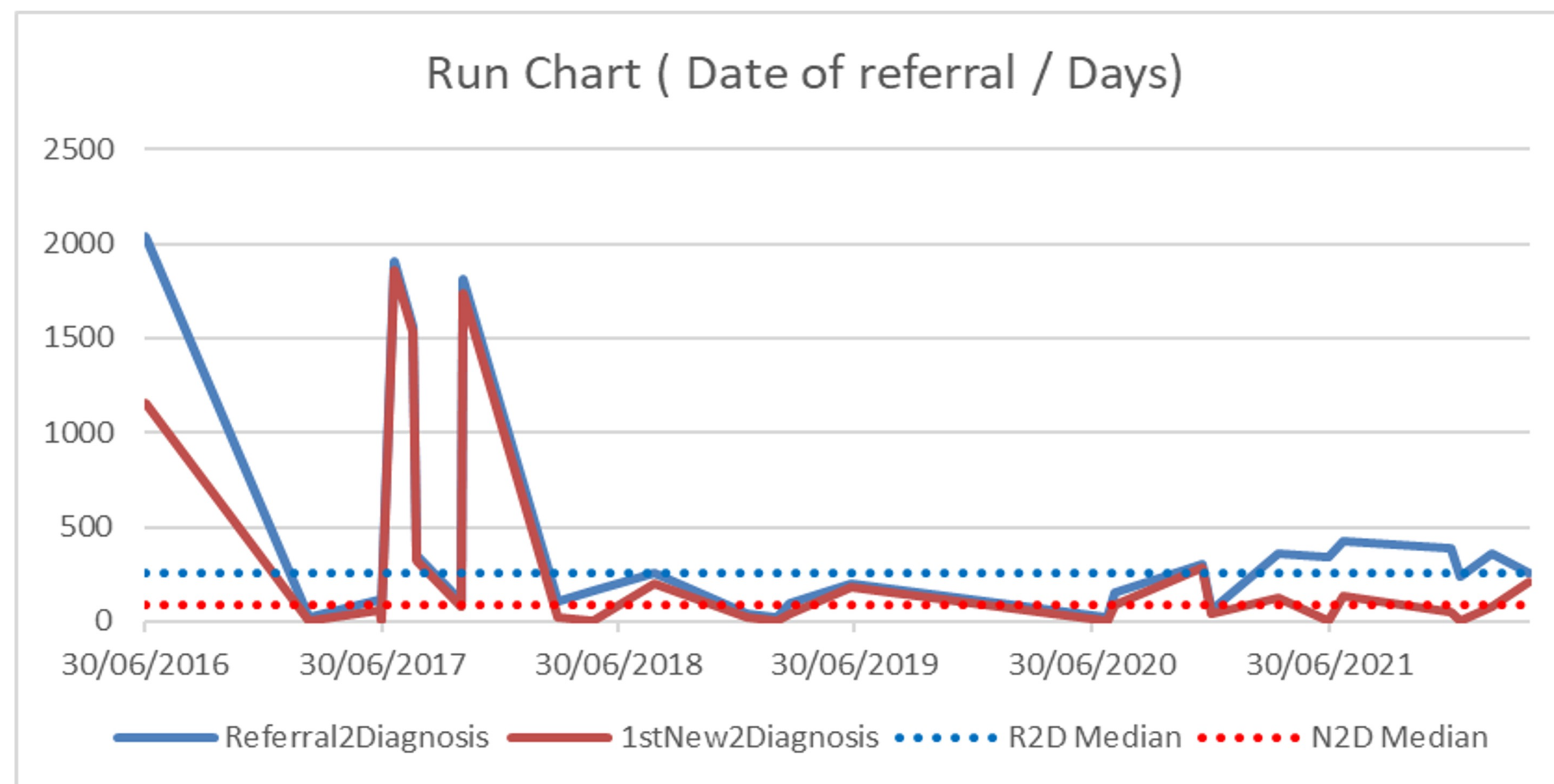


BHRUT : Reducing time to diagnosis



Axial SpA works silently. We don't.



