

Improving Access, Diagnosis and Support for Patients with Axial Spondyloarthritis

The Salisbury Aspiring to Excellence Journey

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BACKGROUND

The Rheumatology department in Salisbury NHS Foundation Trust (SFT) is small, but very dynamic, and strives to offer a patient-centred, evidence-based service to all patients. In 2016, as a result of close working with stake holders, our 'one stop' biologics service was launched, for patients with a diagnosis of an inflammatory arthritis requiring biologic therapy. Dr Coy led the Axial Spondyloarthritis (AxSpA) arm, whereby patients were scheduled to be seen every 6 months by a Consultant and ideally by a Specialist Physiotherapist. For patients with AxSpA who were not on biologic therapy, however, standard care applied within general Rheumatology clinics.

Prior to embarking on our A2E journey, we were acutely aware that there were areas in which our service provision was extremely limited, and several contributing factors were identified:

- Limitations affecting AxSpA service prior to A2E journey**
- Lack of dedicated clinic/service, except for patients with AxSpA on biologic therapy
 - Very limited access to specialist/any physiotherapy - 9 hours of rheumatology physiotherapy per month only
 - Reduction in specialist nursing hours due to long term sickness and early retirement
 - Outdated referral guidelines which may cause delay to diagnosis and reduced efficiency of service
 - Limited support/understanding from wider Trust

These led us onto setting the following objectives to focus on:

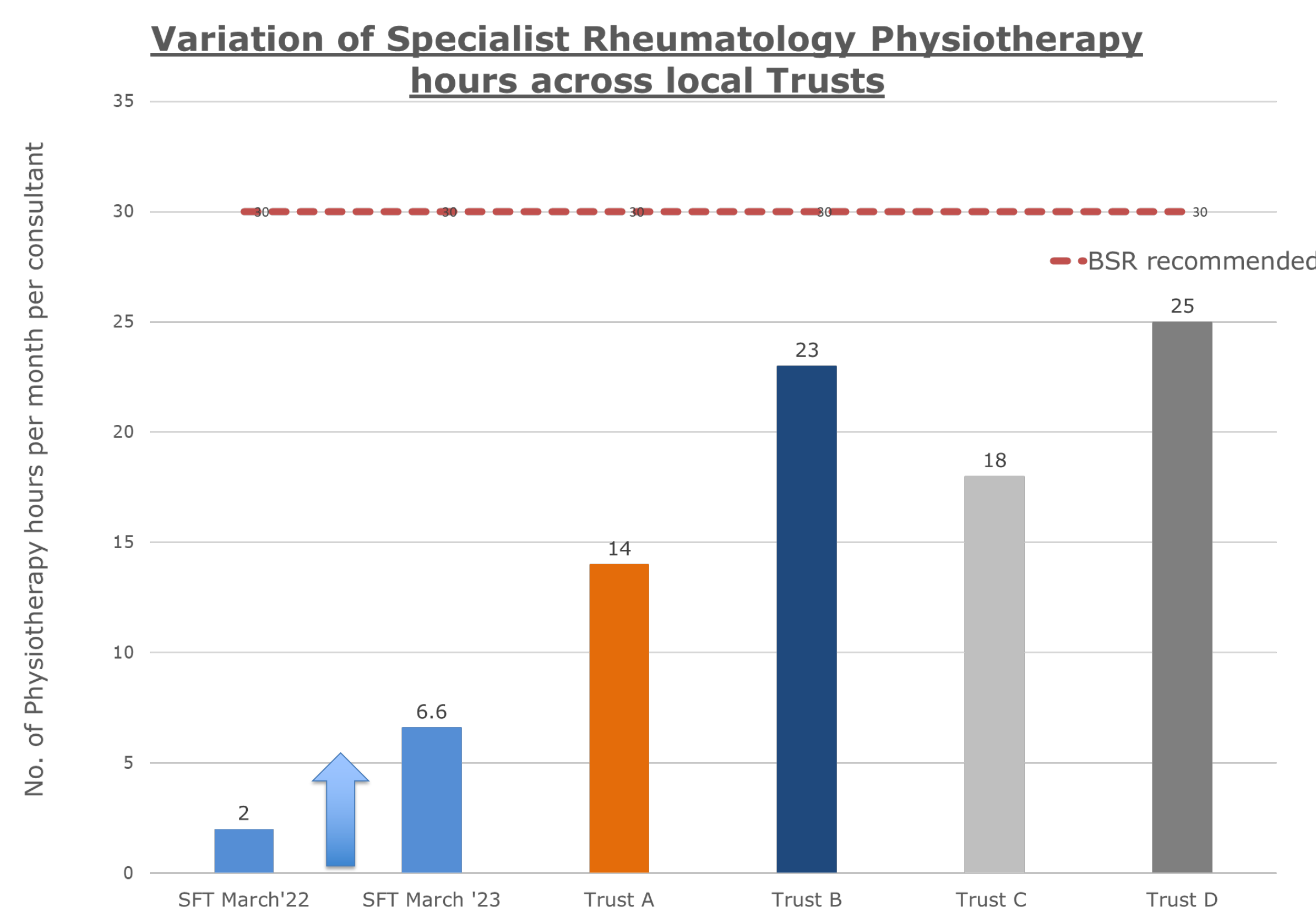
A2E STARTING OBJECTIVES

1. To improve access to specialist physiotherapy services (NG 65 1.5.1 and 1.5.2) for our AxSpA patients.
2. To improve referral pathway to our service for all patients with suspected or established AxSpA.
3. To establish a formal annual review for all our AxSpA patients to include comorbidity assessment.

