Patient Initiated Review (PIR)

National Guidance Document

National Guidance Document

Scheduled Care Reform Initiatives

Version: 1.0 March 2024

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CHAPTER 1: INTRODUCTION TO PIR

Contents covered in this Chapter:

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1.2 PIR and Sláintecare

1.3 Purpose of PIR

1.4 What is PIR

1.5 Principles of PIR

1.6 Patients likely to benefit from PIR

1.7 Patients unlikely to benefit from PIR

Target Audience:

Scheduled Care Team

Clinical Team

PIR Team

Chapter 1: Introduction to PIR (Patient Initiated Review)

1.1: This Guidance Document

The purpose of this document is to outline the national approach to implement and deliver for Patient Initiated Review (PIR) in Ireland in hospital sites where clinically appropriate to do so.

1.2 PIR and Sláintecare

The 2017 Sláintecare Report highlights the need for long waiting lists to be addressed and commits to maximum wait time targets. In 2024, as the next step towards achieving the Sláintecare maximum waiting times, revised interim maximum waiting times have been defined in the 2024 HSE National Service Plan:

- Outpatient: 90% of patients should be waiting less than 15 months for an outpatient appointment
- Inpatient/Day Case: 90% of patients should be waiting less than 9 months for an inpatient or day case procedure
- GI Scopes: 95% of patients should be waiting less than 9 months for a GI scope

PIR is a key strategic reform initiative outlined in the delivery of health services for New Patients and Review Patients in Ireland.

1.3 Purpose of a PIR

The purpose of PIR is to empower patients and families to access follow-up care as required and reduce the number of unwarranted review appointments

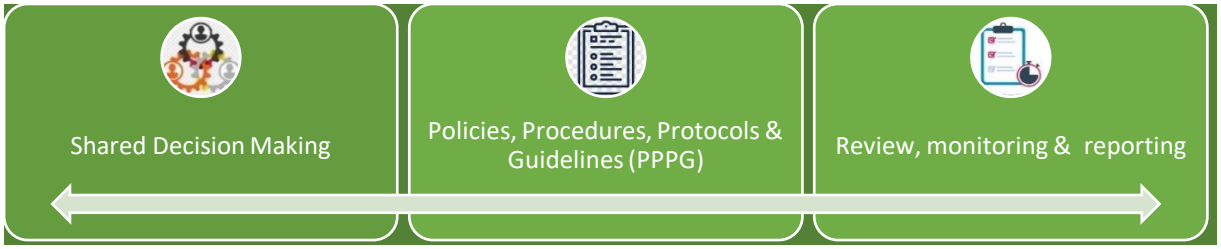
1.4 What is PIR

PIR is the process of empowering patients (and/or families and carers, where appropriate) to request a review appointment when they feel it is needed, rather than automatically scheduling follow-up care. Patients may be enrolled with their consent and using the process outlined in this document into PIR in the following scenarios:

- Following a first outpatient appointment
- Following a review appointment
- Following an inpatient/day care procedure
- Retrospectively based on application of Advanced Clinical Prioritisation to review patients

PIR moves away from the scheduling of routine follow-up appointments. Patients are suitable who are deemed to be stable, have the capacity to understand and take control of their condition, and are on an agreed treatment plan signed off by the clinician. The concept of PIR is not new, including in Ireland, however there are no formal processes in place for recording, reporting and management of PIR activity. PIR appointments can be in person or facilitated as virtual appointments if suitable

1.5 Principles of PIR



Key Principles:

Key principles for PIR include:

1. Clinicians using PIR will engage in shared decision-making conversations with their patients. Patients and/or carers will have PIR explained clearly and the opportunity to ask questions and raise concerns.

- All patients being considered for PIR must have a review with the clinician during which the person's condition and needs can be fully understood and their suitability for the PIR process assessed.
- Timeframes should be clear – how long individuals will be on PIR, with a specified end date (if appropriate) and clarity about what happens at that point.
- Shared decision making: The decision to apply a PIR protocol in each case must be taken jointly between clinician and individual. Patients (or carers) should have PIR explained to them and can ask questions and raise concerns. If they do not understand how or when to trigger an appointment, PIR should not be used. PIR should only be entered into where an individual has actively chosen this follow up process, and how these fit in with their goals for their treatment and care have been discussed.
- Written guidance: Individuals must be given clear written guidance about how PIR applies in their circumstances, including guidance on which changes in their condition or symptoms mean they should get in touch with the service and the name and contact details of the point of contact. This should be written up as part of the individual's care plan, which is centred on their goals and needs.

