

# Improving care in Axial Spondyloarthritis – University Hospital Southampton

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## BACKGROUND

- Within our service we were aware of the following problems:
- AxSpA patients referred to many different consultant clinics
  - Anecdotal experience of patients receiving wrong MRI protocol
  - Impact of pandemic on physiotherapy provision

## OBJECTIVES

- To investigate the barriers to prompt diagnosis and explore ways to reduce time to diagnosis
- To improve the use of MRI to diagnose axSpA
- To introduce and evaluate an online digital platform for home exercise
- To redesign the Therapy pathway to ensure that all patients have timely and equitable access to specialist therapy

### Part 1: Improving the referral process for axSpA

### Part 2: Improving use of imaging to diagnose axSpA

### Part 3: Supporting patient digital self-management

### Part 4: Improving access to specialist physiotherapy

We identified:  
Outdated referral criteria; overlapping services; lack of a specific axSpA referral pathway; primary care investigations not listed

Audit of referrals  
50 patients: median time from symptom onset to seeing HCP was 1 year (range 0-34 years). Median time from first seeing HCP about back pain to rheumatology review was 1 year (range 0-14 years).

Aim: "All patients with suspected axSpA will be referred via the new IBP pathway with the right primary care investigations"

Patient interviews  
 "You don't look like someone with A.S."  
 "...because I was young and a woman"  
 "If you can touch your toes, you don't have it"  
 "Felt embarrassed explaining why I might have A.S."  
 "Am I being a baby about it?"

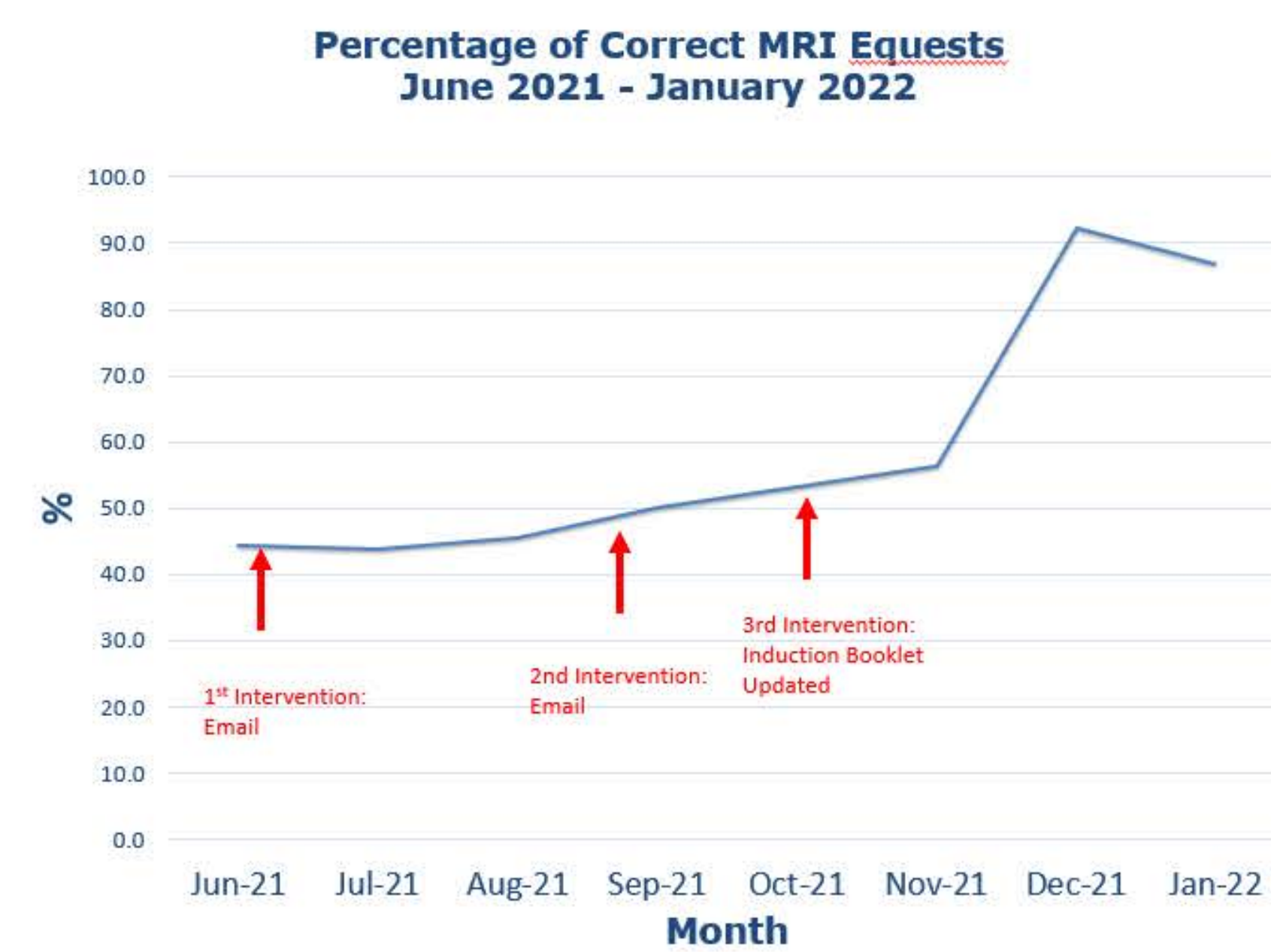
- Implementing a new referral pathway  
June 2021: set up a new e-referral service:
- Information about when to suspect axSpA
  - Recommended first-line investigations (CRP and pelvis x-ray)
  - Advice about interpretation of HLA-B27 and x-ray
  - Linked directly to axSpA clinic

