about the conditions for which they were given PIFU outcome and common reasons for self-referral. We contacted the patients who utilised the pathway to collect their feedback.

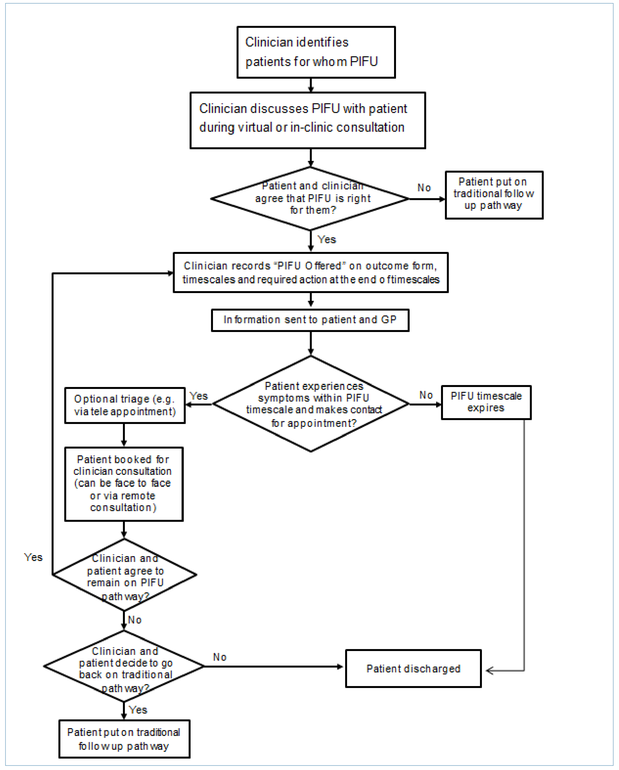


Figure 1. Standard Operating Procedure (SOP) to identify which patients will be suitable for PIFU

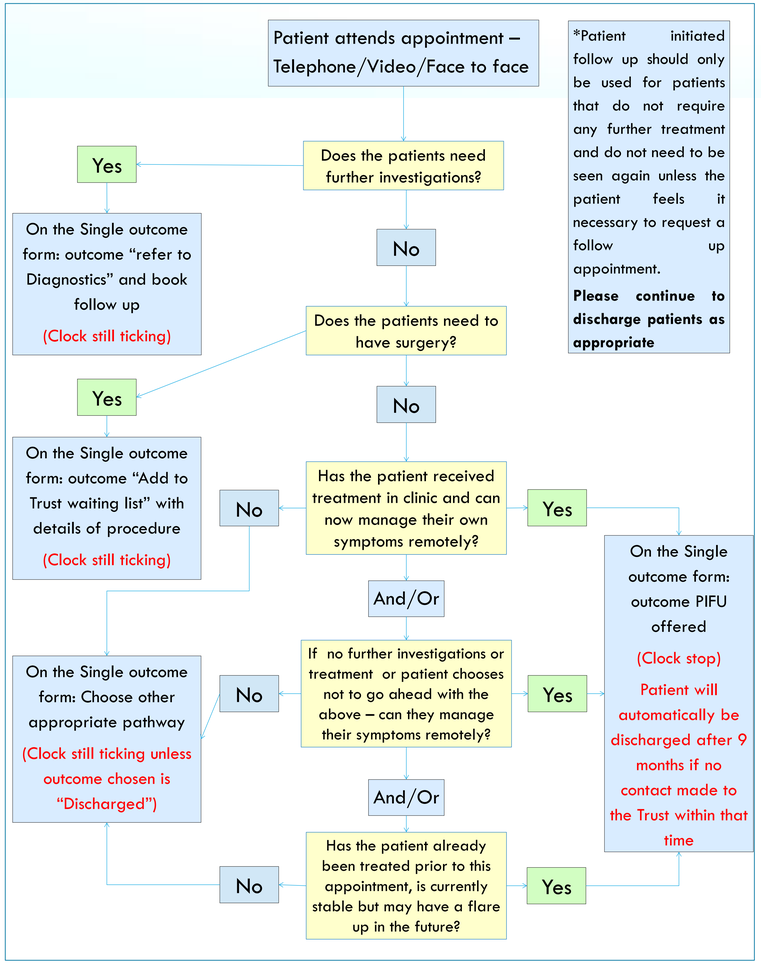


Figure 2. Standard Operating Procedure (SOP) for the Patient Initiated Follow up (PIFU) process in booking appointment and managing patients who do not initiate appointment within PIFU timescale

Results

Between May – September 2020, 206 patients were placed on the PIFU pathway for wide range of eye conditions including age-related macular degeneration, dry eyes, retinal vein occlusion, eyelid lumps, visual loss and double vision (see Table 1). Fourteen patients (7%) proceeded to book a PIFU. The most common reasons for self-referral included pain, low/worsening vision and dry eye (see Table 2). Feedback regarding the services was obtained from nine patients. Eight patients (89%) reported that PIFU was a good concept, well-explained by their ophthalmologist. Six patients (66.7%) reported that it was easy to book PIFU and their appointment was scheduled within expected time period.

Common conditions for which patients were offered PIFU	
Age-related macular degeneration	27 (13.1%)
Dry eye	24 (11.6%)
Retinal vein occlusion	10 (4.9%)
Keratitis	7 (3.4%)
Blepharitis	7 (3.4%)
Eyelid lumps	7 (3.4%)
Epiphora	6 (2.9%)
Conjunctivitis	5 (2.4%)
Corneal abrasion/scarring/ulcer	5 (2.4%)
Macular oedema	5 (2.4%)

Table 1. Common eye problems for which patients were offered PIFU

Reasons for self-referral	
Pain	2 (14%)
Low/worsening vision	2 (14%)
Dry eye	2 (14%)
Epiphora	1 (7%)
Recurrence of uveitis	1 (7%)
Recurrence of corneal erosion	1 (7%)
Recurrence of stye	1 (7%)
Floaters	1 (7%)
Ingrowing eyelashes	1 (7%)
Re-referred by OO for maculopathy	1 (7%)
Telephone follow up	1 (7%)

Table 2. Common reason for patients to self-refer

Conclusions

Our results showed that PIFU pathway has been successful model of personalised follow-up tailored to the individual clinical need, which received positive feedback by our patients. We are currently improving patients' understanding of the PIFU pathway by providing leaflets with a dedicated phone line. Larger studies are needed to assess the impact of PIFU on traditional waiting lists for routine appointments.

References: 1. NHS (2020). Patient Initiated Follow Up: Giving patients greater control over their hospital follow-up care. [Online] Available from: https://www.england.nhs.uk/outpatient-transformation-programme/patient-initiated-follow-up-giving-patients-greater-control-over-their-hospital-follow-up-care/