Background: A common challenge in rheumatology is limited capacity for scheduling urgent clinical reviews, on a background of routine appointments that often fall during periods of stable disease. A resultant drive to improve responsiveness of appointment scheduling to the needs of patients has led to trialling of Patient-Initiated Clinics (PIC), where the scheduling of appointments is led by the patient and/or General Practitioner, with the aim of allowing the timing of appointments to reflect the needs of patients. Randomized controlled trial evidence has shown that patients with RA managed by PIC, when compared with those managed traditionally, have over 30% fewer appointments and higher levels of satisfaction and confidence in their care system, without significant differences in clinical or psychological wellbeing. Due to current pressures on our own outpatients department, we designed a questionnaire to gauge interest among our patients in a proposed modified PIC system, Patient-led Optimization of Follow up (POF), designed to empower patients to take control and responsibility for their own care.

Methods: 100 patients with a diagnosis of inflammatory arthritis were contacted and asked the following three questions: has there ever been a time when your disease was stable and you felt that moving your appointment to a later date may have been more beneficial? answer yes or no; if your disease was stable, how would you feel about a system that allowed you to notify us if you felt that your appointment could/should be moved to a later date? and if you had been seen in the last 6–8 months and, your disease was stable, would you find it helpful to be offered the option of a telephone consultation in place of an appointment at the hospital? In response to questions 2 and 3 patients were given the following options: very undesirable; undesirable; don’t mind; desirable; and very desirable.

Results: 48% of patients felt there had been a time when they would have preferred to move their appointment to a later date. 84% felt a system where they could delay their own appointment during periods of stable disease was either desirable (56%) or very desirable (28%). 82% felt the option of a telephone consultation during periods of stable disease was either desirable (48%) or very desirable (36%).
**Conclusion:** Patient-led Optimization of Follow up is a desirable model of care for over 80% of sampled patients with inflammatory arthritis. Adequate engagement in such a system could help to ease pressure on appointments and streamline scheduling. A proportion of patients may prefer to remain under traditional follow up. Although consideration must be given to the impact of reduced frequency of face-to-face consultations, evidence suggests patients suffer no deterioration in clinical and psychological wellbeing.

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