Two workstreams from Leeds Team SpA

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BACKGROUND

Tertiary referrals to the Leeds Specialist Spondyloarthritis Service were previously sent on paper and triaged to an out-patient clinic appointment, with delays of up to 4 months.
This did not represent good patient care and as such we made it a high priority to address.

OBJECTIVES

To create a more patient-responsive and efficient service to better meet patient needs.

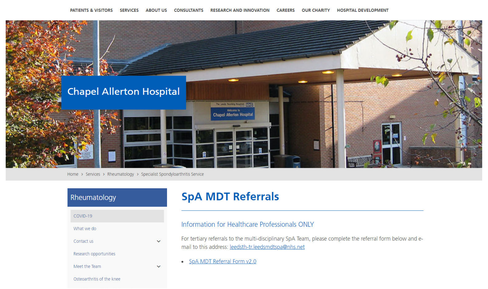


Figure 1. The SpA MDT referral website

METHODS

We have created a dedicated SpA website link (Figure 1) from the Leeds Teaching Hospitals NHS Trust webpage, including signposts to relevant resources and information on axial SpA.
An electronic SpA MDT referral form (Figure 2) was developed and published on the SpA service website to facilitate tertiary referrals.
A dedicated email address was also created to capture these referrals.

RESULTS

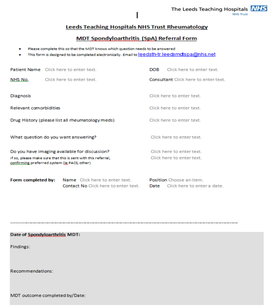
By the end of year 1, we had successfully developed a regional MDT network infrastructure. Since the launch of the online SpA MDT referral form in July 2020, there have been 22 tertiary referrals from across the North, including Blackburn, Airedale, Scarborough and Manchester– with an astounding improvement in mean time to resolution: from over 4 months to just 5 working days as of March 2022.

USER FEEDBACK

User feedback has been overwhelmingly positive: "As a general rheumatologist in a small DGH the virtual SpA MDT has proved invaluable, especially since COVID. It is fantastic to have the expertise 'at your fingertips' and also the team approach on the call. You can make your case fit the times you have available and it save a day long round trip for our patients. I am so pleased to have access to this tertiary advice without the travel not to mention the parking! Thanks Leeds SpA team, you have really helped me out of some complicated clinical conundrums!"

CONCLUSION

Given the constraints on face-face consultations during the COVID pandemic, we have been forced to find new ways of working to meet patient need. This provided us with the impetus to develop our service, producing cross collaboration in a newly established MDT service.


The Leeds Teaching Hospitals NHS Trust

Leeds Teaching Hospitals NHS Trust Rheumatology

MDT Spondyloarthritis (SpA) Referral Form

- Please complete this so that the MDT knows which question needs to be answered.
- This form is designed to be completed electronically. Email to leedsth-tr.leedsmdtspa@nhs.net

Patient Name Click here to enter text. DOB Click here to enter text.
NHS No. Click here to enter text. Consultant Click here to enter text.
Diagnosis Click here to enter text.
Relevant comorbidities Click here to enter text.
Drug History (please list all rheumatology meds) Click here to enter text.
What question do you want answering? Click here to enter text.
Do you have imaging available for discussion? Click here to enter text.
If so, please make sure that this is sent with this referral, confirming preferred system (eg PACS, other):
Form completed by: Name Click here to enter text. Position Choose an item.
Contact No Click here to enter text. Date Click here to enter a date.

Date of Spondyloarthritis MDT:
Findings:
Recommendations:
MDT outcome completed by/Date:

Figure 2. The online MDT referral form

BACKGROUND

Delivering high quality multi-disciplinary, multi-specialty care in the Leeds Specialist Spondyloarthritis service is increasingly challenging with growing complexity and patient numbers. Our patients have advised us in a survey they wish for a more patient-responsive and efficient service:

Current follow up bookings are based upon the last assessment of disease activity and trajectory limiting capacity for flare review.

Demand for clinical time exceeds capacity due to the need to record PROMs, calculate clinical disease activity, document current and historic treatments and discussion with Dermatology and Gastroenterology colleagues in the combined service.

OBJECTIVES

1) To assess the time to review disease flares and time to assess patients in clinic
   Then to measure these metrics after introducing a bespoke electronic patient and physician interface to
2) see the right patient at the right time
3) improve efficiency in clinic.

METHODS

To serially measure the time from flare report to flare review and the time required to review patients in clinic.
To develop a bespoke interface where patients can remotely input their PROMs in flare and in good health, with composite outcome measures (e.g. ASDAS CRP) calculated before patients enter the clinic room. This will save time in clinic but also help us identify flare patients requiring urgent review.

RESULTS

A serial review of time from flare report to flare review was 8 weeks during a 2 month observation period. The average time to review patients in clinic was 41 minutes during the same period. We have designed our patient interface and are waiting to implement this and measure the impact ton flare review and clinic time efficiency.

CONCLUSION

Our observation period has confirmed that we have a significant delay in reviewing patients with flare and that each patient requires a much longer time to assess than the allocated 15 minute patient slot. We hope to improve these metrics with our intervention.

NASS
Axial SpA works silently. We don't.

NHS The Leeds Teaching Hospitals NHS Trust

In partnership with BRITSPA British Society for Spondyloarthritis, TU

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