

# Addressing Delays to Diagnosis of AxSpa– NCA Rochdale



**Axial SpA works silently. We don't.**

## BACKGROUND

Our Rheumatology Service covers a large catchment area covering Rochdale and Bury. We had an existing service in 2015 led by Mr Chad Critchley, Advanced Practitioner but last Consultant involvement was in 2019. We re-established a full complement service in February 2022 with employment of a new Consultant Rheumatologist, Dr Dhivya Das with a special interest in Axial Spondyloarthritis (SpA).

In 2022, we looked to improve our referrals directly from Primary Care and established robust referral pathways which was available in 2015 but was needed full implementation and updating with the latest guidelines. In 2022, Mrs Katie Stables, Specialist Rheumatology Physiotherapist streamlined our referral services by accepting direct referrals from primary care to our Axial SpA services. We needed confirmed pathways to be rolled out within the HMR and Bury CCG.

Triage team identified poor quality referrals with limited data. We had a shared goal of reducing the delay to diagnosis of patients within our areas to 1 year by increasing pathway referral awareness and clinician confidence identifying Axial SpA patients.

## OBJECTIVES

Describe your Aim – Increasing clinician’s confidence in identifying and referring appropriate Axial SpA patients in primary care. Identifying barriers for referrals to Rheumatology Services in a timely manner.

Future Aim: To observe and audit reduction in delay to diagnosis of our patients after education and training of primary care colleagues.

## METHOD

Give an outline of what you have done – Delivered training on identifying inflammatory back pain in primary care clinics – highlighted current delay to diagnosis and importance of urgent referrals. We have established the referral pathways for groups including physiotherapists, first contact practitioners (FCP) and general practitioners (GP).

Our challenges included time management, multiple meetings with stakeholders, organising training and materials. Had to train how to collect and present data. We overcame our challenges by regular meetings and frequent discussions with stakeholders.

We collected the data by using Microsoft Office Forms and analysed quantitative data from questionnaires pre and post training. Qualitative data was collected and analysed by clinicians.

