How Barking, Havering and Redbridge University Hospitals NHS Trust are working to reduce the delay to diagnosis and improve care for Axial SpA

BACKGROUND

At Barking, Havering and Redbridge University hospitals NHS Trust (BHRUT) we had effective existing Early Inflammatory Arthritis Clinics, Virtual Biologics Clinics and group nurse led biologics education sessions.

However we had identified the following service issues:

- Variability in Axial SpA referral pathway
- No dedicated Axial SpA Clinics
- Under-reporting of inflammatory signs on MRI
- No Rheumatology patient database
- No automatic physiotherapy referral
- No formal education sessions for Axial SpA patients

OBJECTIVES

To address these issues we set a number of clear objectives:

- To improve quality and speed of suspected Axial SpA referrals
- Commence dedicated Axial SpA clinics
- Standardise inflammatory back pain MRI protocols and reporting
- Establish a patient database
- Formalise automatic referral pathway to Physio for all newly diagnosed Axial SpA patients
- Provide dedicated patient education

METHODS

We utilised various QI methodolgy techniques and undertook the following steps towards service development:

- Education sessions to GPs/MSK Physiotherapists/other AHPs
- Incorporated Rheumatology Pathways into Trust's revised e-referral tool
- Revised Axial SpA referral pathway
- Reviewed NICE/ASAS and BRITSpA guidance to identify audit standards
- Started notes audit of time to diagnosis
- Engaged with Radiology
- Brainstormed ideas for patient education using "Six Thinking Hats"

RESULTS

- Pathway agreed for Axial SpA to be referred via EIA
- Improved triage tools via revised e-referral tool
- Business case to purchase commercial patient database
- Notes audit for 40 Axial SpA patients completed: time to diagnosis average for BHRUT is a mean of 4 months, with the shortest being 20 days but the longest 375 days
- Standardised inflammatory back pain MRI Protocol agreed with Radiology. Current delay to MRI reporting identified as 87.8 days
- Pilot agreed for physio-led online group education/exercise sessions

CONCLUSION

We found the QI training and tools extremely useful, enabling us to identify specific issues we wanted to address and then implement small changes (QI PDSA cycle) to address the objectives identified. The Pre Pilot of the content for the Group Education session received excellent feedback and provided useful feedback to improve the service further.

the absence of a database. Some of our key learning to date has been to set ourselves achievable goals and to pilot ideas where we have a strong instinct of the need and likely success.

One of biggest difficulties initially was collecting data in

Axial SpA works silently. We don't.

ABBREVIATIONS: Axial SpA: Axial Spondyloarthropathy; QI: Quality Improvement; PDSA: Plan, Do, Study, Act; PIFU: patient initiated follow up

RECOMMENDATIONS

To achieve this aim:

Reduce the

diagnosis in

improve care

secondary

care and

for those

diagnosed

with Axial SpA

newly

delay to

We need to ensure:

Increase awareness of Axial SpA AND priority of

referral pathways

SpA clinics

Audit against Axial SpA NICE and ASAS Guidance to plan for specialist Axial

Engage with radiology to review MRI requesting and reporting

Improve supported selfmanagement for those newly diagnosed with Axial SpA

Which requires:

Linking with education dept to identify ways to deliver education sessions regularly to GPs/AHPs/MSK Physio

Review of pathways / priority of referrals for Axial SpA

Provide increased clinical guidance to GPs for suspected Axial SpA

Review NICE and ASAS guidance for audit standards

Establish operational plan and feasibility for Axial SpA clinics given pandemic backlog

Engaging with business info team to explore ways to pull data on Axial SpA diagnosed patients going forwards

Review BRTISpA Guidance on MRI

Identifying if there are delays to MRI reporting

Identifying BHRUT MSK radiographers for any MRI queries

Brainstorming ways to improve care for newly diagnosed using QI tools

Sought approval from stakeholders, ensured IT/software enabled and staff trained in software use

Pre Pilot of education class content with Axial SpA expert patients to decide final content / number of sessions

Interventions to ensure this happens:

Set up rolling teaching plans to GPs/AHPs and MSK Physiotherapists

Confirmed suspected Axial SpA to come in via already successful urgent EIA clinics

Engaged with MSK Outpatient therapies team to incorporate ASAS questions into e-referral tool

Notes Audit of time to diagnosis in 2° care (mean 4months n=40); larger audit ongoing

Ensuring balancing measures are in place to enable Axial SpA specialist clinics can begin

Exploring mandated coding: ICD-10 (inpatients) / SNOWMED CT (outpatients) for easier data extract

Engaged with radiology to agree standardised inflammatory back pain MRI protocol

Audit on time to MRI report – average 90 days. Decide on PDSA to improve this

Have named BHRUT MSK radiographers for contact

Pilot auto e-referral to Physio Education Class

Trial PIFU to Physio post Education class

Seek patient feedback on Education Class Pilot and PIFU to Physiotherapy

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