

Cohort three application guidance

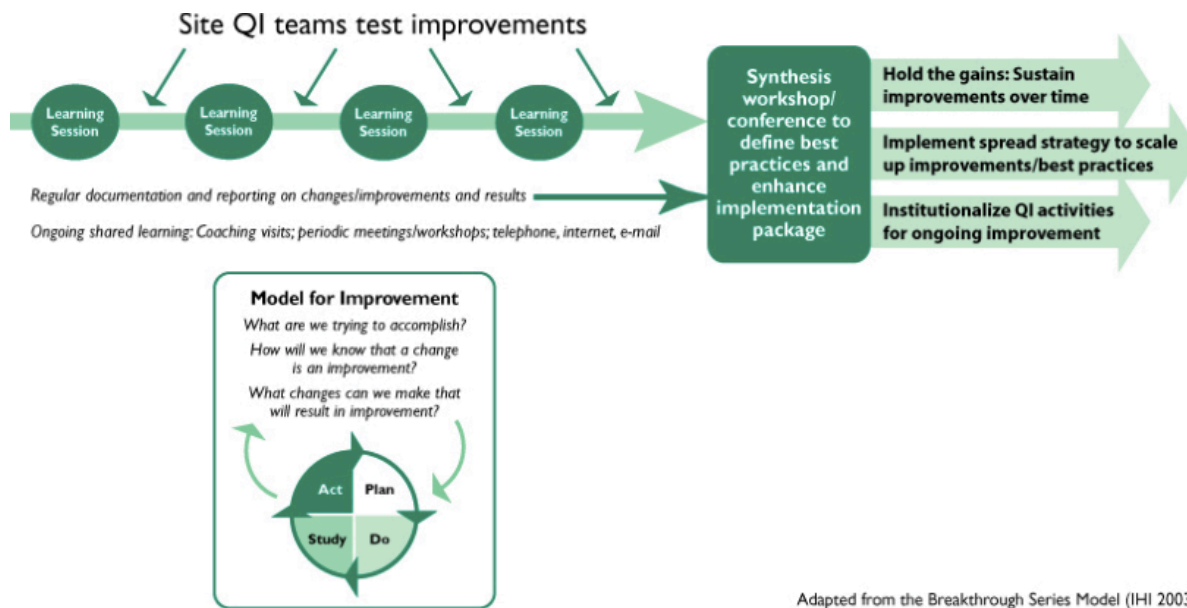
Introduction

This document provides all of the key information you need about **Aspiring to Excellence**. It describes the programme's aims and underlying approaches, and summarises our work to date, what the teams have achieved so far and our learning. It sets out who can apply for the programme, describes the benefits to participants and their host organisations and provides the timescale for application and selection.

Please note: the sole focus of cohort three is a reduction in diagnostic delay, using the NASS Gold Standard driver diagram (see page 10).

What is Aspiring to Excellence?

Aspiring to Excellence is an award programme designed to encourage and recognise service improvement in axial SpA (AS) care. It is open to rheumatology services across the UK. The programme provides a new focal point from which professionals can explore and test approaches to reduce the delay to diagnosis and improve care and patient experience. Selected through a competitive award process, they work together in a national network and are supported by our partner and technical provider, the NHS Transformation Unit. The programme is based on the Breakthrough Collaborative model, with a series of network meetings and support online in between meetings.



The programme is underpinned by the Model for Improvement which identifies problems in care, undertakes ‘tests of change’ in cycles, understands variation in care, creates data for improvement purposes, and improves reliability. Participating rheumatology services work on some common problems and some site-specific ones and share their data and experiences at network meetings.

