

# Quality Improvement for the Multi-Disciplinary AxSpA clinic.

## University Hospitals of Derby and Burton NHS Foundation Trust - Queen's Hospital, Burton.



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

### BACKGROUND

Our Physiotherapy led AxSpA clinic was developed in October 2019. It was our aim that all patient's diagnosed with AxSpA would attend this multi-disciplinary team (MDT) clinic, cutting their three separate appointments down to one appointment to see the Consultant, Clinical Nurse Specialist and Physiotherapist. As this clinic evolved, we then created a comprehensive database of patient's attending the clinic to enable us to monitor the effectiveness of the clinic.

Our main aim we identified was to reduce the high rate of cancelled appointments and patient's who did not attend (DNA) on the day, leading to wasted appointments and continued lengthy waiting lists; especially for new patient's.

### OBJECTIVES

1. To reduce the high rate of cancellations and patients that did not attend (DNA) their appointments.
2. To address the waiting list for new patients. There are a lot of patients referred into the Rheumatology service with back pain, all of which do not have AxSpA. Our aim was to see all patients aged 45 and under, referred with back pain, in a physiotherapy led clinic within six weeks and our aim was to do this by December 2024.
3. To provide OT input in the MDT clinic for work advice and support.

### METHOD

We started by analysing our data on our existing database to be able to understand our current service and to identify any other areas for improvement.

As we had multiple smaller projects, we used several different methods, which can be seen on our driver diagram.

Our biggest challenge was time management. Consultants' diaries are populated within four to six weeks, by which time, Physiotherapists diaries are already filled. At present, the Consultants do not have a specific clinic for back pain patients and so it is difficult for the Physiotherapist to book out time in advance for assessment training.



### RESULTS

By adapting our patient appointment letters, we were able to reduce our cancellation and DNA numbers by an average of 2 patients per session.

More notably, we were able to identify that the patient received two letters from the hospital regarding their appointment; one from physiotherapy and one from the Consultant team. On speaking to patients to enquire why they cancelled or DNA, most patients stated it was very confusing receiving two appointments for the same day and same time and would rather attend the Consultants appointment. We also identified that patients were not sure what to expect or were surprised when attending the clinic, one patient stating: "I didn't know I was going to see the whole team. I won't be able to stay for the full clinic as I need to get back to work".

