Aspiring to Excellence 23/24 - Bedfordshire Hospitals NHS FT

BACKGROUND.

Bedfordshire Hospitals NHS Foundation Trust serves a population of +/- 507,000 people. Based on a national prevalence ratio of 1:200 , the trust has a shortfall of 2180 Ax SpA patients.

An audit in 2019 revealed the average time to diagnosis (TTD) of Ax SpA patients in Luton was 7.1 years. Therefore, since joining the Aspiring to Excellence (A2E) programme in 2022, we have been keen to raise awareness, educate and build relationships with primary care / community service providers in aiming to achieve the GIRFT and NASS target of one year TTD.

DATA FROM 2022/23 (A2E YEAR 1).

- Using the NASS Audit Tool 2023 – we established our TTD in Bedfordshire was 9.3 years.
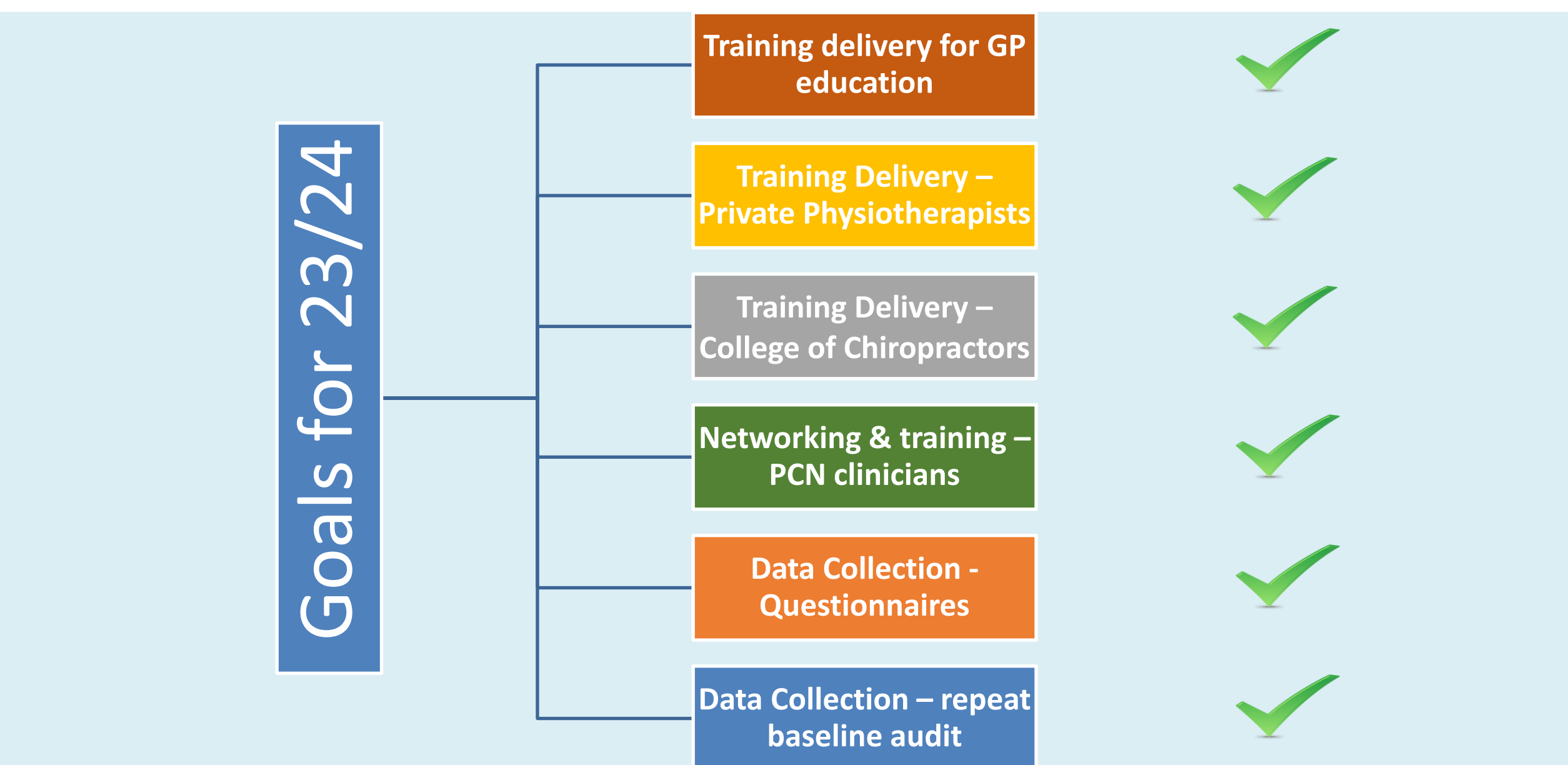