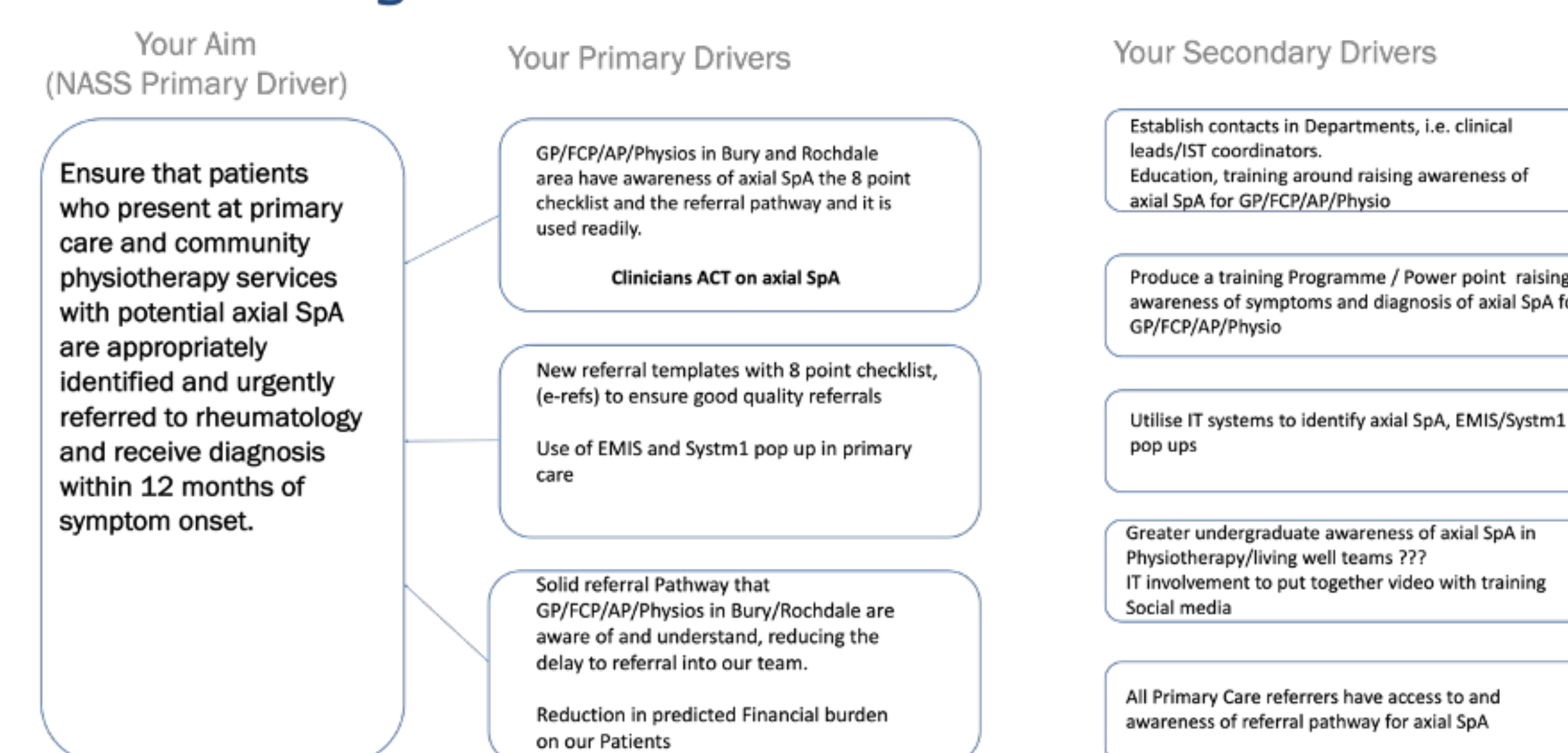
## RESULTS

Impact will be interpreted after collecting enough substantial data. We can provide a snapshot of preliminary data from our first teaching session with physiotherapists. We have provided lovely comments from our inaugural training session in April 2023 which supports the ongoing training content we currently provide.

## CONCLUSION

- Made links with referrers.
- Quicker referrals benefit patients with regards to efficient diagnosis, prompt management and better prognosis.
- Data shows an increase 30.1% improvement in clinician confidence identifying patients with Axial SpA.

