

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

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Axial SpA works silently. We don't.

"A2E has allowed us to embed improvement culture and integrate this into our day to day operations of our AxSpA service which will improve care for patients"
Team Royal Berkshire

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 axial SpA 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 provide a safe, timely, effective, efficient, equitable and patient-centred 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 in AxSpA patients using HADS to identify patients with moderate risk and improve by 25% in Year 1
- To improve patient ability to self-manage 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 clinics with Gastroenterology, Ophthalmology and Dermatology

Year 3:

- Closer integration with primary care, GPs, FCPs and community MSK services through RheumACaN
- Achieving Gold Standard time to diagnosis for AxSpA through an integrated approach
- Implementing and embedding our new processes from A2E and aligning this with patient values and goals

METHODS
We used the Model for Improvement methodology for our projects utilising driver diagrams, PDSA cycles and Quality Improvement (QI) processes. We had a data driven approach supported by baseline audit of our current services to identify areas for improvement. This was followed by regular measurement.

Listen to our A2E Rheum for Improvement Podcast on our methodology titled "Data, data, data" (scan the QR code)

Rheum for Improvement
Episode 2: Identifying the Problem - Data, Data, Data

"I found the video helpful, I likened it to a "mood hoover", it lifts you up"
AxSpA patient

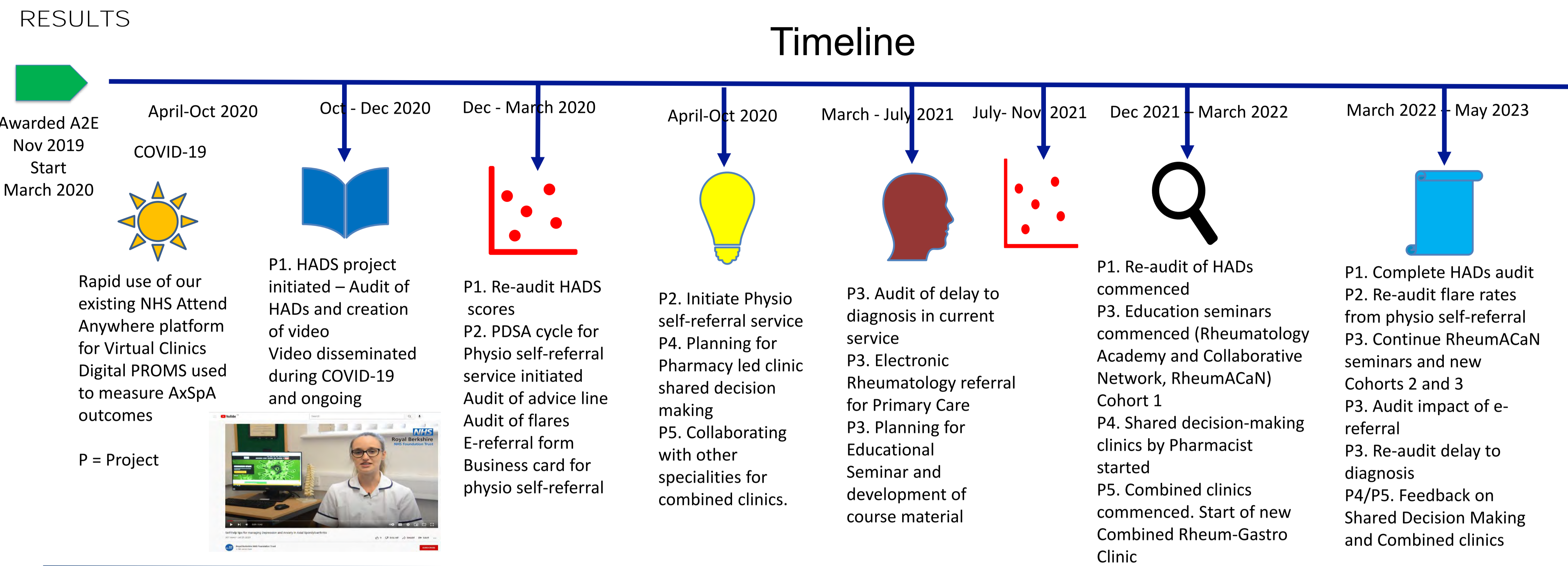
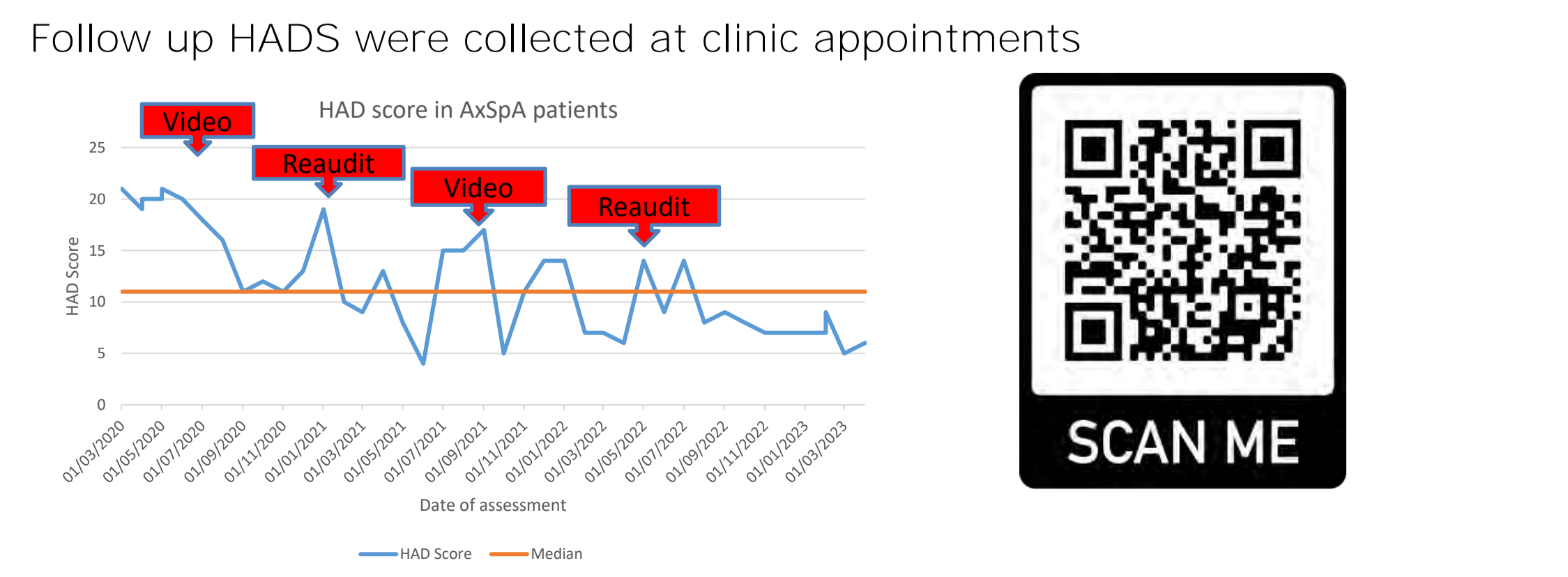
"This is an excellent resource and helps me manage my axSpA better preventing a flare up of my condition"
AxSpA patient

Aim 1: To improve mental health in Axial SpA
100 AxSpA patients attending the clinic from March 2020 to March 2023 had their Hospital Anxiety and Depression Score (HADS) measured. 90 patients participated

The HADS were grouped as 0-7 (normal), 8-10 (borderline abnormal) and 11-21 (abnormal)

Patients were invited to watch a self-help video which we developed with our Clinical Psychologist on managing anxiety and depression (scan the QR code below)

Directed to online mental health resources, self-management programmes and talking therapies



Aim 2: Physiotherapy Self-Referral
Method
Audit of 50 AxSpA patients flare experience and impact between clinic appointments

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

Outcomes
Average waiting time to be seen is 7 days
Positive feedback from patients

Direct access to physiotherapy
For patients with:

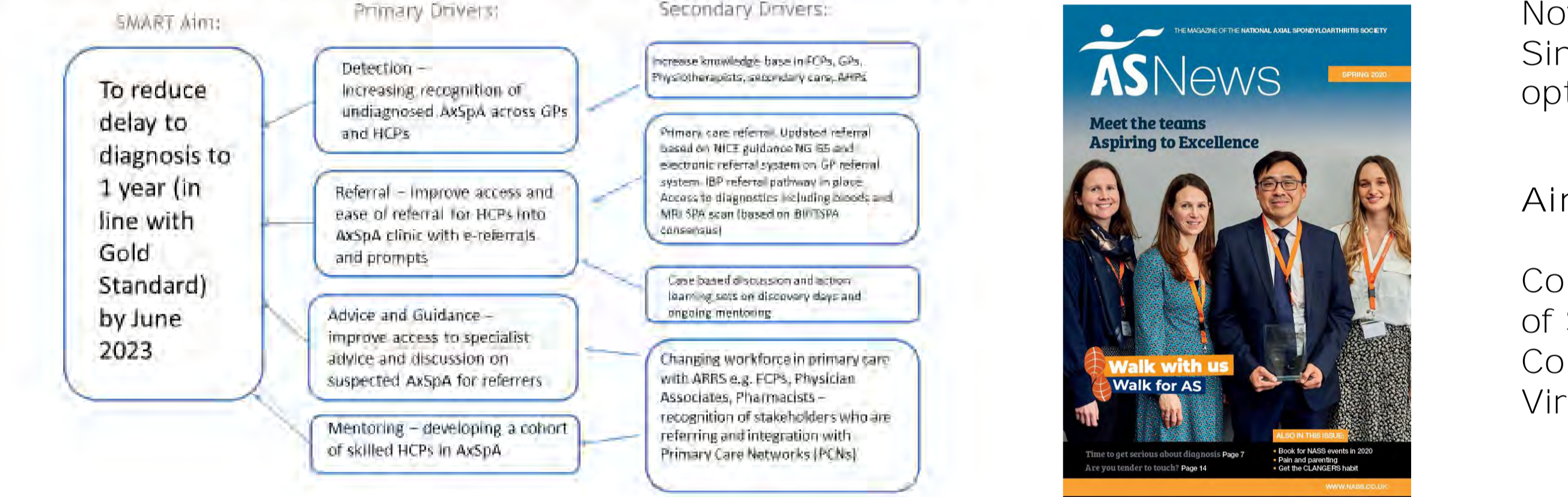
- Ankylosing Spondylitis
- Axial Spondyloarthritis
- Psoriatic Spondyloarthritis
- Peripheral Spondyloarthritis

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

Aim 3: Reducing time to diagnosis
We have created the Rheumatology Academy and Collaborative Network (RheumACaN) which provides teaching, education and training for GPs, physios, first contact practitioners (FCPs) in the community. Over 3 Cohorts, we will train 120 practitioners to spot and refer patients with AxSpA quickly to us. We use blended learning with a train the trainer approach.

Graduates of RheumACaN and to find out more read our A2E blog (scan the QR code)

Driver Diagram to improve time to diagnosis in AxSpA
RheumACaN Driver Diagram for NASS Gold Standard



