MINI BULLETIN – 28 November 2023

PIFU is an appointment process that helps hospitals manage capacity and puts patients in control of making appointments when they need them.

The elective care backlog is an ongoing challenge for services and has meant the NHS has had to look for ways to better match clinical resources with demand and reduce patient waiting times.

**Patient-initiated follow up (PIFU**) has been given a renewed focus as a potential way to help reduce this backlog by better managing outpatient follow-up appointments while also giving patients greater flexibility and control over their care.

PIFU encourages conversations between patients and clinicians, supporting patient self-management and promoting shared decision-making. At a time when services are challenged matching clinical resources with demand, PIFU looks to benefit both patients and providers, freeing up valuable capacity and improving patient access and satisfaction.

As PIFU is scaled up across the NHS, with many trusts looking to establish their own services, it remains important to look at considerations beyond healthcare to ensure services are appropriate and equitable for all patients using them.

Traditionally, patients who have had treatment or surgery, or suffer with chronic conditions were provided with a set Care Plan and offered scheduled follow-up appointments either conducted in person, or remotely.

PIFU offers an alternative way of organising planned follow-up care for patients following their elective procedures, rather than automatically being scheduled for appointments.

This aims to give greater control to patients over the timing of their follow-up appointment based on their health status needs, helping patients save time, money and the inconvenience of travelling to pre-arranged appointments they may not need.

Following the recent divestment of Lloyds Pharmacy branches, we have been asked about the composition of the Committee.  **Community Pharmacy England’s** **Committee** is made up of 24 representatives from across the community pharmacy sector, and a non-executive chair.

It has been a principle of the Committee for some time, and was affirmed by Pharmacy owners in the RSG vote, that the composition of the Committee should remain 50% Multiple and 50% Independent.