2. Local Policies, Procedures, Protocols and Guidelines (PPPG) for PIR will be developed.

- A PPPG must be in place which includes the consideration of safety appointments, the requirements of the particular service and staff integration.

- A PIR information session must be set up for all staff - clinical and non-clinical - on a regular basis, ensuring to capture any changeover of staff.
- A risk assessment must be performed prior to a decision to implement PIR in a service.
- Co-production of services should work with the local community and patient groups, from the outset of planning and throughout PIR development and initiation.
- Monitoring and evaluation/feedback loops, evaluation and audit of PIR should be undertaken. This should include monitoring of patient outcomes and experience, as well as assessment of how the PIR service is impacting capacity, waiting times, and non-elective admissions.
- Clearly defined inclusion and exclusion criteria must be agreed by the clinical teams to ensure only clinically appropriate patients are placed on PIR.

3. All patients enrolled on a PIR pathway will be recorded on a PIR review waiting list, and the impact of PIR will be measured and monitored. All patients moved to PIR must be tracked (on the organisation's IT system), and reports generated in line with data reporting requirements.

4. PIR should be established to ensure equity of access to PIR, particularly in the way that PIR is set up and used so that health inequalities are not exacerbated. This includes the appropriate provision of non-discriminatory information, e.g., considering the languages and reading competency of patients and their families, to allow shared decision-making and information about symptom triggers for activation of a PIR appointment. Equitable access to the activation of appointments should be ensured, including consideration of the contact options required to activate appointments (e.g., language and access to telephone). Protected characteristics should be considered in the ongoing evaluation of the service and its impact on patients.

1.6 Patients likely to benefit from PIR

PIR is not suitable for all patients; a decision must be made about whether this type of follow up pathway is suitable. A patient's ability to benefit from PIR needs to be carefully considered by the clinical team.

For PIR to be suitable for a patient (and or their family and/or carer(s), as appropriate), the following criteria should be met:

- Satisfies the inclusion and/or exclusion criteria established by the specialty team.
- Low risk that urgent follow-up care will be required.
- Patient is confident and able to take responsibility for their care for the time they will be on the PIR pathway.
- Patient /carer has a clear understanding of condition and which changes in their symptoms will require a PIR review.

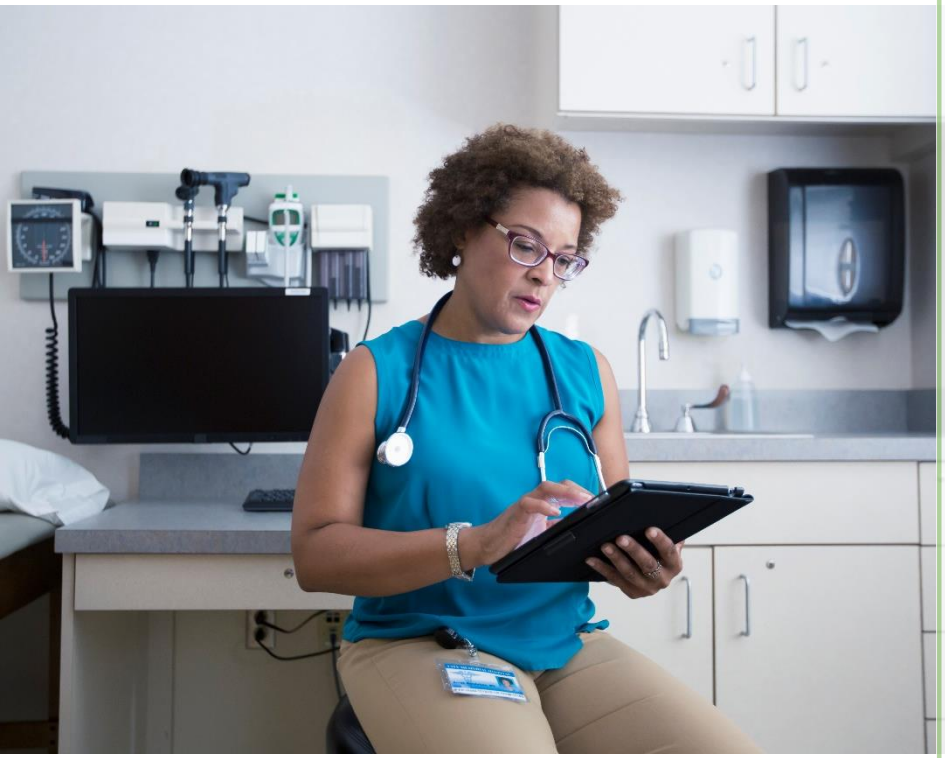
1.7 Patients unlikely to benefit from PIR

