# Aspiring to Excellence Team Berkshire Royal Berkshire NHS Foundation Trust, Reading, UK

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### **BACKGROUND**

Royal Berkshire NHS Foundation Trust (RBFT) has an established multidisciplinary Axial Spondyloarthritis (AxSpA) service. We completed an audit of our service against NICE Guidelines/Quality Standards in 2018, igniting a passion for further improving AxSpA patient care and experience. We were also keen to undertake QI training and have the opportunity to engage with, collaborate and learn from other AxSpA teams. Our aim is to ultimately provide more safe, timely, effective, efficient, equitable and patientcentred care. We applied and were delighted to be in Cohort 1 of Aspiring to Excellence in November 2019.

### **OBJECTIVES**

## Year 1:

- To improve management of mental health issues in AxSpA patients using HADS to identify patients with moderate risk and improve by 25% by February 2021
- To improve patient ability to self-mange condition and flares by setting up a direct access to physiotherapy service for AxSpA patients

## Year 2:

- Improving referral to Rheumatology for suspected AxSpA and reduce time to diagnosis
- Establish shared decision making for use of advanced therapies including biologics in AxSpA with pharmacist run clinics
- Combined MDT virtual clinics with Gastroenterology, Ophthalmology and Dermatology

## **METHODS**

Stakeholder mapping (MDT, staff, patients, Trust management, GPs, community physiotherapists, FCPs) was key in ensuring project success and we engaged widely throughout the whole process.

We used the Model for Improvement methodology for our projects utilising PDSA cycles and defining our measures. Quality Improvement (QI) processes were supported by audit of our current services to identify areas for improvement and targets for measurement.

## An example of a PDSA cycle completed: **Mental Health Improvement**

P = To assess and improve Mental Health in AxSpAD= Patients attending clinic to complete the Hospital Anxiety and Depression Score (HADS)

S= Data was collected between Jan 2020 to March 2020 and analysed

A =Intervention put in place with a video on tips to manage mental health issues and re-audit to improve outcome scores (HADS) further



## **RESULTS**

### **Timeline**

April-Oct 2020 **Awarded** A2E COVID-19 Nov 2019 Start March

Attend Anywhere

platform for

Virtual Clinics

Digital PROMS

used to measure

AxSpA outcomes

Rapid use of our existing NHS

P1. HADS project initiated – Audit of HADs and creation of video Video disseminated

P1. Re-audit HADS scores P2. PDSA cycle for Physio self-referral service initiated Audit of advice line Audit of flares E-referral form Business card

**SCAN ME** 

Dec - March 2020

self-referral service P4.Planning for Pharmacy led clinic shared decision making P5. Collaborating with other specialities for

combined clinics

April-Oct 2020

P2. Initiate Physio

P3. Audit of delay to diagnosis in current service P3. Electronic Rheumatology referral for Primary care P3.. Planning for Educational Seminar

P1.Re-audit of HADs commenced P3.Education seminars commenced (Rheumatology Academy and Collaborative Network, RheumACaN) Cohort 1 P4. SDM clinics started 5. Combined clinics

commenced

July- Nov 2021 Dec 2021 - March 2022

P1.Complete HADs audit P2.Re-audit flares P3.Continue RheumACaN

March 2022 - March 2023

seminars and new Cohorts 2 and 3 P3. Audit impact of e-referral P3. Re-audit delay to diagnosis P4/P5. Feedback on SDM and Combined clinics

Continuous Quality **Improvement** Embed improvement culture and integrate into day to day operations of our AxSpA service

to advanced therapies

suspected AxSpA

**CONCLUSION** 

Virtual MDT with Ophthalmology

**Axial SpA** works silently. We don't.

"We have changed our outlook, moving away from the knee jerk 'problem to solution' reaction, to looking at the root cause, collecting and analysing relevant data and using QI models to make real improvements in our service".

