

Improving Axial Spondyloarthritis Time to Diagnosis – The Ipswich Team Aspiring to Excellence Journey

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Axial SpA works silently. We don't.

BACKGROUND

The axSpA service from Ipswich Hospital, East Suffolk North Essex NSH Foundation Trust (ESNEFT) was established in October 2021.

Prior to this, there were no specialist clinics for axSpA patients, and no referral pathway in place.

OBJECTIVES

Main objective:

- to reduce the time from patient presentation in primary and secondary care to rheumatology appointment.

Secondary objectives:

- To reduce the time from primary care presentation to rheumatology appointment
- To reduce the time from secondary care presentation to rheumatology appointment
- To raise awareness on axSpA amongst health professionals

METHODS

For the first year since service inception, we have set up the ambitious aim of developing an axSpA service, focusing on:

- creating a referral pathway
- establishing connections with primary and secondary care
- provide education on axSpA

The driver diagram is depicted in figure 1.

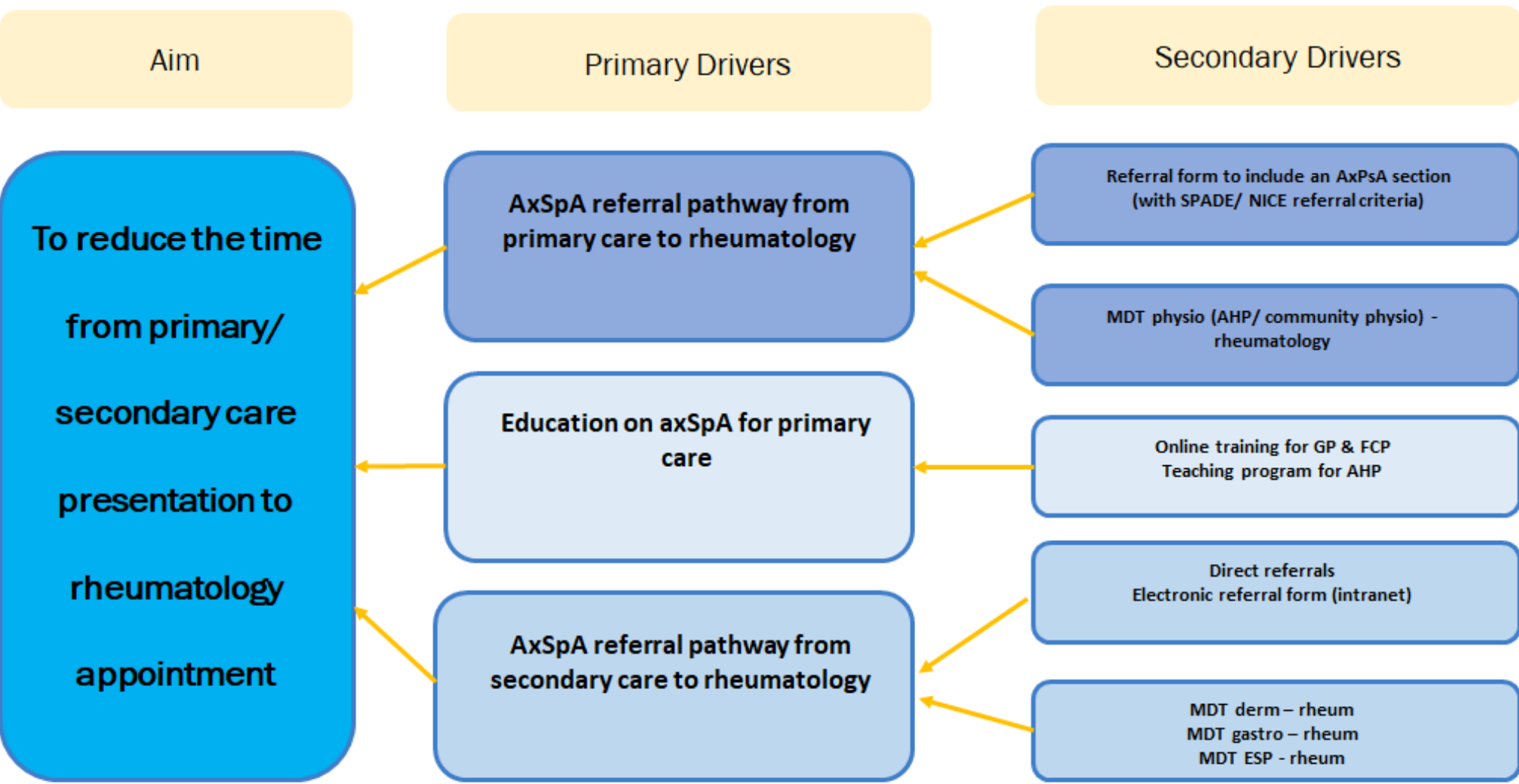


Figure 1. Driver diagram

RESULTS

We have (re)designed the axSpA service so that all patients have a standardized and clear journey (figure 2).

