

**Freedom of Information Act 2000 - Request Reference Fol/22/145**  
**Patient Initiated Follow-up**

**Information Requested:**

1. Please complete the below table, providing figures in relation to the number of patients waiting to start consultant-led Referral to Treatment (RTT), outpatients and Patient Initiated Follow-up (PIFU), which gives patients and their carers the flexibility to arrange their follow-up appointments as and when they need them.

As at February 2022	Total Number of Patients
Total number of RTT patients waiting to start treatment/ <b>Amended</b> to total number of outpatients waiting at the end of February 2022, inclusive of those waiting for treatment or a follow-up.	Total: 240,246 (new and follow up)
Total number of outpatients	Total: 240,246 waiting for OPA
Of those outpatients, how many are <b>eligible</b> to go on a PIFU pathway	We are unable to answer this question at this present time; please see note. *
Of those eligible, how many have been <b>offered</b> to go on a PIFU pathway	We are unable to answer this question at this present time; please see note. *
Of those offered, how many are currently <b>placed</b> on a PIFU pathway	PIFU pathways are being developed; currently 350 patients are on PIFU pathways.

2. Are all outpatients included in the RTT patient numbers?

Yes, the number includes patients on a Stage 1 waiting list.

3. Does your organisation currently have technology in place to accommodate PIFU pathways?  
For example, a patient engagement tool for booking PIFU appointments etc.



- a. Who is the supplier of the system?
- b. Please provide further detail on how the technology supports PIFU

The UHB's PMS provides the functionality enabling clinicians to place patients onto PIFU pathways. We currently do not have a patient engagement tool enabling patients to book their own PIFU appointments.

4. Does your organisation have a clinical task management tool to support PIFU which aids escalation and intervention for patients that could be lost to follow-up or their circumstances have changed?
  - a. Who is the supplier of the system?
  - b. Please provide further detail on how the technology supports PIFU
  - c. What job role is responsible for making purchasing decisions around task management software at your organisations? E.g. Chief Operating Officer, Chief Information Officer

We do not have a clinical task management tool. In order to support patients on PIFU pathways we plan to utilise PROMS/PREMS via SMS, for those patients able to access digital technology; Healthcare Communications is the SMS provider. PROMS/PREMS platform is provided by My Clinical Outcomes. The Director of Digital & Health Intelligence or Director of Digital Transformation would recommend the purchase of Organisation wide software.

5. Does your organisation have an employee or team whose role is involved in administering/co-ordinating PIFU? If yes, please state the number of FTEs involved in PIFU

Yes, 0.5 FTE.

6. Please complete the table for each of the specialties listed:

Specialty	How many days a month were outpatient clinics run in February 2022?	What specialties are PIFU currently implemented in? (tick for yes)
Mental Health	20	
Cardiology	20	
Dermatology	20	
Diabetes	14	
Endocrinology	14	
Gastroenterology	20	
Geriatric Medicine	20	
Gynaecology	28	
Hepatology	20	



Neurology	20	
Oncology	**	
Ophthalmology	20	✓
Palliative medicine	22	
Paediatrics services	20	
Physiotherapy	20	
Rehabilitation	Please specify rehabilitation type	
Renal medicine	18	
Respiratory	20	
Rheumatology	16	✓
Colorectal surgery	24	
Breast Surgery Service	24	
Ear, Nose and Throat	20	✓
General Surgery	24	✓
Orthopaedics and Trauma	28	
Orthoptics	20	
Pain management	19	✓
Plastic surgery	4	
Thoracic medicine	12	
Urology	20	
Vascular surgery	17	
Audiology Service	16	
Other		

\*\*In completing a search for the information requested, Cardiff and Vale University Health Board (the UHB) has confirmed that this information is not centrally recorded or collated. To retrieve the information requested would require a manual search through individual records and the UHB considers that this would exceed the limit set within regulations for responding to a request. The UHB has therefore relied upon the Section 12 exemption ('Exemption where cost of compliance exceeds appropriate limit') of the Freedom of Information Act 2000 and is refusing your request.

The UHB has estimated that to complete the work needed to respond to this request would exceed the time limit as set within regulations to respond to a Freedom of Information Act request. Under the Act there is an allowance of two and a half days, or 18 hours, to comply with a request and the cost limit set within the fees' regulations for this amount of work (18 hours) is £450 for the UHB. The fees regulations specify that the cost of complying with a request must be calculated at the rate of £25 per hour.



**7. How is your organisation measuring the impact of PIFU in these specialties? e.g. size of waiting list, number of weeks patients are waiting for treatment, number of outpatient attendances**

The UHB have metrics in place to measure the impact of PIFU; return rate, monitoring data of follow up waiting list, capacity being released within outpatient clinics.

**8. Has the implementation of PIFU reduced the operating hours of outpatient clinics? if so, by what percentage since implementation**

The UHB do not have enough patients on PIFU pathways to support the reduction of operating hours within outpatient clinics.

*\*Please note* the UHB also provide see-on-symptoms SOS pathways for patients with short term conditions and utilise PIFU pathways for patients with long term conditions.

Cardiff and Vale University Health Board is implementing see-on-symptoms (SOS) and patient initiated follow up (PIFU) as an improvement programme, enabling patients to initiate their own appointments as and when they need them. This work commenced in May 2021 and we have 40 SOS and PIFU pathways in place across Medicine and Surgery Clinic Board. We have a tried and tested implementation plan required to implement a new SOS or PIFU pathway and have adopted a Spread and Scale approach in place to expand the reach of this work. As part of our Spread and Scale approach to both SOS and PIFU all follow up patients, where clinically appropriate, will be offered the opportunity to be placed on a PIFU pathway as pathways are developed.