## Driver Diagram



## What is your Scope?

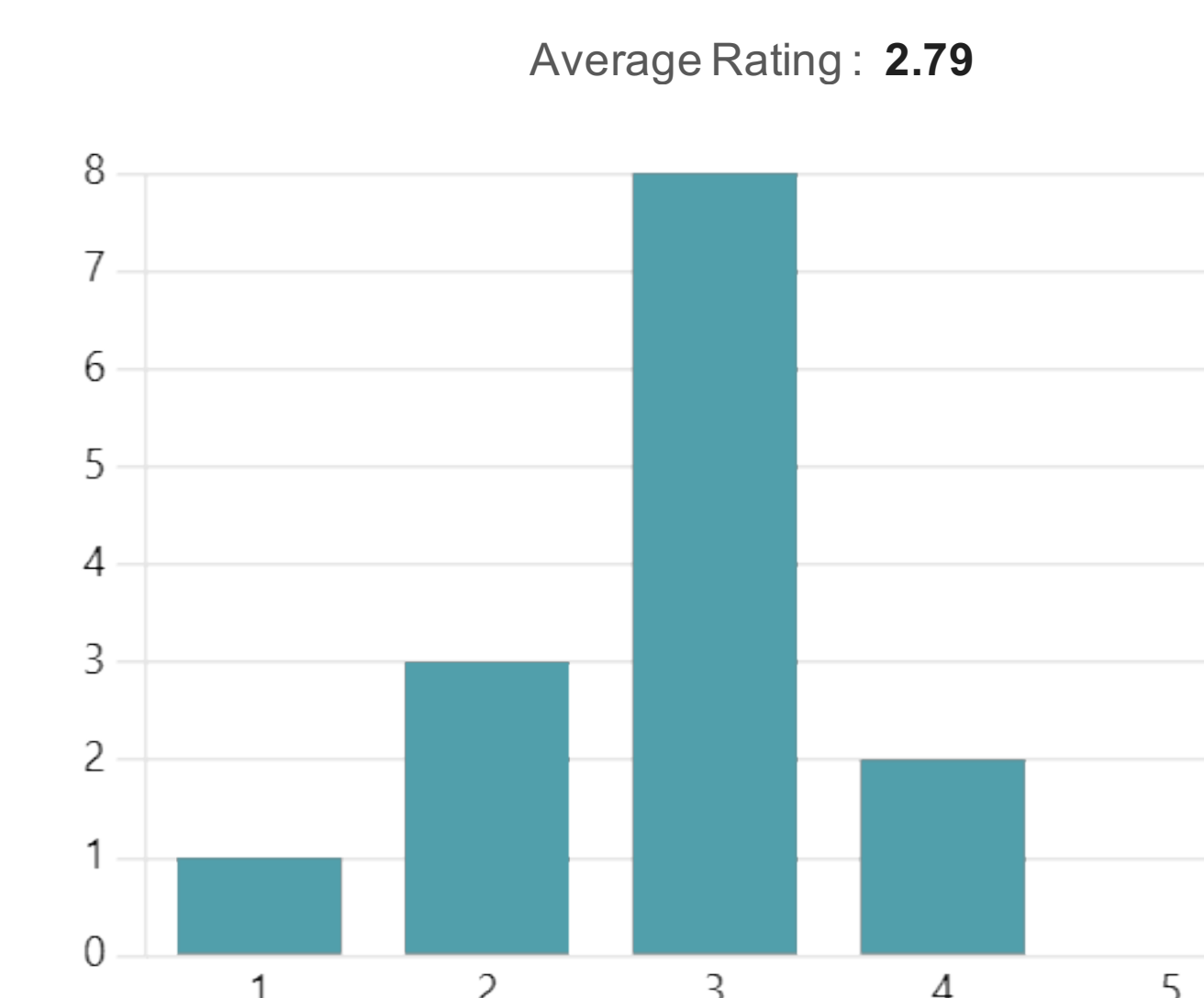
- What is the Problem?**
  - Delay in timely rheum ref from GP/FCP/AP/Physio to secondary care rheumatology dept
  - Lack of awareness of AxSpa in the Primary Care settings
  - Lack of good quality referrals (risk of being triaged OUT)
  - Lack of database and admin support, IT issues
  - Lack of exposure/recognition on Rheum team
- What Impact do you want to see?**
  - A reduction in the referral time for patients with AxSpa into secondary care rheum dept.
  - Increased clinicians self efficacy scores in identifying AxSpa.
  - Clinicians increased awareness of our referral Pathways into Rheumatology.
- What is excluded from the scope?**
  - Excluded secondary care referrals (i.e. dermatology/ophthalmology)
  - Psoriatic SpA, Enteropathic SpA,
  - Private Physiotherapy services
  - NMGH / Oldham / Out of area patients
- What is included in the scope?**
  - Intervention with GP/FCP/AP/Physio, i.e. training, sharing pathways.
  - Patients referred with inflammatory sounding back pain that meets ASAS criteria.
  - Rochdale and Bury Primary Care catchment

### Education and Training Feedback for Clinicians

- *Excellent content "*
- *Possibly face to face but otherwise great. Thanks "*
- *"Really informative at an appropriate level and very interesting topic"*
- *"Informative, Interesting statics, Reassured referral clinical reasoning"*
- *"Very insightful on what to look out for with regards to AxSpA"*
- *"Very detailed - good reminder of the pathophysiology + signs and symptoms and refreshing the pathways"*

## Pre-Training Questionnaire Clinician Confidence in Identifying Axial SpA Rating

How confident do you feel about identifying suspected inflammatory back pain in your clinic?

