

University Hospitals Coventry and Warwickshire NHS Trust Axial Spondyloarthritis Team Aspiring to Excellence Journey: Year One

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Axial SpA works silently. We don't.

BACKGROUND

Our new axial spondyloarthritis (axSpA) service started in January 2023 at University Hospitals Coventry and Warwickshire NHS Trust (UHCW). This service redesign incorporated out-of-hospital clinics with direct, timely access to physio and consultants on the day in a one-stop-shop manner, providing the right care in the right place at the right time. We have over 300 patients on the current case load with a population in Coventry and Rugby of approximately 600,000.

A preliminary patient questionnaire highlighted some areas of improvement and we have built on this initial patient feedback and modernised the whole patient pathway. This has included improved access to physiotherapy, flare management and identified limited patient confidence in their self-management. By creating a patient steering committee, we were able to align our priorities for service development with theirs. This prompted our application to the Aspiring to Excellence Program.

OBJECTIVES

Our key aim is to improve patient self-management of axSpA in the UHCW axSpA clinic.

OUR PRIMARY OBJECTIVES INCLUDE:

- To increase patient education and understanding of axSpA management
- To improve accessibility into the AxSpA service
- To improve confidence of patients in self-managing their axSpA

OUR SECONDARY OBJECTIVES INCLUDE:

- Provide access to online education provision for all patients
- Increase NASS support and signposting
- Provide access to local hydrotherapy
- Enable self-referral and on-demand access for physiotherapy
- Provide flare e-mail contact for patients
- Relocation to out of hospital site location
- Enhance MDT collaborative working
- Embed anxiety and mental health monitoring routinely in clinic
- Enable patient engagement in service design

METHOD

The driver diagram is depicted in Figure 1. We used the PDSA method to develop our new service design, as depicted in Figure 2.

