



Patient Initiated Review (PIR)

National Guidance Document



National Guidance Document
Scheduled Care Reform Initiatives
Version: 1.0 March 2024

Contents

Chapter 1: Introduction to PIR (Patient Initiated Review)	4
1.1: This Guidance Document	4
1.2 PIR and Sláintecare	4
1.3 Purpose of a PIR	4
1.4 What is PIR	4
1.5 Principles of PIR	5
1.6 Patients likely to benefit from PIR	6
1.7 Patients unlikely to benefit from PIR	7
Chapter 2: Benefits of PIR	9
2.1 International Literature Review	9
2.2 Anticipated benefits of introducing PIR in Ireland	9
Chapter 3: PIR Processes	11
3.1 Key Components of a PIR Process	11
3.2 High-Level PIR Model	11
3.3 Process Operational Steps	12
3.3.1 PIR Set Up	12
3.3.2 PIR Enrolment	13
3.3.3 PIR Appointment	13
3.3.3(a) Activating a PIR appointment	13
3.3.3(b) During a PIR appointment	13
3.3.4 PIR Timeframe Expired	14
Chapter 4: Roles and Responsibilities	16
4.1 PIR process map including roles and responsibilities	16
Chapter 5: Primary Care Considerations	18
Chapter 6: Waiting List Management	20
Chapter 7: Data and Reporting	22
Chapter 8: Education Toolkit	24
Chapter 9: PIR Letter & Comms Pack	30
9.1 PIR Clinical Template	30
9.2 PIR Patient Information Leaflet	31
9.3 PIR Patient Plan / Education Leaflet (Condition Specific)	33
9.4 PIR Patient Enrolment Letter	34
9.4 PIR Patient Discharge Letter	35



CHAPTER 1: INTRODUCTION TO PIR



Contents covered in this Chapter:

- 1.1: This Guidance Document
- 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 Sláintecare logo is displayed vertically within a light blue rectangular box. The word "Sláintecare" is written in a bold, black, sans-serif font, with a small blue dot above the 'e' in "care".

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:

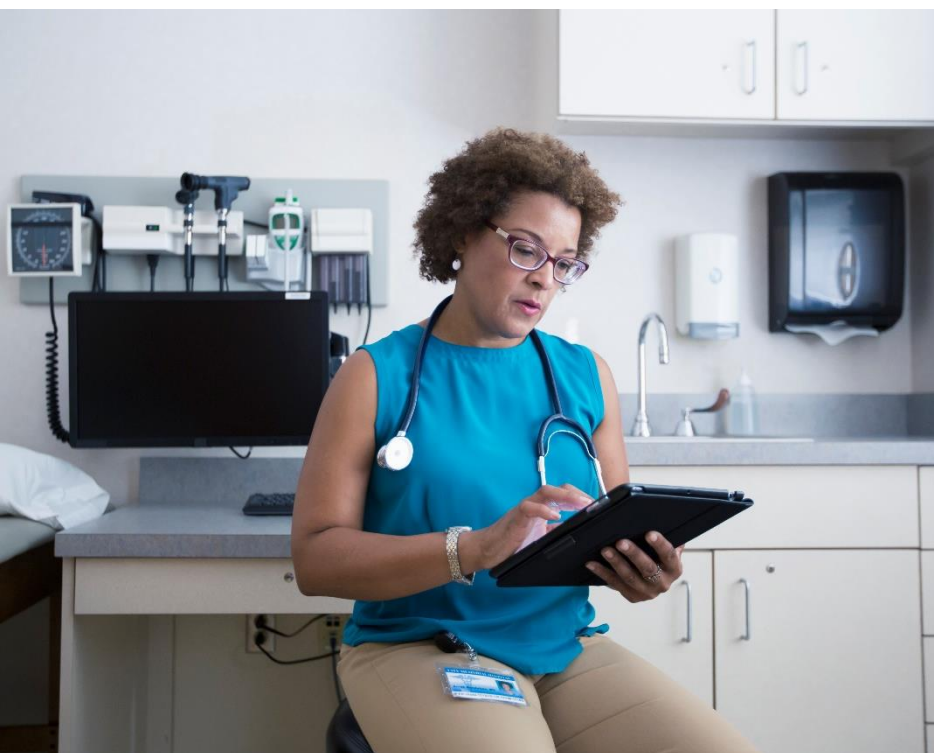
- Health issues are particularly complex.
- Not able to contact the service easily (e.g., limited access / ability to use email, phone, text etc.)
- Transitioning between child and adult services.^{1,2}

