

# Collaborating with an Integrated Musculoskeletal Service to Improve the Quality of Physiotherapy Care for People with Axial SpA in Newcastle-Gateshead



## BACKGROUND

Physiotherapy services in Newcastle–Gateshead were reorganised in 2019 with the formation of the Tyneside Integrated Musculoskeletal Service (TIMS). TIMS provides a self-referral route for people with musculoskeletal (MSK) symptoms, acts as a ‘single point of entry’ for orthopaedic referrals, and provides post-operative, Rheumatology and Chronic Pain physiotherapy services. The physiotherapy staff who previously worked with Newcastle Hospitals (NUTH) were transferred to TIMS. This resulted in two main concerns for the Newcastle SpA team:

- How effective would TIMS be at identifying and referring people with possible Axial SpA?
- Could TIMS provide the essential education and exercise programmes for people with newly diagnosed Axial SpA?

## OBJECTIVES

We addressed these concerns through two linked Quality Improvement Projects:

1. Maximise the ability of community (TIMS) physiotherapists to identify Axial SpA
2. The consistent implementation of a physiotherapy pathway for people with Axial SpA across Newcastle

## METHODS

We created a driver diagram (Figure 1) to understand and communicate the actions required to achieve our aims. Relevant stakeholders were identified and mapped. A monthly project team meeting was established with stakeholder representation. We encouraged the formation of a rheumatology physio team within TIMS, provided education sessions to TIMS physiotherapists, and enabled easy email access with any clinical queries.

An initial audit of current practice within TIMS was unsuccessful because records did not identify patients with Axial SpA. Coding methods were altered to enable ongoing data collection. Referral routes and electronic communication methods between the organisations were reviewed and improved.

A small group of physiotherapists led by Maureen Motion, NUTH Rheumatology Extended Scope Physio (ESP), met regularly to develop a pathway for patients that could be implemented across the organisations. The evaluation of this pathway aims to understand the volume of work, whether care is delivered according to the pathway, and its impact on patients.

## RESULTS

Screening questions for inflammatory back pain (ASAS experts criteria) were incorporated into the assessment of all new patients with back pain seen by physiotherapists in TIMS. These screening criteria were used in 100% of TIMS referrals to rheumatology with possible Axial SpA in November 2020.

A physiotherapy pathway for people with newly diagnosed Axial SpA was developed and agreed for use across the organisations in March 2022 (Figure 2). The pathway has been publicised and disseminated. Evaluation is ongoing.

We have created a rheumatology physiotherapy team which has grown and now straddles 3 organisations – Newcastle Hospitals, the QE Hospital Gateshead and TIMS. Cases can be discussed at our virtual weekly SpA MDT. Communication between the organisations and their different IT systems has improved significantly.

## CONCLUSION

Our confidence that TIMS physios can identify people with Axial SpA and provide care for this group has dramatically increased. We were concerned by the loss of the hospital rheumatology physio team. However, this project has increased the number of physios who can recognise Axial SpA, and improved the likelihood of early diagnosis in our region.

The challenges of this project were around the initial engagement with TIMS, due to the structure of the organisation - focused more on the management of acute rather than chronic MSK problems. It was important to engage with both TIMS management and its clinical physios, who sometimes had different opinions and experiences. Being open and accessible to clinical questions and providing good quality education was key to this engagement. Creating an SpA MDT should ensure that this collaboration persists even when personnel change. The COVID-19 pandemic meant that engagement was challenging, but it also facilitated convenient, accessible virtual meetings.

Figure 1 – Driver diagram for objective 2

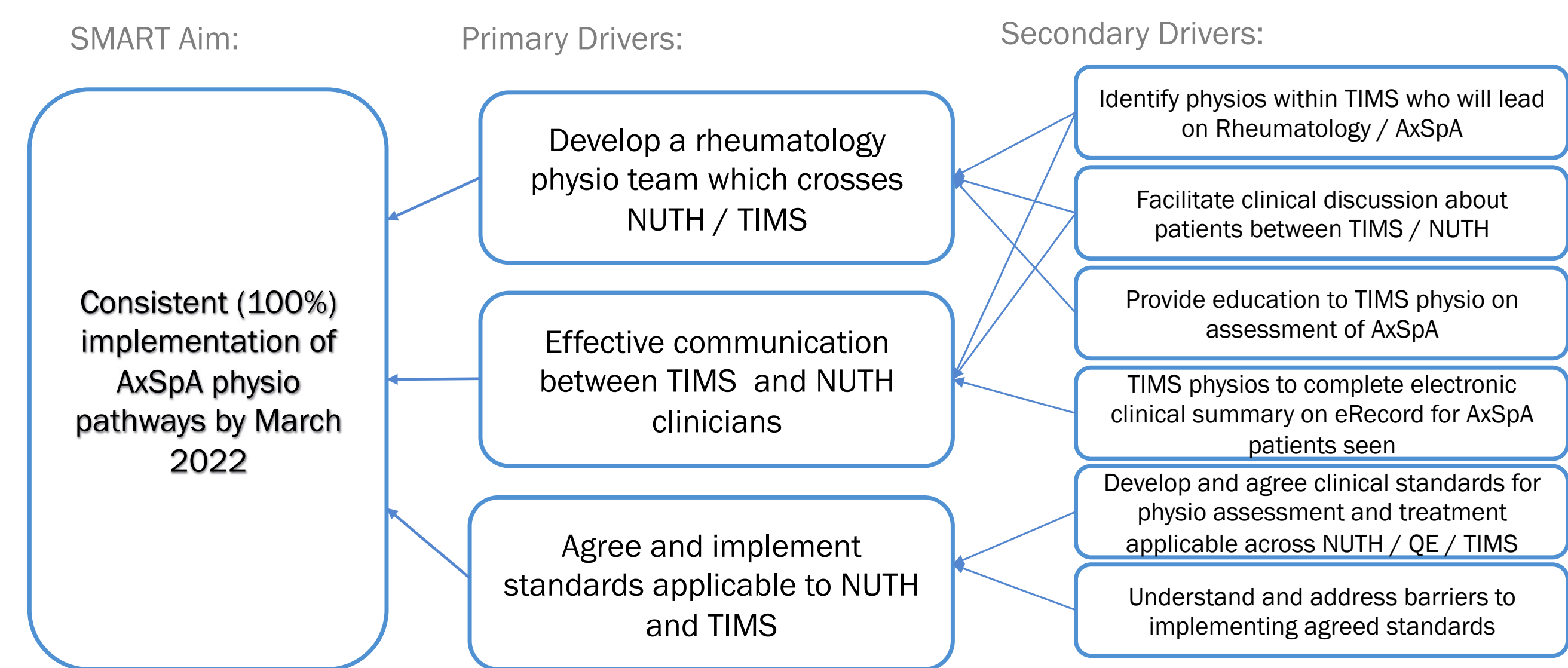


Figure 2 – Physiotherapy pathway for Axial SpA