Mean time to diagnosis split across the pathway

- Our findings from this audit demonstrate the most significant proportion of delay is occurring in primary / community care.

Number of visits to other HCPs before diagnosis
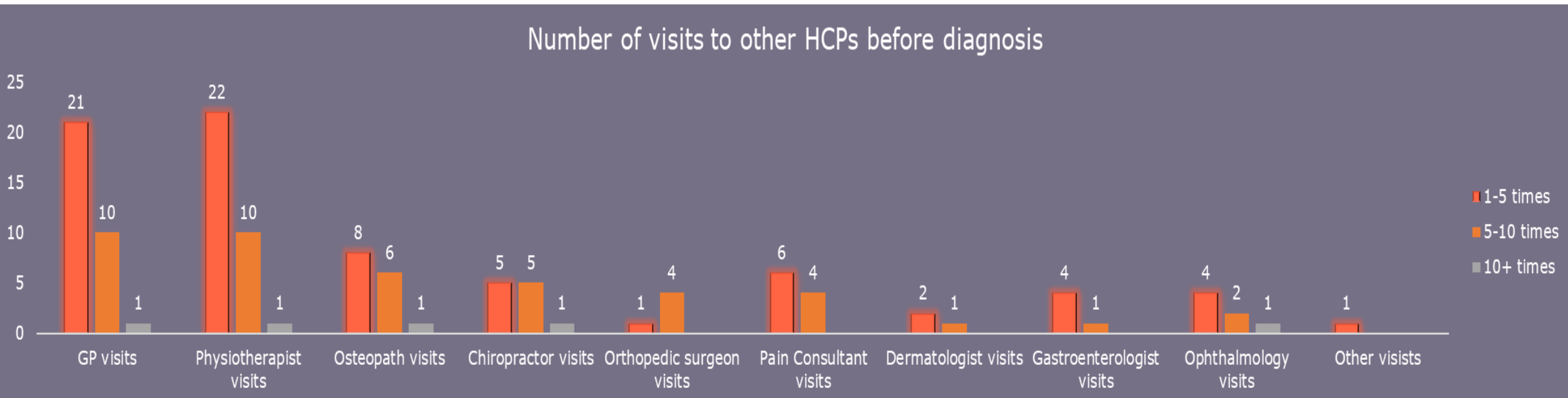
AIMS FOR 2023 / 24 (A2E YEAR 2).

