Addressing Delays to Diagnosis of AxSpA– NCA Rochdale

Axial SpA works silently. We don't.

BACKGROUND

Our AxSpA Service covers a large catchment area of Rochdale and Bury. Our existing service in 2015 led by Mr Chad Critchley, Advanced Practitioner lost Consultant involvement in 2019. Our team re-established a full complement service in February 2022 after recruitment of our Consultant Rheumatologist, Dr Dhivya Das whose special interest is in AxSpA.

In 2022, we updated our current primary and secondary Care referral pathways in line with the new BSR guidance, ready for full implementation and role out during our project training sessions. In 2022, our triage team, Mrs Katie Stables, Specialist Rheumatology Physiotherapist and Mrs Samantha Davies Rheumatology Podiatrist started work looking into the efficiency of our referrals processes and use of Advice and Guidance. For the first time new referrals for suspected IBP were fast tracked to be seen by Mr Chad Critchley our now Advanced practitioner in Rheumatology within the AS clinic.

Triage team highlighted problems with poor quality referrals and limited clinical information. We had a shared goal of reducing the delay to diagnosis of patients within our areas to 1 year by increasing pathway referral awareness and clinician confidence at identifying AxSpA patients in their clinics,

OBJECTIVES

- **Project aim -** Increasing clinician's confidence in identification and referral of suspected AxSpA patients. Identifying barriers for referrals to Rheumatology Services in a timely manner.
- **Long Term aim -** To achieve a reduction in delay to diagnosis of AxSpA in our area towards 1 year with the support of ongoing training programs

METHOD

The team delivered training on identifying IBP, tailored to the audience of clinicians (GP, Physio, AP, Nurse, Consultant). It highlighted current delays to diagnosis nationally and importance of utilising our new pathways and existing nationally recognised criteria.

What was our Scope

What is the Problem?
- Delay in timely rheum ref from GP/FCP/AP/Physio to secondary care rheumatology dept
- Lack of awareness of AxSpa in the Primary Care settings
- Lack of good quality referrals (risk of being triaged OUT)
- Lack of database and admin support, IT issues
- Lack of exposure/recognition on Rheum team

What Impact do you want to see?
- A reduction in the referral time for patients with AxSpa into secondary care rheum dept.
- Increased clinicians self efficacy scores in identifying AxSpa.
- Clinicians increased awareness of our referral Pathways into Rheumatology.

What is excluded from the scope?
- Excluded secondary care referrals (i.e. dermatology/ophthalmology)
- Psoriatic SpA, Enteropathic Spa,
- Private Physiotherapy services
- NMGH / Oldham / Out of area patients

What is included in the scope?
- Intervention with GP/FCP/AP/Physio, i.e. training, sharing pathways.
- Patients referred with inflammatory sounding back pain that meets ASAS criteria.
- Rochdale and Bury Primary Care catchment

RESULTS

We used Microsoft forms to collect pre/post training data.

- Data shows a 43.9% improvement in clinicians' confidence at identifying suspected AxSpA.
- Data shows 76% of responders reported being very, or extremely confident at making a referral into Rheumatology for suspected AxSpA post training.
- A Quarter of GP's had access to advice and guidance services but were unaware of the rheumatology provision.

Further data collected demonstrated our delay to diagnosis has dropped from 5.80 years to 4.19 years as more patients have been referred within a year of symptoms onset. Referral numbers have significantly risen. (see table below).

