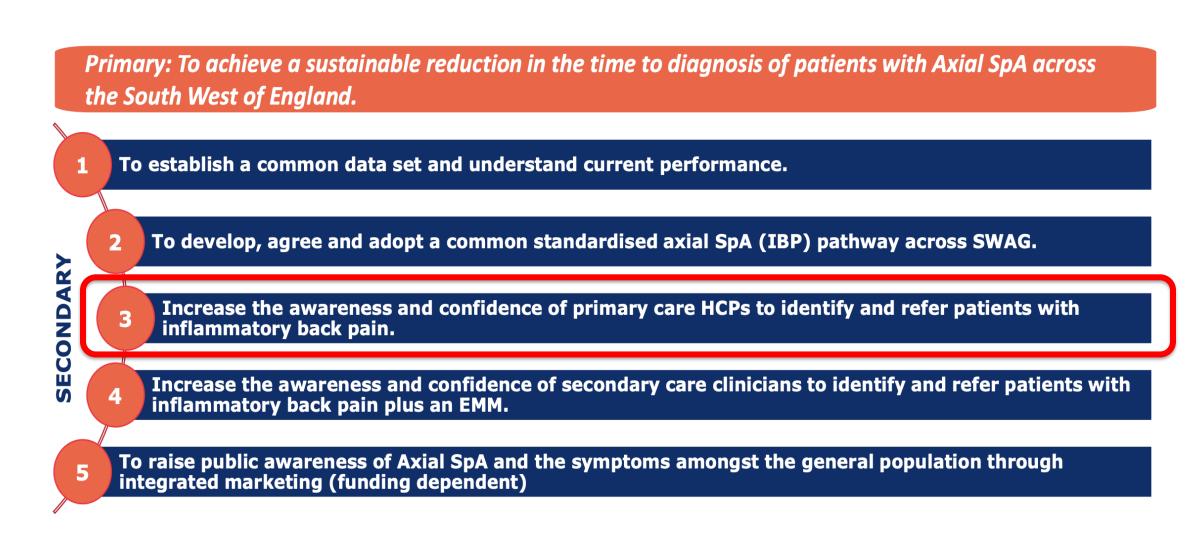
AxSTARS primary care work – SWAG

BACKGROUND

SWAG recognises a need to collaborate and engage with local primary care services to achieve our goal of reducing delay to diagnosis for patients with axSpA

This work is part of the Axial SpA Transformation And Redesign of Services (AxSTARS) project



OBJECTIVES

- 1) Introduce PRIMIS pop-up tool to aid clinicians working in primary care in detecting cases of IBP
- 2) Create an education programme for primary care professionals
- 3) Increase awareness of new SWAG IBP referral pathway to access secondary care rheumatology services
- 4) Understand and address differences in NSAIE prescribing for IBP across SWAG regions

METHODS

1) PRIMIS is a clinical alert tool, which is activated when patients <45 years present to primary care with recurring back pain. This was initially found to be effective in identifying patients appropriate for referral for further investigation in pilot practices in BaNES CCG.

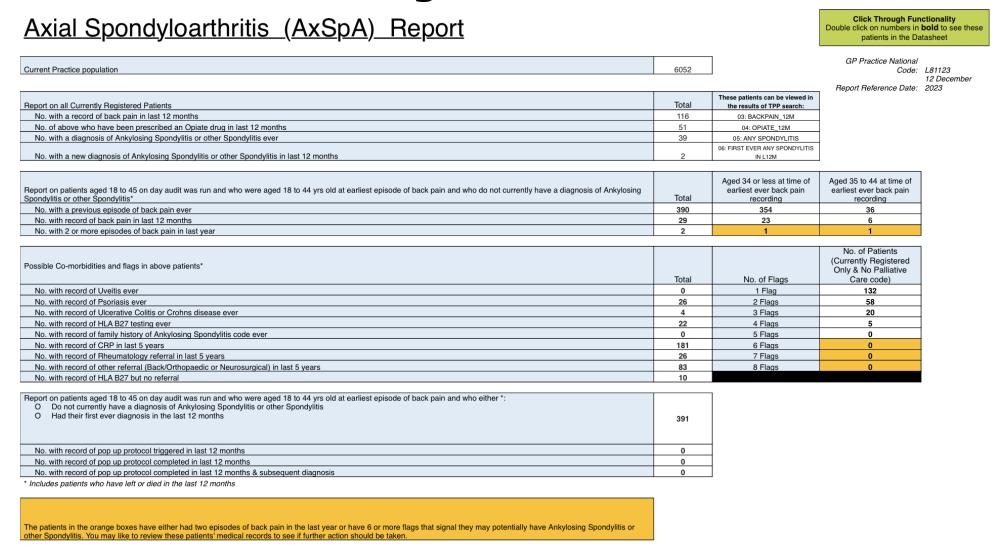
One NHS GP surgery in Bath have completed a retrospective audit to identify patients who may have an unmet need. Subsequently the PRIMIS tool has been introduced in multiple practices across Somerset to gather prospective data on referral patterns.