Throughout our 2nd year of the A2E programme we have completed various projects within primary / community care, aiming to reduce our TTD in Bedfordshire.
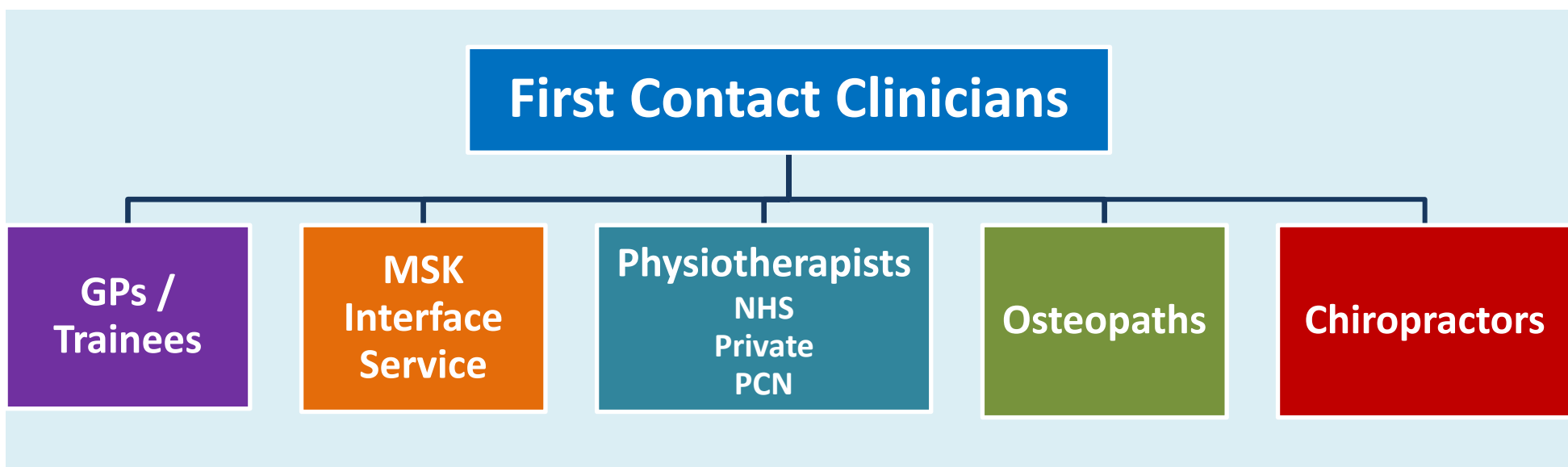
Goals for 23/24:
- Training delivery for GP education ✓
- Training Delivery – Private Physiotherapists ✓
- Training Delivery – College of Chiropractors ✓
- Networking & training – PCN clinicians ✓
- Data Collection - Questionnaires ✓
- Data Collection – repeat baseline audit ✓

Dr Marian Chan, Consultant Rheumatologist
Lauren Astell, Specialist Physiotherapist
Denise Kilby, Specialist Physiotherapist

Bedfordshire Hospitals NHS Foundation Trust

METHODOLOGY.

