

Creation of a specialist Axial Spondyloarthritis MDT clinic

Dr Francis Kynaston-Pearson, Chloë Kirk, Elizabeth Connor, Meg Dubin, Dr Asif Ahmad, Carly Durow



Axial SpA works silently. We don't.

BACKGROUND

University Hospitals of Derby and Burton NHS trust is a large NHS trust serving a population of around a million patients and was formed from the merger of Derby and Burton hospitals. The trust conducts over 4000 outpatients daily; however, the trust is still in the process of merging processes and services equitably.

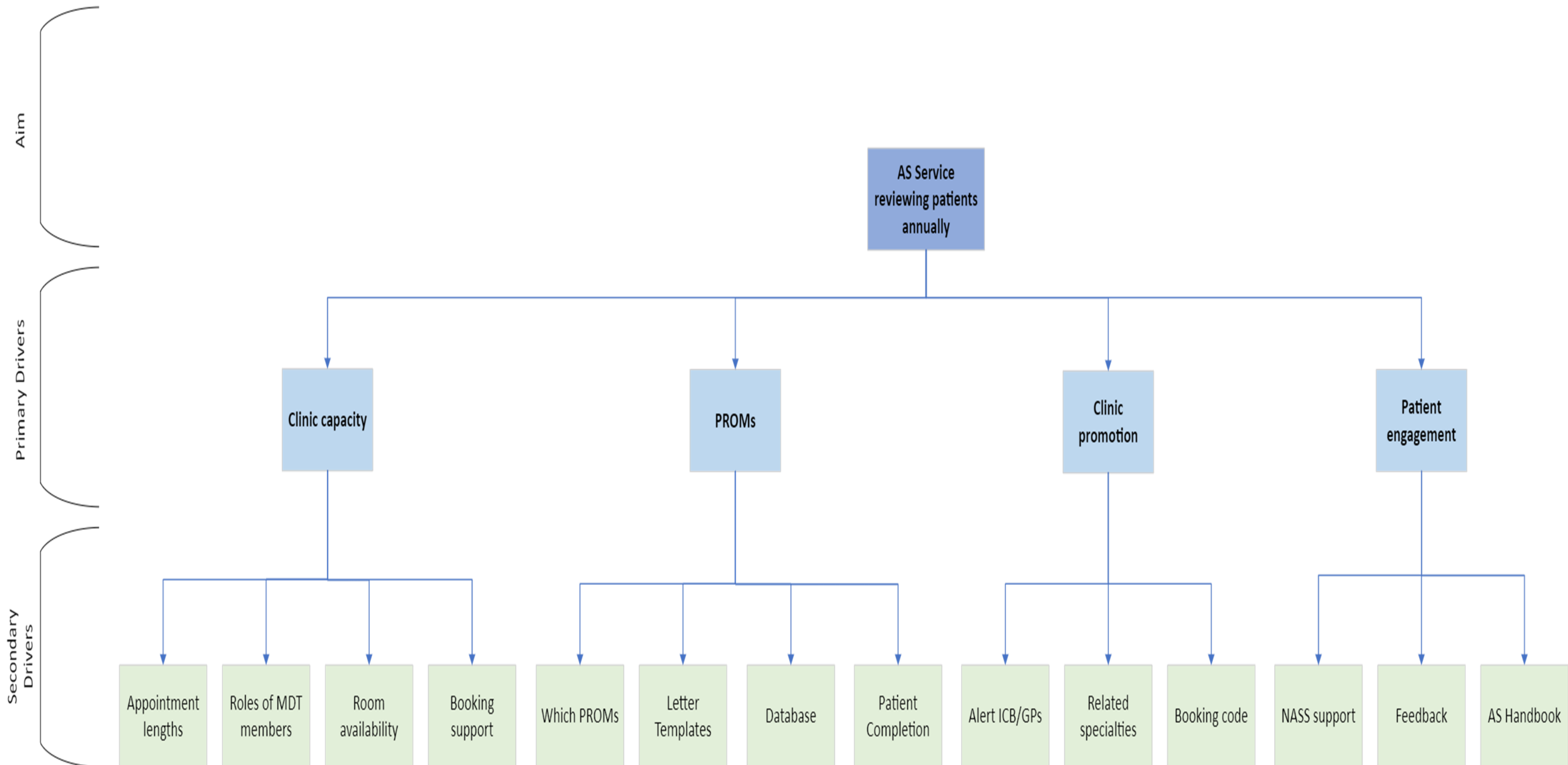
Whilst specialist care for patients with axial spondylarthritis exists on both sites, only Burton campus offers a dedicated one-stop physiotherapy led, consultant supported clinic. A task team comprising a consultant rheumatologist, two specialist rheumatology physiotherapists and two nurse specialists came together to work on a pilot clinic to address this need.

