

AxSTARS referral pathways project - SWAG



BACKGROUND

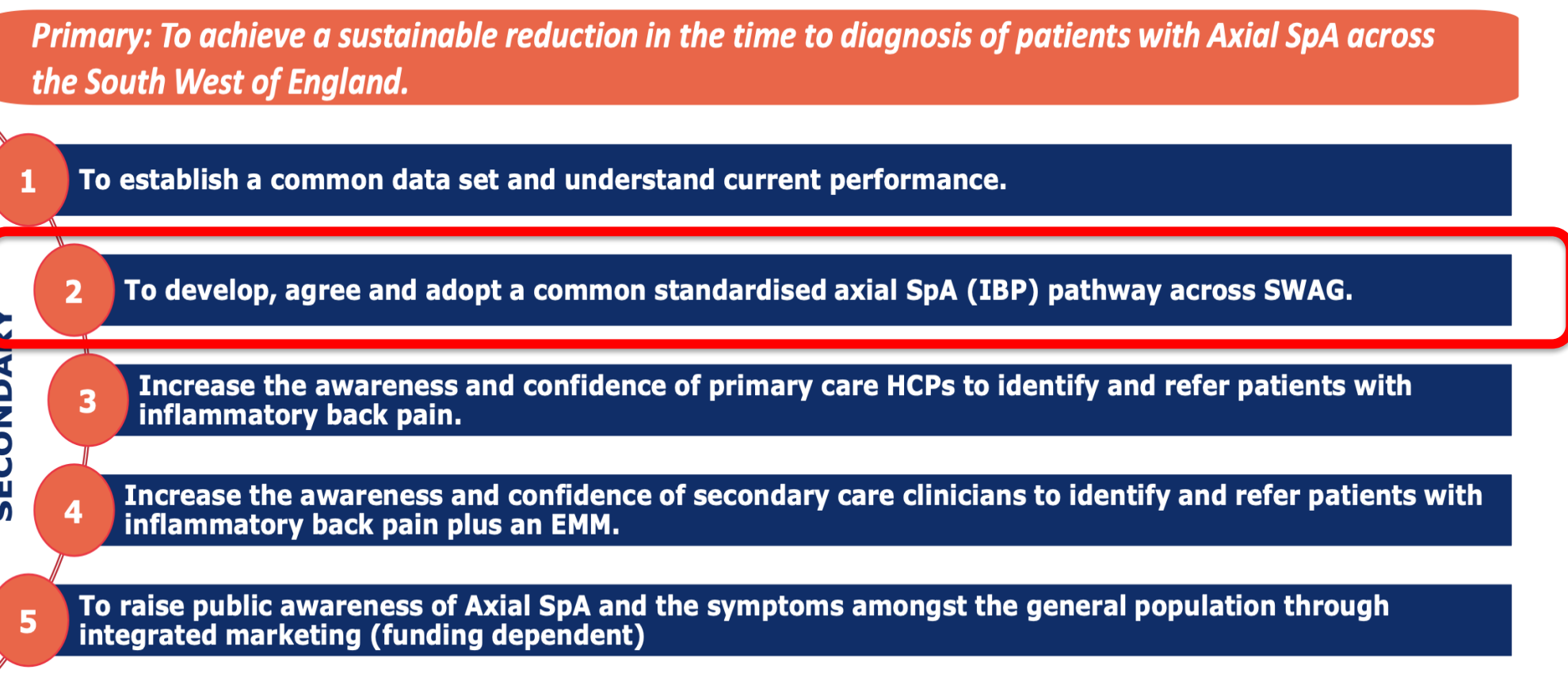
SWAG = South West Axial SpA Group

- RNHRD, Royal United Hospital (Bath)
- Torbay and South Devon NHSFT (South Devon)
- Bristol Royal Infirmary
- North Bristol NHS Trust

Previous work has highlighted heterogeneity in the referral processes across the region for patients with suspected inflammatory back pain (IBP) from primary care into secondary rheumatology care. This has resulted in differences in referral conversion rates between trusts in the region, with some trusts having more stringent criteria for access to rheumatology assessment than others.

AxSTARS project

The Axial SpA Transformation And Redesign of Services (AxSTARS) project is a collaborative initiative designed to address, in parallel, five aspects of delay to diagnosis for patients with axSpA across the South West of England



OBJECTIVES

The aim for this aspect of the project was to address heterogeneity in referral processes across the region and to create a common referral pathway into rheumatology services, regardless of location. Alongside this, we are aiming to improve and standardise data capture for referral patterns across SWAG sites.