Aim 4: Shared Decision Making (SDM) Clinic

Newly diagnosed AxSpA patients are seen by our

In the first 3 months of 2022, 25 patients had

Pharmacist from November 2021 prior to going on

biologic dose optimisation through this new clinic

**Aim 5: Combined Clinics with other specialties** 

2021. Review of SI Joints from CT/MRI abdomen for

Combined Clinics with Dermatology restarted in 2021

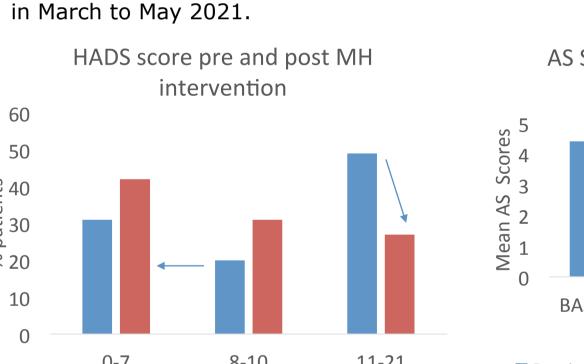
Combined Clinics with Gastroenterology started in May

## Aim 1: To improve mental health in Axial SpA

n=45 AxSpA patients attending the clinic in January to Hospital Anxiety and Depression Score (HADS) measured The HADS 0-7 (normal), 8-10 (borderline abnormal) and

11-21 (abnormal), BASDAI, Spinal Pain, BASFI, BASG Invited to watch a self-help video on managing anxiety

Directed to online mental health resources and selfnanagement programmes Follow up HADS were collected post COVID-19 lockdown



AS Scores pre and post MH

Reduction in the number of patients with an abnormal HADS >11 (27%), and a trend towards lower HADS (42% 0-7, 31% 8-10)

## Aim 3: Reducing time to diagnosis

We have implemented an electronic referral form on the GP system (DXS) which comes up when back pain is typed in the search function. This is now in use with the electronic referral system (eRS) from September 2021.

We have started the Rheumatology Academy and Collaborative Network (RheumACaN) which provides teaching, education and training for GPs, physios, first contact practitioners (FCPs) in the community.

## How we will measure change

- 1) audit of time to diagnosis in 500 patients referred between 2015 and 2021. Re-audit of time to diagnosis post-new electronic referral form and education sessions.
- 2) Audit of accuracy of referral by comparing referrals using eRS and number of patients diagnosed with AxSpA

## Rheumatology Academy and Collaborative Network (RheumACaN)



Rheumatology and Musculoskeletal Medicine for GPs and AHPs

## Aspiring to Excellence (A2E) has

- provided us with the support and formal QI methodology to improve our AxSpA service A2E has brought change not for the
- sake of changing rather real organisational and structural change, seeking usefulness not perfection
- The QI techniques learned can be used for other MSK conditions so the skills are transferable

"We have found our true north, A2E has provided clarity of our priorities and where to focus our resources to provide outstanding care

for our AxSpA patients" Aspiring to Excellence

## **Aim 2: Physiotherapy Self-Referral** Method

Audit of 50 patients flare experience and impact between clinic appointments

## Intervention

Direct access to physiotherapy established with electronic referral form and QR code

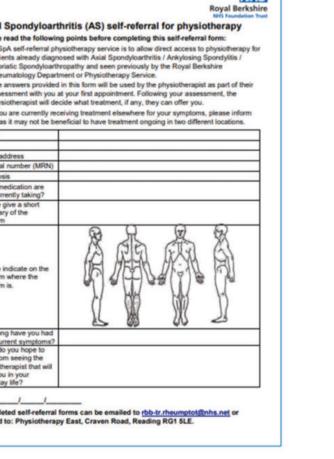
## Next steps

Feedback from patients on Service. Re-audit flares in patients



In partnership with

"This is an excellent resource and helps me manage my AxSpA better preventing a flare up of my condition" AxSpA patient Sponsored by



#### Driver Diagram Secondary Drivers: SMART Aim: Detection – Physiotherapists, secondary care, AHPs To reduce Increasing recognition of undiagnosed AxSpA across delay to diagnosis to (awaiting governance) and Electronic referral system on EMIS 1 year (in Referral – improve access and and review of capacity vs demand line with ease of referral for HCPs into Changing workforce in IBP referral pathway in place primary care e.g. FCPs, Gold Physician Associates recognition of stakeholders who are Secondary care referral Standard) Virtual referral system for secondary Organisation of care – by June holistic care for all aspects 2023 of disease from diagnosis Newly diagnosed patient education Physio-led Virtual group to start once to long-term mx filming completed Direct access to physiotherapy Personalised Flare plan Joint Rheum/Gastro/Radiology, Patient-centred care

Opthalmolgy clinics/meetings Self-management program with NASS











Patient education evening



