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NHS Birmingham and Solihull Mental Health NHS Foundation Trust

Patient-Initiated Follow-Up (PIFU) in Community Mental Health Teams

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Background

The Challenge

Traditional CMHT care means patients are seen at clinician scheduled intervals regardless of whether their clinical needs have actually changed, creating real problems for both patients and services.

- Stable patients occupy scarce appointment slots unnecessarily
- Those who genuinely deteriorate face long delays to be seen
- Clinical capacity is wasted on routine reviews rather than need

The PIFU Model — PIFU gives patients the autonomy to contact their CMHT ***when they feel they need it*** replacing fixed routine slots with demand led, patient-centred access.

Evidence Base — PIFU is established in gynaecology, oncology and rheumatology. Evidence in psychiatry remains limited and **this project addresses that gap.**

How We Did It

1 Pathway Design
Built using the NHS England PIFU framework, registered with the Trust QI team. A dedicated PIFU category was created within the electronic patient record.

2 Patient Selection
Eligibility: stable on medication, neurotic or personality disorder, adequate health literacy. All PIFU transfers discussed and agreed at MDT before implementation.

3 Access Model
Patients contact the CMHT directly when they need support. Appointments offered within 7 days. Weekly dedicated PIFU slots allocated to each team.

4 Control Comparison
Nechells CMHT implemented PIFU; Aston CMHT maintained conventional follow-up therefore enabling a direct head-to-head comparison of capacity outcomes.

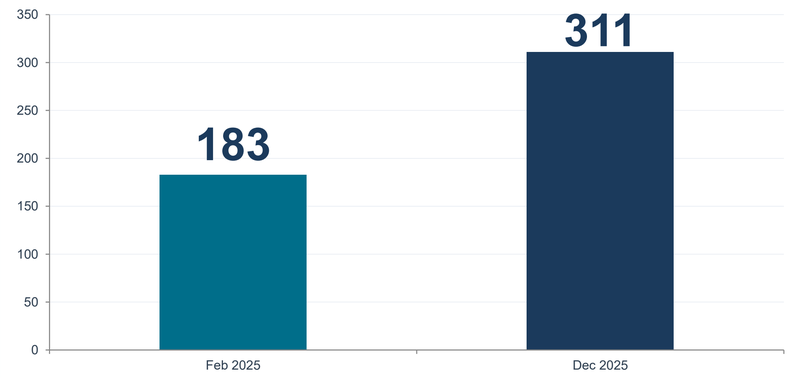
5 Capacity Reinvestment
Vacant PIFU slots were repurposed for ad hoc reviews of Clozapine and depot clinic patients, improving safety for the highest acuity patients.

Capacity Impact

37.22%

reduction in routine clinic waiting times
Nechells vs Aston CMHT — June 2025

Pathway Growth: Patients on PIFU



Freed PIFU slots were reallocated to Clozapine and depot clinic reviews thus improving safety for higher acuity patients.

Patient Experience · n = 56 surveys (301 patients on pathway, 200+ outreach calls made)

96.3% understood PIFU (fully or partially)

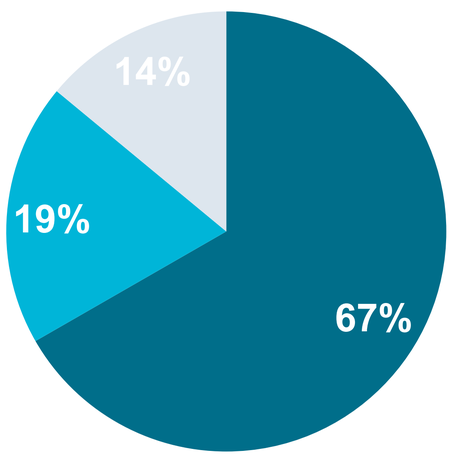
78.9% prefer PIFU over scheduled follow-ups

72.7% felt confident contacting the team

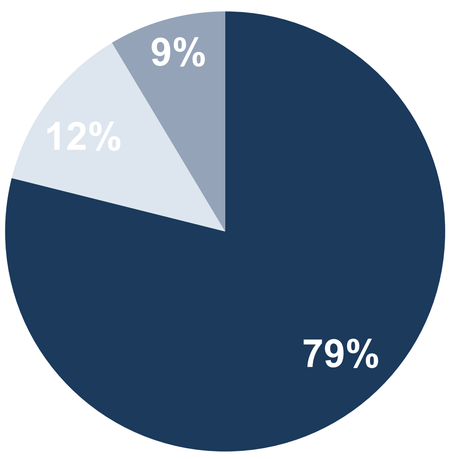
68.2% of those who contacted found it easy to access