OBJECTIVES

1. To review the current numbers of patients with Ankylosing Spondylitis (AS) treated in Derby.
2. To review the current service provision
 - a. Whether these patients have all been seen within a 12-month period.
 - b. To review clinic letter communications including what patient related outcome measures were recorded.
3. To trial different methods of delivering the service in Derby.
4. To obtain patient feedback to help model how this pilot was received by patients.

METHOD

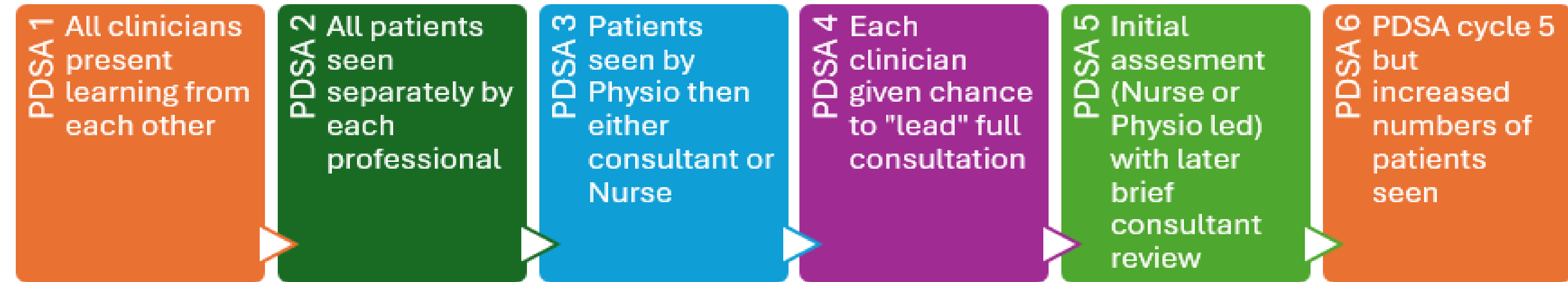
The following driver diagram lists the primary and secondary drivers relevant to the creation of the AS specialist clinic:



Baseline Data

216 AS patients on biologics were identified from the DAWN monitoring system, after review/removal of inactive/deceased patients, 185 records were reviewed. Electronic records and clinic letters for the 2022 year were reviewed. Age ranged From age 25 to 85, Median 51, Mode 51, Median 49.9. Longest patient on biologics – 20 years.

