Is ‘Patient Initiated Follow-Up’ the future for routine oculoplastic outpatient appointments

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What is PIFU?

Patient Initiated Follow-Up (PIFU) is an NHS initiative as part of its operational planning guidance aimed at transforming patient outpatient experience by giving patients the autonomy to manage their own condition. [1]

The approach allows patients to arrange their own follow-up appointments whenever they need one, based on their own symptoms and individual situation. It’s hoped that as this initiative provides a patient centred approach to management it empowers patients to manage their own condition. [1]

PIFU has already been successfully implemented within many secondary care specialities such as ophthalmology, gynaecology, oncology, plastics, trauma and orthopaedic across the United Kingdom at King’s Mill Hospital [2], Calderdale Royal Hospital [3], Barts Health NHS Trust and more. [4]

Purpose of Study

The objective of this study was to evaluate the effectiveness of the PIFU pathway in monitoring patients with stable and inactive Thyroid Eye Disease (TED).

TED is a self-limiting condition that can be divided into two stages: active and stable. The active phase of the disease is marked by signs of inflammation such as orbital muscle enlargement and swelling of the periocular tissue. Whereas the stable phase of the disease follows once the active phase has resolved within 1-3years. [5]

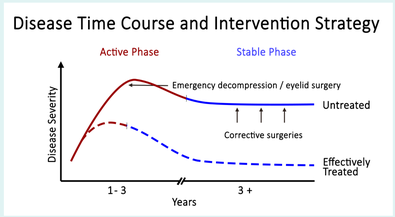


Figure 1: A graph, Rundle’s curve, illustrating thyroid eye disease severity and progression overtime [5]

At Moorfields Eye Hospital, once a patient has been diagnosed as having stable and inactive TED, they are classed as non-urgent follow-ups therefore at risk of having their appointments rescheduled. As a result, they may not be seen when experiencing a flare-up or if have any concerns.

Methods

We retrospectively collected data for our patients with TED, assessing appointments between January 2021 and March 2021 to identify those suitable for enrolment into the PIFU pathway.

Patients with stable and inactive TED scheduled for routine follow up appointments were highlighted for the study. Patients with active or severe threatening TED require regular monitoring and more active management, therefore deemed unsafe for the PIFU pathway.

We analysed how many appointments were rescheduled for stable and inactive TED patients and contacted them individually as well as part of a patient focussed group to determine their views on the PIFU pathway.

Results



Figure 2: A flow chart illustrating the identification process for patients suitable for the retrospective study

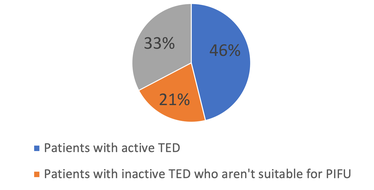


Figure 3: A pie chart to show the distribution of thyroid patients within the study

Age range of patients suitable for PIFU pathway	Age (years)
Oldest patient	82
Youngest patient	29
Average age	54

Patient Appointment Data for those suitable for PIFU	Number of days
Average amount of time since last appointment	280
Maximum time since last appointment	650
Minimum time since last appointment	39

	Number of Patients	As a percentage of all suitable patients
Patients suitable for PIFU pathway called	31	100%
Patients unable to be contacted	11	35%
Patients keen on the PIFU pathway	18	58%
Patients more comfort with traditional physician-initiated appointments	2	6%

Conclusion

This retrospective study provided a greater understanding into the practicalities of incorporating a PIFU pathway into the thyroid clinic.

The study highlighted:

1. Large proportion of patient suitability and willingness for engagement of the pathway.
2. Positive clinical potential as a safe and logistically convenient way to review stable patients.

The utilisation of the PIFU pathway has the potential to decrease the number of outpatient appointments. [2] This could contribute to making the NHS more environmentally sustainable given its estimated to be responsible for 4-5% of the UK’s greenhouse emissions. [6]

We are currently working with a third-party digital company to implement a PIFU pathway at Moorfields Eye Hospital. In order to investigate the suitability of the pathway we aim to run a pilot for our patient cohort with TED in the next few months.

References

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