82.8% want to stay on the PIFU pathway

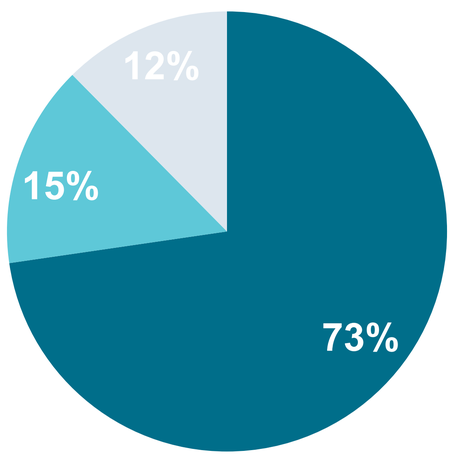
Understood PIFU



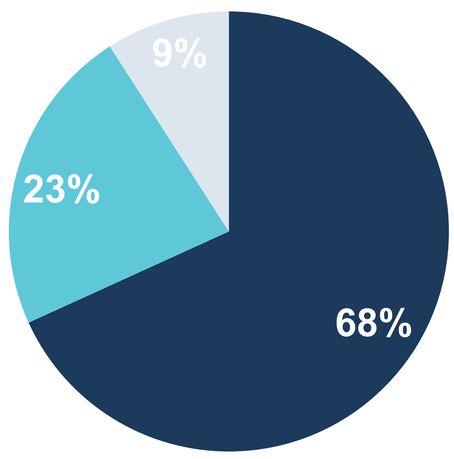
Prefer PIFU



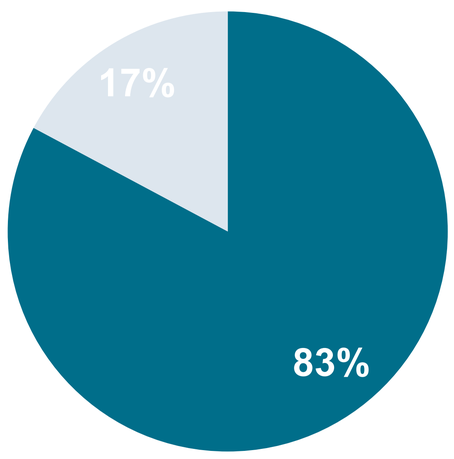
Confidence Contacting CMHT



Ease of Contact (31.5% contacted the team)



Want PIFU to Continue



Themes from Patient Feedback

Safety Net Effect — Many patients valued simply knowing they could reach out. The availability of support, even if unused, provided real reassurance and stability between contacts.

Access Challenges — Some patients struggled to get through when they called. Clear protocols for who to contact, how, and when are essential for PIFU to work reliably in practice.

Not One Size Fits All — Patients with more complex or fluctuating needs preferred the structure of scheduled appointments. PIFU works best for those who are genuinely clinically stable.

Awareness Gaps — Several patients were unaware they were on PIFU. This highlights the critical importance of the information letter and verbal explanation at the point of transfer.

Cost Effectiveness

Published Unit Costs (PSSRU 2024)[1]

Average cost of a GP appointment	£45
Average cost per adult CMHT contact	£280
Cost per consultant psychiatrist review	£289

Modelled estimate: 311 patients · 2 appointments/year baseline · 31.5% PIFU contact rate

~£147k estimated annual saving if reviewed every 6 months

~£321k estimated annual saving if reviewed every 3 months

[1] Jones KC et al. (2025) Unit Costs of Health and Social Care 2024 Manual. PSSRU/CHE, University of Kent. DOI: 10.22024/UniKent/01.02.109563

Conclusions & Next Steps

- ✓ PIFU reduced routine clinic waiting times by 37% in Nechells vs the Aston control site
- ✓ Freed-up slots were reinvested for Clozapine and depot clinic ad hoc reviews, improving safety for high acuity patients
- ✓ Over 4 in 5 patients preferred PIFU or wanted to remain on the pathway
- ✓ A formal Standard Operating Procedure has been developed and trust-wide rollout across all BSMHFT CMHTs is now planned with ongoing evaluation