Our challenges

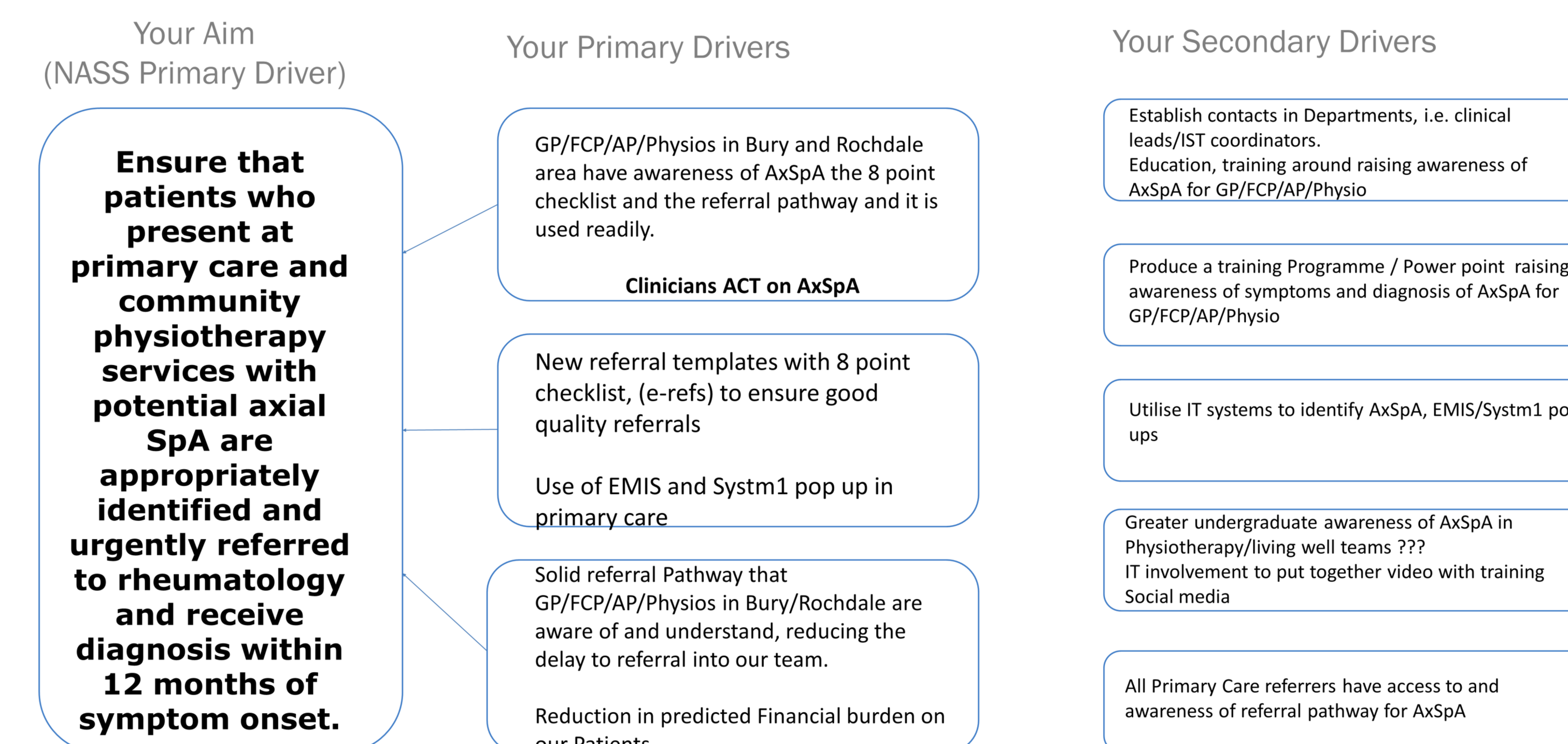
TIME – to organise and deliver training sessions.

ACCESS – reaching all relevant clinicians.

DATA – no IT systems available with coding to identify new patients. All done manually by team. We overcame our challenges by regular meetings and frequent discussions with stakeholders and overtime.

	2022	2023
Number of referrals received AXSPA		
Female	18	37
Male	30	40
Grand Total	48	77
Patient diagnosed with AXSPA		
Female	6 (33%)	9 (24%)
Male	18 (60%)	16 (40%)
Total	24 (50%)	25 (32%)
Waits (weeks)		
Referral to first appointment	12.1	↓6.5
1st appt to commencing treatment	6.9	↓6.6
Referral to date of diagnosis	13.2	↓11.8
Time from first appt to MRI	9.2	↓3.5
Average delay to diagnosis Years	5.80	↓4.19