Through targeted education sessions to primary / community care clinicians, we were able to gauge the current awareness and confidence in recognising and referring potential inflammatory back pain patients.
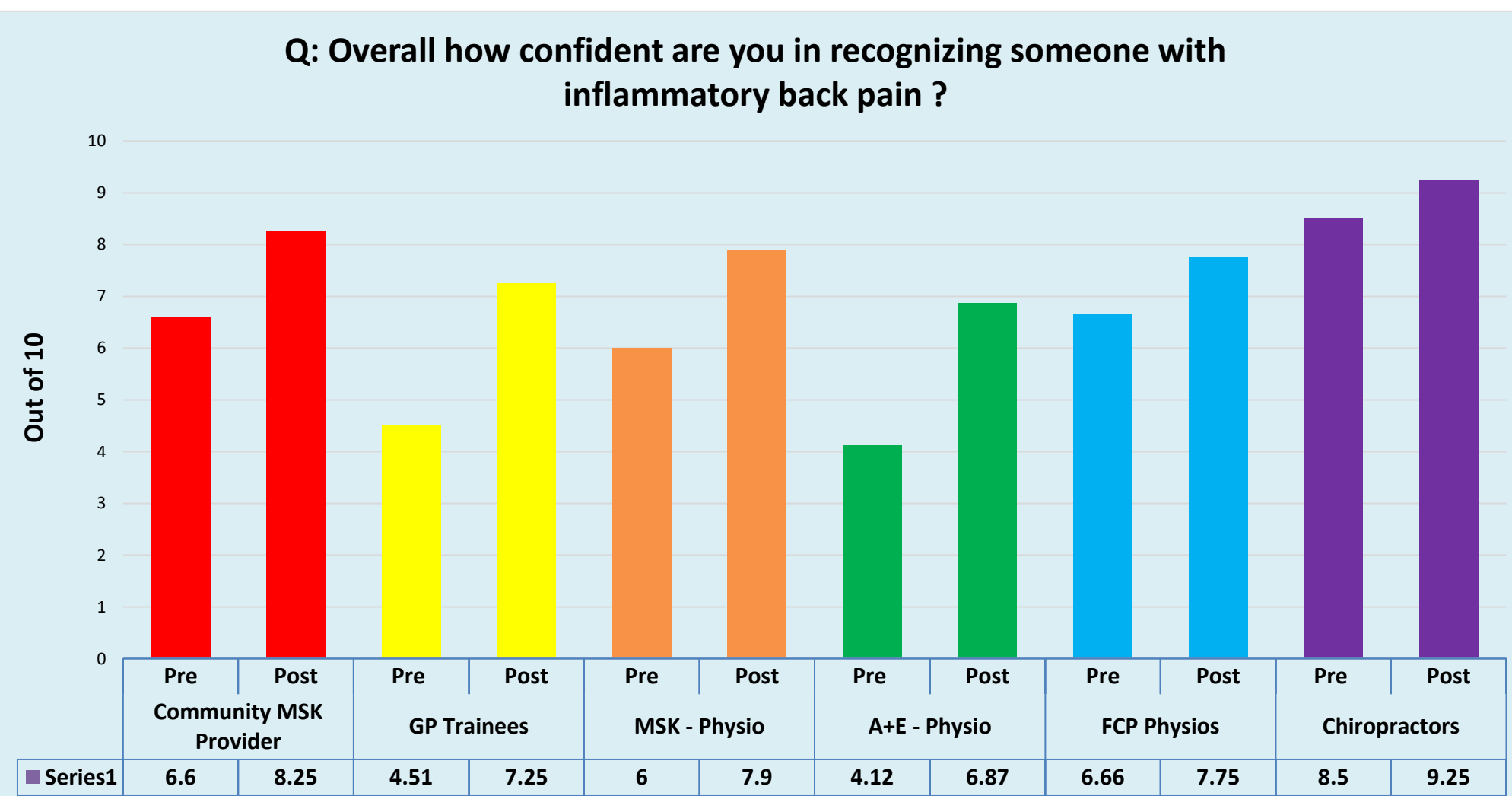
First Contact Clinicians:
- GPs / Trainees
- MSK Interface Service
- Physiotherapists NHS Private PCN
- Osteopaths
- Chiropractors

RESULTS.

Data collection using the NASS Audit Tool 2023 has suggested that our current TTD across Bedfordshire has improved and is now 6.97 years.

NASS Audit Data - Bedfordshire Hospitals
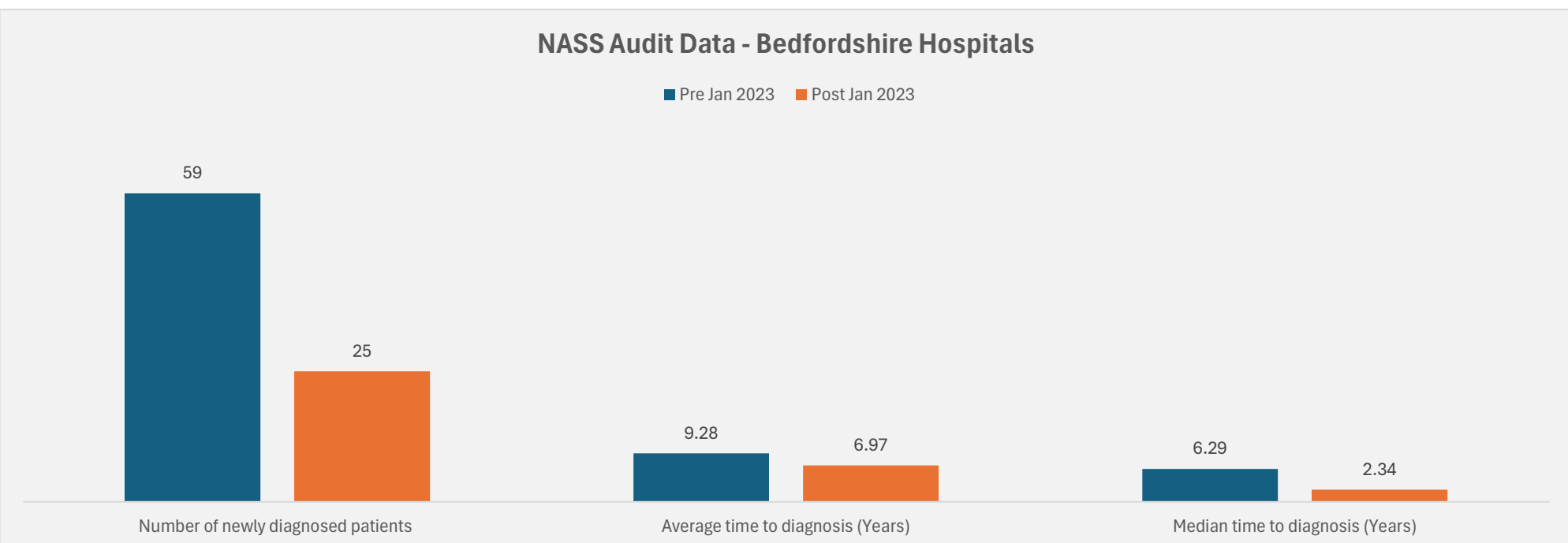
We have also identified where delays have improved and where further improvement is needed, as detailed below.