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>

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>

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

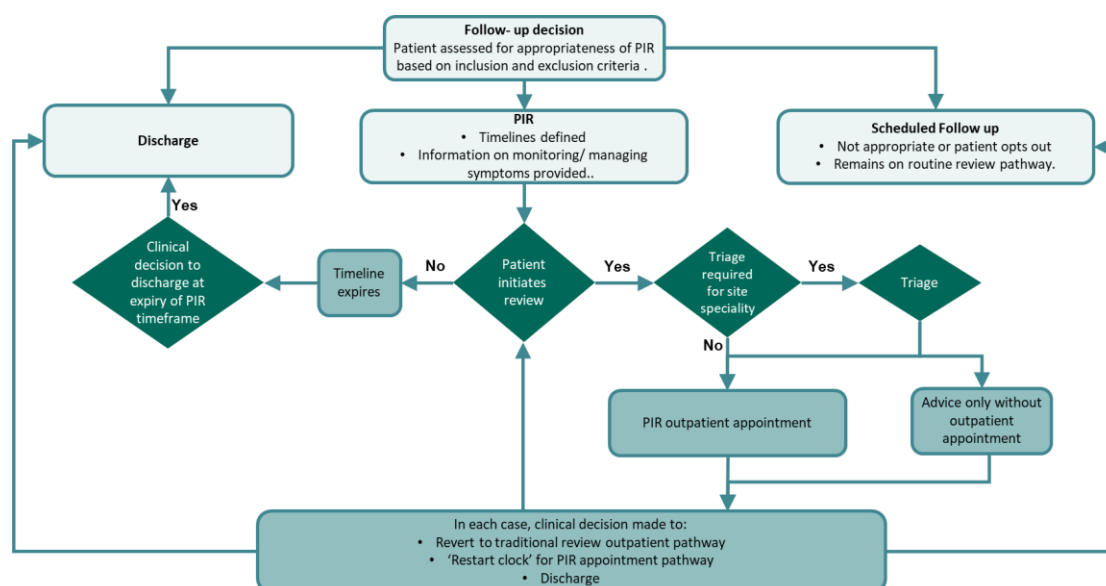
Chapter 3: PIR Processes

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

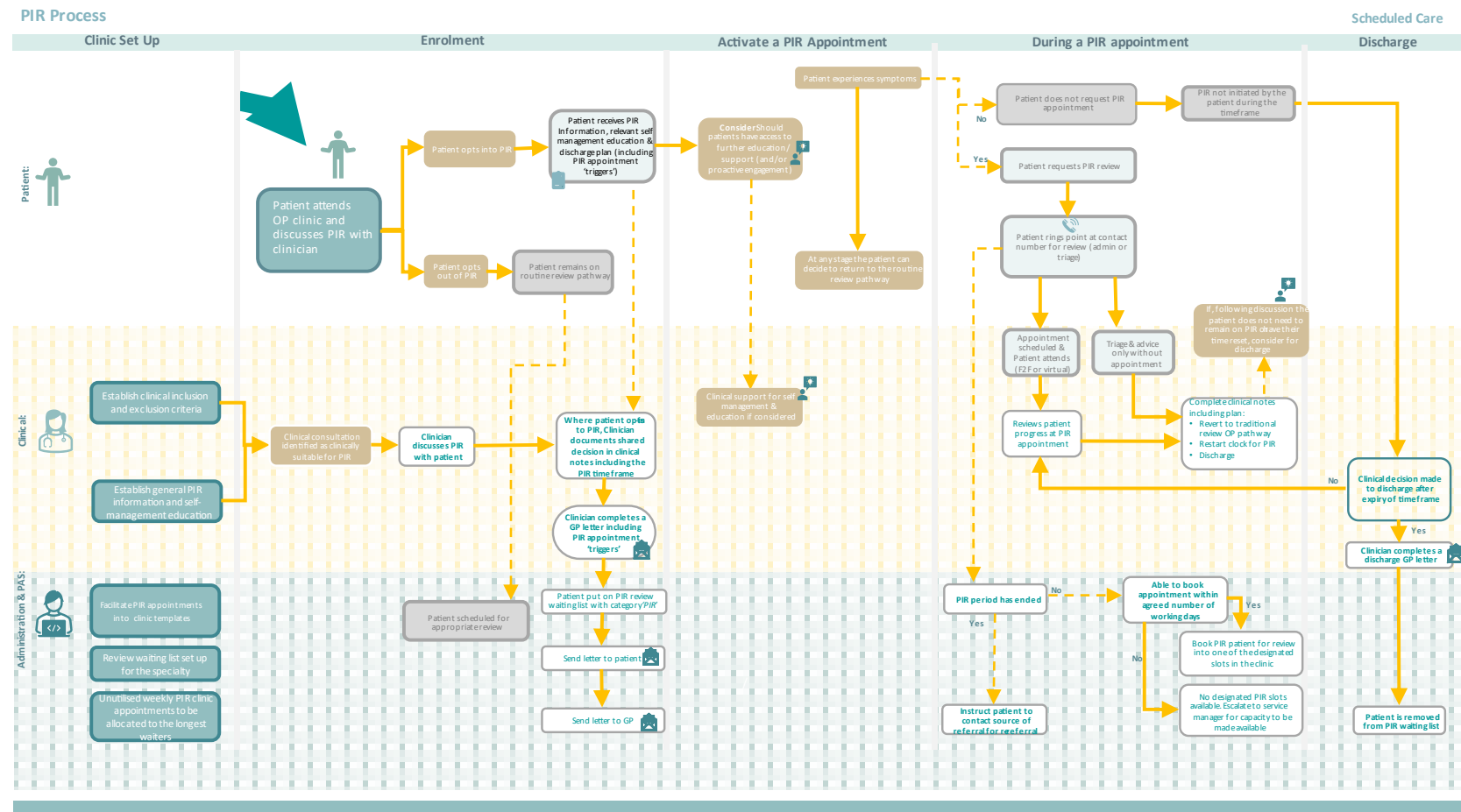
Clinical Team

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



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service



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 of Patient Initiated Review (PIR)



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 automatic scheduling of review appointments. PIR involves a review appointment that is available on the system but only scheduled if the 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 over 3.6m outpatient appointments, 2.6m are review outpatient appointments.



What is the future process?

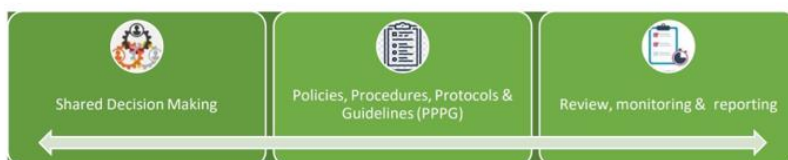


What are the benefits of PIR?

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



What are the principles of PIR



- All patients being considered for PIR must have a review with a clinician during which the person's needs can be fully understood and their suitability for PIR assessed.
- Clinicians using PIR engage in shared decision making with their patients
- Suitable patients are selected on their condition and their ability to self-care
- Timeframes must be clear – how long individuals will be on PIR, with a specified end date (if appropriate) and clarity around what happens at that point
- Written guidance: Patients must be given clear written guidance on when to initiate PIR and how to initiate a PIR appointment



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.