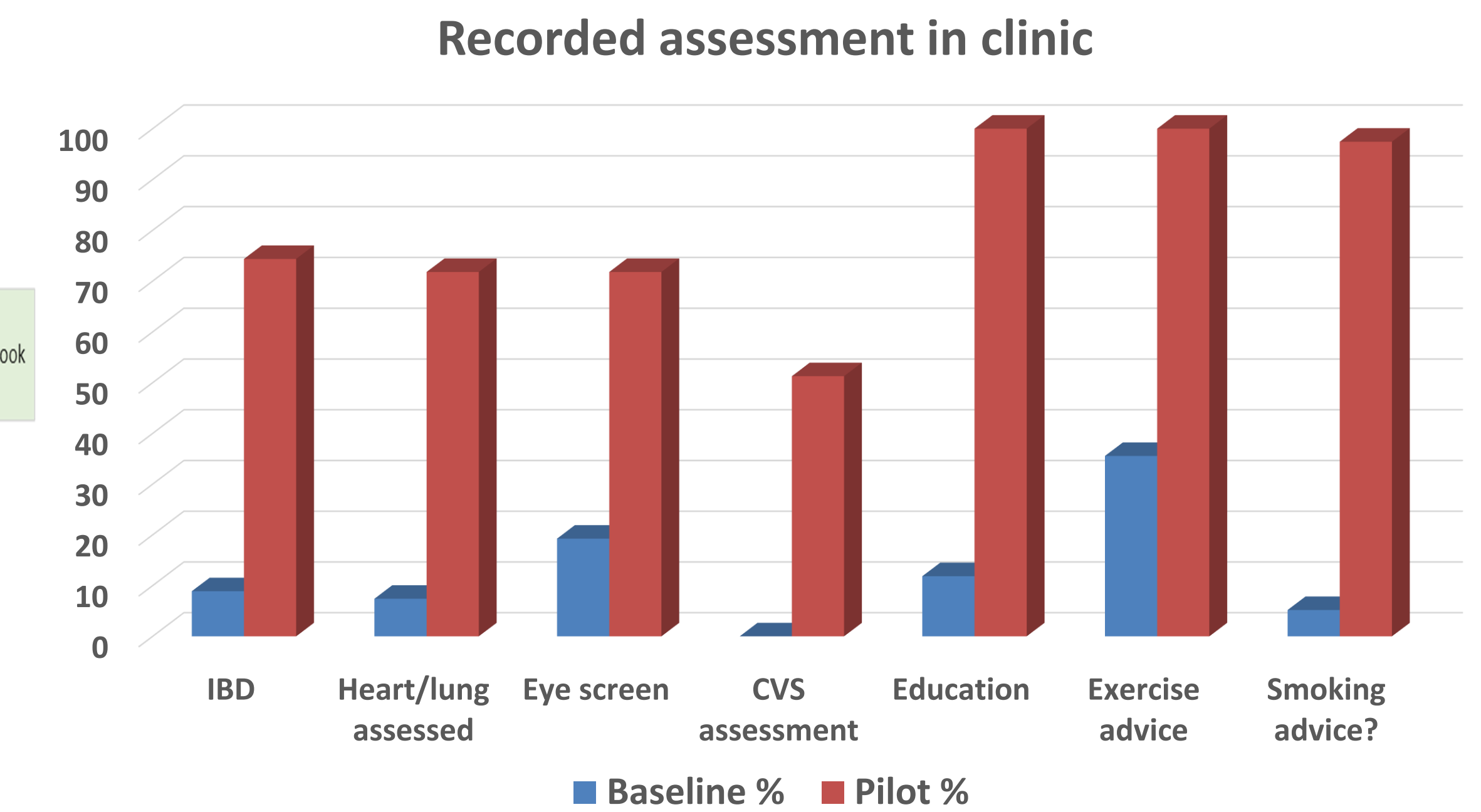
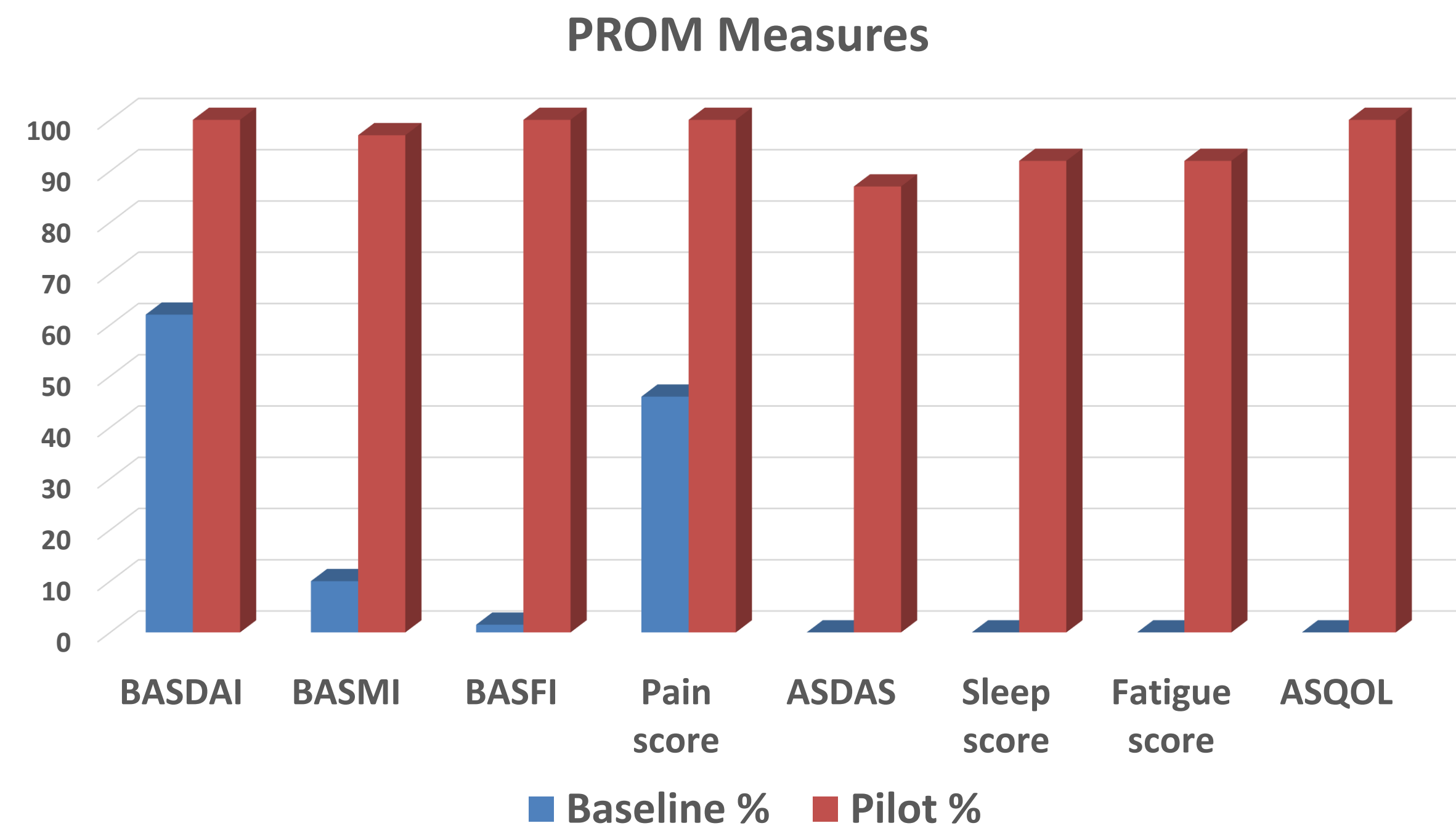
Of the 185 patients, only 135 (73%) were seen in clinic during the 2022 calendar year. Clinic letters were reviewed for the presence of the following PROM measure; BASDAI, BASMI, pain score, ASDAS, fatigue score, functional score (e.g. ASQOL). In addition, letters were screened for the following clinical assessments; presence of psoriasis (and PASI score), inflammatory bowel disease screen, inflammatory eye disease screen, respiratory assessment, cardiovascular assessment. Finally, the letters were screened for advice given; patient education, exercise advice and smoking status/advice and the following referrals; physiotherapy and nurse assessments.