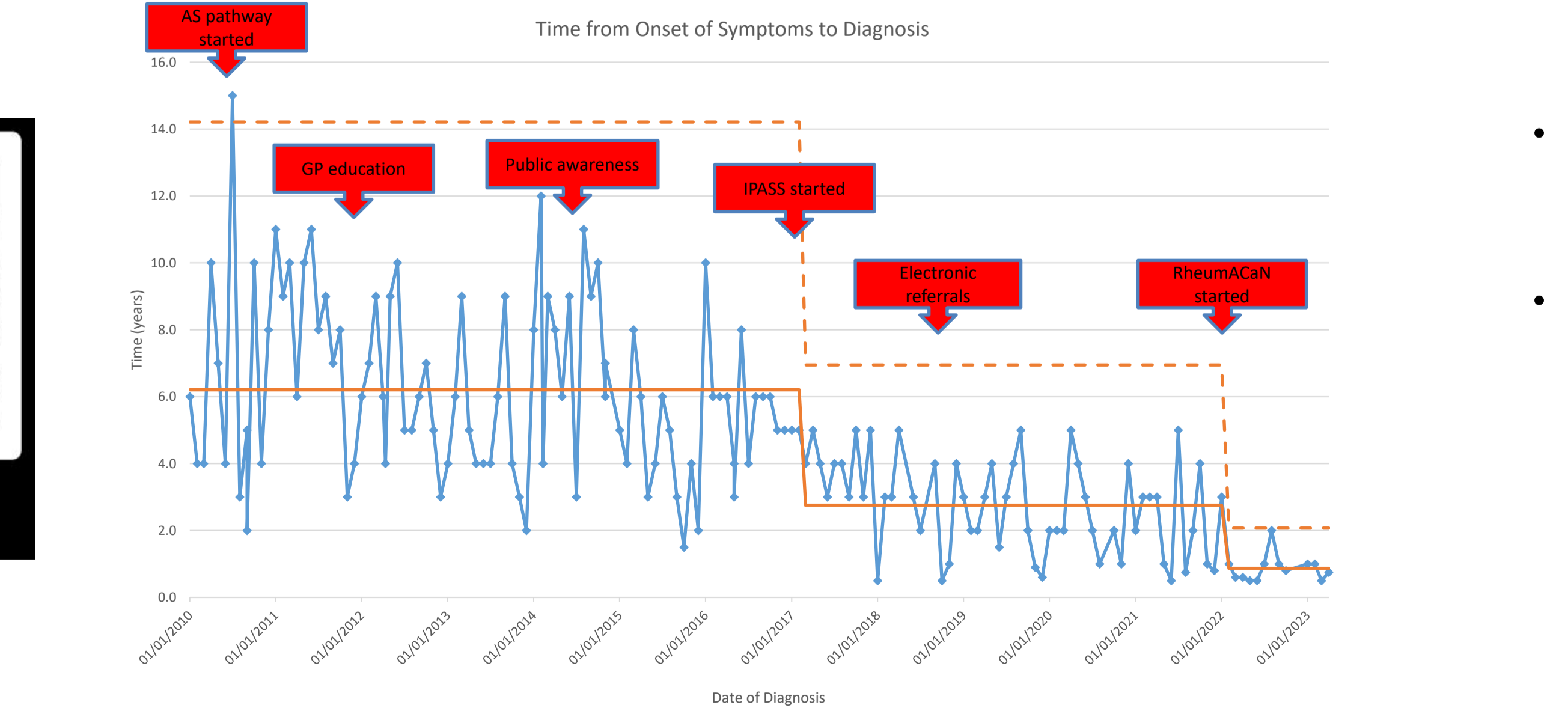
How we have implemented and measured impact of our interventions

1) Review of our data in the National Early Inflammatory Arthritis (NEIAA) audit with a focus on NICE Quality Statement 1. We have increased from 52% to 70% and higher than the national average of 54%.

Standard (NEIAA)	RBFT 2018/19	RBFT 2019/20	RBFT 2020/21	RBFT 2021/22	Nat.Avg
Patients recruited	312	334	86	201	11,722
1 Patients with suspected EIA referred to a specialist within three working days (Measure of primary care performance)	35%	57%	52%	70%	54%

"Can't wait to see and refer my next suspected AxSpA patient"
GP at RheumACaN

2) Audit of time to diagnosis in 500 patients referred between 2010 and 2022. This is presented as a Statistical Process Control (SPC) Chart to measure change (see below)



Continuous Quality Improvement moving from transformation to operationalisation of our new processes

Closer integration with primary care (GPs) and community MSK physiotherapists through RheumACaN