The following types of patients are unlikely to benefit PIR:

- Health issues are particularly complex.
- Not able to contact the service easily (e.g., limited access / ability to use email, phone, text etc.)
- Transitioning between child and adult services.[1,2]

1. Implementing patient-initiated follow-up Guidance for local health and care systems Version 1, 17 May 2022 https://www.england.nhs.uk/wp-content/uploads/2022/05/B0801-implementing-patient-initiated-follow-up-guidance-1.pdf
2. Patient initiated follow-up Template standard operating procedure May 2022 https://www.england.nhs.uk/wp-content/uploads/2022/05/B1211-patient-initiated-follow-up-template-standard-operating-procedure.pdf

CHAPTER 2: Benefits of PIR



Contents covered in this Chapter:

2.1 International literature review

2.2 Anticipated benefits of introducing PIR in Ireland

Target Audience:

Scheduled Care Team

Clinical Team

PIR Team

Chapter 2: Benefits of PIR

2.1 International Literature Review

- 50% of studies (8 /15 studies): PIR led to reduction in the number of outpatient appointments compared with fixed follow-up.[3]
- Danish study (rheumatology): after two years, PIR patients had 31% fewer outpatient specialist visits than patients with fixed follow-up appointments.[4]
- Improved capacity and wait times following a retrospective enrolment to PIR.
- Improved patient experience.[3]

2.2 Anticipated benefits of introducing PIR in Ireland

- Improved overall patient and staff experience.[1]
- Access to appointments at the right time for patients, families, and carers.
- Increased capacity to see more new patients by reducing the number of unwarranted review appointments.
- Opportunity for patients to exercise choice and personalising outpatient care.
- Increased focus on patient information, education, and support.
- Fewer appointments of low clinical value.
- Avoiding the inconvenience for patients and families of attending appointments they don't need.
- Reduced DNA rates.[5]
- Capturing review appointment data.

1. Implementing patient-initiated follow-up Guidance for local health and care systems Version 1, 17 May 2022 https://www.england.nhs.uk/wp-content/uploads/2022/05/B0801-implementing-patient-initiated-follow-up-guidance-1.pdf
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3 Reed S and Crellin N (2022) Patient-initiated follow-up: will it free up capacity in outpatient care? Briefing, NIHR RSET (Nuffield Trust and UCL), August.
4. Poggenborg RP, Madsen OR, Dreyer L, Bukh G and Hansen A (2021) 'Patient-controlled outpatient follow-up on demand for patients with rheumatoid arthritis: a 2-year randomized controlled trial', Clinical Rheumatology 40(9), 3599–604.
5.Robertson L., Fowler L., Donaldson S., et al Grampian A frontline Case study –Rheumatology Follow-Up.2022.

CHAPTER 3: PIR PROCESSES

Contents covered in this Chapter:

3.1 Key Components of a PIR Process

3.2 High-Level PIR Model

3.3 Process Operational Steps

3.3.1 PIR Set Up

3.3.2 PIR Enrolment

3.3.3 PIR Appointment

3.3.3(a) Activating a PIR appointment

3.3.3(b) During a PIR appointment

3.4 PIR Timeframe Expired

Target Audience:

Scheduled Care Team

Clinical Team

PIR Team

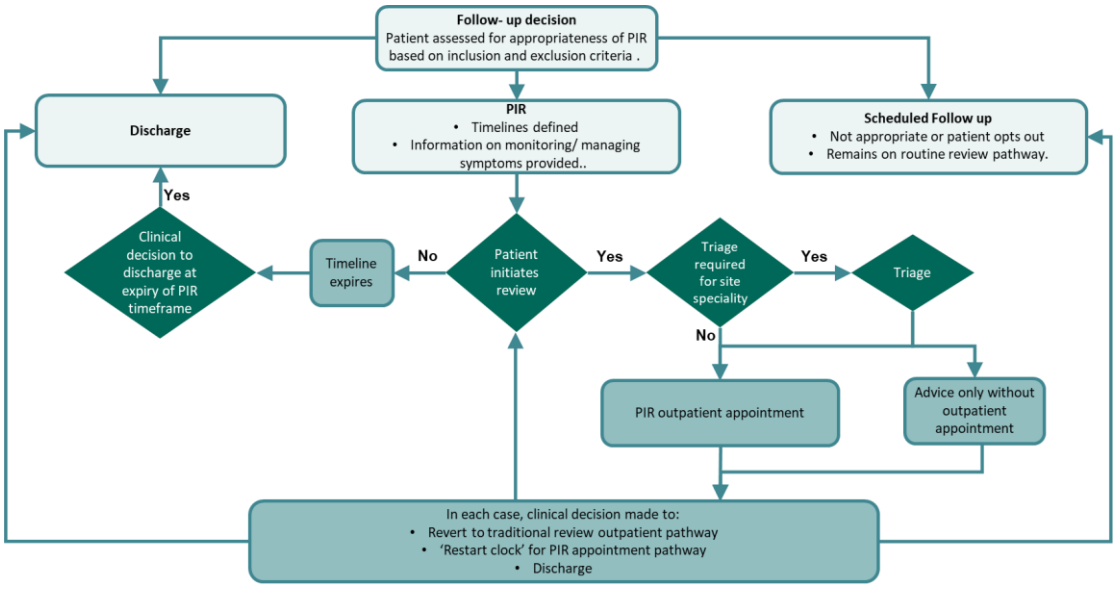
Chapter 3: PIR Processes

A consistent PIR approach should be used, that is tailored to the specialty, the location of care, the case mix, and the requirements of the service at a local level.

3.1 Key Components of a PIR Process

- PIR should be clinically led.
- PIR should be operationally enabled including with a review waiting list and developing PIR outcome drop down code and PIR appointment session codes.
- A process for scheduling new patients in unused PIR review appointments should be established.
- Necessary clinical reviews that comply with clinical guidance must take place e.g., annual reviews with some long-term conditions.
- Assurance/ governance must be in place to ensure patients can access service if needed with protected PIR slots.
- Discharge at the end of a PIR timeframe must be appropriate.
- Regular monitoring and reporting mechanisms for PIR should be established.
- Staff must be appropriately trained in the benefits of PIR, any new processes, and systems.

3.2 High-Level PIR Model



The PIR process will be adapted locally to suit the individual speciality and patient needs. A PIR toolkit has been developed to support local implementation and includes a clinical template for the speciality as well as sample enrolment letters, patient information and education and staff training (Appendix 2).

There are three points at which local practice may vary from this high-level process flow, when PIR is being set up in a particular specialty and location:

- Is clinical triage required before a PIR appointment is scheduled following contact from a patient, or may the patient book into a review appointment without triage?
- What are the timelines for PIR?
    I. Within what timeframe should an appointment be scheduled once requested by a patient on PIR? This is decided at local and speciality level. Within a 2-week period is recommended.
    II. How long should a patient remain eligible to initiate appointment on PIR before being discharged from hospital care? This is decided at local and speciality level.
- At the end of a period on PIR (the 'timeframe'), can patients who have not sought a PIR appointment be discharged from hospital care?

3.3 Process Operational Steps

Before Patient Initiated Review (PIR) is implemented for any clinical pathway, a written clinical template document should be produced using the template provided (PIR toolkit Appendix 2). This should be agreed with any clinicians who will have the authority to care for patients on a PIR plan. The criteria document should then be signed off by the Clinical Lead for the Service. If the patient cohort covered by the clinical template document require annual reviews to comply with NICE or other best practice guidance, then reference to this should be included in the completed document. All clinicians should be familiar with the clinical criteria document, and it should be stored in an accessible location.

3.3.1 PIR Set Up

- Define local speciality specific PIR process variables: triage requirement/ arrangements, timelines and whether "automatic" discharge applies.
- Develop a local PIR PPPG aligned with National PIR Guidance Document.
- Determine speciality specific inclusion and exclusion criteria for PIR.
- Create review waiting list on IPMS/PAS.
- Create PIR appointment session codes on IPMS/PAS.
- Add a PIR patient outcome code, which will be accessed from a drop-down menu.
- Agree maximum wait times from patient contact to scheduled PIR appointment.
- Set up the primary single point of contact for PIR patients.