RESULTS

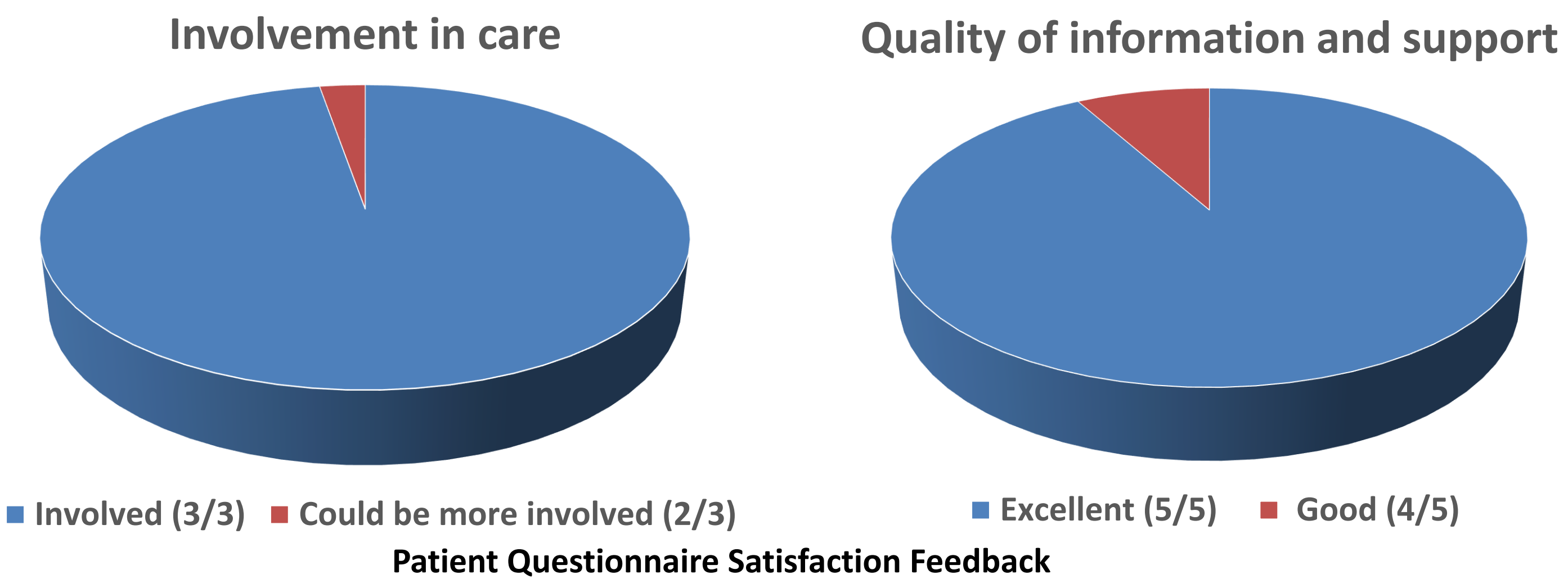
Each pilot clinic followed a new format following in-pilot PDSA cycles reviewing the learning gained from each clinic. In addition, patient feedback was received.

39 patients were seen during the pilot which ran from September 2023 to March 2024, mean age 55, median and mode both 54. The male:female ratio was 2:1. The following PROMs were captured compared to the baseline data:



Patients were asked three questions – level of satisfaction, level of involvement in their care and level of information and support received. All respondents gave a maximal 4 (Excellent) for satisfaction.

Plan, Do, Study, Act (PDSA) Cycles- MDT clinic format



Word cloud of patient feedback

This is how all the NHS should be run. Couldn't fault, all in one no need to make separate appointments

A breath of fresh air, best appointment I've had

Patient quotes

CONCLUSIONS

Successful MDT review clinic pilot

- ✓ Excellent patient questionnaire feedback
- ✓ Strong team satisfaction with final clinic model
- ✓ PDSA cycle methodology created MDT format
- ✓ Template for PROM measurement developed
- ✓ Living well with AS patient handbook in process
- ✓ Future AxSpA clinic capacity calculated

Our future MDT AS clinic

- ✓ Logistics and approval of business case
- ✓ Move from PROMs on paper to electronic
- ✓ Set up clinic diaries & space to support timing/flow
- ✓ Booking and admin support
- ✓ Set up robust data collection processes/analysis
- ✓ Expand caseload to include AxSpA patients on DMARDs
- ✓ Explore new patient assessment capacity
- ✓ Communications plan to ICB/GP



tation, extra data & references