Three years, Five Projects: Quality Improvement with the Newcastle SpA Team!

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Axial SpA works silently. We don't.

Project 1: Maximising the Ability of Community Physiotherapists to Identify Axial SpA

TIMS (Tyneside Integrated Musculoskeletal Service) is a community-based, physiotherapy-led service providing a self-referral route for people with MSK symptoms, and acts as a 'single point of entry' for orthopaedic referrals. When TIMS was formed in 2019 we were uncertain about how effective they would be at identifying and referring people with Axial SpA.

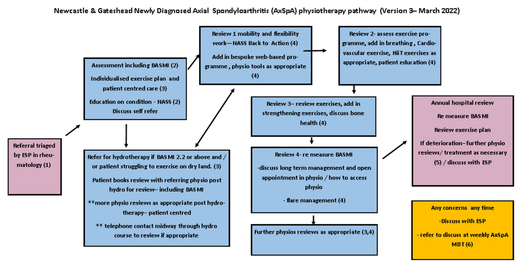
Screening questions for inflammatory back pain (ASAS experts' criteria) were incorporated into the assessments in TIMS. Education was provided and is ongoing. These screening criteria were used in 100% of TIMS referrals to rheumatology with possible Axial SpA in Nov 2020. Re-auditing referrals in 2022 showed that this remains at 96%.

IMPACT: The early recognition of Axial SpA relies on the expertise of physiotherapists seeing people with back pain. We worked with TIMS to ensure that their assessments would routinely consider IBP, and that effective referral criteria and pathways were followed.

Project 2: Collaborating with TIMS to Improve the Quality of Physiotherapy Care for People with Axial SpA in Newcastle-Gateshead

Similar to Project 1, we were unsure if TIMS could provide the essential education and exercise programmes for people with newly diagnosed Axial SpA. We wanted to achieve consistent implementation of a physiotherapy pathway for people with Axial SpA across Newcastle-Gateshead. We created a driver diagram to understand and communicate the actions required to achieve our aims. Relevant stakeholders were identified and mapped, and a physio pathway was agreed across organisations.

Evaluation took place from April to Oct 2022, with data from 19 patients who were either newly diagnosed with Axial SpA or seeing physio for the first time. Irrespective of the service seen in, all patients were offered the specified education, and had a standardised assessment including BASMI. The mean delay from referral to first appointment was 61 days. Patients had between 1 and 9 appointments with a physio.



IMPACT: People with Axial SpA need high-quality specialist physio to help them make the changes to their lifestyle and manage their Axial SpA. We have enabled all patients to access this locally, by working with different providers.

Project 3: Developing an Electronic Form and Database for SpA Patients

We have a large cohort of patients with Axial SpA who attend the Newcastle SpA service. In recent years, we have transformed our medical record keeping to an electronic system. We have developed an integrated database with IT which will allow us to record PROMs such as BASDAI and BASMI, characterise the cohort and facilitate recruitment to research studies, and help to manage important co-morbidities such as cardiovascular disease and osteoporosis.

We now have more than 150 patients with diagnoses and medication recorded, and 800 for whom outcome measures have been recorded and can be followed over time.

IMPACT: the database and associated forms allow any member of the SpA team to record outcome measures as part of the medical record. Results from BSR ePROMS will soon be uploaded to patients' records, facilitating more remote monitoring.

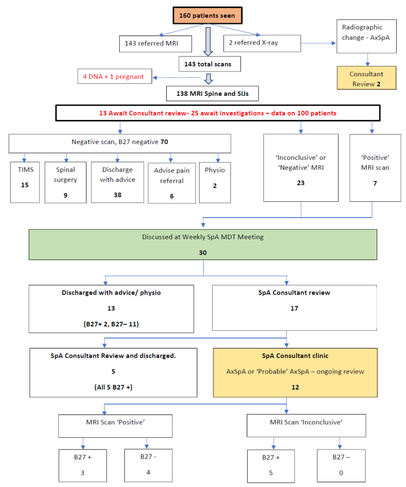
Project 4: Reducing delay to diagnosis through an ESP-led Inflammatory Back Pain Clinic

We reviewed the outcomes for this key part of our suspected Axial SpA pathway run by an ESP - Extended Scope Physiotherapist. Data was collated for the period April 2022 – March 2023.

190 patients were referred; 160 patients were seen, with 16% (30 patients) not attending their appointment. Outcomes for the 102 patients where investigations and opinions are known are shown in adjacent Figure.

Referral sources were direct from GP 49%, TIMS 41%, or other hospital specialties 10%. The mean wait from referral to appointment was 28 days (range 5-122 days). For patients requiring Consultant review, the overall mean delay to diagnosis from referral was 160 days (range 64-325 days). In contrast, those not requiring review by a Consultant were discharged at a mean time of 80 days from referral (range 7-182 days).

IMPACT: an ESP-led new patient clinic can reduce waits for clinical opinion and investigations, effectively exclude axial SpA in many cases, and allow early treatment and discharge. 30% cases required further discussion, and / or Consultant review. In this cohort, the wait for a Consultant review was a significant contributor to delay to diagnosis and treatment; we have addressed this with the creation of more slots for these patients.



Project 5: Optimising our 'Flare pathway' – understanding workflows resulting from out-of-clinic patient contact

People with Axial SpA under our care can contact the service through a number of different routes. We were keen to understand this process and the resultant workflows so that we can improve patient pathways and ensure that resources are allocated appropriately.

We asked our team to record these contacts during March 2023, and collated the results. There were 25 out-of-clinic contacts recorded over the month: 13 were via the departmental advice line, 10 via physiotherapy, and 2 direct to medical staff. The most common reason was a flare of symptoms (16; 64%), followed by medication queries (5; 20%) and advice about exercises (4; 16%). These contacts resulted in 19 additional appointments with either physiotherapy (10), medical staff (6) or nursing staff (3). The majority of these were virtual initially (15 out of 19).

IMPACT: We want to be a responsive service, and this starts with understanding what patients contact us about, and how we deal with these queries. Health professionals need the time and resources to respond quickly to patients' queries.

NHS The Newcastle upon Tyne Hospitals NHS Foundation Trust

NHS Tyneside Integrated Musculoskeletal Service

In partnership with BRITSPA British Society for Spondyloarthritis; TU

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Aspiring to Excellence

Driving improvements in axial SpA care