- Develop an ongoing training and communication plan for all stakeholders involved in the delivery of PIR.
- Acquire or develop speciality specific information leaflet about PIR.
- Acquire or develop relevant PIR clinical self-management material.
- Develop PIR template GP/Source of referral letters.
- Establish a regular monitoring and reporting mechanism of PIR.

3.3.2 PIR Enrolment

- Patients are assessed for suitability and eligibility during a consultation between patient and clinician.
- The clinician discusses and informs the patient about the PIR process.
- The patient consents, or does not consent, to enrol on PIR.
    - If the patient does not consent, they remain on the routine review schedule.
    - If the patient does consent, they are provided with further information details of how to contact the service, education, and self-management support.
- The clinician assigns a predefined clinically appropriate and personalised PIR timescale, after which the patient will need a review or may be discharged.
- The enrolment of the patient on PIR is communicated to the patient's GP/ Source of referral by letter.
- Patient is recorded on IPMS/PAS with an outcome of PIR.

3.3.3 PIR Appointment

3.3.3(a) Activating a PIR appointment

- Patient contacts the designated point of contact.
- Point of contact checks the eligibility for PIR on PAS/IPMS.
- Point of contact documents all relevant information from the patient.
- According to the local PPPG:
    - If the point of contact is an administrator and appointments are to be booked directly, an appointment is scheduled.
    - If triage is required, triage is arranged by the point of contact unless triage is provided by the point of contact.
    - If triage determines that an appointment needs to be scheduled, an appointment is scheduled within the agreed timeline.

3.3.3(b) During a PIR appointment

- Patient attends the PIR appointment.

- Clinician and patient agree to remain on PIR and the timescale is reset by the clinician **OR** the clinician and patient decide to go back to a routine follow-up review pathway **OR** the patient is discharged.
- Clinician sends a GP/ Source of referral letter following the PIR appointment.

3.3.4 PIR Timeframe Expired

In the event that the patient triggers a PIR appointment after expiry of the PIR timeframe a clinical decision is made at local level to either review or discharge the patient back to the GP/ Source of referral.

CHAPTER 4: Roles and Responsibilities

Contents covered in this Chapter:

4.1 PIR process map including roles and responsibilities

Target Audience:

Scheduled Care Team

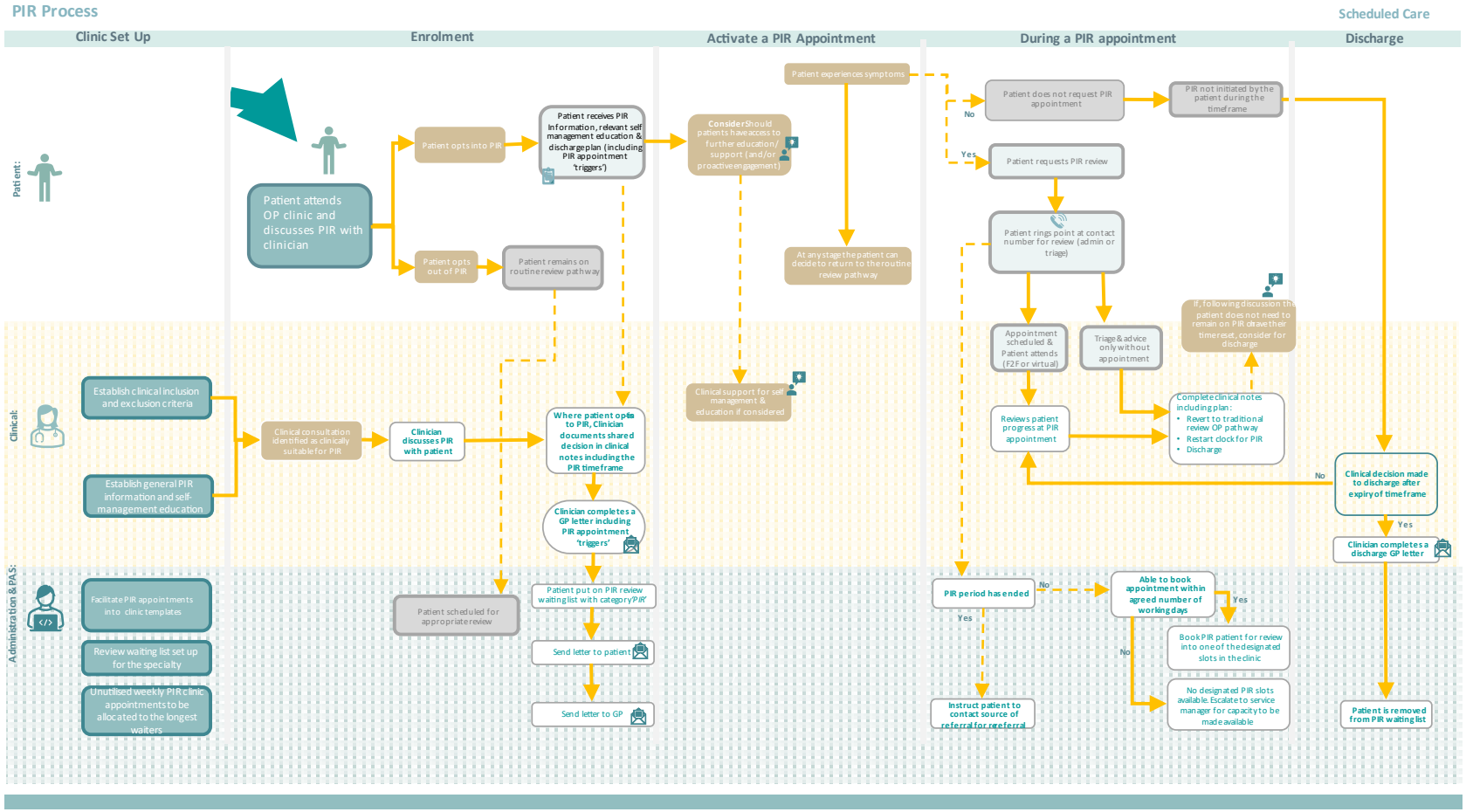
Clinical Team

PIR Team

Chapter 4: Roles and Responsibilities

Roles and responsibilities are set out for functionality in Appendix 1. However, it is expected that there must be integration of clinical and non-clinical teams for effective services to be provided. This may include Multi-Disciplinary Team (MDT) meetings to ensure all team members are aware of the status of patients in PIR.

4.1 PIR process map including roles and responsibilities



CHAPTER 5: Primary Care Considerations

Contents covered in this Chapter:

5.0 Primary Care Considerations

Target Audience:

Scheduled Care Team

Clinical Team

PIR Team

Chapter 5: Primary Care Considerations

To ensure changes to follow-up care do not result in additional pressures for primary care, collaborative working with local primary care colleagues to develop and implement plans should consider:

- Sufficient access to secondary care is available when required during PIR.
- Appropriate communication with patients and primary care.
- A structured feedback process between services in primary and secondary care.
- The primary care referrer will be informed of patient enrolment on PIR and may contact the clinical team to discuss any concerns.

CHAPTER 6: Waiting List Management

Contents covered in this Chapter:

6.0 Waiting List Management

Target Audience:

Scheduled Care Team

Clinical Team

PIR Team

Chapter 6: Waiting List Management

Existing protocols that pertain to the operation of outpatient clinics apply to PIR review appointments. The principle of chronological scheduling applies to the appointment of patients to the unutilised PIR outpatient session.

CHAPTER 7: Data and Reporting

Contents covered in this Chapter:

7.0 Data and Reporting

Target Audience:

Scheduled Care Team

Clinical Team

PIR Team

Chapter 7: Data and Reporting

PIR to be recorded in the OP Clinic Reconciliation Form. PIR should be recorded as an outcome in iPMS/PAS.

The following metrics must be used to monitor PIR:

- Number of Specialties Live.
- Number of patients attended per speciality.
- Number of patients enrolled in PIR per speciality.
- Number of activated PIR appointments per speciality.
- Number of new patients seen from waiting list due to un-utilised PIR sessions per speciality.
- Number of patients on PIR discharged to GP/ Source of referral from PIR post indicative date.
- Patient experience measures per speciality.

