

# Sheffield Axial SpA Team



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

## BACKGROUND

The Sheffield SpA team was established in 2012. It evolved from a quarterly held clinic to a twice monthly clinic where 180/550 departmental axial SpA patients were looked after by our dedicated MDT team.

One of our biggest issues was that whilst we had developed our MDT service, there was limited capacity. This meant sometimes long waits for routine FU appointments, and restricted NP capacity. Audit data showed a 2 tier service – those outside the specialist service did not receive equity of care as those within it.

We set an aim to increase capacity by running a monthly MDT clinic, run by our team of Consultant, Clinical Nurse Specialist (CNS) and Extended Scope Physiotherapist (ESP). The ESP role has become a permanent post within this time, reflecting the benefits seen in having additional specialist clinic capacity. Additional benefits were that the ESP could work across the whole department – with the aim being to improve equity of care for all axSpA patients in the department.

## OBJECTIVES

Our main objective was to improve the equity of service for axSpA patients across Rheumatology in Sheffield. To achieve this, we needed to gain a greater understanding of our service, so we had many smaller objectives, and these evolved over our time in the project.

Before we could begin, we needed to undertake a considerable data collection in order to better understand our service. We then looked at increasing capacity, establishing an axial SpA patient pathway for use with all patients, establishing a flare management and NP education pathway for all patients to access and introducing an annual review form (ARF) for axSpA patients to standardize care across Rheumatology.

## METHOD

We used a variety of methods to achieve our goals as outlined in our Driver Diagram.

Our biggest challenge was data collection - to understand current service and establish a database to continually audit.

We have utilised our App MyPathway to gain greater understanding of patient numbers.

## RESULTS

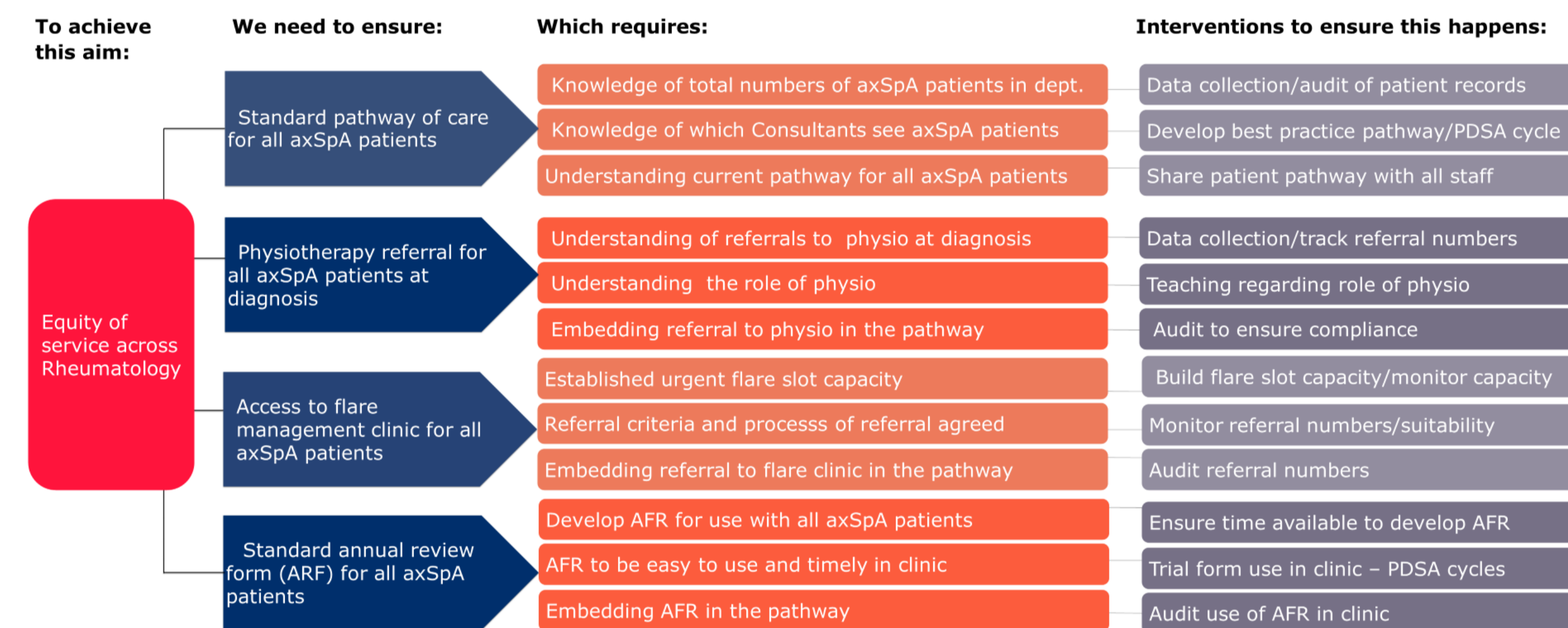
Through a greater understanding of our service we were able to drive changes.