We have made two rounds of awards to date, involving 11 rheumatology departments. The teams have looked at the full range of issues in the diagnosis and management of axial SpA. You can find details about the teams here: <https://nass.co.uk/homepage/health-professionals/aspiring-to-excellence/>

What have the teams achieved so far, and what have we learned? In October 2021 we published the first learning report from the programme. It showed that, despite the pandemic, a structured quality improvement had enabled them to stay engaged with service development and achieve improvements: <https://bit.ly/3b3SWNF>. Key results from cohort one include:

- Newcastle has trained community-based physiotherapists, leading to improved rheumatology referrals
- Southampton has implemented an inflammatory back pain pathway from primary care
- Southampton has introduced an MRI spine IBP protocol to reduce variation in imaging
- Leeds has established a tertiary referral service which has improved time to diagnosis

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- Berkshire has implemented mental health interventions for patients which have reduced the percentage of patients with high Hospital Anxiety and Depression Scale scores
- Fife has established a pathway for physiotherapy self-referral and reduced physiotherapy Did Not Attend (DNA) rates
- Sheffield has used audit to make the business case for an extended scope practitioner.

We have learned the following:

- ***The theory works - A Proven framework provides a strong basis to build improvement work:*** "QI is not really new to us, but it wasn't something that we had been formally taken through the process of what you need to do... This programme is formalising the whole process and giving us a framework to work on... And proving on paper that what you have done has been more effective" - Dr Ejaz Pathan, Consultant Rheumatologist
- ***Recognition is important - The programme helps foster motivation and accountability:***"Through being in a planned programme, it becomes more official – we competitively applied for it, ergo, we are going to allow time in our job plans to do this... The time awarded is nominal, but process of acknowledgement is important" - Zoe Cox, Clinical Specialist Physiotherapist & ESP
- ***Apply the tools - the programme helps clinicians to take the time to understand the problem and construct improvement aims:*** "We had both done a little bit of QI and were familiar with the PDSA model, but there is way more to QI than that. Certainly in the past, we have had ideas and solutions rather than drilling down and understanding the problem in the first place... Just trying to be holistic when you are planning your project, which is not something we had done before." - Dr Sarah Hailwood, Consultant Rheumatologist
- ***Measurement is essential - to understand improvement and create a story of change:*** "The driver diagrams have been really helpful to write down and will permeate the way that we work throughout the rest of our careers... But also, just to realise that the way to get things done within the NHS is to demonstrate the change, that story that you tell, that you say this is what we tried to do, this is what we measured at the beginning, this is what it was like then, these are the steps that we took, and this is what is different now. These are really powerful stories that you can use with patients, with managers, and in your clinical work. It's trying to put some structure to the chaos that is trying to improve services within the NHS, and within a busy

department” - Dr Ben Thompson, Consultant Rheumatologist

- **The importance of team and structure - build in regular contact and project updates to maintain momentum:** “It has given us structure and focus to build on our work to achieve the best standard of care in axial SpA. We have embedded new practices into our axial SpA patient pathway that have both spread and sustainability. This will ensure there is continuous improvement in our service long after we have completed the programme for the benefit of our patients” – Dr Antoni Chan, Consultant Rheumatologist
- **Engagement is key - collaborate with team members and other stakeholders:** “Aspiring to Excellence has made us aware of our capability, not only of our limitations. There is no magic bullet here. Transforming a massive organization’s IT system may seem like an impossible enterprise, but by sharing responsibility and involving our managers and stakeholders we are confident that we will achieve our goals, however long it may take!” - Dr Helena Marzo-Ortega, Consultant Rheumatologist and Associate Professor

Cohort Three is going to be different

Cohort three is going to be different in some significant ways:

- We are seeking applications from rheumatology departments that want to use the award to focus on reducing the delay to diagnosis only, using the NASS Gold Standard Driver Diagram (see below). We are likely to make 5 or 6 awards
- Participating teams will spend some of their time working within their cohort, and some time (on the same learning days) working with all the teams in cohorts one and two. Our aim is that all 17-20 departments will harness their efforts and experience in designing and implementing improvement projects to reduce diagnostic delay in order to help accelerate reductions in time to diagnosis
- It will be a more intensive cohort, lasting one year only.

Whether you are a single rheumatology department, a larger service, a primary and/or tertiary care centre or a regional network, we are looking for services that:

- Want to reduce the delay to diagnosis
- Provide high quality patient-centred clinical care
- Strive to improve and help other services to improve
- Work collaboratively with other services to join up patient care
- Share best practice with others
- Demonstrate effective leadership and team-work.