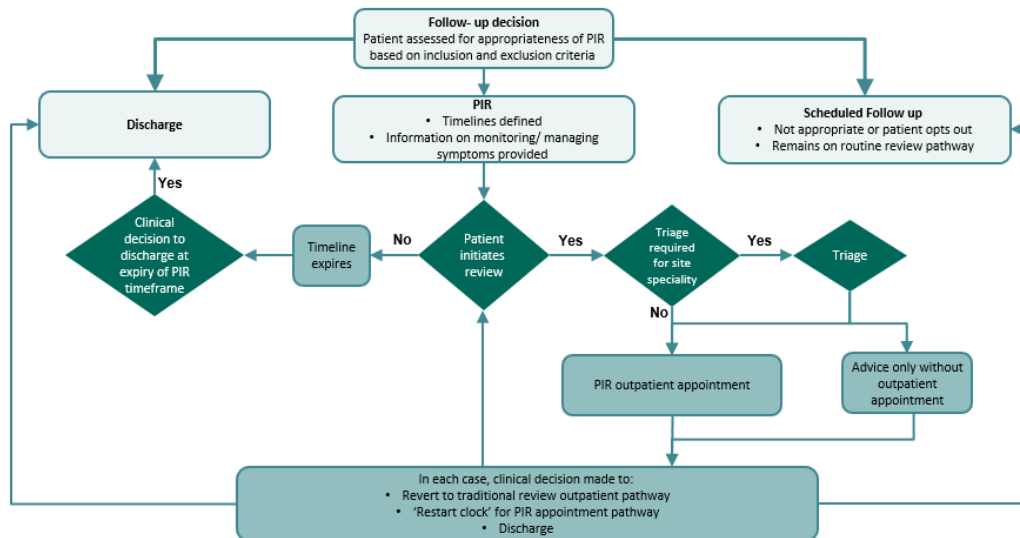
Saorbhús Síolta
Níós Fearr
a Fhorbairt

Building a
Better Health
Service

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



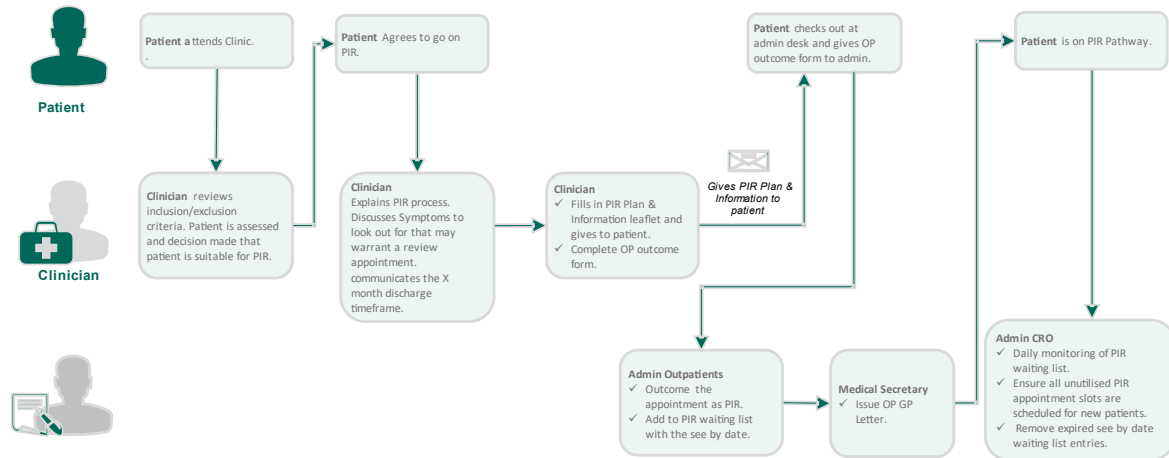
PIR – Process Map





Local PIR Patient Appointment Journey for XXXX

Insert process agreed at local level. Draft template below.



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

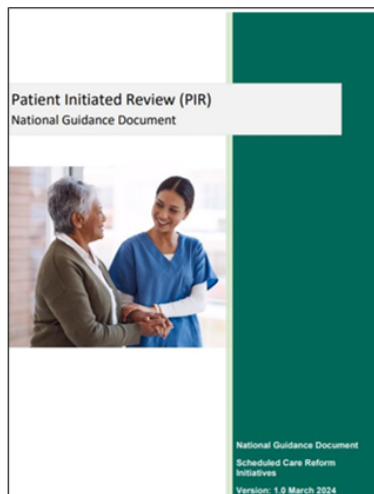


Séirbhís Síolta
Níós Fearr
a Fhorbair

Building a
Better Health
Service



National Guidance Document for PIR



A PIR National Guidance Document has been developed.

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 including templates for letters and communications about PIR



Sample Patient Information Plan & Leaflet (2-sided document)

PIR Plan

Patient Initiated Review (PIR) Plan for (Condition)

Date: _____

You have agreed with your clinician that any future review appointments can be arranged by you. To do this, you must contact the number below.

Your clinician has discussed with you the signs and symptoms that would require you to arrange a review appointment. These signs and symptoms are either listed in your PIR (speciality) Plan. Your PIR will be active for six months from the date on this letter.

If you have any questions or concerns regarding the decision to offer you a PIR, please discuss these with your clinician.

Contact 061 452230 if you have any of the following signs and symptoms.