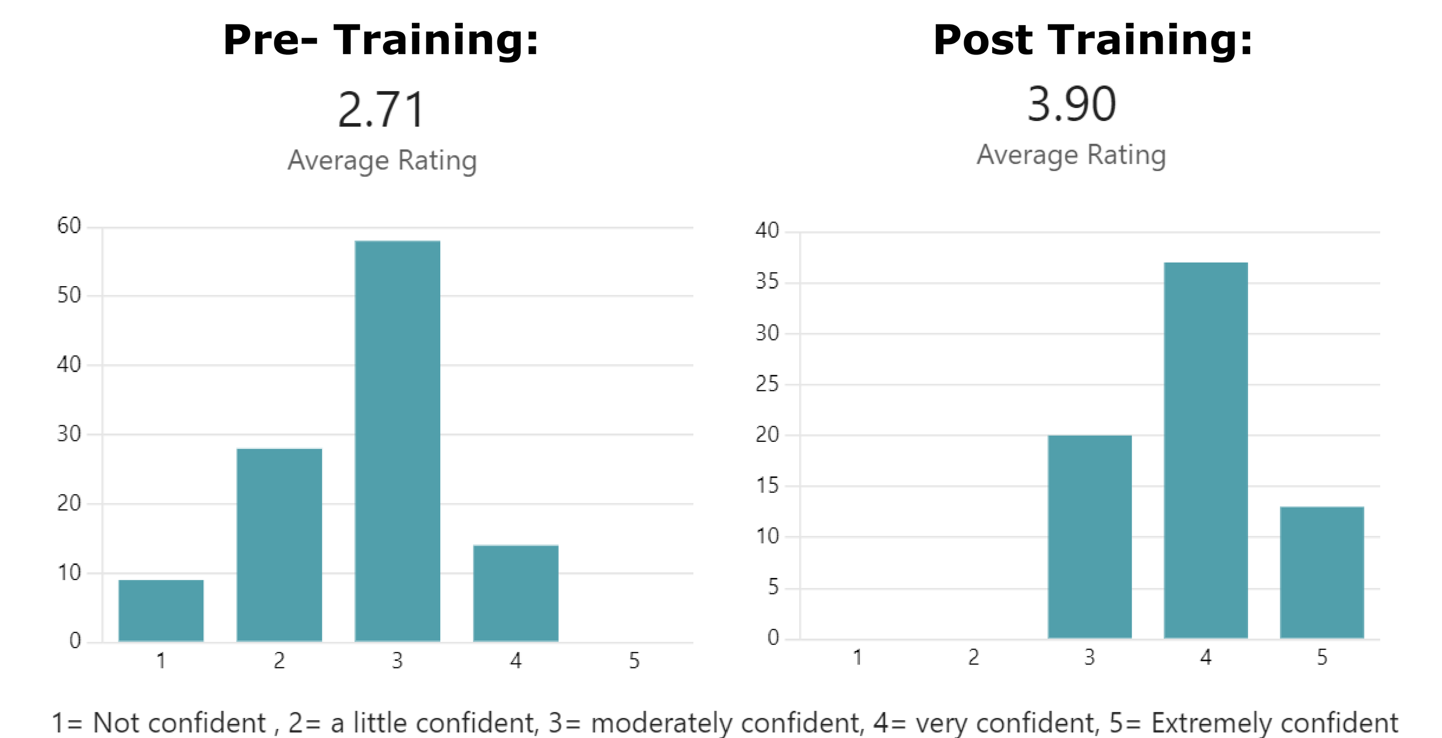
Driver Diagram



CONCLUSION

- The strong links made with referrers continue allowing peer supervision and case discussions
- Barriers established were the MSK interface services, which in turn were addressed with the same training programme. Ongoing work continues here.
- Significant improvement in clinician's awareness of the condition and the urgency needed to action.
- Engagement with GPs was vital, Rochdale GPs much easier to access than Bury due to quarterly training. Feedback:
    - *Excellent content "*
    - *Possibly face to face but otherwise great. Thanks "*
    - *"Really informative at an appropriate level and very interesting topic"*
    - *"Informative, Interesting statics, Reassured referral clinical reasoning"*
    - *"Very insightful on what to look out for with regards to AxSpA"*
    - *"Very detailed - good reminder of the pathophysiology + signs and symptoms and refreshing the pathways"*

Pre-training Questionnaire Data: Clinician Confidence Rating at identifying suspected AxSpA



1= Not confident , 2= a little confident, 3= moderately confident, 4= very confident, 5= Extremely confident

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