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Why focus on the delay to diagnosis?

In the UK, people living with axial SpA wait an average of 8 ½ years to receive their diagnosis and during this time experience significant amounts of pain and anxiety. They often pay a heavy psychological price for this delay. Symptoms typically begin in early adulthood when people are trying to establish careers, start relationships and families, so a delay to diagnosis can be incredibly disruptive to someone at a key age in life.

In June 2021, following a consultation period, we published a set of proposals to achieve a Gold Standard time to diagnosis of one year, thereby enabling more patients to access appropriate treatment earlier and improve their health and well-being. You can access the report here: https://www.actonaxialspa.com/wp-content/uploads/2021/06/NASS_A-Gold-Standard-time-to-diagnosis_DIGITAL_28pp_compressed.pdf

NASS is the first organisation in the world to propose a Gold Standard time to diagnosis – the interrelated programmes we are developing represent the largest intervention of its kind in axial SpA anywhere in the world. You can find out more about the programme and our proposed initiatives on our bespoke website: www.actonaxialspa.com.

We aim to reduce the delay to diagnosis in four areas:

- Delay 1: Helping the person with symptoms to recognise that it might be axial SpA and take action, specifically, going to primary care
- Delay 2: Ensuring that patients who present in primary care with potential axial SpA are urgently referred to rheumatology
- Delay 3: Ensuring that patients who present in secondary care with potential axial SpA are urgently referred to rheumatology
- Delay 4: Ensuring quick and accurate diagnosis once the patient arrives in rheumatology.

The driver diagram sets out our strategy to achieve reductions (see page 10)

In June 2021 we launched the first phase of our awareness campaign to address delay one. During 2022 – 2024 we will implement the other initiatives set out in the report and assess the impact of the programme.

What will you gain?

- Be part of a learning environment to explore problems in the delivery of high quality axial SpA care, identifying and testing solutions through 4 network meetings, online coaching and webinars
- Access to a team of improvement experts who will provide support to achieving local improvement goals
- Peer support from other participating rheumatology services

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- Opportunities to share results through webinars, conferences and publication and help shape future health policy on axial SpA
- Additional funding on a competitive basis to support local audit
- Promote your service locally as a potential model of excellence

*All costs for participants travel, accommodation and meals will be covered, with the total investment per service (worth £7,000).

How will the axial SpA rheumatology community benefit?

- The programme will test out potential ways to reduce the delay to diagnosis which will be relevant to all rheumatology services
- Services will have access to learning and materials, including webinars, learning reports and conference presentations
- The learning will be presented to parliamentarians and policy makers in order to give axial SpA a higher profile and policy priority.

How will patients benefit?

- There should be demonstrable benefits to patients treated at award holding services, notably a reduction in time to diagnosis, as well as a positive effect to axial SpA patients more generally through the dissemination and spread of the programme's learning.
- Your commitment to us
- You and your team (up to 5 people) are required to attend an induction event in June, plus four full-day quality improvement (QI) network sessions, virtual coaching sessions for your team with a QI expert, and webinars. These will all be held between June 2022 and March 2023.

During this time it is anticipated that you and your team will actively apply your developing QI skills, coming together between the formal sessions to work towards delivering your project.

How do you apply?

Please complete an application to send to dalewebb@nass.co.uk which includes:

- Application form (in Word or PDF)
- A paper answering the 10 statements within the Quality framework
- Copy of the lead applicants CV

We will notify shortlisted applicants on the 18 May. Interviews will be held with shortlisted applicants on 26 May. Please ensure that you and your team are available for interview on this day.

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Timescale

Programme formally launched	15 February
Deadline for programme applicants	4 May
Interviews with shortlisted applicants	26 May
Programme commences	June
Programme ends	May 202

Application and questions

Please complete the accompanying application form and submit your application to Dr Dale Webb dalewebb@nass.co.uk by 10am. on 4 May.

If you have any questions, please don't hesitate to contact Dale Webb.

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