

Introducing Patient Initiated Follow Up: Patient and Clinician Views

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Research Aim

- To evaluate patient and clinician views of Patient Initiated Follow-Up (PIFU) in gynaecology
- Identify subgroups suited to this care pathway

Patient Initiated Follow Up (PIFU)

- Allows patients to request their own follow-up appointments on a needs basis
- Encourages patient autonomy and engagement within their care
- PIFU has seen successful implementation in; rheumatology, breast cancer and respiratory medicine

PIFU in Gynaecology

- PIFU can help with the ever-increasing backlog of hospital outpatient appointments
- PIFU cited in NHS Long Term plan as it encourages a 'shared responsibility for health'
- Existing evidence that PIFU is safe method of follow-up in low-risk endometrial cancer
- It has also been shown to be cost-effective, while maintaining or increasing patient satisfaction

Methodology

Patient Survey

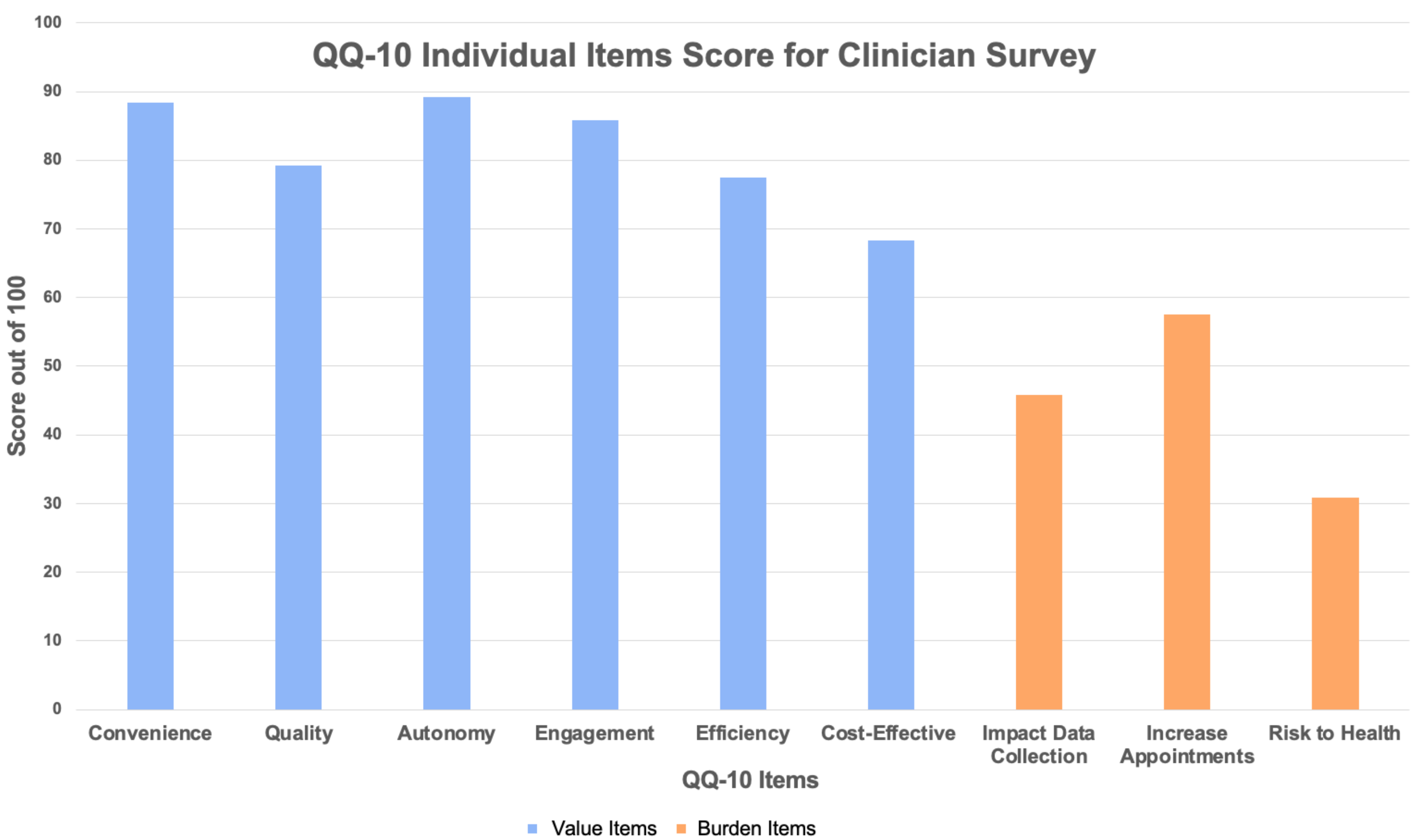
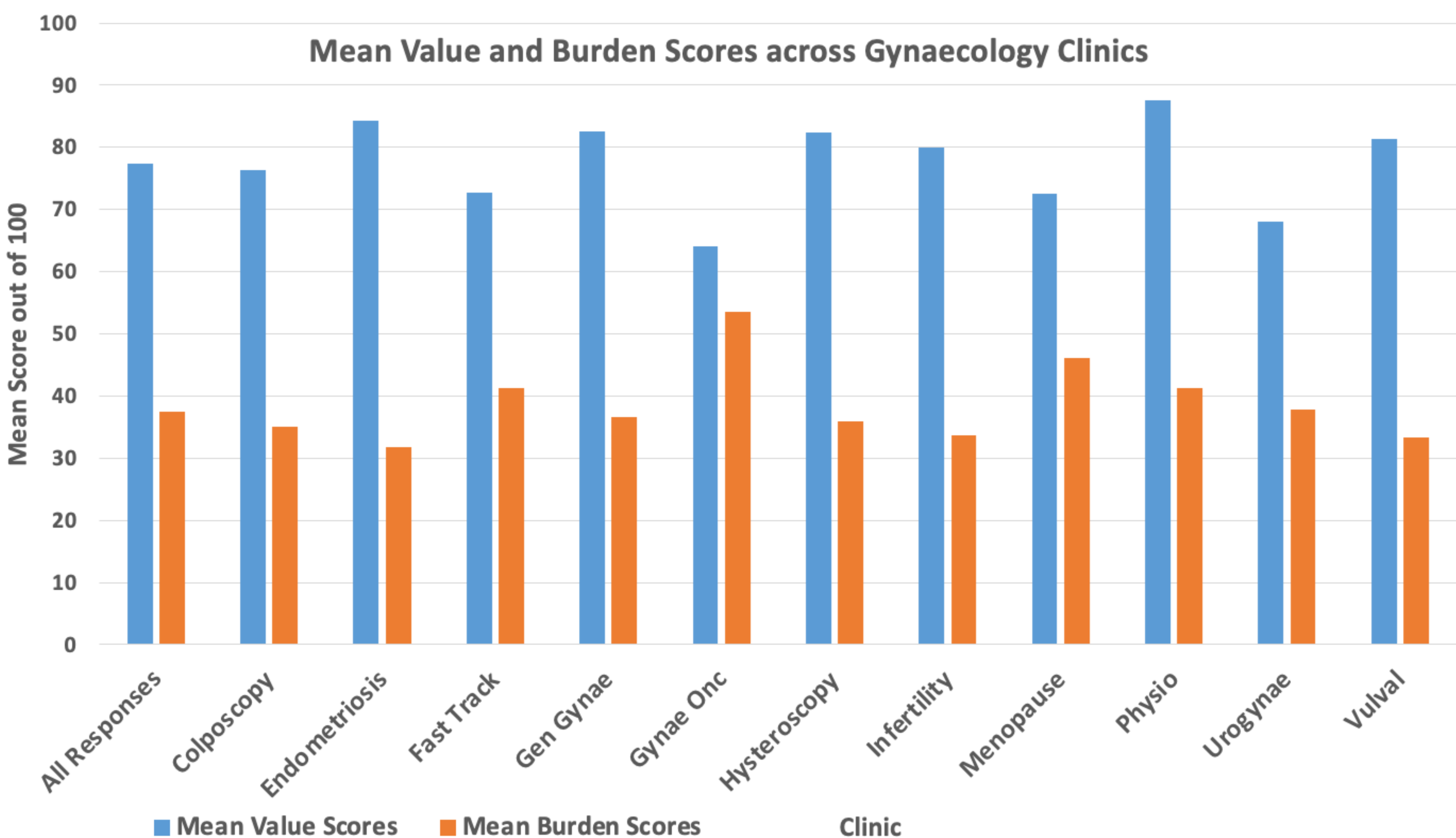
- Participants recruited from gynaecology outpatients
- Purposive sampling used to ensure diverse groups and clinics were surveyed

Clinician Survey

- All medical and senior nursing staff in the gynaecology department were approached via email for an online survey

Modified QQ-10 Questionnaire

- To calculate value and burden scores attributed to PIFU
- Value Items: convenience, quality of care, autonomy, access, reassurance
- Burden Items: increased responsibility, worsening condition, loss of contact, uncertainty, preference for fixed appointments



Main Findings

- Patients and clinicians attributed high value (mean 77%, 81%) and low burden (mean 38%, 45%)
- Most valued aspect was greater autonomy, cited by both patients (85%) and clinicians (93%)
- Benign gynaecological subspecialties had the highest mean value scores, including endometriosis, general gynaecology, and vulval clinics
- Gynaecology oncology patients had the lowest value (64%), and highest burden (51%) of all subgroups
- Younger patients (<60) were more likely to express preference for PIFU (53%) than older patients (29%)

Conclusion

- Both patients and clinicians are in favour of selected use of PIFU within gynaecology
- Surveys found younger patients and those with benign gynaecological conditions were best suited
- Patient selection will be key in successful implementation of PIFU
- Patients will need to be confident self-monitoring, with their choice being respected
- Further research into cost-analysis and health outcomes required

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