

Improving Care for People with Axial Spondyloarthritis – The Ipswich Team

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Axial SpA works silently. We don't.

CONCLUSIONS

- A2E has provided us with the capability to establish and to support our AxSpA service with formal QI methodology.
- We are now confident in using QI tools and we have expanded and bonded as a team.
- In only a year, we have established an axSpA service *de novo* with clear and standardized pathways.
- We have improved waiting times in terms of delay in diagnosis, treatment initiation and follow-up.
- Challenges included: starting everything from scratch, collecting data in the absence of a database and diagnostic codes.



Aspiring to Excellence

Driving improvements in axial SpA care

YEAR 2

PROJECT 1: BIO GROUP EDUCATION

METHODS

- We have implemented group education sessions for patients starting biologics, instead of offering individual appointments.
- Audit: waiting times from decision to start biologic to education appointment at baseline (March & April 2023) compared to the same period a year later, after having implemented the intervention (group education sessions).

RESULTS

- We have run 7 groups of up to 4 patients each; 27 patients in total.
- Improvement in waiting times - depicted in *figure 4*.

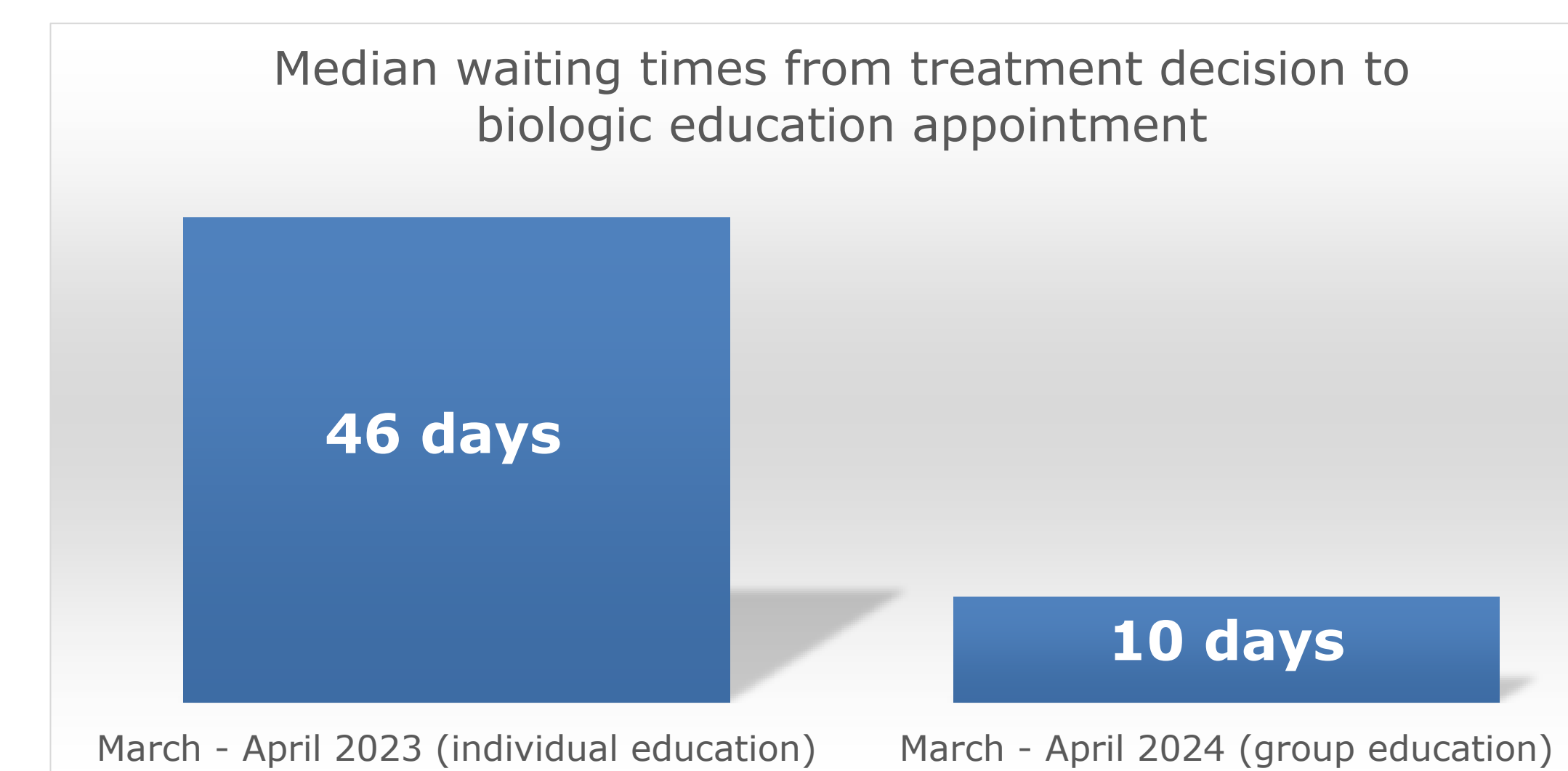


Figure 4. Improvement in waiting times after implementing BIO group education sessions.

PROJECT 2: VIRTUAL BIO CLINIC

METHODS

- We have piloted one virtual BIO clinic, which included long waiters (>6 months) on secukinumab, golimumab and etanercept.
- Each patient received a letter with a questionnaire to complete and return to us + blood forms. The questionnaire included the BASDAI form and questions on safety, side effects, new diagnosis and medication, significant events, and other comments.
- The questionnaires and the blood results were reviewed by our BIO nurse. If all reassuring, the prescription was signed, the Blueteq updated and a letter to GP issued. Patients were contacted and offered urgent reviews if and as needed.

