

# Transforming and standardising the South West axial-SpA Group (SWAG) diagnostic pathway and services



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

## BACKGROUND

SWAG represents a network of AxSpA services in the South West comprising of:

- RNHRD, Royal United Hospital (Bath)
- Great Western Hospital (Swindon)
- Torbay Hospital (Devon)
- Bristol Royal Infirmary

Our goal is to establish a common data set and understand performance across the region, with a view to developing standardised referral pathways across SWAG, and ultimately reduce delay to diagnosis for AxSpA patients.

## OBJECTIVES

Aim = improve time from symptom onset to diagnosis to a maximum of 12 months

- 1) Improve quality of data capture and analysis to better understand root causes of delayed diagnosis.
- 2) To improve recognition and referral pathways for suspected axial SpA.
- 3) To improve self-management resources and ensure appropriate safety net of existing axial SpA patients.

## METHOD

We have carried out a baseline audit, to review current IBP pathways and protocols within the region.

We looked at retrospective clinic data for referrals triaged as possible AxSpA across 4 sites (Great Western Hospital, Royal United Hospital, Torbay Hospital, Bristol Royal Infirmary).

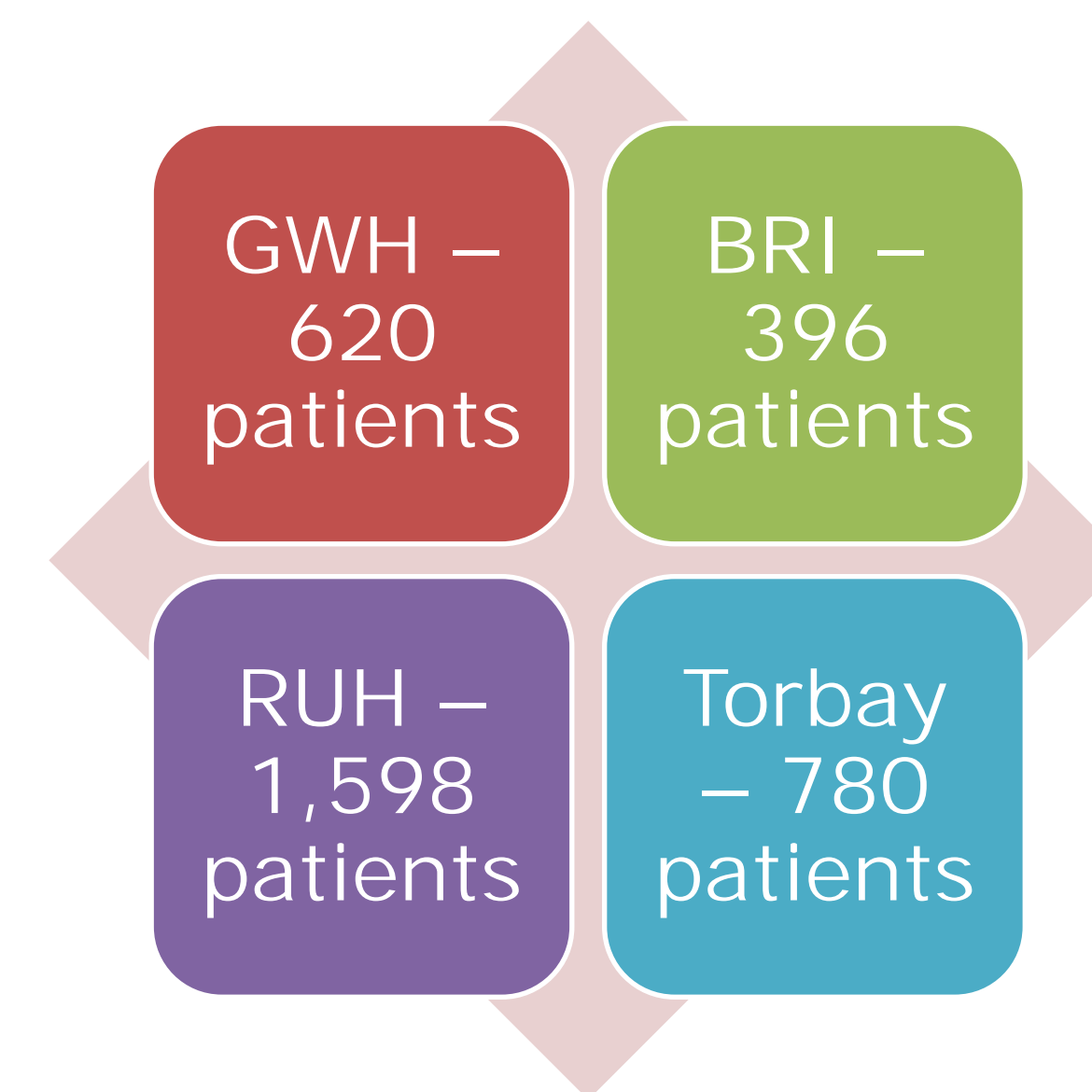
We used data from patients seen between Jan 2022 – Dec 2022 for three sites, and data from Sept 2015 – July 2016 for one site.

We compared referral pathways and referral conversion rates across sites.

## RESULTS

Baseline audit:

Total number of patients within each service:



Annual number of protected AxSpA clinic slots within each service (Table 1):

	RNHRD	GWH	BRI	Torbay
Annual AxSpA clinic slots	1500	72	None	384

Referral conversion rates (Table 2):

	RNHRD	GWH	BRI	Torbay
Conversion rate (%)	21	48.7	46.2	18

At Great Western Hospital and Bristol Royal Infirmary, referral conversion rates were high (48% and 46% respectively).

At RNHRD and Torbay Hospital, referral conversion rates were lower (21% and 18% respectively).

## CONCLUSION

Our baseline audit data indicates that there is significant variability across sites within SWAG in terms of the current data capture, protected clinic availability for AxSpA patients, referral pathways/processes and subsequently, differences in referral conversion rates.

At RNHRD and Torbay Hospital, there are established AxSpA services, with existing referral criteria, which may account for lower referral conversion rates at those sites.

Future goals are as follows:

- Continued review of current IBP pathways and protocols
- Aim to produce a single pathway into Rheumatology, regardless of location
- Establish common triage protocols
- Establish common approaches for advice & guidance
- Agree a clear set of clinical investigations required at point of referral for IBP
- Establish a common cross SWAG spondyloarthritis MRI protocol
- Embed the MRI protocol into the standardised pathway
- Engage with primary care
- Ensure all SWAG providers have dedicated AxSpA clinical capacity
- Trial new pathway and adjust as required

The benefit to patients will be a more efficient and standardised referral pathway, ultimately with a goal to improve time from symptom onset to diagnosis of AxSpA to a maximum of 12 months.



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