CHAPTER 8: EDUCATION TOOLKIT

Contents covered in this Chapter:

- Education Toolkit for hospitals

Target Audience:

Scheduled Care Team

Clinical Team

PIR Team

Chapter 8: Education Toolkit

Patient Initiated Review
Education & Training

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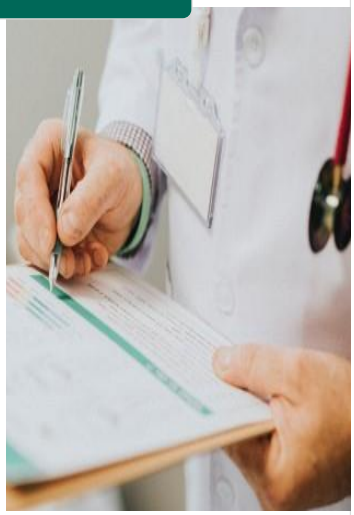
Purpose of this training

- What is Patient Initiated Review (PIR)
- Why do we need Patient Initiated Review (PIR)
- How to implement Patient Initiated Review (PIR)
- Roles and Responsibilities for Patient Initiated Review (PIR)



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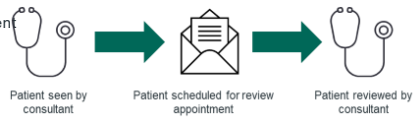
What is PIR?

What is PIR?

- PIR (Patient Initiated Review) is when a patient initiates an appointment when they need one, based on their symptoms, rather than the automa scheduling of review appointments. PIR involves a review appointment that is available on the system but only schedule patient initiates a review.
- It is a clinical led initiative where a set of inclusion / exclusion criteria for patients appropriate for PIR is determined at local site and speciality level.

What is the current process?

- Currently patients are seen by a consultant and a standard review appointment is scheduled for a pre determined time regardless of patient status.
- The purpose of PIR is to address the problem of high outpatient return attendances Each year the HSE provide almost 3.4m outpatient appointments, 2.1m are review outpatient appointments.



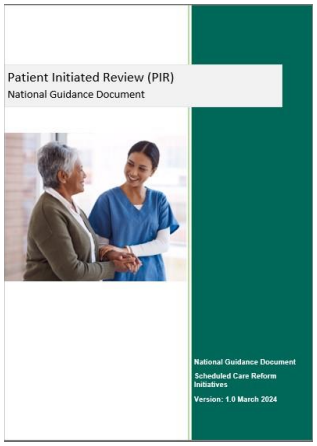
What is the future process?

Insert process agreed at local level

What are the benefits of implementing PIR?

- ✓ Reduction in the number of unwarranted review appointments
- ✓ Increased capacity for new appointments
- ✓ Improved patient experience

National Guidance Document for PIR



A PIR National Guidance Document has been developed and this document is at the final stage of formal sign off. This outlines how to implement PIR at local level.

It includes details on:

- Roles and responsibilities throughout the PIR process
- Clinical components of PIR
- Operational components for PIR
- Reporting & Metrics
- Toolkit
  - •Generic PPPG
  - •Clinical template
  - •Patient information template
  - •Patient education template
  - •Enrolment letter template
  - •Staff education & communication for PIR

Patient Initiated Review (PIR) - Clinical Criteria for XXXX

Introduction

Insert process agreed at local level.

- PIR is not to be used where patients would otherwise previously have been discharged.

Inclusion/Exclusion criteria

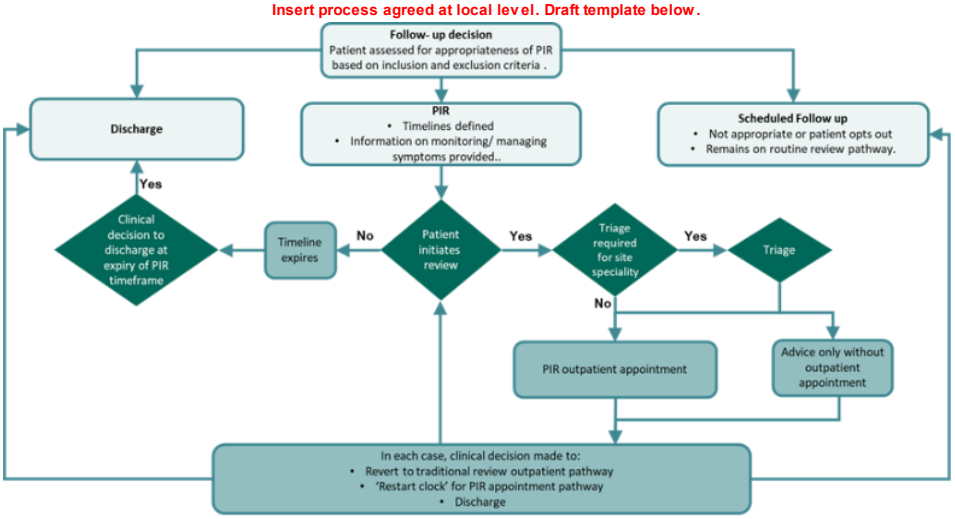
Insert agreed inclusion/exclusion criteria for patients appropriate for PIR (determined by clinicians).