NASS Audit Data - Time Delays (Years)
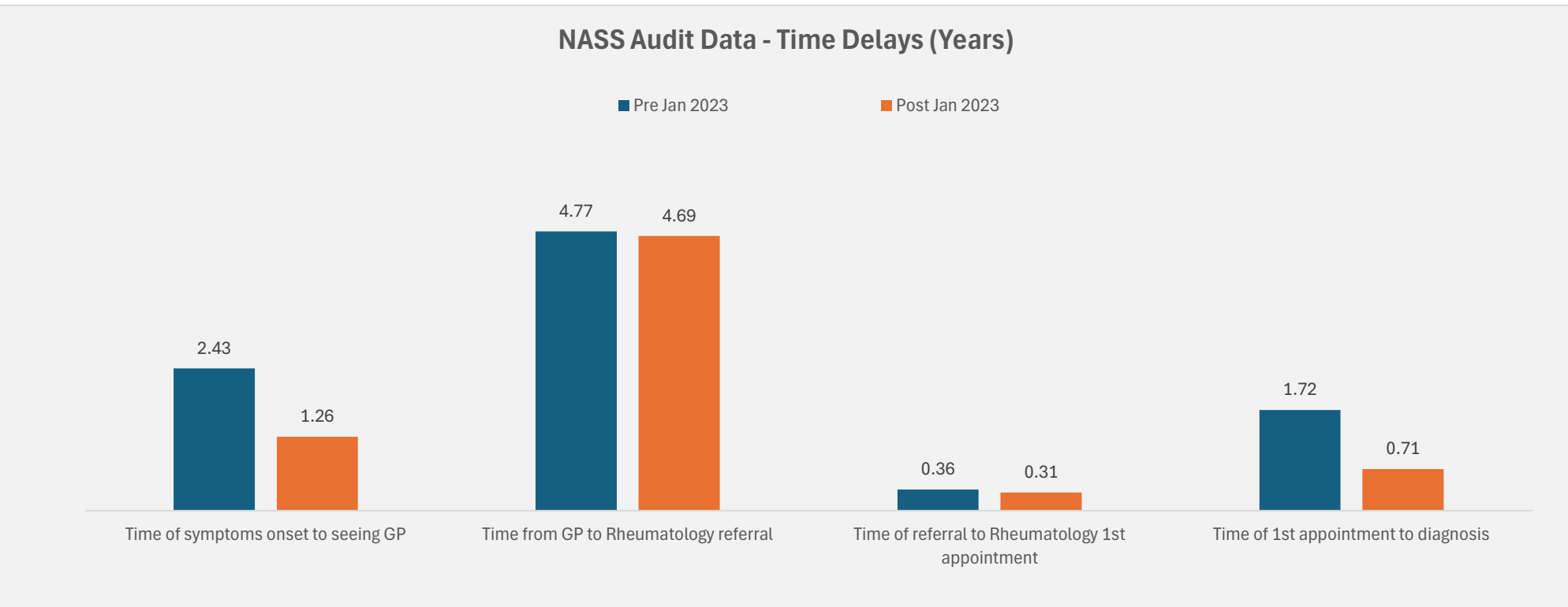
Pre and post education data was collected from our presentation, which has demonstrated improved clinician confidence in recognizing patients with inflammatory back pain. Below is a snapshot of each clinician group from various education sessions.