- _____
- _____
- _____
- _____
- _____

Signed: _____

PIR Information Leaflet

Patient-Initiated Review (PIR) Information for Patients and Carers

What is a Patient Initiated Review appointment?

(Important Notice) is introducing a new process called PIR which allows you to arrange follow-up appointments yourself when you need them.

- This puts you in control of your hospital follow-up and provides you with direct access to a review appointment when you most need it.
- PIR is optional, and you can choose to continue having routine follow-up appointments if you prefer.

How does Patient-Initiated Review work?

1. Your clinician recommends that you are suitable for PIR and discusses this with you.
2. Both you and your clinician make a joint decision to follow the PIR pathway.
3. Your GP is notified and told that you are now following the PIR pathway.
4. When you want to schedule a review appointment, you must contact the number below.
5. Once your appointment has been scheduled, you will receive a telephone consultation within 2 weeks.
6. During the telephone consultation, a plan for advancing your care will be made.
7. If you have concerns at any point, please contact the number below.

When can I book an appointment?

Your clinician will advise you of the circumstances in which you should arrange an appointment. This will depend on your specific condition. You can make a follow-up appointment if:

- You have on-going concerns about your condition.
- If your condition worsens.
- If your symptoms have changed.

When you contact us, you will need to provide your:

- Name.
- Date of birth.
- Hospital number (please use your appointment letter).
- Please have time to talk to us on PIR when you contact the hospital.

What do I need to do?

To schedule a review appointment, please telephone us on 061 452230.



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 and a face-to-face appointment after if required.
- **Ongoing awareness and engagement of PIR within the Hospital.**





CHAPTER 9: PIR LETTER & COMMS PACK

TO BE ADAPTED LOCALLY



Contents covered in this Chapter:

- 9.1 PIR Clinical Template
- 9.2 PIR Patient Information Leaflet
- 9.3 PIR Patient Plan / Education Leaflet (Condition Specific)
- 9.4 PIR Patient Enrolment Letter
- 9.5 PIR Discharge Letter



Target Audience:

Scheduled Care Team
Clinical Team
PIR Team

Chapter 9: PIR Letter & Comms Pack

9.1 PIR Clinical Template



Patient Initiated Review (PIR)

Clinical Criteria for _____

1) Introduction:

- This criteria document is a general description of patients with the above condition who are agreed by the clinicians to be suitable for PIR.
- Any decision to place a patient on a PIR is ultimately at the discretion of the clinician.
- PIR is not to be used where patients would otherwise previously have been discharged

2) Inclusion/Selection criteria:

3) PIR Timeframe:

4) Key symptoms that should trigger a follow-up appointment request:

5) Patient to be seen within XXX once appointment has been initiated:

Date:

Review date:



Patient-Initiated Review (PIR)

Information for Patients and Carers

Who is this leaflet for?

This leaflet provides information for patients and carers who have attended a day ward/clinic at *(hospital name)* and who have been offered a Patient-Initiated Review (PIR) appointment. It explains what PIR is and how it works, along with all the information needed to contact the service to arrange follow up appointments if required.

What is a Patient Initiated Review appointment?

(Hospital Name) is introducing a new process called PIR which allows you to arrange follow-up appointments yourself when you need them. This puts you in control of your hospital follow-up and provides you with direct access to a review appointment when you most need it. Attending unnecessary appointments scheduled by the hospital might not be a good use of your time and can cause anxiety if your condition is stable; for example, time taken to travel, parking and waiting for the appointment. Scheduled appointments may not result in any change to your treatment. PIR is completely optional, and you can choose to continue having routine follow-up appointments if you would prefer.

How does Patient-Initiated Review work?

PIR is designed for patients whose conditions are expected to improve or resolve, or who have stable long-term conditions that can be managed at home. Your Clinician / Doctor / Nurse may recommend PIR if it is safe for you to manage your own follow-up appointments. Once it has been agreed that PIR is suitable, you will receive information on how to monitor your condition at home and provide relevant information. You will receive a confirmation letter in the post and your GP/ Source of referral will be notified.

What do I need to do?

If you need to contact us when you think you need a review appointment, please telephone us on:

XXXXX XXXXXX

Please note: If you find you cannot attend your appointment, please tell us in advance, so we can give it to someone else who needs it.

When can I book an appointment?

Your Clinician / Doctor / Nurse will advise you of the circumstances in which you should arrange an appointment. This will depend on your specific condition.