METHOD

We have created a standardised set of SWAG referral criteria for patients presenting with symptoms suggestive of IBP, based on the ASAS criteria and SPADE tool

SWAG
Inflammatory Back Pain Referral Form

Please provide a summary of the key clinical information below:

SWAG
Referral criteria

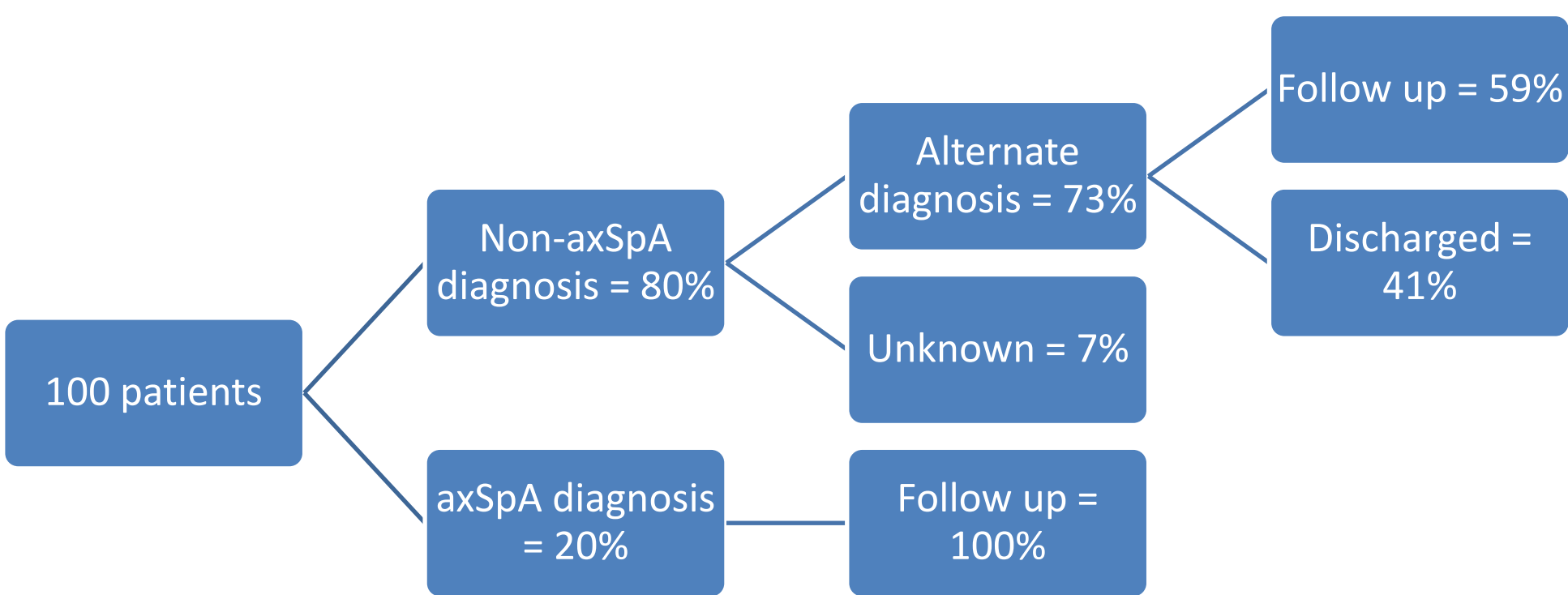
	Yes (1 point)	No (0 points)
1 Back pain (+/- stiffness) starting before age 35		
2 Waking in 2nd half of night due to back pain +/- stiffness		
3 Alternating buttock pain +/- stiffness		
4 Pain /stiffness improves with movement (not rest)		
5 Improved with NSAIDs within 48 hours		
TOTAL SCORE		
Additional information required: does the patient have/had?		
a. 1st degree relative with SpA?		
b. current/past inflammatory arthritis?		
c. difficult to treat osteoarthritis? eg. Achilles tendinitis? Plantar fasciitis?		
d. Current or past Psoriasis		
e. Iritis or uveitis (diagnosed by Ophthalmology)?		
f. Crohn's Disease or Ulcerative Colitis (diagnosed by Gastroenterology)?		

Score of **>3** indicates higher likelihood of IBP and recommends referral for further assessment

Audit of referrals data at RNHRD

An audit of referrals seen in the EBP clinic at the RNHRD was carried out recently, reviewing patients seen in the clinic between Nov 2021 – June 2023. The results are detailed below.

RESULTS (audit data)



Flowchart 1. Patients referred to EBP clinic at RNHRD between Nov 2021 – June 2023.

This data indicates a referral to diagnosis conversion rate of 5:1.

Additional data collected includes duration from first clinic appointment to MRI imaging. The range was 9 – 600 days, with a mean number of 108 days.

RESULTS

Standardised referral criteria have been implemented across the SWAG region. There is a white space text box attached to the referral criteria for additional clinical information and to ensure that atypical cases are not excluded.

We are in the process of collecting data to assess the impact of this referral criteria on SWAG services and diagnoses of axSpA.

CONCLUSION

We have proposed an ideal conversion rate of 3 patients assessed for every 1 new axSpA diagnosis in Inflammatory Back Pain clinics, though further analysis is required to establish the best trade-off between using limited capacity effectively, whilst not excluding too many atypical presentations of axSpA and the most effective referral management strategies to achieve this aim.

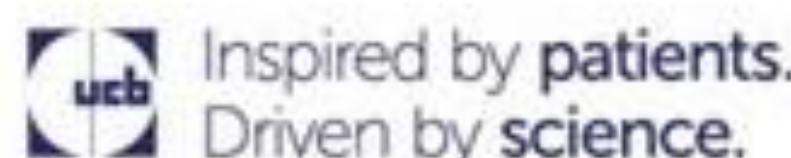
Future goals:

- Measure and record referral data for AxSpA services across all SWAG sites
- Monitor referral to diagnosis conversion rates
- Assimilate with data from extra-articular manifestations audit and establish clear referral pathway from other hospital specialties
- Continue work with primary care to support and educate referring clinicians

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