

Leeds Teaching Hospitals NHS Trust: Team SpA

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Axial SpA works silently. We don't.

BACKGROUND

Tertiary referrals to the Leeds Specialist Spondyloarthritis Service were previously sent on paper and triaged as an in-person visit to the out-patient clinic, with waiting times of up to 4 months. Furthermore, the patients were often travelling long distances in order to attend. This did not represent good patient care and as such we made it a high priority to address.

OBJECTIVES

To create a more patient-responsive and efficient service to better meet patient needs.

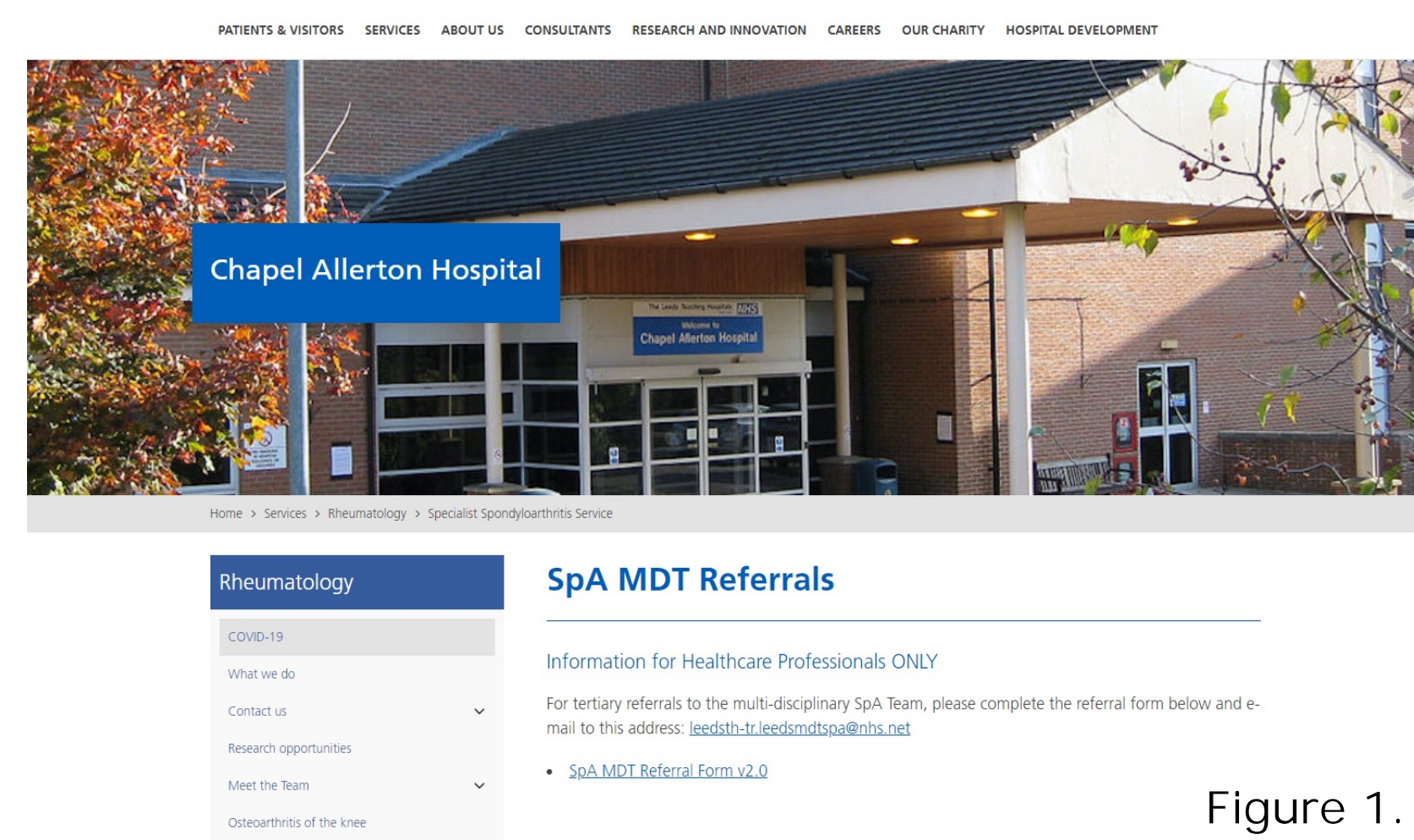


Figure 1. The SpA MDT referral website

METHODS

We have created a dedicated SpA website link (Figure 1) from the Leeds Teaching Hospitals NHS Trust webpage. An electronic SpA MDT referral form (Figure 2) was developed and published on the SpA service website to facilitate tertiary referrals.

A dedicated email address was created to capture these referrals.

A Teams meeting for a clinical discussion with the referring consultant and Leeds Team SpA was offered within a week of receiving the referral.

RESULTS

We have successfully developed a regional MDT network infrastructure. Since the launch of the online SpA MDT referral form in July 2020, there have been 30 tertiary referrals from 11 different hospitals across the North, including Blackburn, Airedale, Scarborough and Manchester– with an astounding improvement in mean time to resolution: from over 4 months to just 5 working days.

This has allowed rapid clinical decision making, avoiding the previous long delays and need for the patient to attend a clinic appointment in Leeds.

User Feedback

User feedback has been overwhelmingly positive:

“As a general rheumatologist in a small DGH the virtual SpA MDT has proved invaluable, especially since COVID. It is fantastic to have the expertise ‘at your fingertips’ and also the team approach on the call. You can make your case fit the times you have available, and it save a day long round trip for our patients. I am so pleased to have access to this tertiary advice without the travel not to mention the parking! Thanks Leeds SpA team, you have really helped me out of some complicated clinical conundrums!”

CONCLUSION

Given the constraints on face-face consultations during the COVID pandemic, we have been forced to find new ways of working to meet patient need. This provided us with the impetus to develop our service, producing cross collaboration in a newly established MDT service. Clinicians can now discuss complex cases within a week of referral, allowing changes in management plans to be rapidly implemented. In addition, patients no longer need to wait months for an out-patient appointment or to travel out of area for a clinical assessment.

