

Introducing patient-initiated follow-up to gynaecology: Patient and clinician views

Mira Chainrai¹, Victoria Kershaw², Thomas Gray³, and Stephen Radley²

¹The University of Sheffield

²Sheffield Teaching Hospitals

³Norfolk and Norwich University Hospital NHS Trust

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Abstract

Objective: To evaluate patient and clinician views regarding Patient-Initiated Follow-Up (PIFU) in gynaecology and identify subgroups suited to this pathway of care. **Design:** Cross-sectional survey **Setting:** Gynaecology Outpatients Department, Sheffield Teaching Hospitals, Sheffield, UK. **Population or Sample:** Patients and clinicians. **Methods:** Participants were recruited from gynaecology outpatients, with purposive sampling of diverse groups and clinics. PIFU value and burden were evaluated using patient and clinician surveys (modified QQ-10). Free-text comments were collated. **Main Outcome Measures:** QQ-10 value and burden scores. **Results:** 305 patients and 30 clinicians were surveyed. On value and burden scales of 0–100, patients and clinicians attributed high value (mean 77 and 81) and low burden (mean 38 and 45). Greater autonomy was cited in free-text by 85% of patients and 93% of clinicians. Patients attending benign gynaecological sub-specialties attributed highest mean value scores: Endometriosis (84), general gynaecology (83) and vulval clinics (81). Gynaecology oncology patients attributed lowest value (64) and highest burden (51) of all subgroups. Younger patients (<60) were more likely to express preference for PIFU (53%) than older (29%). **Conclusions:** Patients and clinicians are in favour of selected use of PIFU in Gynaecology. Both surveys found younger patients with benign gynaecological conditions well-suited to PIFU. We recommend offering PIFU to select patients confident in self-monitoring, whilst respecting patient choice so patients are not disadvantaged by this system. Further evaluation of PIFU in women's health is warranted, including more detailed socio-economic and outcomes assessment. **Funding:** None **Keywords:** Patient-Initiated Follow-Up, Women's Health, Gynaecology, Survey, Self-Monitoring

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PIFU MS Submission FINAL.pdf available at <https://authorea.com/users/482497/articles/569024-introducing-patient-initiated-follow-up-to-gynaecology-patient-and-clinician-views>

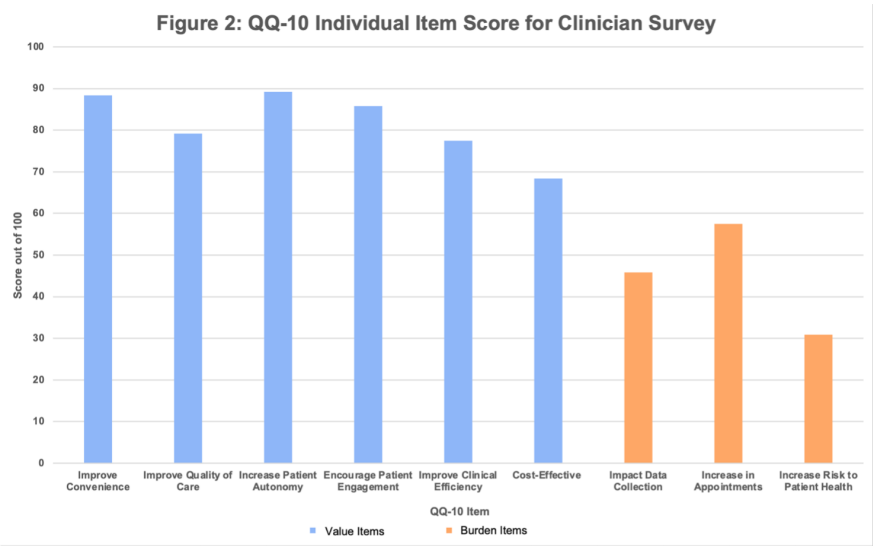
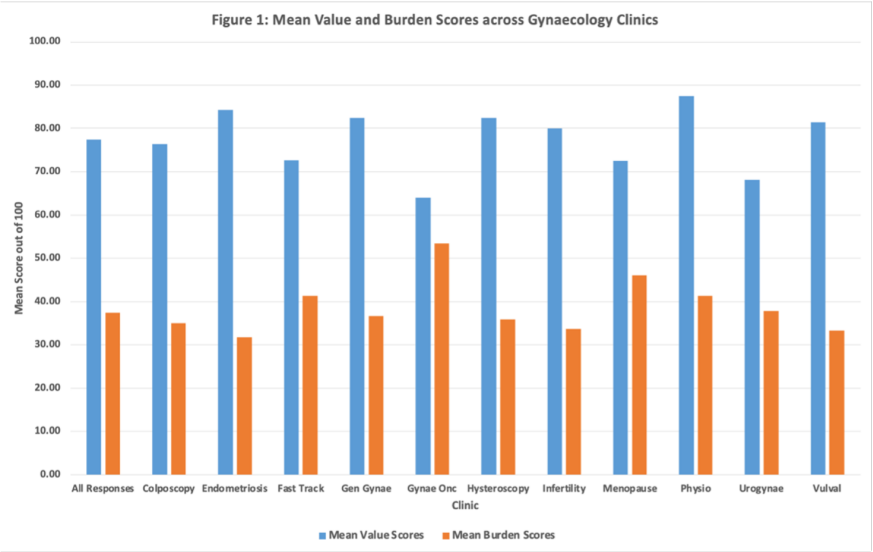


Table 1: Themes derived from patient free-text comments

Positive Comments (no.)	Negative Comments (no.)
Would increase patient autonomy (66/266)	Uncertainty re: self-monitoring (36/266)
Would improve efficiency (48/266)	Would give additional responsibility (28/266)
Would improve access (44/266)	Service delivery concerns (27/266)
Would increase patient convenience (42/266)	Would increase appointments/ patients may abuse it (21/266)
Would give reassurance (15/266)	Health avoidance (14/266)
Good for young patients (6/266)	

Table 2: Themes derived from clinician free-text comments

<i>Positive Comments (no.)</i>	<i>Negative Comments (no.)</i>
Good for selected patients (6/20)	Would increase appointments (3/20)
Would decrease unnecessary appointments (5/20)	Would increase service burden (3/20)
Would improve patient education (2/20)	
Would increase patient satisfaction (2/20)	
Would increase patient autonomy (2/20)	
Would improve patient convenience (1/20)	
Would improve patient attendances (1/20)	