Q: Overall how confident are you in recognizing someone with inflammatory back pain ?

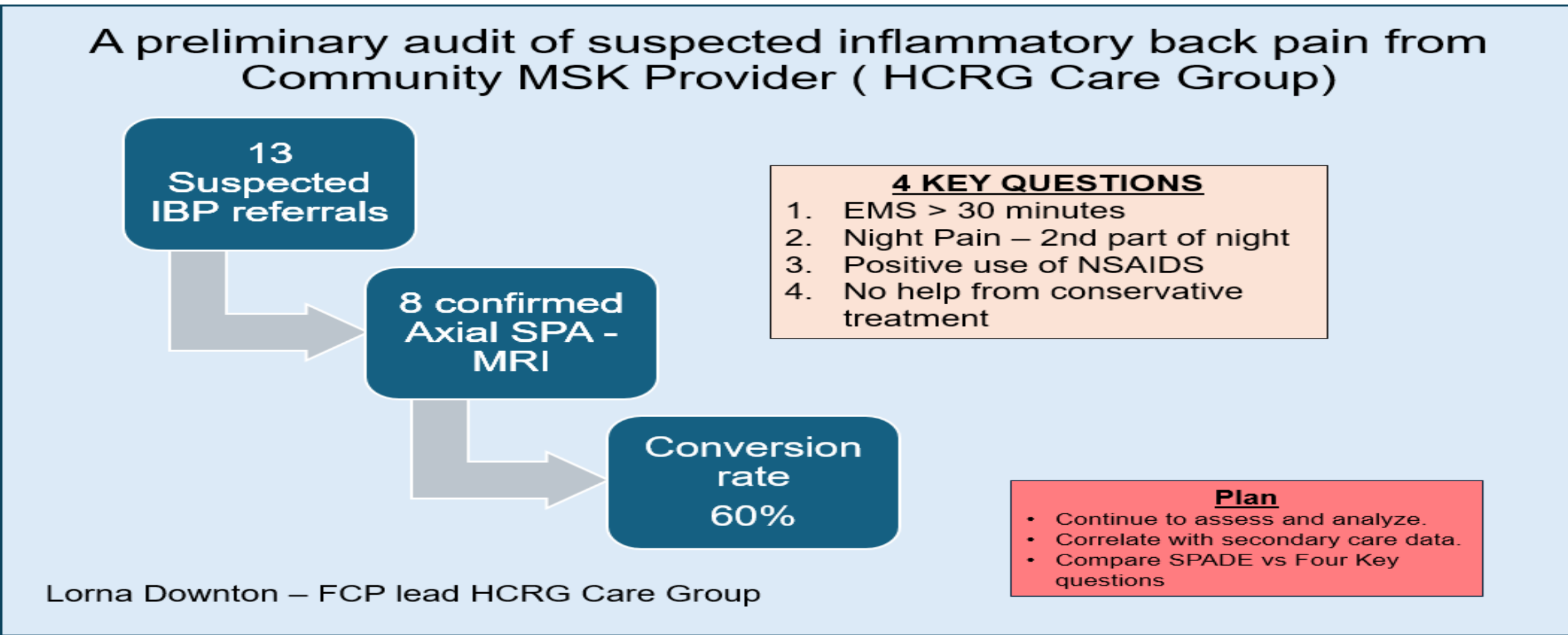| | Pre | Post | Pre | Post | Pre | Post | Pre | Post | Pre | Post | Pre | Post |
| | Community MSK Provider | | GP Trainees | | MSK - Physio | | A+E - Physio | | FCP Physios | | Chiropractors | |
| Series1 | 6.6 | 8.25 | 4.51 | 7.25 | 6 | 7.9 | 4.12 | 6.87 | 6.66 | 7.75 | 8.5 | 9.25 |

CONCLUSION.