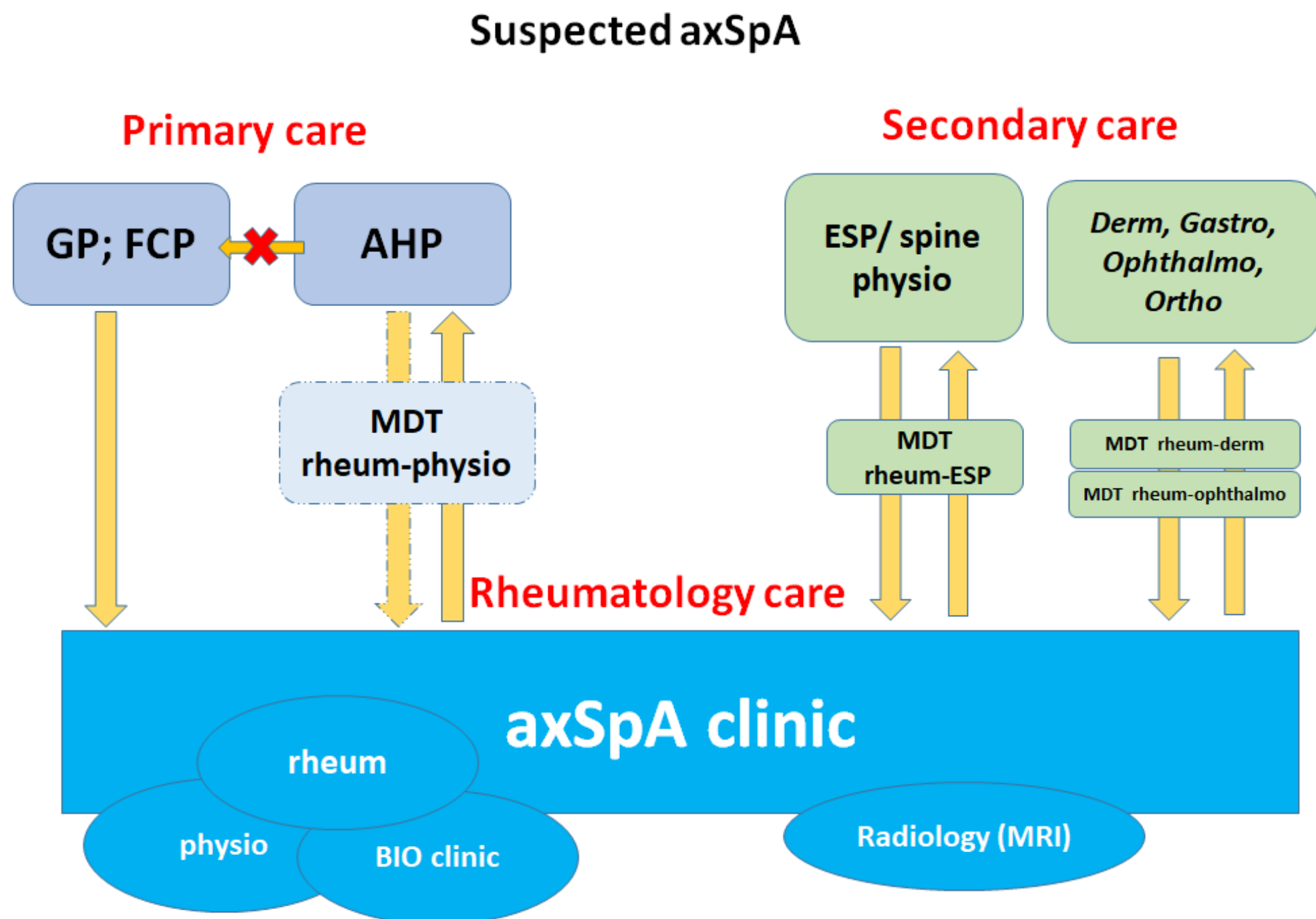


Figure 2. AxSpA service

We have established connections with primary & secondary care:

- set-up MDTs with AHP (community physio), ESP spine (extended scope practitioners/ in-hospital)
- Education sessions for GP, FCP, AHP

We have developed a referral pathway to include:

- Primary care:
 - GP & FCPs: direct referral via NHS e-referrals; referral form designed to reflect SPADE tool & NICE guidelines (figure 3).
 - AHP: direct referrals or via MDT
- Secondary care:
 - ESP spine: direct referrals or via MDT
 - derm, gastro, ophthalmology: direct referrals or via MDT

Within the department, we have agreed that all suspect axSpA should be triaged as urgent and not routine and booked in a dedicated axSpA clinic.

This has reduced the waiting times for initial presentation in primary/ secondary care to rheumatology from a median of 17 weeks (Nov 2021 – Feb 2022) to 5 weeks (Oct 2022 – Feb 2023) (figure 4).

CONCLUSION

The main challenges were: collecting data in the absence of a database & diagnostic codes; establishing connections and starting everything from scratch.

Achievements:

- We have established a clear, standardized referral pathway and strong connections with primary & secondary care, which will be the foundation of next quality improvement projects.