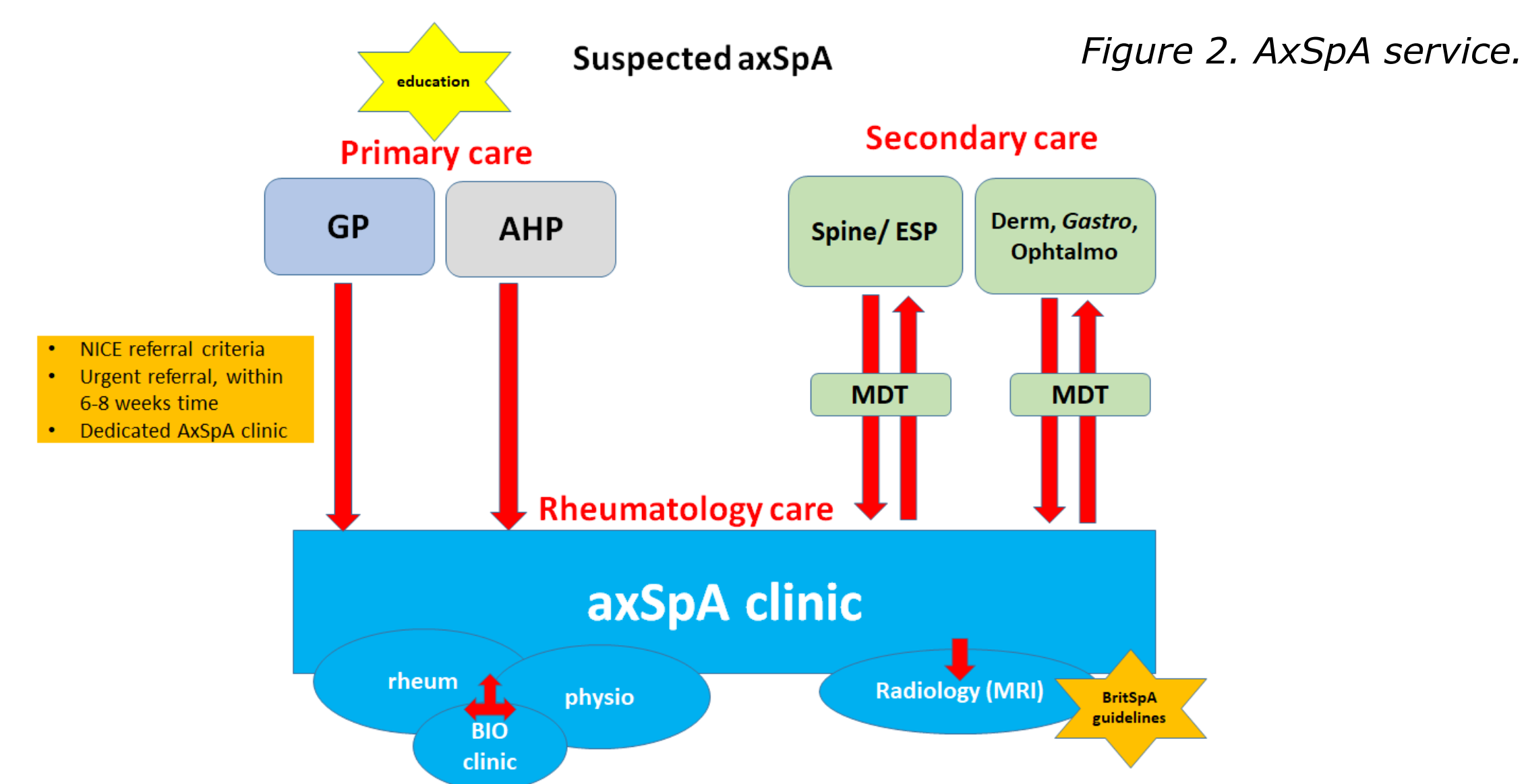
RESULTS

- 12 patients were reviewed in the Pilot Virtual BIO clinic.
- Mean waiting time for a review: 44.6 weeks (11 months).
- There were no safety issues, no side effects.
- All patients were responders and stable.
- No urgent follow-ups were required.
- In one clinic, we have assessed (virtually) twice the number of patients reviewed in a regular face to face clinic.
- We have ensured that the treatment is effective and safe to continue and this was achieved in a timely manner.

YEAR 1

METHODS

- We have (re)designed the axSpA service so that all patients have a standardized and clear journey (*figure 2*).
- Audit: all new suspected axSpA cases in the first 3 months of service inception (Nov 21-Feb 22) vs the same period a year later (Oct 22-Feb 23).



RESULTS

- We have established connections with primary and secondary care via MDTs and via education sessions.
- We have developed a referral pathway according to NICE guidelines. All suspected axSpA were triaged as urgent (not routine) and booked in a dedicated specialist clinic.
- The audit included 94 patients with suspected axSpA patients. Improvement in waiting times is depicted in *table 1* and *figure 2*.