You can make a follow up appointment if:

- You have on-going concerns about your condition
- If your condition worsens
- If your symptoms have changed

When you contact us, you will need to provide your:

- Name
- Date of birth
- Hospital number (please see your appointment letter)
- Please make sure to say you are on PIR when you contact the hospital

How quickly can I expect to receive an appointment?

We have a number of 'reserved' appointments every week for people on PIR who contact us and need an appointment with a member of the team. If you need to be seen, then we will see you within _____ weeks.

How do I know the team won't forget about me if I'm not having regular appointments?

You will continue to be a patient under our care when you are on PIR. The length of time you will remain on PIR will be discussed and agreed with you when you decide to go onto PIR, and at any subsequent appointments.

9.3 PIR Patient Plan / Education Leaflet (Condition Specific)

Patient Name:
Patient Initiated Review (PIR) Plan for insert condition

You have agreed with your Clinician / Doctor / Nurse that any future review appointments can be arranged by you by contacting the number below. They will discuss with you the signs and symptoms that would require you to arrange a review appointment. These signs and symptoms are written below in your PIR (speciality) PLAN.

Your PIR will be active for; this timeline will be explained to you. Please discuss any concerns you may have regarding the decision to offer you a PIR with your Clinician / Doctor / Nurse.

Condition/treatment/procedure relating to your PIR:

.....

Contact XXXXXXXX (number) if you have any of the following signs and symptoms.

-
-
-
-
-

When Not To Use This PIR

- If your concern is related to a different condition or symptoms, other than listed above.
- If you require urgent medical advice, you should contact your GP or 112.

Note: Please remember it is important that you are unavailable to attend your booked appointment, tell us in advance so we can try to give your appointment to someone else.

9.4 PIR Patient Enrolment Letter



Patient Initiated Review (PIR) Enrolment Letter

PRIVATE & CONFIDENTIAL

Date:

Dear [patient name]

You have agreed with your Clinician / Doctor / Nurse that any future review appointments can be arranged by you by contacting the number below. They have discussed with you the signs and symptoms that would require you to arrange a review appointment. This is referred to as Patient Initiated Review (PIR).

[Speciality specific for patients with a PIR end date] Your PIR timeline is.....

At the end of the PIR timeline (insert name) will discuss further options with you (can be altered locally to discharge or reset PIR timeline).

When to arrange an appointment

Your Clinician / Doctor / Nurse will advise you of the circumstances in which you should arrange an appointment. This will depend on your specific condition.

You can make a follow up appointment if:

- You have on-going concerns about your condition
- If your condition worsens
- If your symptoms have changed

How do I book an appointment if I need one?

If you need to contact us when you think you need a review appointment, please telephone us on:

XXXXX XXXXXX

The team will agree a suitable appointment date and time with you. *Please note: If you find you cannot attend your appointment, please tell us in advance, so we can give it to someone else who needs it.*

What to do if you've changed your mind

Managing your appointments in this way is optional and is your decision. If at any time you change your mind and would like to return to having routine appointments, please contact us on [enter phone number] and we will arrange this for you.

Yours sincerely,

[Named contact in service/department]

Copied to GP

9.4 PIR Patient Discharge Letter



Insert 'Hospital Name' – Discharge Letter
PRIVATE & CONFIDENTIAL

Date:

Dear [Patient Name]

At the start of your treatment, in '*X Specialty*' in '*Y Hospital*', you and your Clinician, [enter name] agreed that rather than booking routine follow up appointments, you would arrange an appointment only when you needed one. This is called a Patient Initiated Review (PIR) pathway.

It was agreed that you would arrange your appointments in this way until [enter PIR end date].

As this date has now passed you have been discharged from our care.

This means if you need further care and support you will need to contact your GP. Your GP will refer you back to us should you need to see a specialist again.

Please contact your GP/point of referral if any of the below occur:

- New concerns about your condition.
- If your condition worsens.
- If your symptoms have changed.

Support for managing your condition

We encourage you to explore the resources listed at the end of this letter to help you to continue to manage your condition and to contact your GP if you need further support.

Yours sincerely,

[Named contact in service/department]

Copied to GP

[Insert list of resources/information to help the patient manage their condition].



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!

Access Team,
Acute Operations
access.acuteoperations@hse.ie