- We have improved the waiting times from initial presentation to rheumatology, as well as patient experience.
- We are now confident in using QI tools and we have bonded as a team.

RESULTS. FIGURES.

The screenshot shows the 'Suspected Axial Spondyloarthritis' section of an NHS e-referral form. It includes checkboxes for 'Chronic back pain > 3 months starting before age 45 years (mandatory for referral)', 'NICE referral criteria for axial spondyloarthritis (4+ criteria required)', 'Low Back Pain starting before age 35', 'Improvement of symptoms with movement', 'Good response to NSAIDs', 'Current or previous Psoriasis', 'Current or previous inflammatory arthritis', 'Current or previous enthesitis (e.g. Achilles tendonitis, plantar fasciitis)', 'Alternatively, exactly 3 criteria in list above AND positive HLA-B27', 'Additional Features: Ulcerative colitis or Crohn's disease', 'History of Uveitis', 'Tests to be undertaken - use Suspected Axial Spondyloarthritis button on ICE', 'FBC, ESR, U+E, LFT, CRP, HLA B27 (mandatory)', 'X-ray pelvis (sacroiliac joints)', 'Reasons for suspecting Axial Spondyloarthritis?', and 'Brief description of symptoms and any other relevant information (Mandatory)'.

Figure 3. Screenshot from NHS e-referral form. 'Suspected axSpA' section.