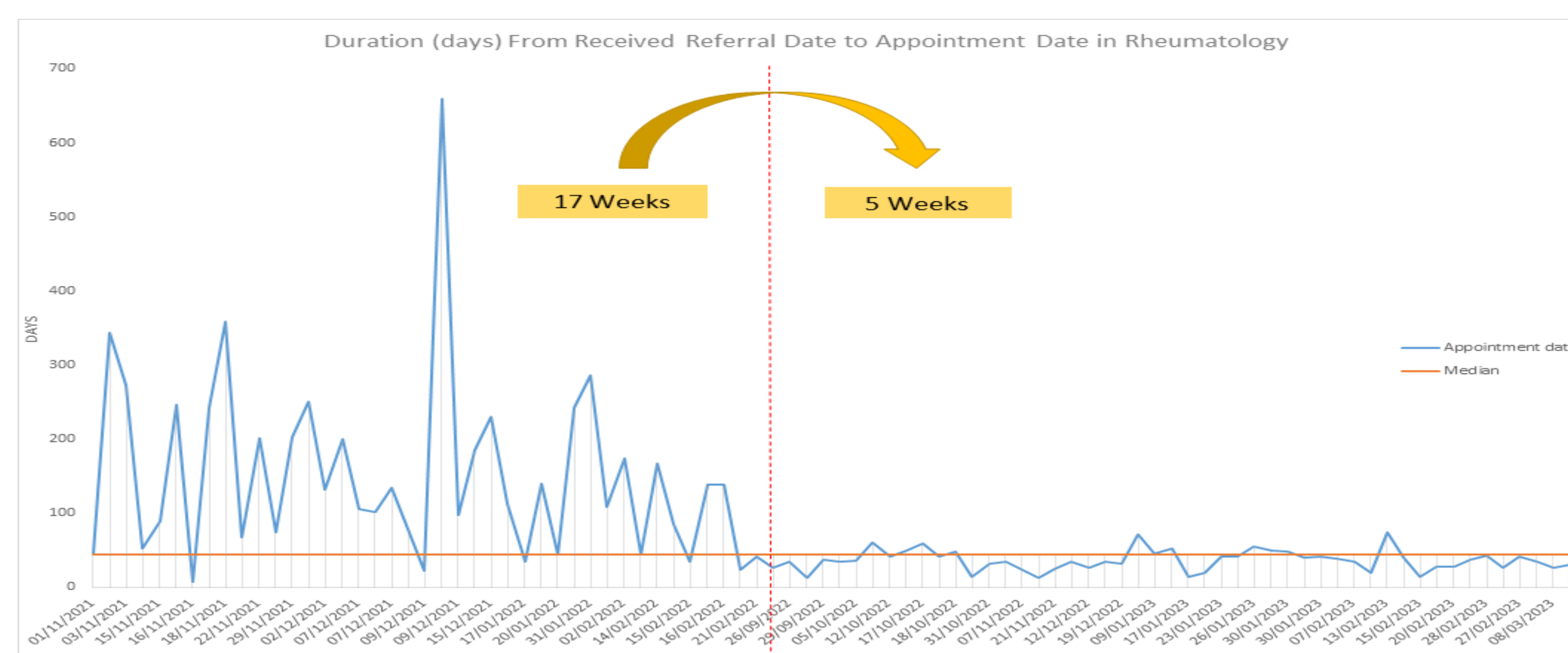


Figure 3. Run chart: Duration from received referral date to appointment date in rheumatology.

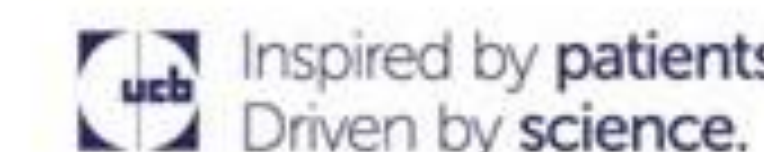
Waiting times	First 3 months (service inception)	A year later
From initial presentation in primary/secondary care to first rheumatology review	17 weeks	5 weeks
From first rheumatology review to definite diagnosis	17 weeks	7 weeks
From initial presentation in primary/secondary care to diagnosis in rheumatology	34 weeks	12 weeks

Table 1. Audit results: Improvement in waiting times.

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BACKGROUND

The AxSpA service from Ipswich Hospital was established in October 2021. Prior to this, there were no specialist clinics for axSpA patients, and no referral pathway in place.

OBJECTIVES

To set up an axSpA service from scratch in order to improve care for patients with axSpA.

SPECIFIC OBJECTIVES

Year 1:

- To establish connections with primary and secondary care.
- To reduce waiting times from patient presentation in primary and secondary care to rheumatology appointment and to axSpA diagnosis.

Year 2:

- To reduce biologic treatment delay, i.e., time from decision to start biologics to education appointment.
- To improve monitoring of axSpA patients on biologics, in terms of safety, review of effectiveness and waiting times for a follow up appointment.

METHODS

We used the Model for Improvement methodology including driver diagrams (*figure 1*), PDSA cycles and Quality Improvement (QI) processes.

For each project, we had a data driven approach supported by baseline audit of our current services to identify areas for improvement, followed by regular measurement.