- Measuring use of the new referral pathway
- June 2021 - Dec 2021 13 patients were referred via the new axSpA service
  - 12/13 referred for suspected axSpA, 7/13 new referrals; 6/7 had CRP and 3/7 had pelvis x-ray in primary care
  - We could improve education of referring clinicians about imaging prior to clinic

Audit of 122 MRIs from Nov 2018-Nov 2019 for suspected axSpA: 16% did not have correct protocol

The following interventions were introduced sequentially:

1. A new MRI eQuest bundle
2. A personalised email to requestors
3. Update of the junior doctor induction booklet



- ### Conclusions
- Understanding local referral pathways is vital
  - Simple educational interventions and system changes can rapidly improve use of correct imaging
  - Physiotec is a highly valued tool with patients and therapists supporting self-management
  - Redesigning the pathway to Therapy and revising who we see has increased patient flow and will ensure that patients with axSpA are seen in a timely and equitable manner

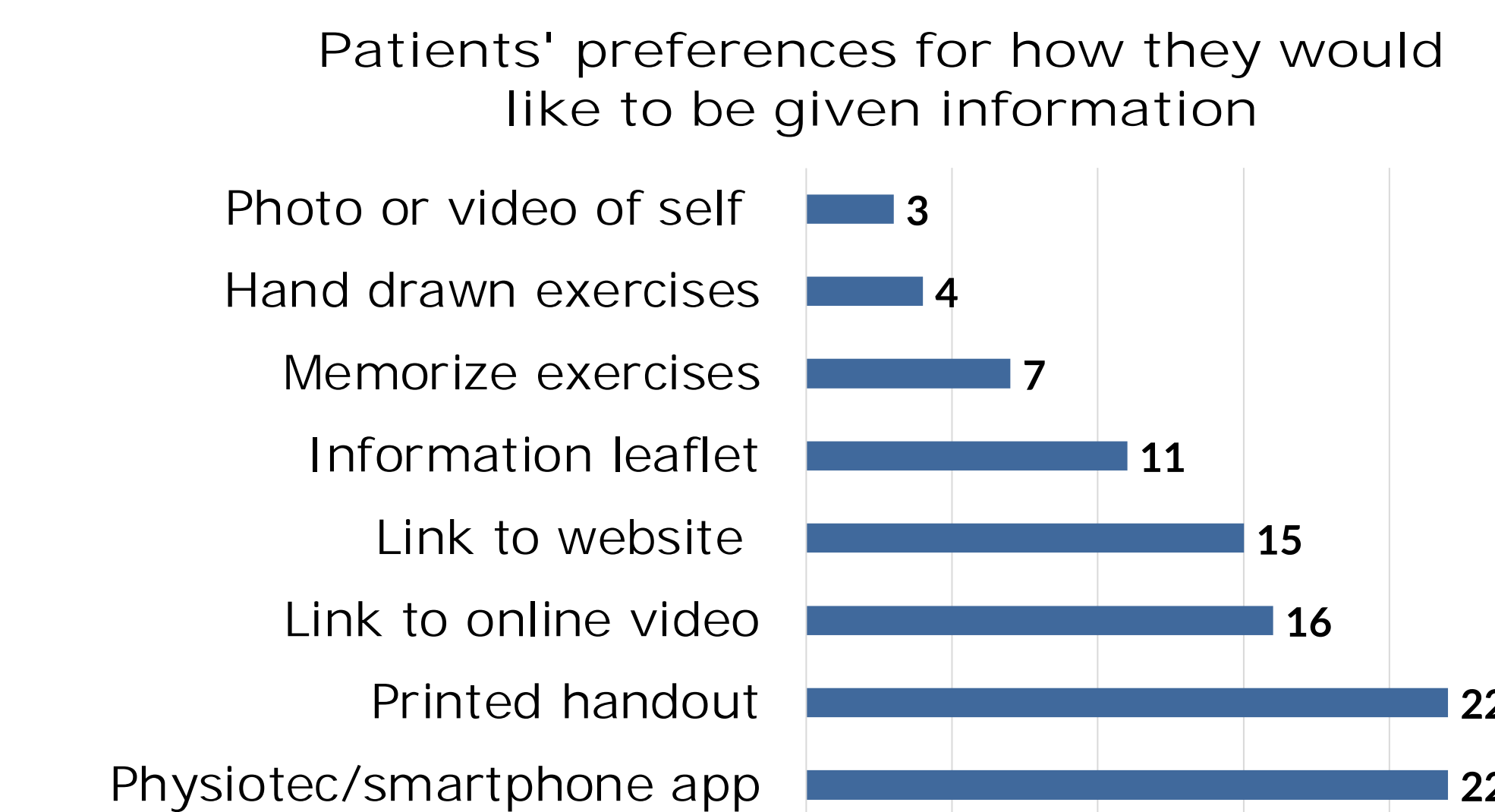
With virtual consultations becoming a new way of working as part of the NHS digital plan, it was essential to support patients with self-management.

In July 2020, we introduced Physiotec.

Results  
Between July 2020 and July 2021, 41 therapists used Physiotec, 3245 exercise programs had been created with 2553 clients.

Patient comments  
 "Absolutely first class"  
 "Easy to understand"  
 "Tailored to individual needs"  
 "Easy to access"  
 "Environmentally friendly"  
 "A great prompt"  
 They liked being able to see their exercises in action through the videos