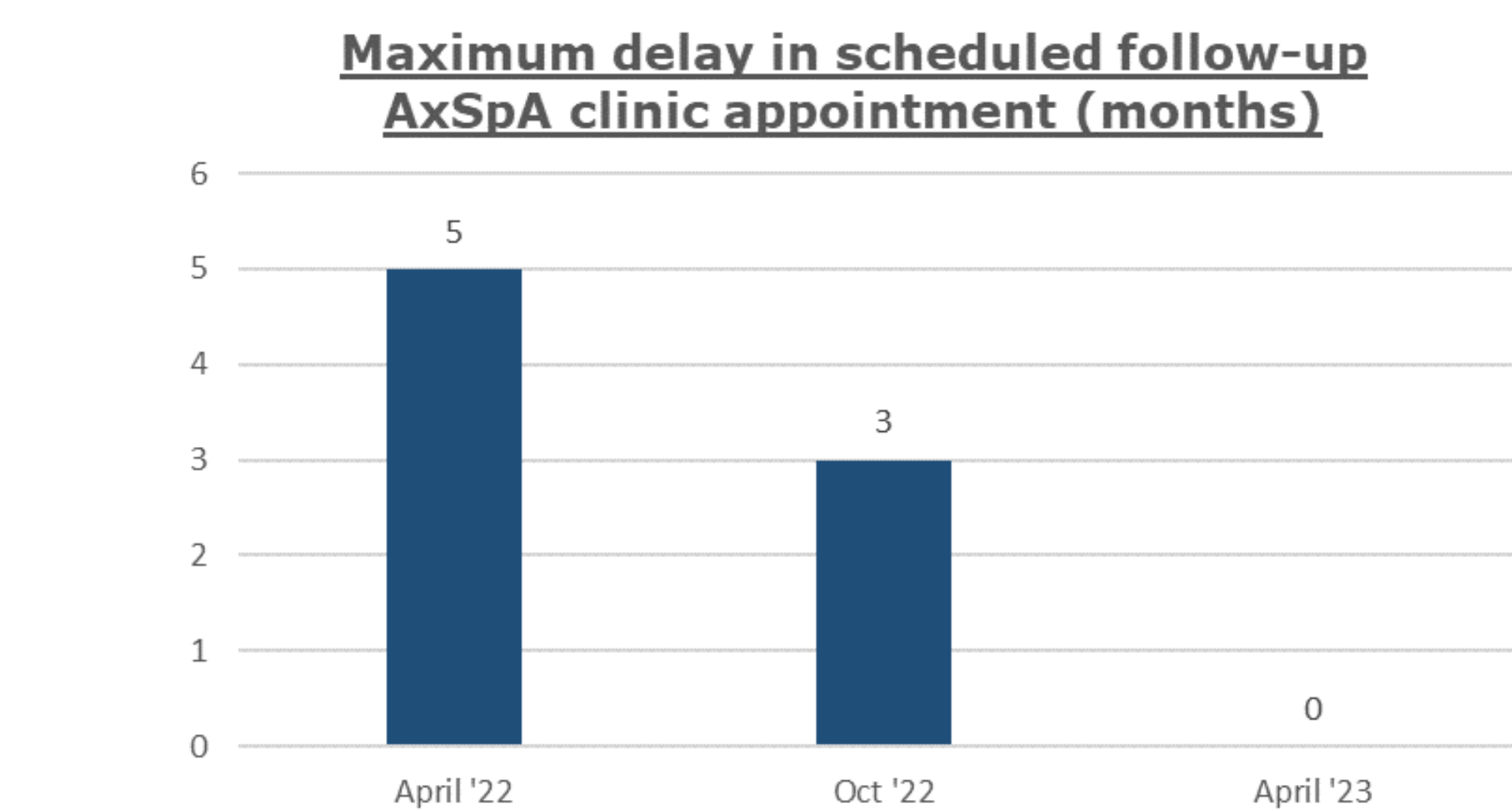
METHODS

1. Data was collected from the South Central Axial Spondyloarthritis Network (SCAN), via a questionnaire designed to look at variation in Specialist Physiotherapy provision across the member Trusts, and to compare this to the recommended level nationally, as per the 2021 BSR Workforce Review. Graph 1 shows such variation in provision across the Trusts who responded.
2. Addressing our second aim began with discussions via the SCAN and SWAG (South West Axial Spondyloarthritis Group) networks. It became very clear that there was great variation in how patients were referred and what information was requested in advance. These discussions remain ongoing, with the ultimate goal being to establish a unified referral form for all patients with suspected AxSpA.
3. The use and format of annual reviews was discussed with members of the Aspiring to Excellence (A2E) cohorts 1 and 2. Root cause analysis was undertaken to understand this further.

RESULTS



Graph 1.



Graph 2.

Patient Feedback:

"Your system works"
"My case was discussed in full..
..very satisfied with all the care I received"

"To see physio for measurements and particular advice is really helpful.
Group sessions are a fabulous idea"

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RESULTS AND DISCUSSION

1. The data from the SCAN network questionnaires was collated and showed a great variation in results (graph 1). Following this, through work with Management and Finance, we increased Specialist Physiotherapy (PT) hours to 16 per month from March 2022 and a further increase to 7.5 per week from January 2023. These additional hours have been used to support the weekly AxSpA clinic, including seeing additional patients autonomously. There is now capacity for PT input for rheumatology patients with other diagnoses, and there are plans to start PT-led group sessions – a time and venue has been identified and a patient focus group was held to provide feedback on the current service and what a group session may look like. A PDSA cycle will be used going forwards. Being part of A2E has enabled us to learn from other departments regarding how they optimise their PT hours, and we are using this knowledge to more effectively allocate our current PT time.

2. Discussions within the local networks revealed that referral processes differ greatly, including what information is requested in advance. Whilst we continue to explore the potential to create a unified referral form/pathway via SCAN, we have created our own to assist with current referrals from primary care. In November 2022, our department introduced the use of Cinapsis to simplify the process of providing Advice and Guidance to primary care. This gave us the opportunity to create new/update existing guidelines and include a new Inflammatory Back Pain pathway, streamlining the referral process. It is planned that all referrals to our service will soon be accessed via the Cinapsis platform ensuring a more appropriate and timely review.

3. Root cause analysis into a formal annual review for patients with AxSpA led us to focus more on ensuring that patients had an appropriate and timely review including assessment of comorbidities, regardless of timeframe. Reviewing patients as clinically indicated and working closely with the clinic booking team and departmental management has enabled us to now run a dedicated AxSpA clinic every week for all AxSpA patients, including those not on biologic medication. This change in practise has seen a notable improvement in waiting times for follow up in the AxSpA service – seeing a reduction from 5 months delay in April 2022 to 0 months in April 2023 (graph 2). Patient comments are also very complementary regarding the current service.

CONCLUSIONS

Being part of the Aspiring to Excellence programme has given us additional time, skills and focus to identify areas that need quality improvement, and identifying the steps that will help us to develop a safe and effective service that is sustainable for the future.

Whilst we have successfully increased our Specialist Physiotherapy provision which is a step in the right direction, this is still well below the national average and recommended level as per the 2021 BSR Workforce Review, so we will continue to work on increasing PT capacity, whilst optimising the time that we currently access, for all our Rheumatology patients.

We will continue to reconfigure and adapt our service, depending on the needs of our patients and available resources, and will collaborate with our regional networks towards our shared goals of improving access, diagnosis and support for all AxSpA patients.



Axial SpA works silently. We don't.



Driving improvements in axial SpA care