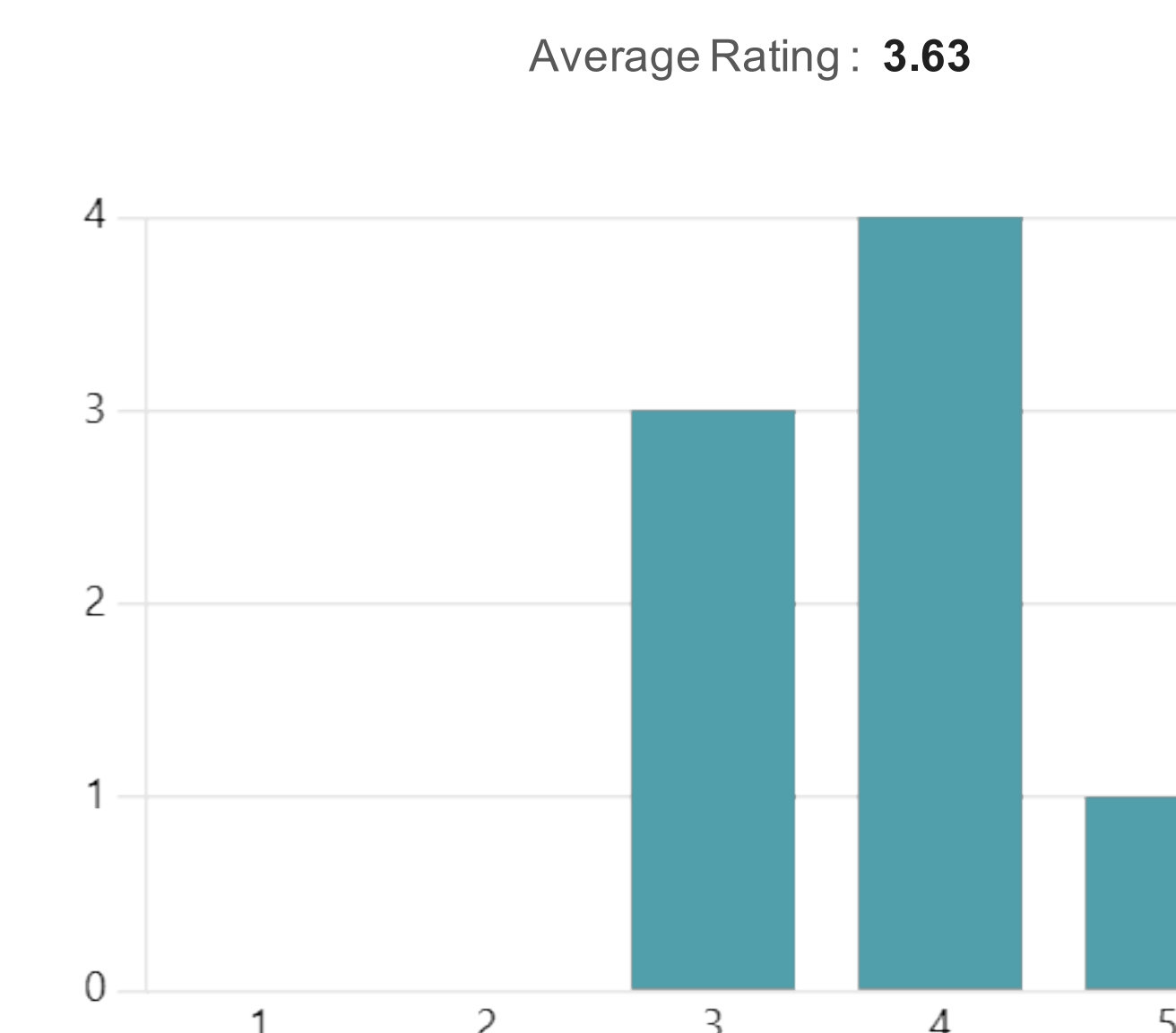


1= Not confident , 2= a little confident, 3= moderately confident, 4= very confident, 5= Extremely confident

Y axis number of clinicians, X axis confidence rating

## Post-Training Questionnaire Clinician Confidence in Identifying Axial SpA Rating

How confident do you feel about identifying suspected inflammatory back pain in your clinic using the screening questions discussed in the training?



1= Not confident , 2= a little confident, 3= moderately confident, 4= very confident, 5= Extremely confident

Y axis number of clinicians, X axis confidence rating