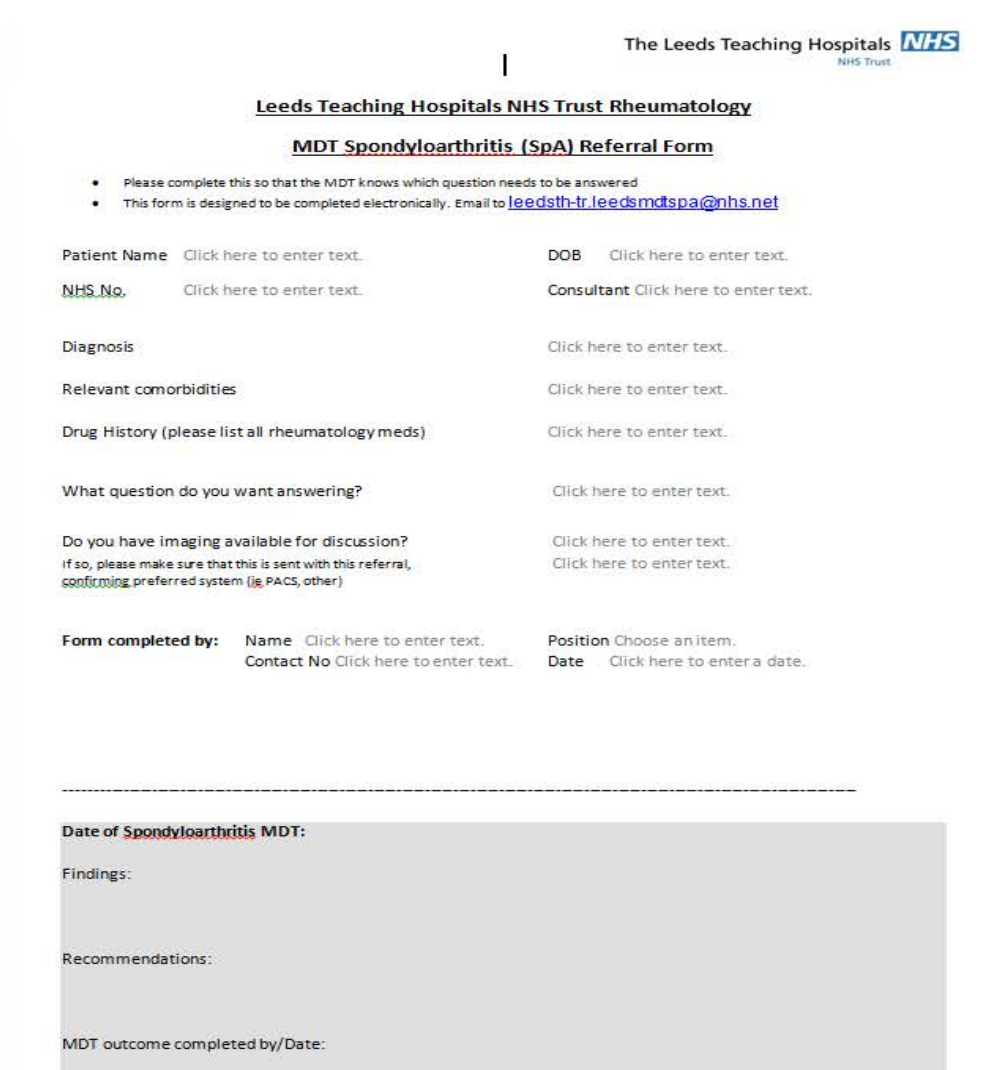


Figure 2. The online MDT referral form

BACKGROUND

Delivering high quality multi-disciplinary, multi-specialty care in the Leeds Specialist Spondyloarthritis service is increasingly challenging with growing complexity and patient numbers.

Patients advised us in a past survey they wish for a more patient-responsive and efficient service, specifically:

- Current follow up bookings are based upon the last assessment of disease activity and trajectory limiting capacity for flare review.
- Demand for clinical time exceeds capacity due to the need to record PROMs, calculate clinical disease activity, document current and historic treatments and discussion with Dermatology and Gastroenterology colleagues in the combined service.

OBJECTIVES

- 1) To develop a bespoke dashboard integrated within LTHT’s electronic data capture system (PPM+)
- 2) To improve patient flow and cohort management within the Leeds Specialist Spondyloarthritis Service

METHODS

Supported by an unrestricted grant by UCB we have, since 2019 worked in collaboration with the LTHT’s IT team to design and develop a data capture interface in order to:

- Code clinical diagnosis,
- Capture specifics of each patient’s disease characteristics and drug history,
- Allow patients to input their PROs electronically utilising their own electronic devices,
- Calculate composite outcome measures (e.g. ASDAS CRP) before patients enter the clinic room.

RESULTS

- A serial review of time from flare report to review was 8 weeks during a 2 month observation period. The average time to review patients in clinic was 41 minutes during the same period.
- We have now moved onto the final stage of the project whereby data are entered onto the dashboard, with verification and fine tuning of final programme. Once this is finalised, it will allow for patient coding, cohort characterisation, specific electronic PRO capture and calculation of disease activity scores.

CONCLUSION

We have successfully completed the design and implementation of a bespoke SpA dashboard fully integrated within LTHT electronic data capture system. The next steps will, with the help of the new coding system, focus on characterising our patients cohorts in order to rationalise clinic waiting times and response to flare aiming to provide each patient with the right assessment at the required time.



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Driving improvements in axial SpA care