

Service redesign in the Spinal clinic to improve patient engagement and self management. NHS Fife SJ Hailwood, P Dowie, N Thomson, S Hart



Axial SpA works silently. We don't.

BACKGROUND

The Fife Rheumatic Diseases Unit is a small Rheumatology Team in East Scotland. People with Axial Spondyloarthritis (AxSpA) are mainly managed in the FRDU by a Consultant, Advanced Physiotherapist, Specialist Nurse and Pharmacist. We were aware of the problems caused by delayed diagnosis of AxSpA. We had an existing referral pathway with pre-screening to diagnose patients prior to clinic but were determined to influence earlier referral. We were conscious that people referred to physiotherapy from the spinal clinics did not always attend and consequently made little progress with self management. We were really motivated to change this to enable people to achieve their goals.

OBJECTIVES

Overall Aim: For early referral, assessment and diagnosis of AxSpA and increased patient engagement and self management.

Year 1: To improve patient engagement and self management of AxSpA flares.

We started by improving the management of newly diagnosed patients.

Year 2: To provide efficient, effective standardised service for patients in the spinal clinic, reducing DNA rate by 10% and providing quality clinical information.

Year 3: To Reduce time to diagnosis to less than 1 year.

The launch of NASS Gold standard was the ideal point to focus on our own referral pathway.

METHOD

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS
Year 1 To improve patient engagement and self management of flares of AxSpA	Improve patients' knowledge of AxSpA	<ul style="list-style-type: none"> Improve patient information packs Signpost to NASS on line exercises Signpost to MySpa app Improve assessment – streamlined PROMS Physio in clinic to start education & management
	Improve availability and ease of access of physio appointments	<ul style="list-style-type: none"> Change physio appointment booking – avoid 'opt in' and book directly Calls to nurse helpline – direct AxSpA patients to physio Encourage self referral to physio Physio contact number cards
	Virtual MDT review appointment	<ul style="list-style-type: none"> Improve assessment – streamlined PROMS Clinical supervision of physio team – to discuss patients Regular meeting to review patients' progress / escalate treatment
	Inform Rheumatology team of pathway for flares	<ul style="list-style-type: none"> Improve knowledge and advice provided to patients Calls to nurse helpline – direct AxSpA patients to physio Education update to Team

We analysed the physiotherapy appointment data to identify attendance as an indicator of engagement.

METHOD

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS
Year 2 To provide efficient, effective, standardised service for patients in the spinal clinic, reducing DNA rate by 10% and providing quality clinical information	Patient empowerment to self manage	Education for patients GP trainees Updated patient information Advice Line Physio cards
	Clinic proforma	Standardised assessment paperwork for virtual and F2F appointments
	BASDAI and spinal VAS score 100%	Updated paperwork
	MySpa app	ehealth department
	Spinal MDT review	Standardised paperwork from assessments
	Open access for stable patients	Agree criteria for open access and audit standardised assessment for F2F and virtual appointments

AIM	Primary drivers	Secondary drivers
Year 3 To reduce the time to diagnosis to 1 year	Increase knowledge of health professionals who refer patients	NHS Fife Grand round GP trainees MSK / First contact physiotherapists Primary care Private sector
	Improve quality of information in the referrals	Education sessions Update Fife Referral Organisational Guidance
	Triage process	Train physio in vetting processes Audit current pathway against Gold standard
	NASS national audit	Register with clinical governance office IPads for clinic

RESULTS

Year 1

Attendance at physiotherapy appointments increased from 60% of patients to 84.5% (Figure 1). Improved education at the first clinic appointment has improved understanding, engagement in physiotherapy and self management. The spinal MDT provides protected time to discuss patients, plan treatment and allocate future appointments. It provides an opportunity to learn from each other and this has resulted in high staff satisfaction.

Year 2

The challenges of the COVID pandemic meant that the face to face clinics were closed, but we had the opportunity for virtual clinics (telephone or video). We agreed criteria and standardised the forms for stable patients to move to open access. We audited the letters of the patients on the open access list prior to implementing the forms. 11/23 letters had a complete set of information, the most frequently omitted was BASDAI (Figure 2). Compliance deteriorated over time.