Since starting the A2E programme, we have been able to implement data collection methods to support how and where we can improve Ax SpA TTD in Bedfordshire. Working with NASS and utilising the NASS National Audit Tool, we have been able to identify information regarding referrals and where delays are occurring.

The biggest delay to diagnosis has been and still is, within the community, as demonstrated below.

Number of visits to other HCPs before diagnosis
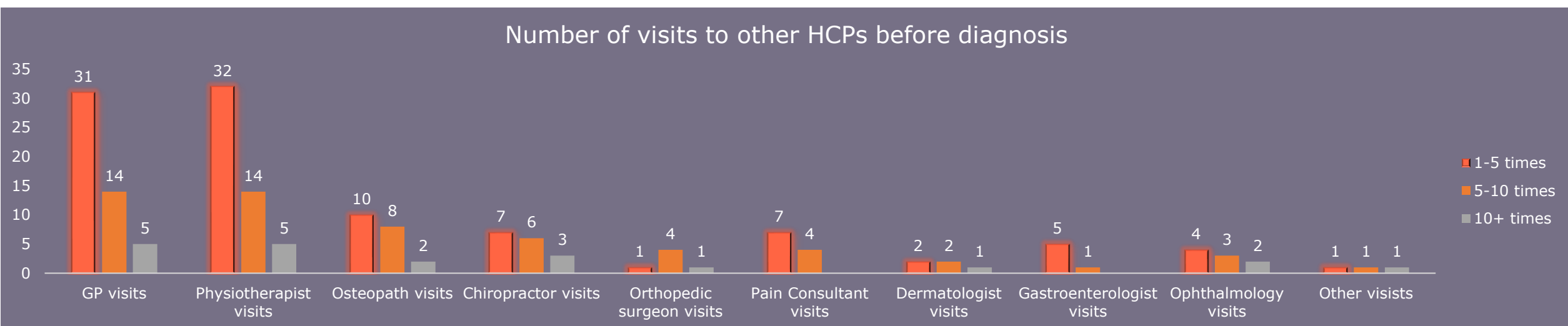
We are proud to have increased networking and awareness with other service providers, in improving diagnostic delays across Bedfordshire.

Recent preliminary data from a community MSK provider has demonstrated improved awareness as a result of our education sessions. It has shown more patient's are being correctly identified, referred and diagnosed, as detailed below.

A preliminary audit of suspected inflammatory back pain from Community MSK Provider (HCRG Care Group)
- 13 Suspected IBP referrals
- 8 confirmed Axial SPA - MRI
- Conversion rate 60%

4 KEY QUESTIONS
1. EMS > 30 minutes
2. Night Pain – 2nd part of night
3. Positive use of NSAIDS
4. No help from conservative treatment

Plan
- Continue to assess and analyze.
- Correlate with secondary care data.
- Compare SPADE vs Four Key questions

Lorna Downton – FCP lead HCRG Care Group

Seeing the improvements in our TTD and the data collected as a result of our education sessions, demonstates the positive impact we have had in the last 2 years. It also highlights the importance of continuing to improve awareness and education across primary, secondary and private sector care.