- Capacity was increased to 375 in the axSpA service
- Flare management slots implemented for all departmental axSpA patients. Audit shows that 25 patients have been referred in the last 6 months, all seen within 2 weeks with referrals from across the whole department.
- ARF currently undergoing PDSA cycles
- Numbers of axSpA patients actively using MyPathway have increased to 200, meaning we can monitor online PROMs more effectively
- Waiting times for NP appointments have reduced 25% as capacity has increased

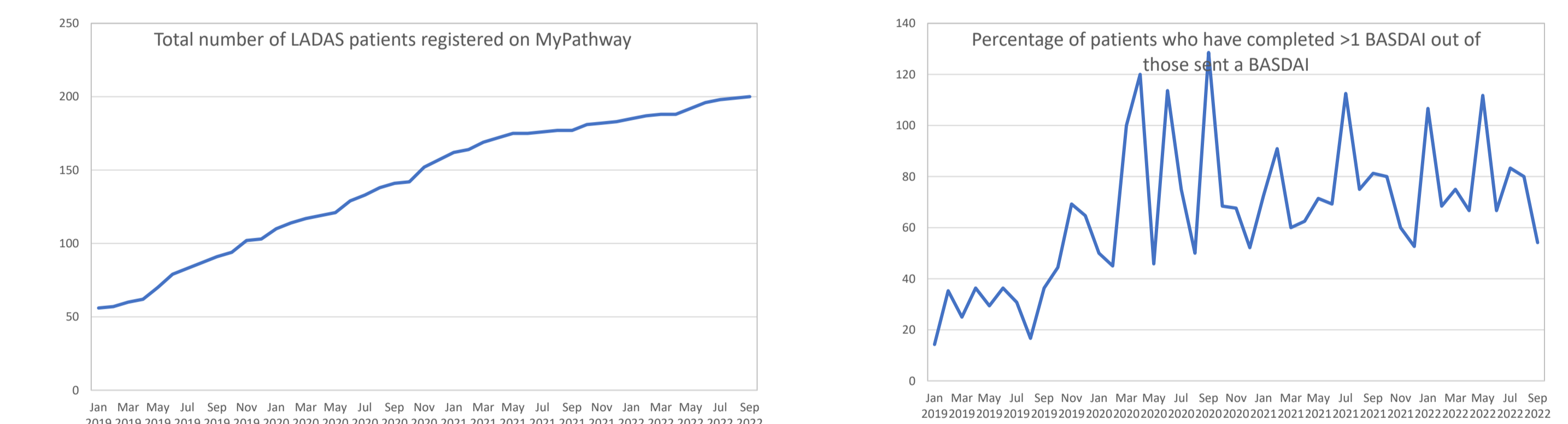
## CONCLUSION

- Using our driver diagram we have developed a multi-pronged approach to improving equity of service for all Sheffield axSpA patients.
- Our ARF has now been shared as part of a department wide business case for additional nursing time to conduct protocol driven annual review across all diagnoses.
- Our capacity has significantly increased and the wait for new referrals has reduced.
- Our flare service is now well established which benefits all axSpA patients in the department.
- We are continuing to develop the service and hope to complete development of our NP education package and make this available to all axSpA patients.

