Designing a Toolkit for Implementing Patient-initiated Clinics for Long-Term Conditions in Secondary Care

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Traditional Follow-ups
- Consultant decides when to see patient next
- Appointment often when patient relatively well
- When unwell, difficult to get a timely appointment

An unsustainable situation
- Follow up backlog
- Patients often waiting > 2 years
- Patients at risk
- Mismatch between clinical need & access to services

Methodology: iterative process
- Literature Review
  - RCTs
  - Systematic Reviews
  - Implementation Frameworks
- Data Collection
  - Observation
  - Interviews and Focus Group with managers, clinical staff & patients
  - Baseline data
- Development & Testing
  - Rheumatology
  - Nephrology
  - Gastroenterology
- Analysis & Refinement
  - PDSA
  - Data analysis (quantitative & qualitative)

A Solution: Patient-initiated Clinics
- Patient information
- Contact Advice Line
- Triaged & seen within 14 days if needed
- Safety net
- Evidence-based

Toolkit
- Identify suitable conditions & disease criteria
- Map major decision points
- Ready-made templates for each step
- Room for context-demanded flexibility
- Easily adaptable to any department and any hospital
- Suggestions for monitoring success