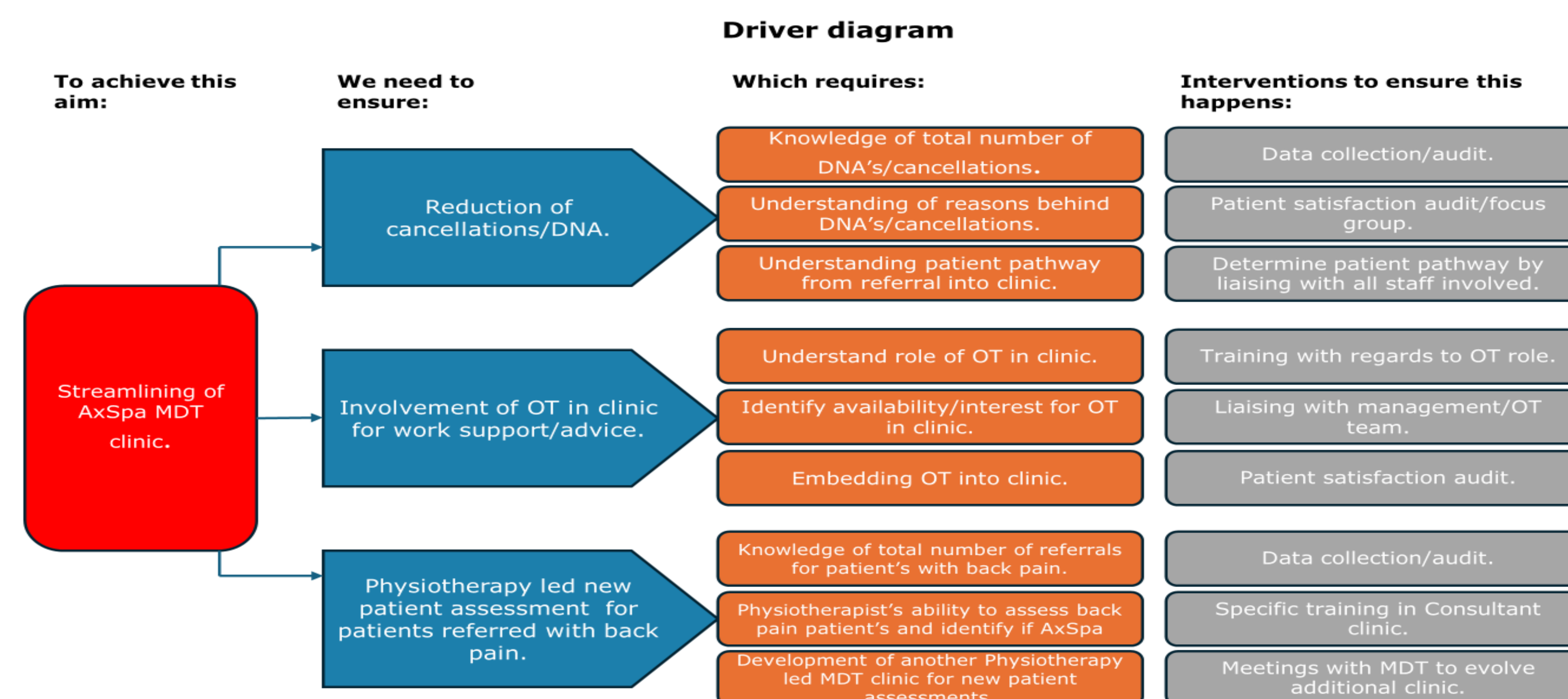
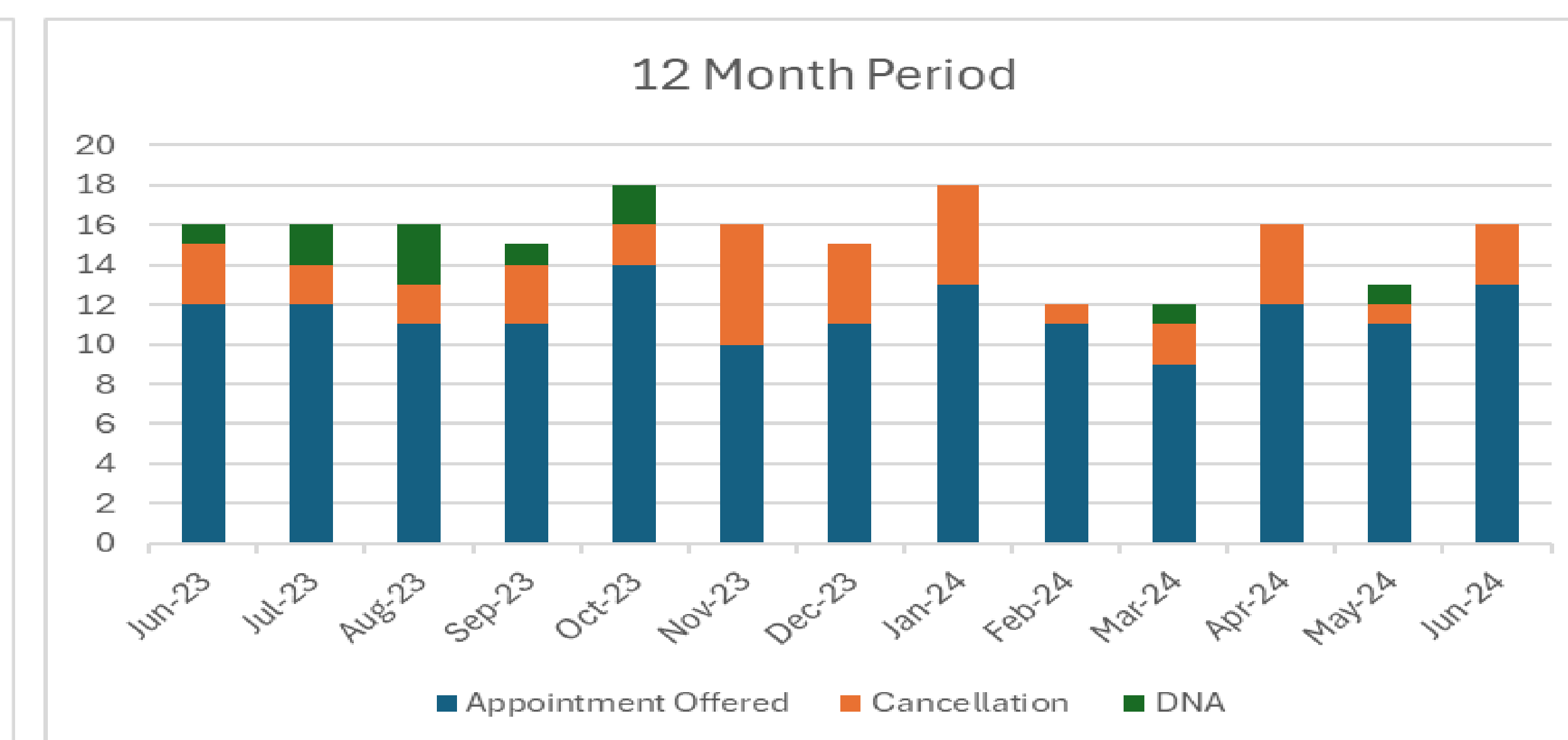
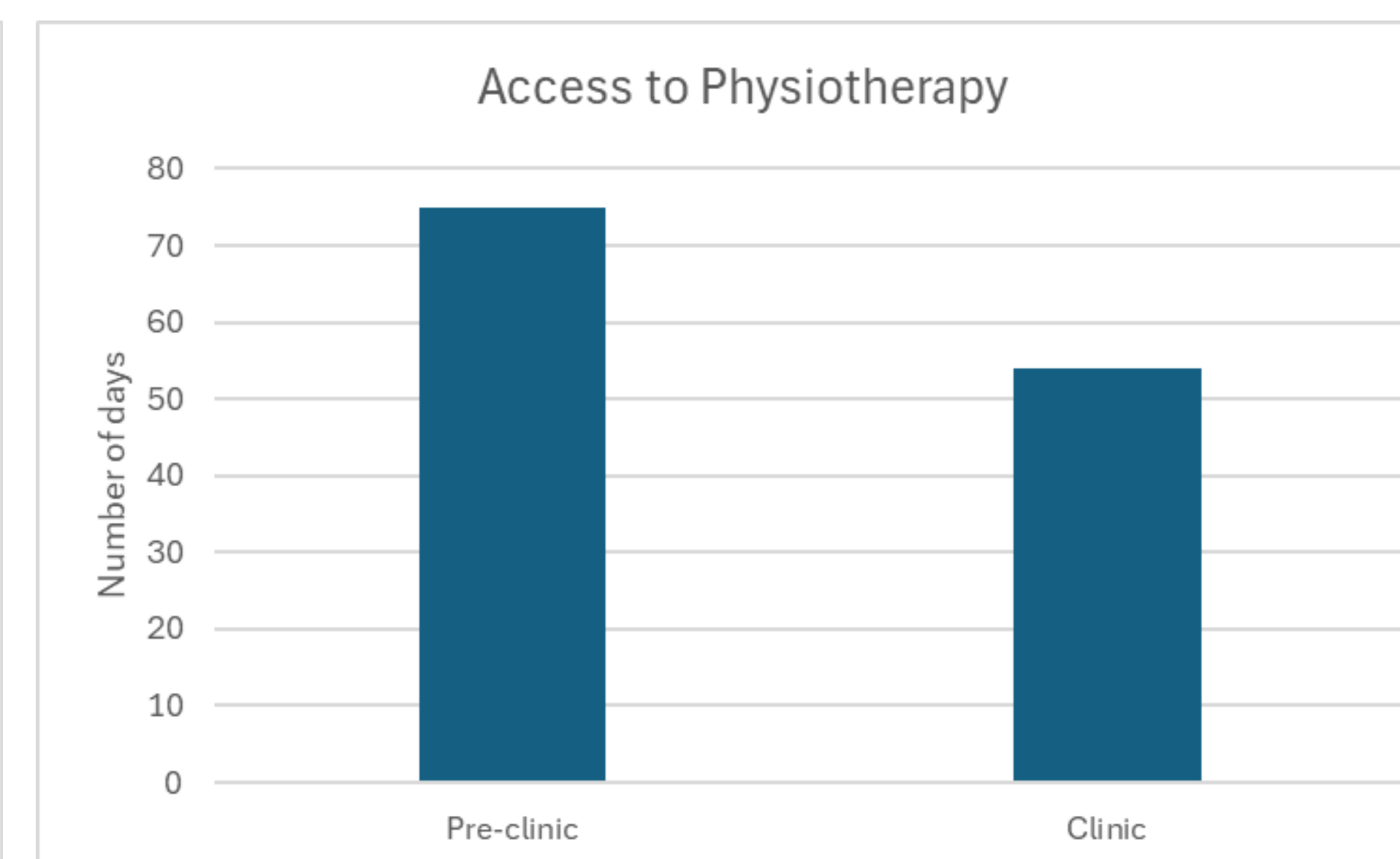
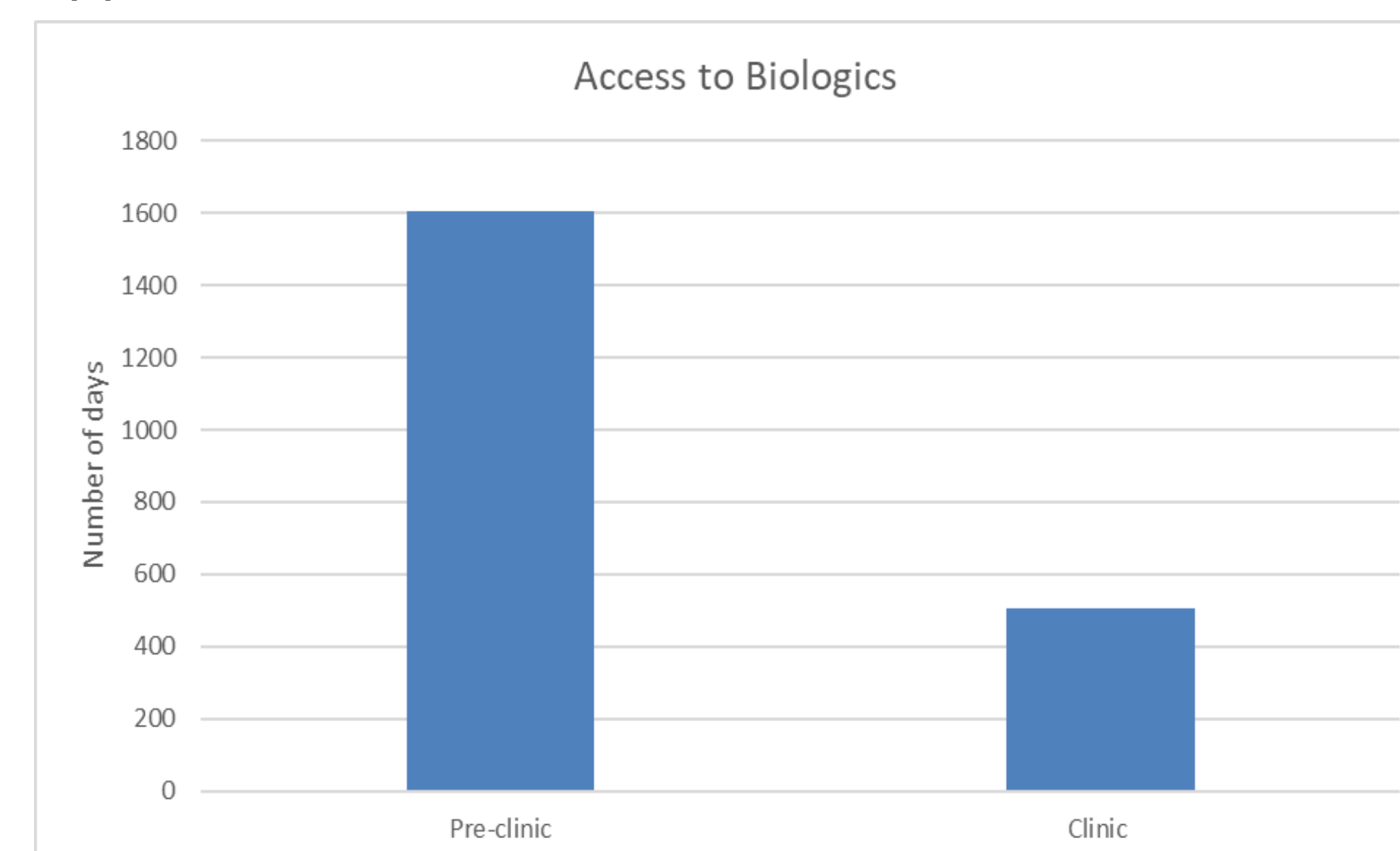
We now send out one letter to the patient and this also includes an information leaflet on what the patient can expect at the appointment.

### CONCLUSION

Having the time to participate in this project has given us the opportunity to analyse the data we were already collecting and shows us that the service we are currently running is successful in reducing waiting times for patients to see specialist members of the team and with starting biologic medications.

It has enabled us to streamline the service further which has resulted in reduced cancellations and DNA appointments and improved patient experience from the small amount of subjective data we collected. To enhance this, we would like to look further into patient satisfaction, when we have incorporated our OT colleague into the role also.

Given the multiple objectives we wanted to focus on, we were not yet able to develop the new patient clinic for patients referred with back pain. However, this is something which we will continue to develop and audit going forwards.



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