METHODS

- 2 + 3) Education sessions delivered to:
- Bath BGPERT
- Somerset BGPERT
- SWAG region-wide virtual session
- **4)** We have carried out a baseline audit of NSAID prescribing for patients with inflammatory back pain in the region

RESULTS

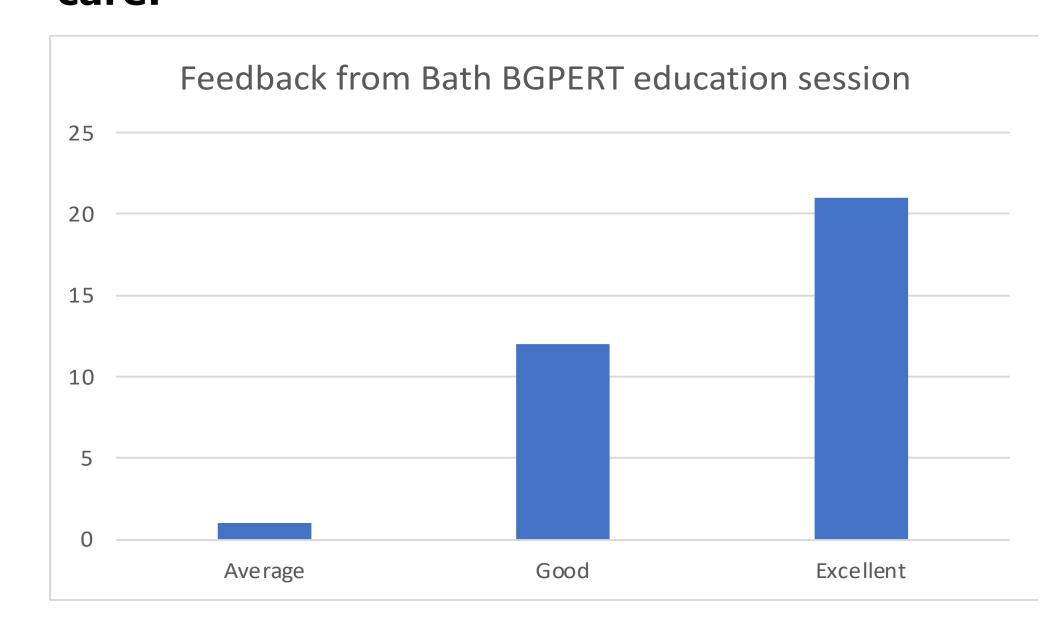
Hillcrest audit using PRIMIS tool



One patient with two or more episodes of back pain in the preceding year was identified by this retrospective audit. This method relies on accurate coding, therefore the true number may, in reality, be higher.

This tool is now part of a wider pilot in multiple surgeries across Somerset and we will gather prospective data over a twelve month period.

Feedback from education sessions in primary care:



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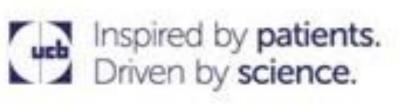














Some specific feedback:

"Whole day was excellent it has given me additional knowledge and the skills to support patients better"

"Helped me realise how common it (axSpA) is and helped me suspect it earlier"

"A really interesting topic, which I had no previous knowledge on"

NSAID prescribing across **SWAG**

Table below indicates heterogeneity in NSAID prescribing guidance for IBP across the region

Prescribing category	South Devon	BNSSG (Bristol, North Somerset and South Gloucestershire)	BSW (Bath and Northeast Somerset, Swindon and Wiltshire)
First line	Ibuprofen Naproxen Topical ibuprofen 5% gel	Paracetamol +/- topical ibuprofen 5% gel Ibuprofen Naproxen	Ibuprofen Naproxen Diclofenac
Second line	Indomethacin Ketoprofen 2.5% gel	Diclofenac Indomethacin Nabumetone Mefanamic acid Meloxicam Etodolac Celecoxib Etoricoxib Piroxican 0.5% gel	
Initiated by specialist	Diclofenac Celecoxib Etodolac Etoricoxib Meloxicam	Ketorolac (anaesthetics staff only)	Celecoxib (Salisbury only) Etodolac (Salisbury only) Etoricoxib (BaNES only (not Salisbury) - in Swindon Etoricoxib only for post-op pain)

Green = first line, blue = second line, orange = specialist initiated, red = secondary care only

CONCLUSIONS

SWAG is engaging with primary care in multiple domains to improve and standardise care for patients with axSpA in the South West of England.

Future goals include:

- Continue education sessions for primary care
- Audit referral data with new referral pathway
- Gather PRIMIS tool prospective data to identify unmet need
- Rationalise and standardise NSAID prescribing across SWAG sites

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