Driver Diagram

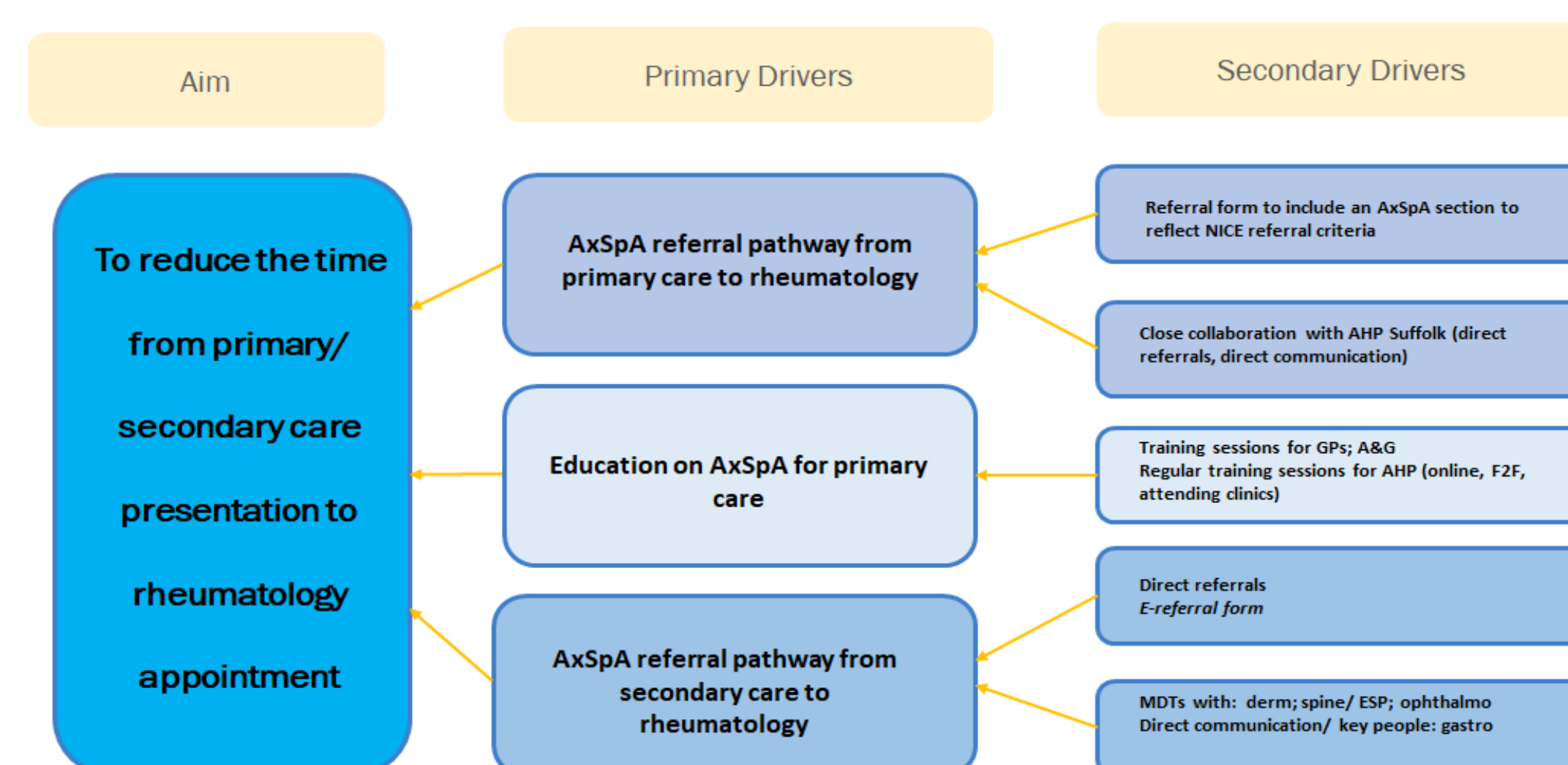


Figure 1. Driver diagram



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