We have also created an inflammatory back pain screening tool for our local MSK Physiotherapy online notes software, SystmOne (see below). This ensures all back pain patients are asked relevant screening questions to improve idenfication of inflammatory back pain patients and reduce time to diagnosis.
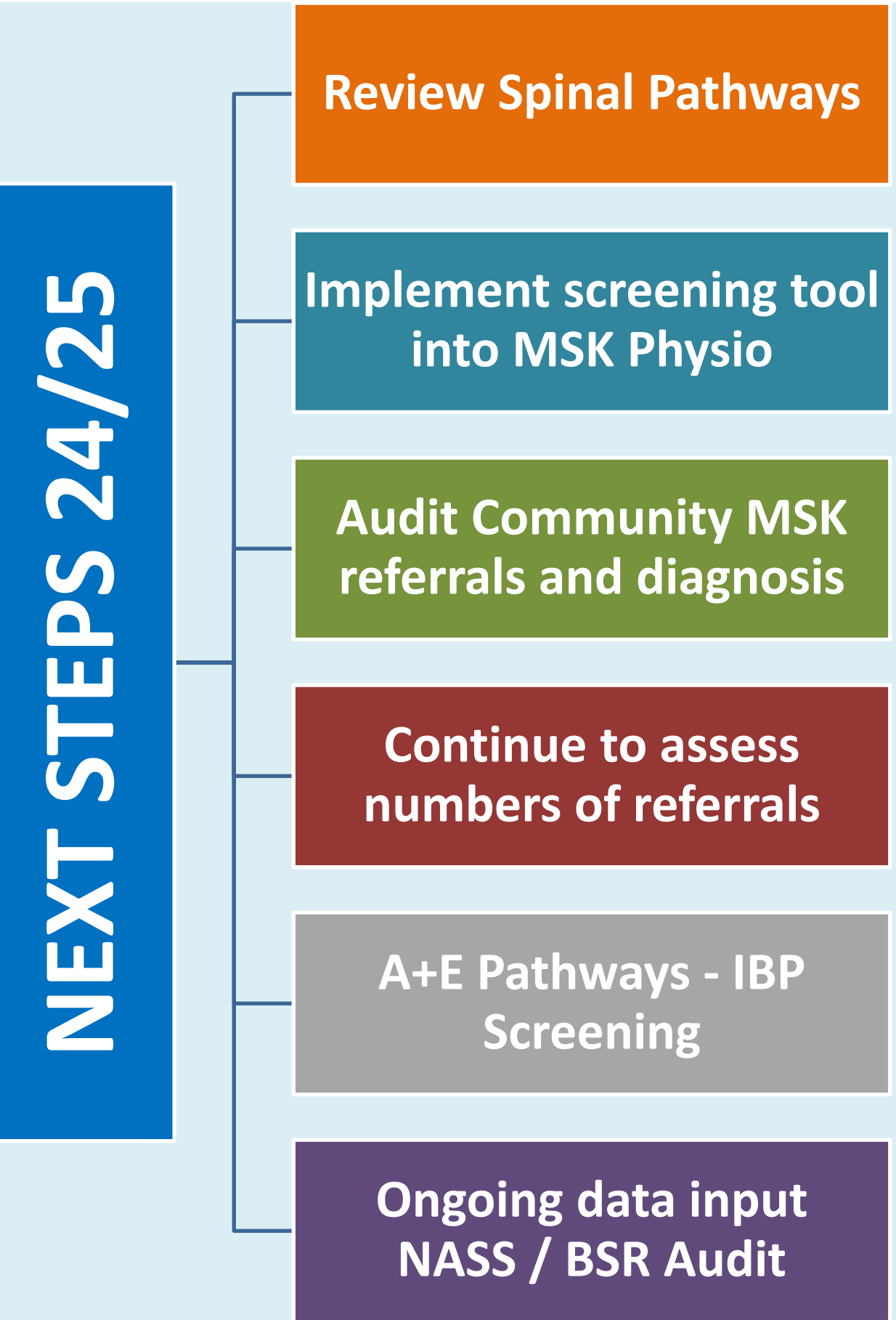

Inflammatory Back Pain Screening

Feedback Comments

Very thought-provoking and enlightening, thank you for providing this information, I shall use to enhance my assessment of future back pain patients.

The fact that there are several missing patients considering the prevalence will alert me to ask the right questions. The patient's perspective journey was very powerful

I found this topic very helpful, as this is not a diagnosis I have considered in patients

NEXT STEPS 24/25
- Review Spinal Pathways
- Implement screening tool into MSK Physio
- Audit Community MSK referrals and diagnosis
- Continue to assess numbers of referrals
- A+E Pathways - IBP Screening
- Ongoing data input NASS / BSR Audit

Axial SpA works silently. We don't.

Aspiring to Excellence
Driving improvements in axial SpA care