Figure 1: Coventry AxSpA Clinic Driver Diagram

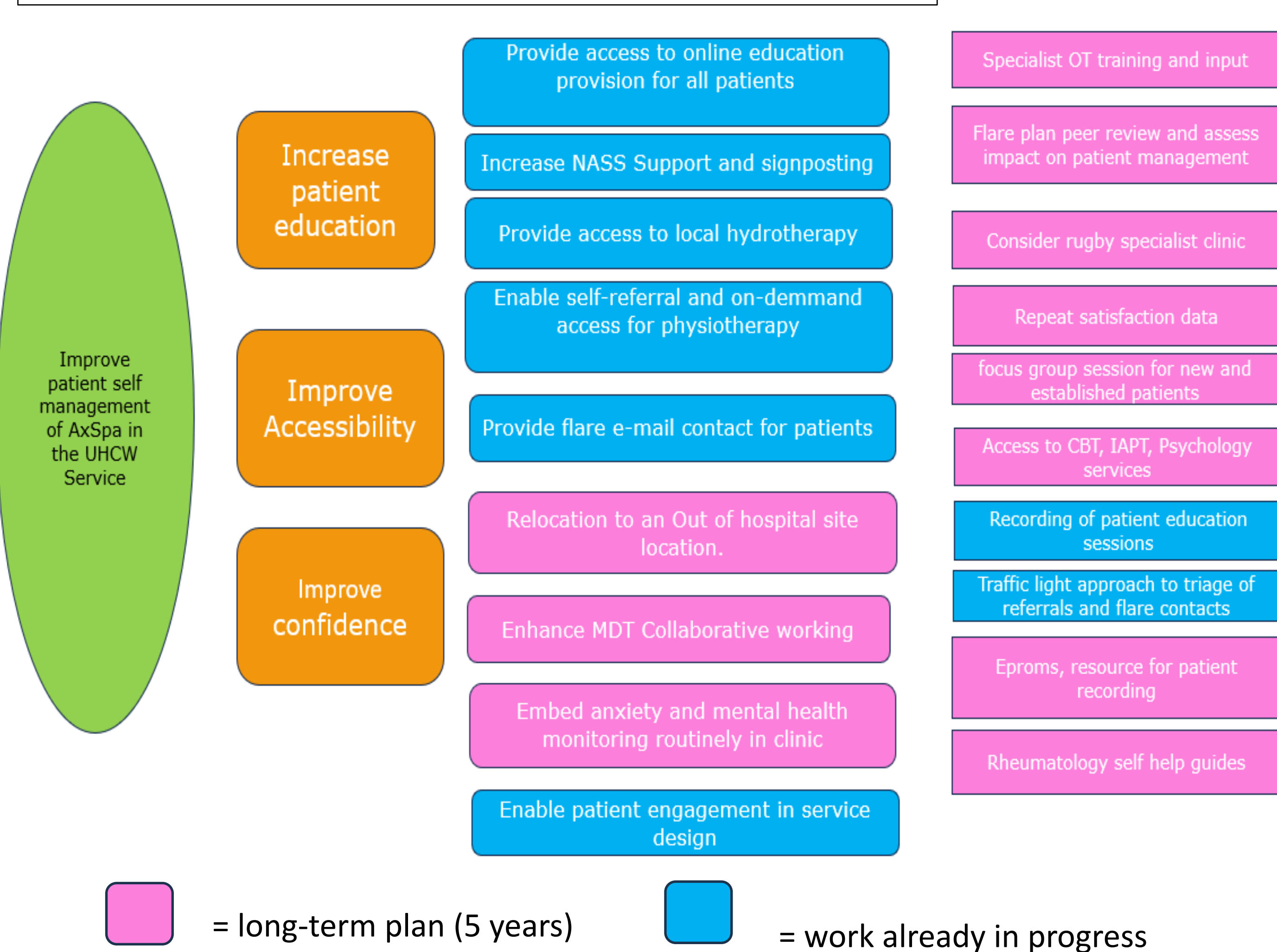


Figure 2: Coventry AxSpA Clinic Pathway

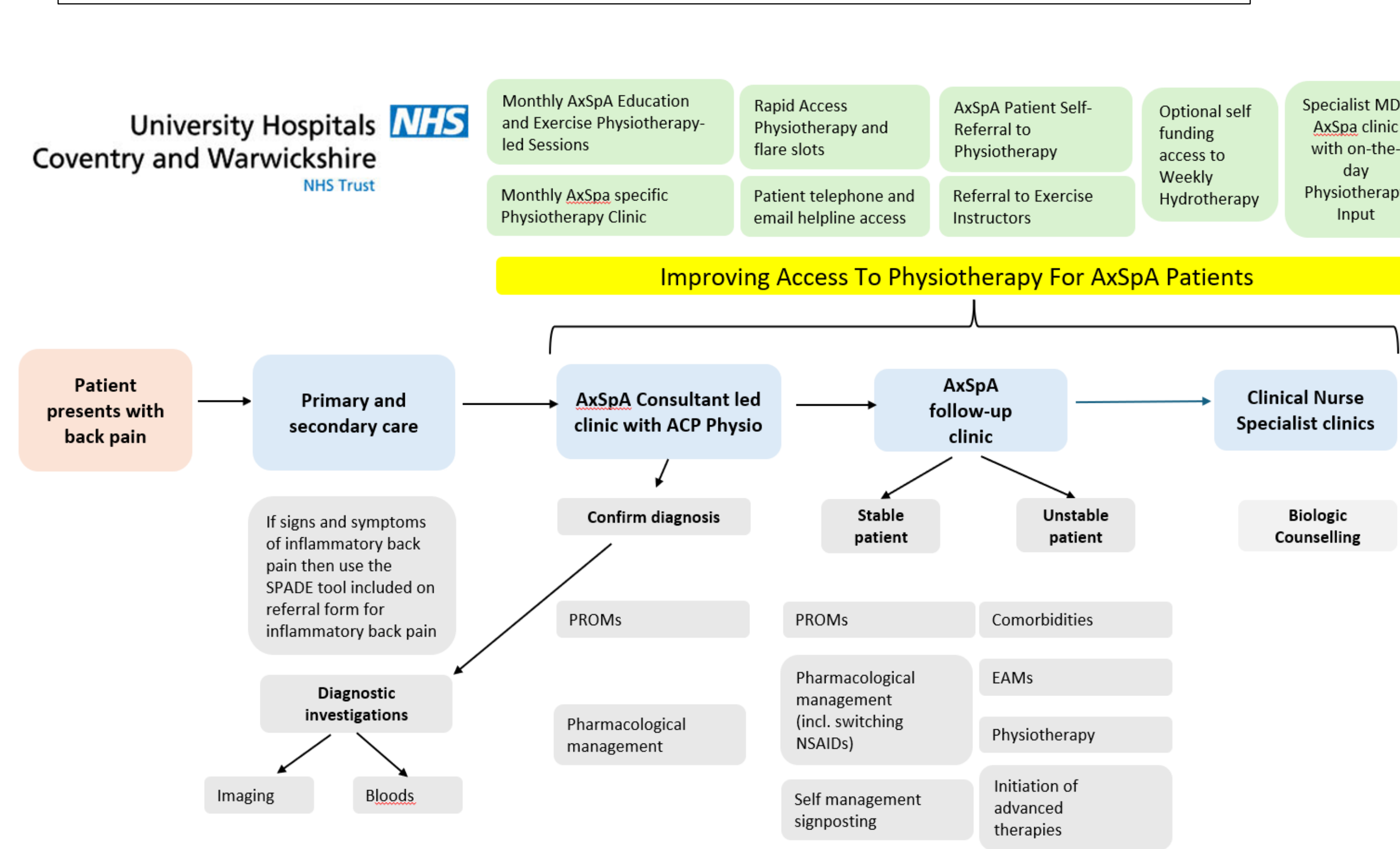


Figure 3: On-the-day Physiotherapy Contacts, Urgent / Rapid Access Clinic Physiotherapy Contacts and Email Flare Contacts (01/23 – 05/24)