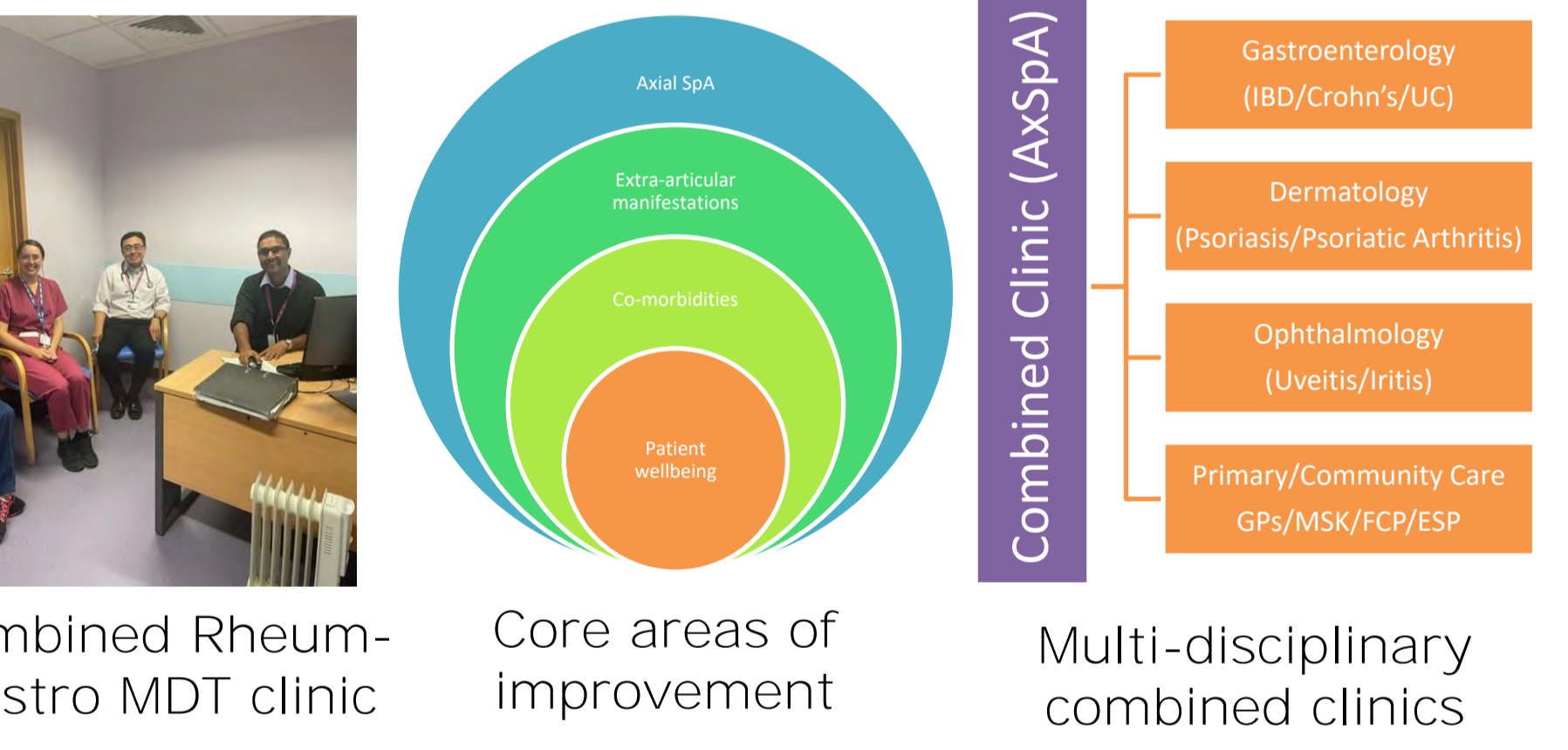
Aligning patient values with our new processes and ensuring long-term sustainability

Aim 4: Shared Decision Making (SDM) Clinic

Newly diagnosed axial SpA patients are seen by our Pharmacist from November 2021 prior to going on to advanced therapies. Since the start of the clinic over 100 patients had biologic dose optimisation through this new clinic

Aim 5: Combined Clinics with other specialities

Combined Clinics with Gastroenterology started in May 2021. Review of SI Joints from CT/MRI abdomen for suspected Axial SpA
Combined Clinics with Dermatology restarted in 2021
Virtual MDT clinics with Ophthalmology



CONCLUSION

- A2E has provided us with the capability to support and to improve our AxSpA service with formal quality improvement (QI) methodology
- A2E has brought real organisational and structural change and raised our clinical standards assessed in audits such as the NEIAA
- The QI techniques learned can be used for other MSK conditions so the skills are transferable in rheumatology in line with our GIRFT targets
- We are on track to achieve the NASS Gold Standard as an outcome from A2E and the benefits will last long after we have completed this programme

Aspiring to Excellence

NHS Royal Berkshire NHS Foundation Trust

Driving improvements in axial SpA care

In partnership with