Physiotec was used across face to face, virtual and telephone clinics. The % of patients given information in digital format had risen from 1% in 2019 to 53% in 2021. All therapists (n=24) agreed or strongly agreed that Physiotec should continue and gave a mean 4.5/5 star rating. Remarks included: "quick and easy to use"; "good variety of exercises"; "helpful for new therapists in devising treatment plans".



- We identified:
- Long waiting times for routine therapy (5 months)
  - Disparity in waiting times for between Rheumatology & Therapy departments with clinicians unsure where to refer
  - 40% of referrals to Therapy department for non-inflammatory conditions
  - 36% of patients seen in Physiotherapy clinics in Rheumatology were for follow-up appointments as opposed to one-off assessment and advice and/or referral on to Therapy department
  - Well AxSpA patients called unnecessarily for repeated visits

- The following interventions were introduced:
- Specific criteria developed for where patients should be seen for Therapy
  - Decision for care for non-inflammatory musculoskeletal conditions to be provided in primary care, in line with best practice guidelines
  - Rheumatology specific eQuest referral designed for the Therapy Musculoskeletal Outpatient department with specific inclusion/exclusion criteria
  - Patient-initiated follow-ups implemented for well patients, whilst ensuring all patients registered with My Medical Records to be able to contact Rheumatology in case of flare
  - Physiotherapy resource sheet created to aid patient self-management