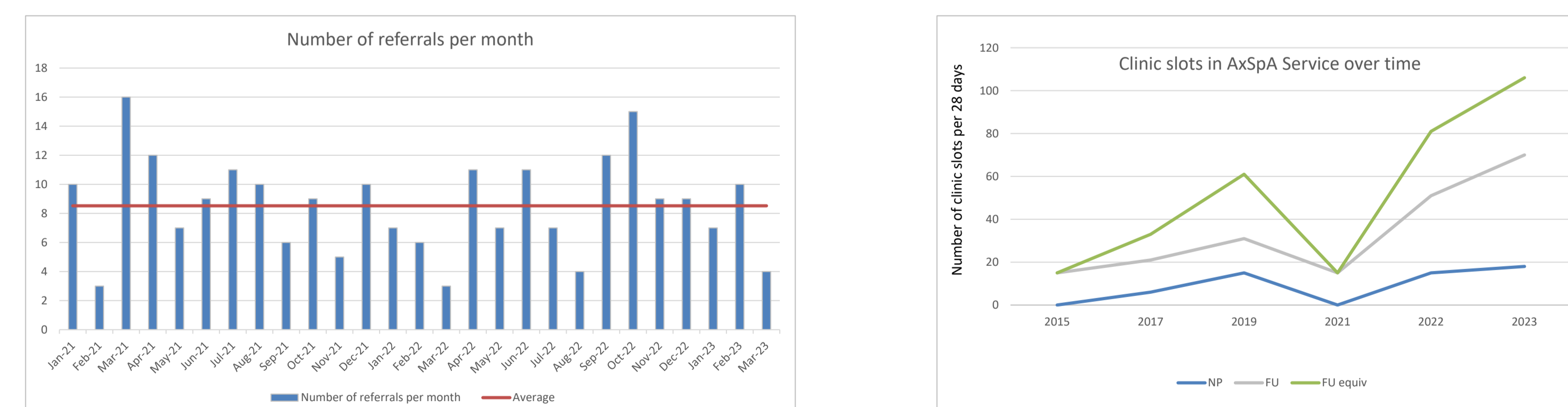
## Driver Diagram



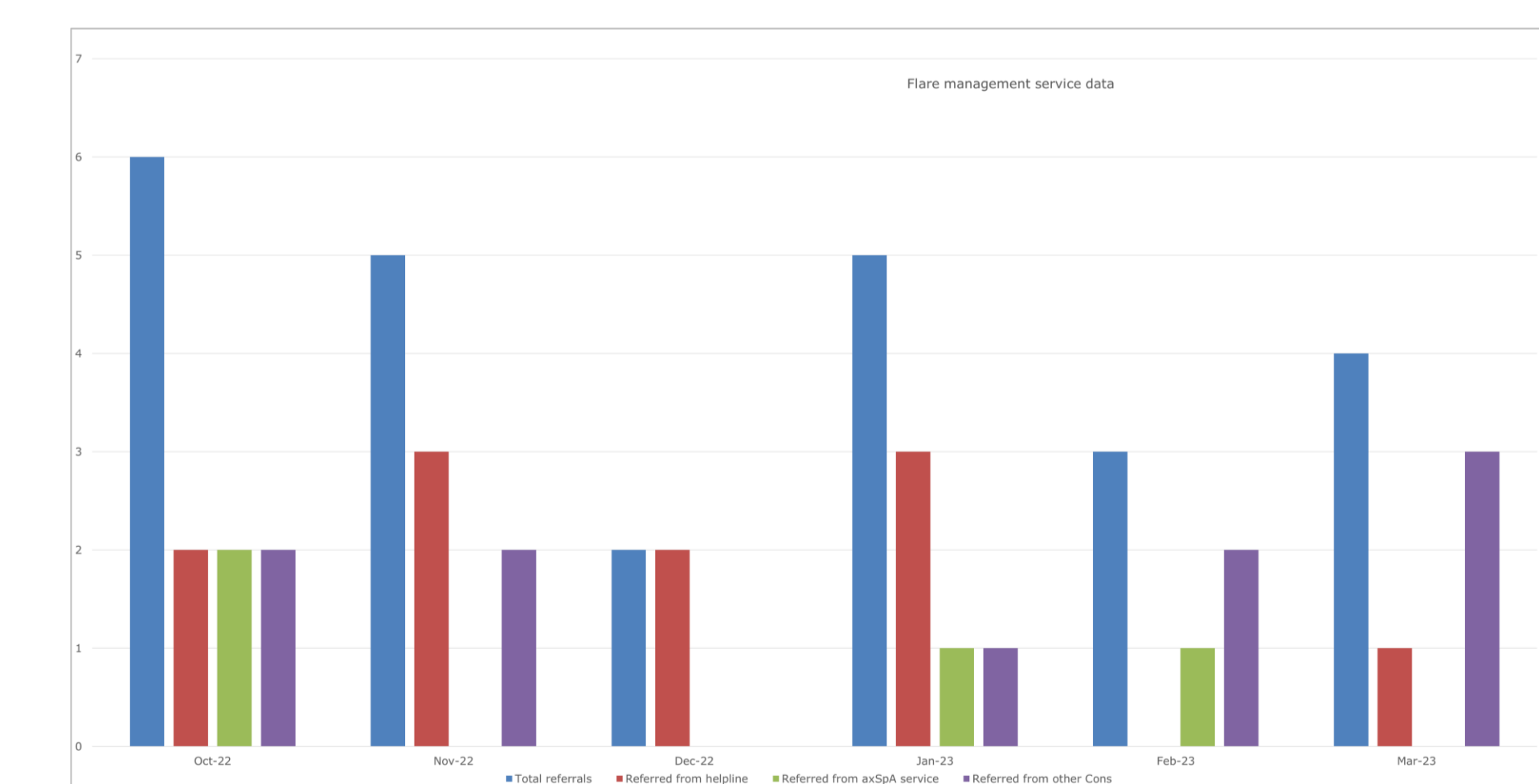
## Uptake of MyPathway over time



## Clinic capacity & NP referrals



## Flare management utilisation



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Driving improvements in axial SpA care