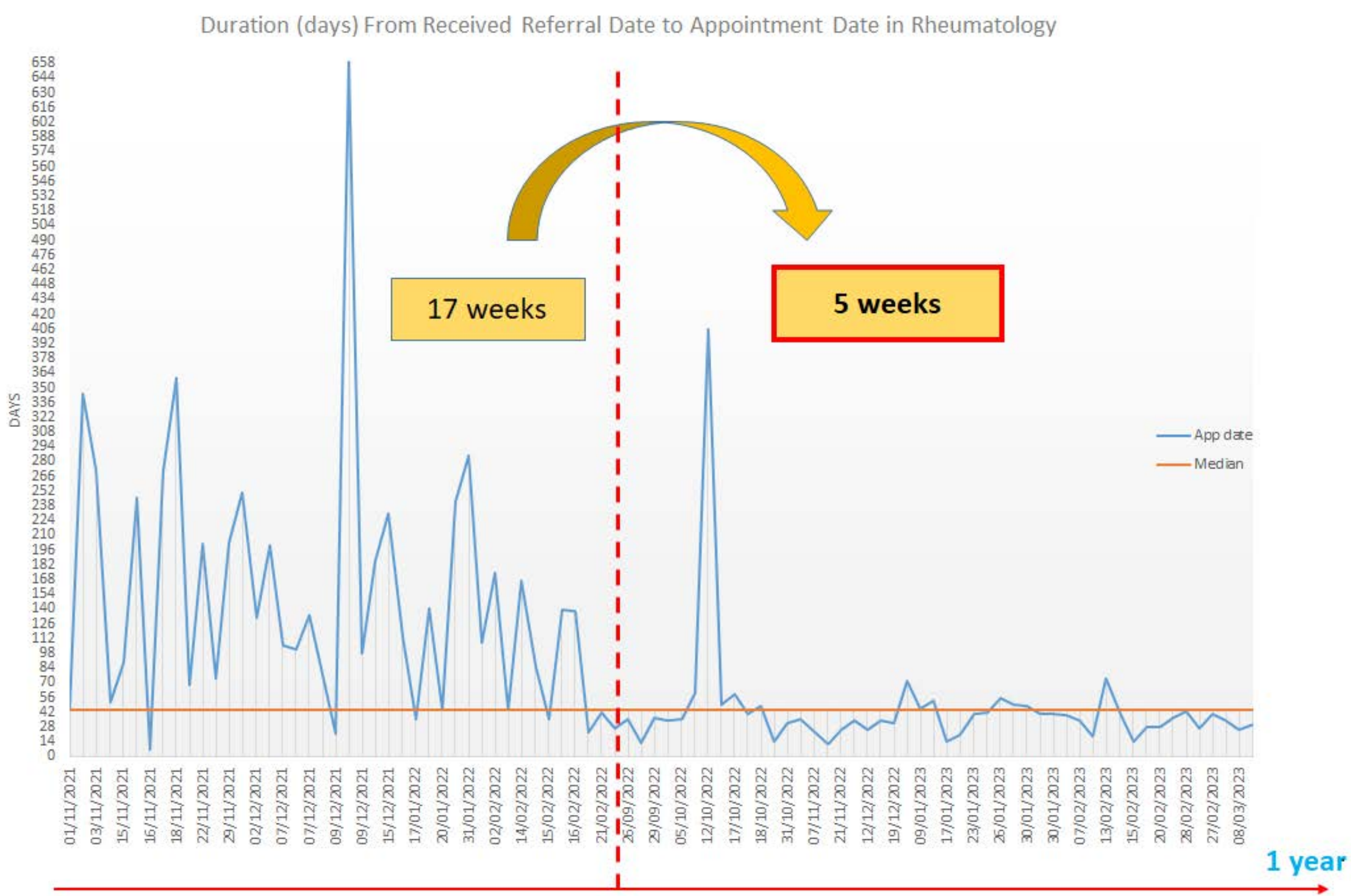


Figure 4. Duration from received referral date to appointment date in rheumatology. First 3 months of service inception vs a year later (last 3 months).

'All these years I have been told it is all in my head' (F, 37)

'I thought it was wear and tear pain. I work as a builder, it is normal to have pain, I just got on with it' (M, 48)

'Finally I feel heard and I have an explanation for my pain.' (F, 32)



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