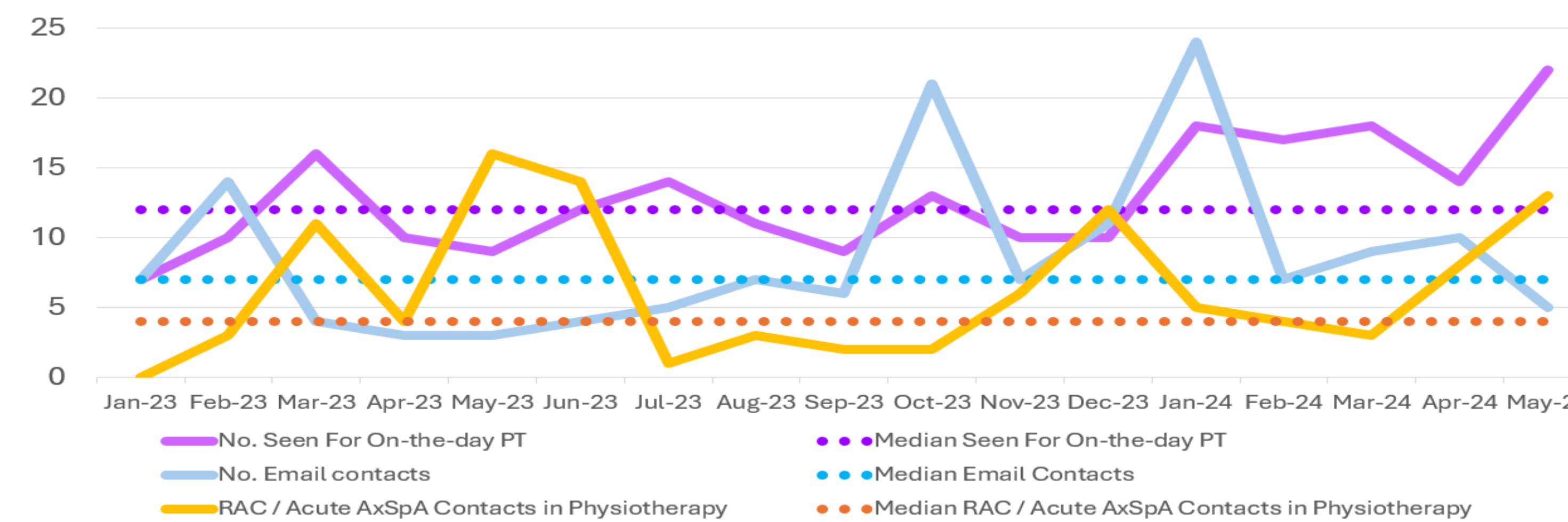
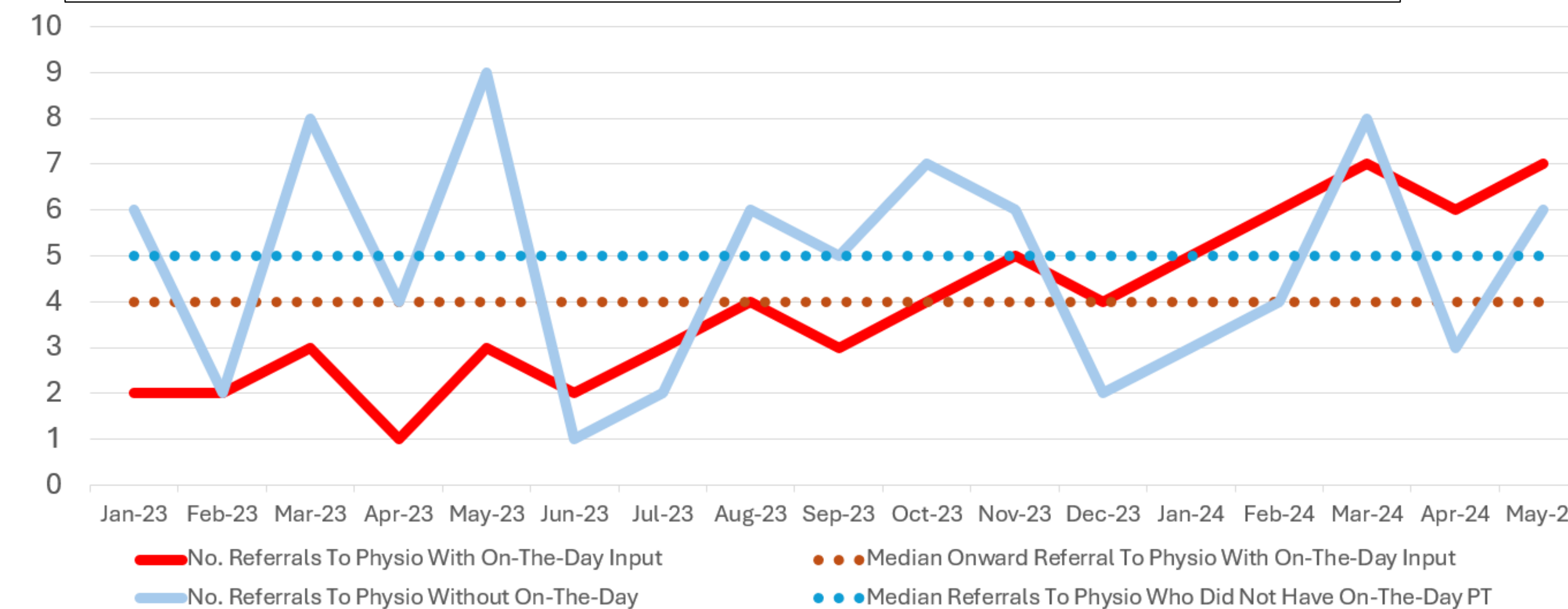