PIR Timeframe

Insert agreed timelines that patient will remain on PIR pathway.

Local PIR Process for XXXXX

Insert process agreed at local level. Draft template below.



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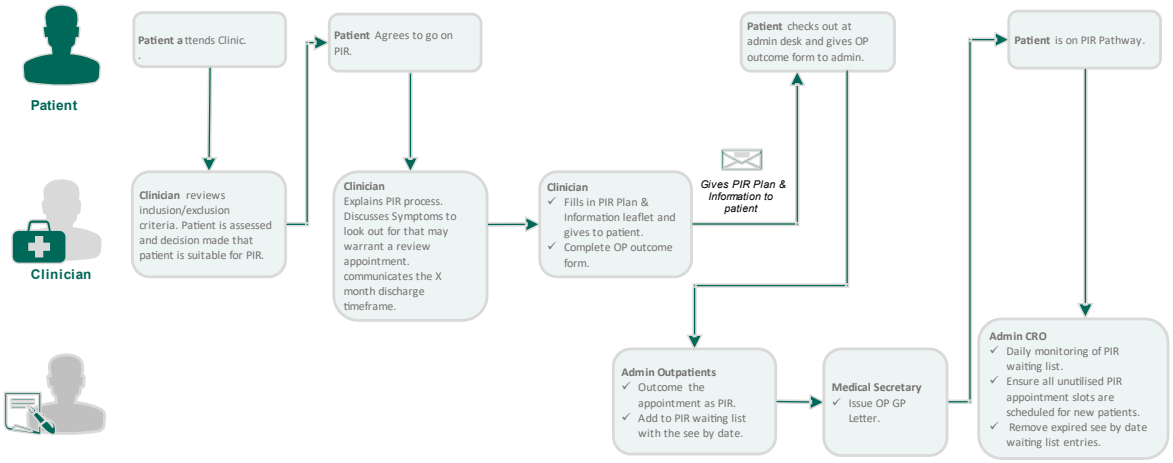
For up-to-date information please refer to the National Guidance Document for PIR

Local PIR Patient Appointment Journey for XXXX

Insert process agreed at local level. Draft template below.



Patient Information Plan & Leaflet (2 sided document)

PIR Plan

Insert image of agreed communication template.

PIR Information Leaflet

Insert image of agreed communication template.

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For up-to-date information please refer to the National Guidance Document for PIR

Roles and responsibilities of PIR teams

Clinical Resources

- Determine speciality specific inclusion and exclusion criteria for PIR as per clinical template.
- Determine PIR Plan.
- Shared decision making with the Patient.
- Document PIR pathway in clinical notes & GP letter following outpatient appointment.
- Ensure patient leaves with PIR Plan & Information.
- Include PIR training on NCHD induction programme.
- **Ongoing awareness and engagement of PIR within the Hospital.**

Operational Resources

- Create review waiting list on IPMS for the speciality.
- Create PIR appointment session codes within the clinic code.
- Add a PIR outcome drop down code.
- Agree the primary source point of contact for PIR patients.
- Schedule unutilised PIR appointments to new patients.
- Record PIR as OP outcome.
- Add patients on to PIR waiting list.
- Send PIR GP letter.
- If patient initiates a review appointment a virtual appointment is schedule anda face-to-face appointment after if required.
- **Ongoing awareness and engagement of PIR within the Hospital.**

Thank You!

THANK YOU

If you have any questions regarding PIR, please contact a member of the Acute Access Team below and we will be happy to help!

Marcella Kenny, Access Team, Acute Access
marcella.kenny@hse.ie