CONCLUSION

We have significantly improved our new patients' engagement and experience in our service.

We have focussed on the efficient and effective follow up for review patients, especially in the new style virtual clinics. We will continue to review the assessment and documentation of patient's AxSpA presentation. The new forms were very valuable for the development of the assessments for our new electronic record system.

Stable patients who are self managing can move to open access, to open up more capacity for new patients and those requiring an urgent review.

We have provided education to the clinical staff who refer to our service. We are planning to extend this to private practitioners and the audit of the referral pathway is on-going.

We feel more confident with service redesign and evaluation and these techniques will continue to support on-going service development.

Figure 1: -Physiotherapy engagement 2019-2021

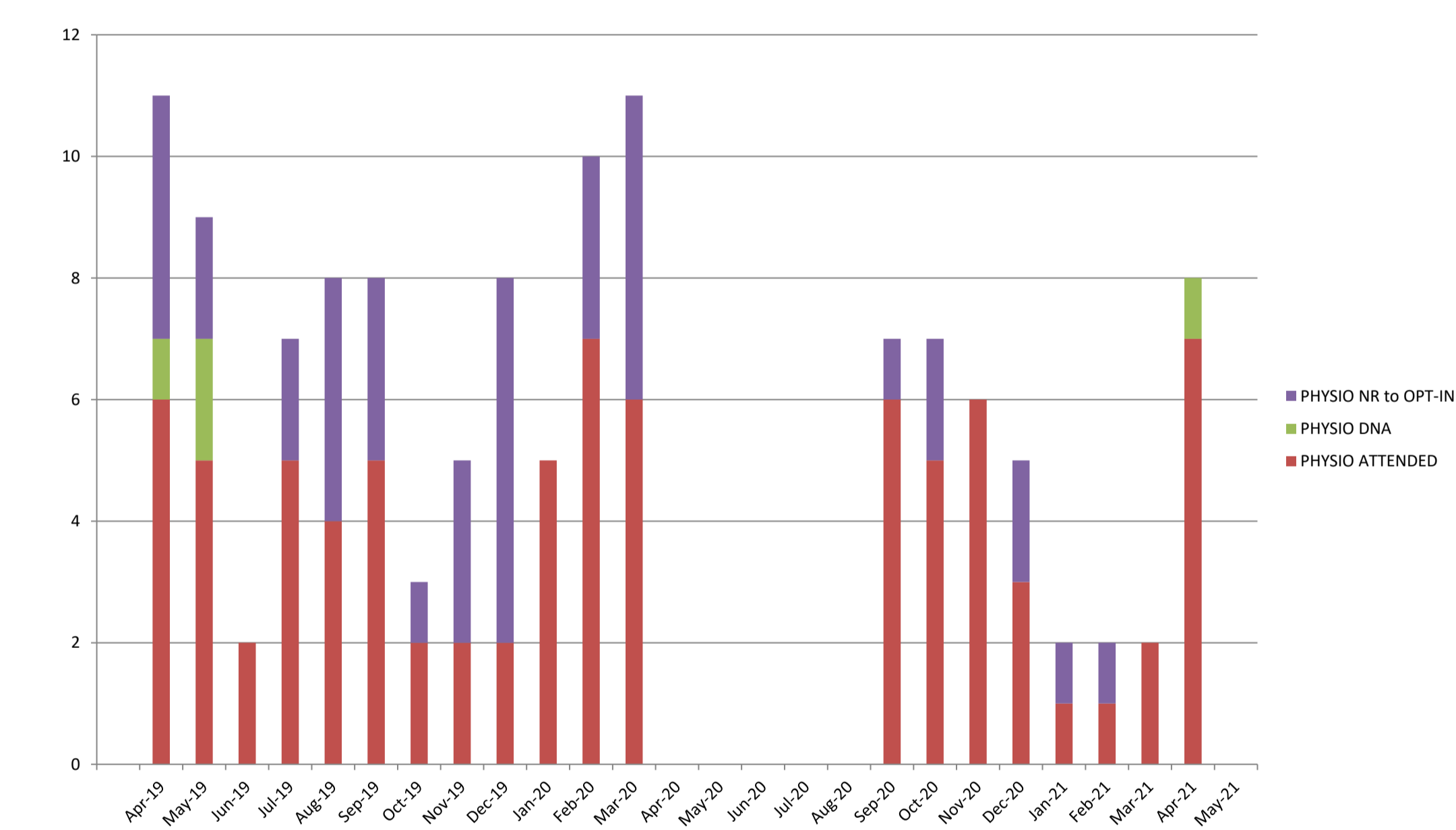
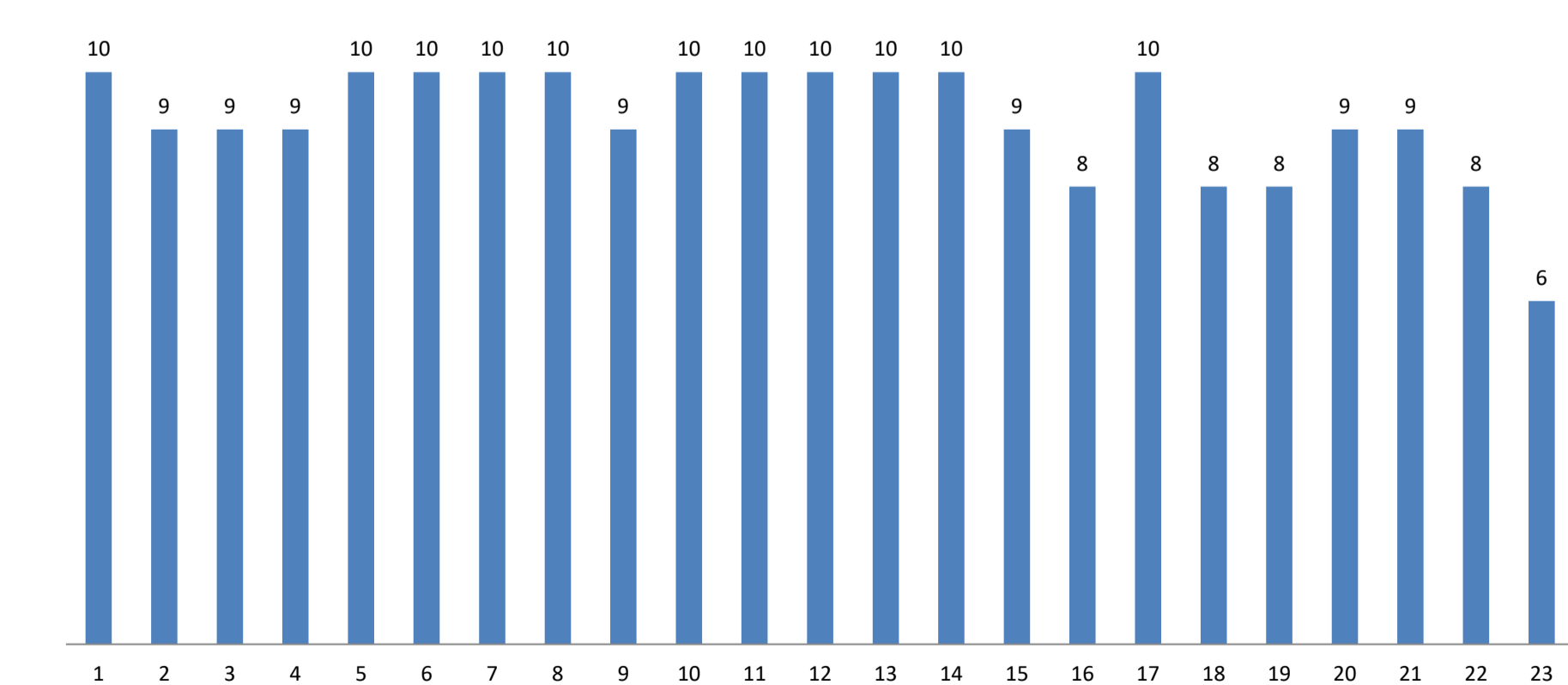


Figure 2: -Criteria documented for open access (max 10) 2018 to 2021



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