**Aspiring to Excellence Quality framework**

# Under each of the 10 statement headings below, please answer all the questions. Then give an overall rating of 1-5 for each of the 10 headings with 1 being poor /no process in place currently and 5 being excellent / fully established processes in place:

1. **Recognition and Referral**

* What are the referral pathways within your service?
* What is the average waiting time for patients at your service from referral to first rheumatology appointment?
* Do you run joint clinics with ophthalmology, dermatology or gastroenterology departments? If not, are referral protocols from these areas to rheumatology in place?
* What education and training do you provide to primary care about axial SpA?

1. **Diagnosis in specialist care settings**

* Are patients with suspected axial SpA routinely offered an MRI when X-ray results do not show sacroiliitis?
* What is the average waiting time for an MRI?
* Do you have specialist MSK radiologists?
* Is the full spine STIR sequence routinely done for appropriate patients?
* Do you offer training to the radiology department on axial SpA?
* On average, what percentage of patients are given their diagnosis face-to-face as opposed to via a letter?

1. **Information and support**

* How do you ensure patients are given information and support after diagnosis?
* Do patients receive both verbal and written information?
* Do you run patient information and/or education evenings?
* Do you offer a helpline/patient support line service and if so, what is the average response time?
* Do you routinely signpost patients to NASS branches, resources and NASS helpline?

1. **Pharmacological management of axial spondyloarthritis**

* What guidance are patients given when deciding whether to access biologic treatment?
* Once you have decided a patient should move to biologic therapy, how long would you estimate the process takes before the patient starts on the biologic? How, and how frequently, are patients monitored once on biologic treatment?

1. **Non-pharmacological management of axial spondyloarthritis**

* What percentage of patients are referred to physiotherapy when first diagnosed?
* What is the average wait time after referral to first physiotherapy appointment?
* Do patients have the option to self-refer to physiotherapy at any point in the patient journey?
* What other specialist therapy is available to patients?
* Are patients offered access to Occupational Therapy?
* How long do patients wait for a physiotherapy appointment?
* How many physiotherapy appointments do patients receive when they are first diagnosed?
* Do you offer patients access to hydrotherapy? Is that on or off-site?
* What approaches do you have in place to support patients with self-management?

1. **Managing flares**

* Do you have a flare management protocol?
* Do your patients have a written care plan to support them with a flare?
* What communications is there between your service and primary care in relation to flare management?
* Do you have a flare management process for arranging emergency appointments when needed?

1. **Long-term complications**

* How are patients informed of the risks in relation to skin cancer, cardiovascular comorbidities and osteoporosis when on anti TNF?
* How regularly are patients’ BASDAI, BASMI and BASFI measurements taken and who is responsible for these?
* Are fracture risk assessments routinely undertaken?

1. **Organisation of care**

* Do you run a dedicated axial SpA clinic?
* How often are patients given follow up appointments and monitored after diagnosis?
* Do you offer patient sessions/courses to support patients with self-management?
* Do you have a multidisciplinary team for patients with axial SpA? If so, which specialities are included within this team?

1. **Mental health and emotional wellbeing**

* Are patients referred to a pain management clinic?
* Are patients recommended to IAPT services?
* Are patients given employment advice specific to their area of work?
* Are patient given driving advice?

1. **Spinal surgery**

* Do you refer patients to a specialist when you suspect a spinal fracture?