BACKGROUND: Our starting point

We identified a list of Ax SpA patients from biologics, EIA and other patient lists – about 600 patients – and audited 40 of these patients in detail to identify the median time from:

- referral to diagnosis 246 days (20 – 2041 days)
- 1st consultant appointment to diagnosis 75 days (0 – 1863 days)

We looked at our pathway - BHRUT has Early Inflammatory Arthritis Clinics, Virtual Biologics Clinics and nurse led group biologics education sessions – but nothing specific to Ax SpA.

OBJECTIVES:

We identified a lack of	We wanted to
-Awareness / a clear referral pathway for Ax SpA	Improve the quality and speed of referrals
-A focused MRI request / report	Standardise inflammatory back pain MRI protocols and reporting
-Dedicated Ax SpA clinics, education and physiotherapy	Commence dedicated clinics, education and physio
-Data to tell us what is happening to these patients	Create a database of Ax SpA patient information

METHODS: What we did

- We reviewed the referral pathways for Rheumatology as a whole and created a referral / pathway selection tool for GPs incorporating ASAS questions, as part of a wider Trust led project on pathways for musculoskeletal conditions. Rheumatology did this as a PDSA project – there were about 6 cycles of development and review. Our final cycle is in progress – to take the rheumatology guidelines to our GP clinical sector leads for comment and sign-off
- We engaged a radiologist with a special interest in inflammatory disease to draft MRI protocols for the Trust which incorporate BritSpA guidelines. Radiology carried out a baseline audit of 100 requests for MRI spine to see how many met requesting / reporting goals. Mean time to report was 87 days against a national standard of 8 weeks and a qualitative check indicated about 50% of scans did not comment on the presence of acute inflammation. The radiology teams (including neuro and non MSK radiologists) were engaged in general and clinical governance meetings to increase awareness for Ax SpA signs and symptoms. We put a poster in each clinic room emphasising what clinical information and protocol to reference in an MRI request. Scans are discussed in radiology / rheumatology MDT. A follow up audit in March 2023 indicated circa 95% of scans now comment on inflammatory signs.
- We scoped a physiotherapy led education session format by running a focus group with patients – is patient education needed, what should be in it and when in the pathway should it be timed. In March 2023 we delivered three physiotherapy led pilot face to face patient group education sessions based on input from this session. We are meeting with service managers to diarise the Ax SpA Group Education sessions from July 2023 onwards.
- We discussed the value of Ax SpA physiotherapy with Service Managers, highlighting NICE guidance to confirm agreement to offer physiotherapy to this group. We highlighted how to refer all newly diagnosed Ax SpA patients to physiotherapy in the clinic room poster and in general comms.
- We used the NASS database initiative to start collating data on Ax SpA patients moving forwards. We worked to submit as much retrospective data as possible. We piloted SNOMED coding for all patients referred to Rheumatology physiotherapy from June 2022-Apr 2023 (n=40). SNOMED code: 723116002 [Axial spondyloarthritis (disorder)]

RESULTS: We now have

- GP referral guidelines that are waiting primary care sign off to put into use
- A standardised inflammatory back pain MRI Protocol and consistent review for inflammatory signs
- Increased EIA slots within general clinics and the basis to agree a standardised approach for consultants to follow rather than creating a specific Ax SpA clinic
- Agreement that all newly diagnosed Ax SpA patients can be referred for physiotherapy
- A plan to introduce regular physiotherapy led education session from July 2023
- Commitment to submit data on Ax SpA patients to the NASS database moving forward

CONCLUSION: On Reflection

- Agreeing referral guidelines was a bumpy road – not so much the content, but the vehicle for dissemination. We still don't have complete agreement on this
- Agreeing the MRI protocol was a strong win – with a very engaged radiology colleague we were able to promote awareness / changes to behaviour have increased the number of MRI scans looking for signs of inflammation from circa 50% to 95%.
- Introducing Ax SpA specific clinics is not doable right now - we are pivoting to a standardized pathway to keep moving forwards
- Introducing Ax SpA specific physiotherapy and education has been successful – both have been piloted and will become standard practice in the next 4 months
- The NASS push for data and run charts for the BSR poster this April has been pivotal for us to create enthusiasm, momentum, time and energy to get more data to improve our ability to better focus our Quality Improvement.

In all of this 'we' really refers to Kristi Hutton – our rheumatology physiotherapist - without whose effort, drive and enthusiasm this project would not have happened or achieved so much