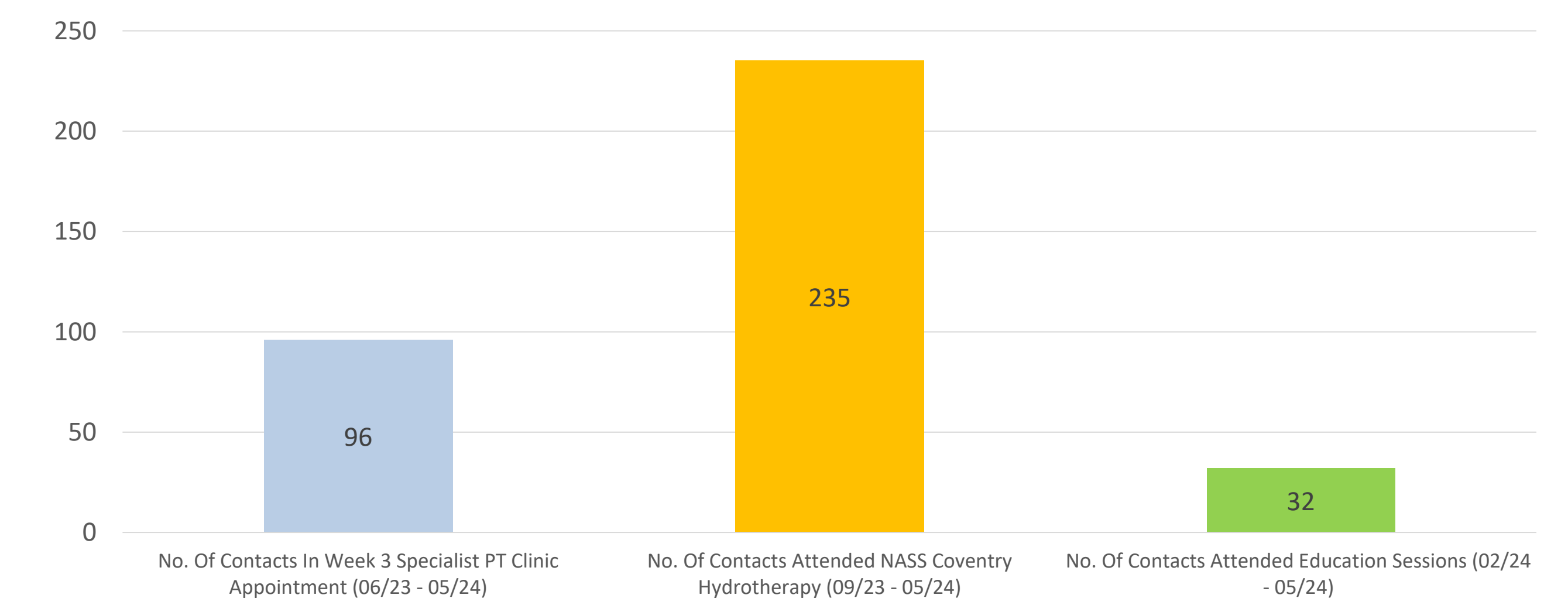
Figure 4: Onward Referrals to Physiotherapy (01/23 – 05/24)



RESULTS

Initial data collection from January 2023 to May 2024 looked at the number of on-the-day physiotherapy contacts, rapid access clinic contacts and e-mail flare contacts (Figure 3). During this timeframe we also gathered data on the number of onward referrals to physiotherapy and whether or not they had on-the-day physiotherapy in clinic or not (Figure 4). In addition, we gathered data on the total number of additional contacts through other optional resources, including our week 3 specialist PT axSpA clinic list, our newly set-up NASS hydrotherapy contacts and our monthly education sessions (Figure 5).

Figure 5: Additional Contacts Through Optional Available Resources



CONCLUSION

The initial data was collected from January 2023 to May 2024. Figure 3 reveals the new options for acute access to a specialist axSpA service that meet with patients' demands. This shows that demand for urgent access is not increasing at this stage, which is encouraging. We do not know yet whether this is due to improving 'self' management. A future plan would be to correlate this with patient reported outcomes for the next stage of our project.

When looking at the onward referral into continued routine physio management (Figure 4) it demonstrates that consistently less patients (median =4 vs median =5) are referred to onward physio if having on-the-day access in clinic. Evaluation of access to optional additional patient resources including hydrotherapy, education sessions and specialist physiotherapy clinic demonstrates positive figures so far, with significant demand within the service for these resources.

Some data considerations are that these figures do not include nurse helpline calls as this data was not captured. Clinic utilisation was also determined by capacity rather than demand. For example, the education sessions are limited to a maximum of 12 participants. When considering patient engagement in optional services like hydrotherapy, this may be influenced by patient self-funding and lack of single sex class provision. Also, time availability of the session may exclude access for some patients.

We have demonstrated improved patient access to a specialist axSpA service. We now plan to look at the impact this has on patient confidence and correlate with clinical and subjective outcomes where possible. This will include a repeat of the patient satisfaction questionnaire and a focus group. The next phase of the project aims to look at enhancing MDT collaborative working, inclusion of an additional clinic site at Rugby St Cross and to consider the use of anxiety and mental health monitoring as part of long-term disease management.

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