Aspiring to Excellence Team Berkshire Royal Berkshire NHS Foundation Trust, Reading, UK

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Dec - March 2020

Business card

SCAN ME



BACKGROUND

Royal Berkshire NHS Foundation Trust (RBFT) has an established multidisciplinary Axial Spondyloarthritis (AxSpA) service. We completed an audit of our service against NICE Guidelines/Quality Standards in 2018, igniting a passion for further improving AxSpA patient care and experience. We were also keen to undertake QI training and have the opportunity to engage with, collaborate and learn from other AxSpA teams. Our aim is to ultimately provide more safe, timely, effective, efficient, equitable and patient-centred care. We applied and were delighted to be in Cohort 1 of Aspiring to Excellence in November 2019.

OBJECTIVES

Year 1:

- To improve management of mental health issues in AxSpA patients using HADS to identify patients with moderate risk and improve by 25% by February 2021
- To improve patient ability to self-mange condition and flares by setting up a direct access to physiotherapy service for AxSpA patients

Year 2:

- Improving referral to Rheumatology for suspected AxSpA and reduce time to diagnosis
- Establish shared decision making for use of advanced therapies including biologics in AxSpA with pharmacist run clinics
- Combined MDT virtual clinics with Gastroenterology, Ophthalmology and Dermatology

METHODS

Stakeholder mapping (MDT, staff, patients, Trust management, GPs, community physiotherapists, FCPs) was key in ensuring project success and we engaged widely throughout the whole process.

We used the Model for Improvement methodology for our projects utilising PDSA cycles and defining our measures. Quality Improvement (QI) processes were supported by audit of our current services to identify areas for improvement and targets for measurement.

An example of a PDSA cycle completed:

Mental Health Improvement

P = To assess and improve Mental Health in AxSpA D= Patients attending clinic to complete the Hospital Anxiety and Depression Score (HADS)

S= Data was collected between Jan 2020 to March 2020 and analysed

A = Intervention put in place with a video on tips to manage mental health issues and re-audit to improve outcome scores (HADS) further

NHS **Royal Berkshire NHS Foundation Trust**

Direct access to physiotherapy

Ankylosing Spondylitis

Psoriatic Spondyloarthritis Peripheral Spondyloarthritis

Sponsored by

"This is an excellent

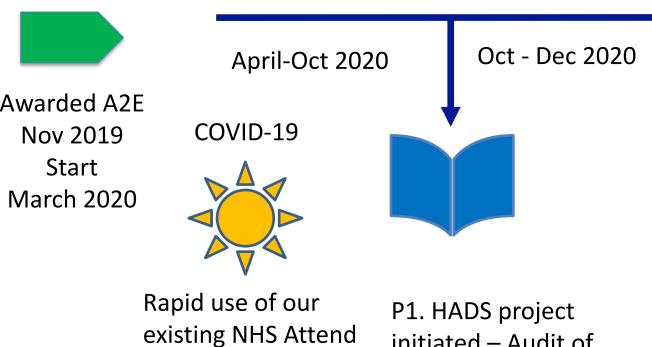
resource and helps me

manage my AxSpA bette

preventing a flare up of my

condition" AxSpA patient





Anywhere platform

Digital PROMS used

for Virtual Clinics

to measure AxSpA

outcomes

RESULTS

initiated – Audit of HADs and creation service initiated Video disseminated Audit of advice line Audit of flares E-referral form

P1. Re-audit HADS P2. Initiate Physio P2. PDSA cycle for Physio self-referral

self-referral service P4.Planning for Pharmacy led clinic shared decision making P5. Collaborating with other specialities for combined clinics

July- Nov 2021 Dec 2021 – March 2022 - July 2021 P3. Audit of delay to

diagnosis in current service P3. Electronic Rheumatology referral for Primary P3.. Planning for Educational

Timeline

P1.Re-audit of HADs commenced P3.Education seminars commenced (Rheumatology Academy and Collaborative Network, RheumACaN) Cohort 1 P4. SDM clinics started 5. Combined clinics commenced

Continuous Quality Improvement Embed improvement culture and integrate P1.Complete HADs audit into day to day P2.Re-audit flares operations of our AxSpA P3.Continue RheumACaN

seminars and new Cohorts 2 P3. Audit impact of e-P3. Re-audit delay to diagnosis P4/P5. Feedback on SDN and Combined clinics

Rheumatology

Academy and

Collaborative

(RheumACaN)

Rheumatology and

Musculoskeletal Medicine for

GPs and AHPs

Network

March 2022 - March 2023

Axial SpA works silently. We don't.

"We have changed our outlook, moving away from the knee jerk 'problem to solution' reaction, to looking at the root cause, collecting and analysing relevant data and using QI models to make real improvements in our service".

Aim 4: Shared Decision Making (SDM) Clinic

Newly diagnosed AxSpA patients are seen by our Pharmacist from November 2021 prior to going on to advanced therapies

In the first 3 months of 2022, 25 patients had biologic dose optimisation through this new clinic

Aim 5: Combined Clinics with other specialties

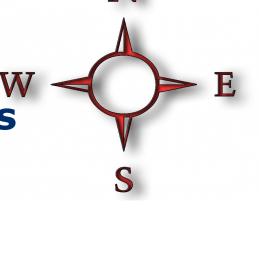
Combined Clinics with Gastroenterology started in May 2021. Review of SI Joints from CT/MRI abdomen for suspected AxSpA

Combined Clinics with Dermatology restarted in 2021 Virtual MDT with Ophthalmology

CONCLUSION

- Aspiring to Excellence (A2E) has provided us with the support and formal QI methodology to improve our AxSpA service
- A2E has brought change not for the sake of changing rather real organisational and structural change, seeking usefulness not perfection
- The QI techniques learned can be used for other MSK conditions so the skills are transferable

"We have found our true north, A2E has provided clarity of our priorities and W E where to focus our resources to provide outstanding care for our AxSpA patients"



Aspiring to Excellence

Aim 1: To improve mental health in Axial SpA n=45 AxSpA patients attending the clinic in January to

Hospital Anxiety and Depression Score (HADS) measured The HADS 0-7 (normal), 8-10 (borderline abnormal) and 11-21 (abnormal), BASDAI, Spinal Pain, BASFI, BASG

Invited to watch a self-help video on managing anxiety

Directed to online mental health resources and selfnanagement programmes llow up HADS were collected post COVID-19 lockdown

Aim 2: Physiotherapy Self-Referral

Audit of 50 patients flare

between clinic appointments

Direct access to physiotherapy

established with electronic

referral form and QR code

Feedback from patients on

Service. Re-audit flares in patients

experience and impact

Method

Intervention

Next steps

in March to May 2021. AS Scores pre and post MH HADS score pre and post MH intervention

Reduction in the number of patients with an abnormal HADS >11 (27%), and a trend towards lower HADS (42% 0-7, 31% 8-10)

Aim 3: Reducing time to diagnosis

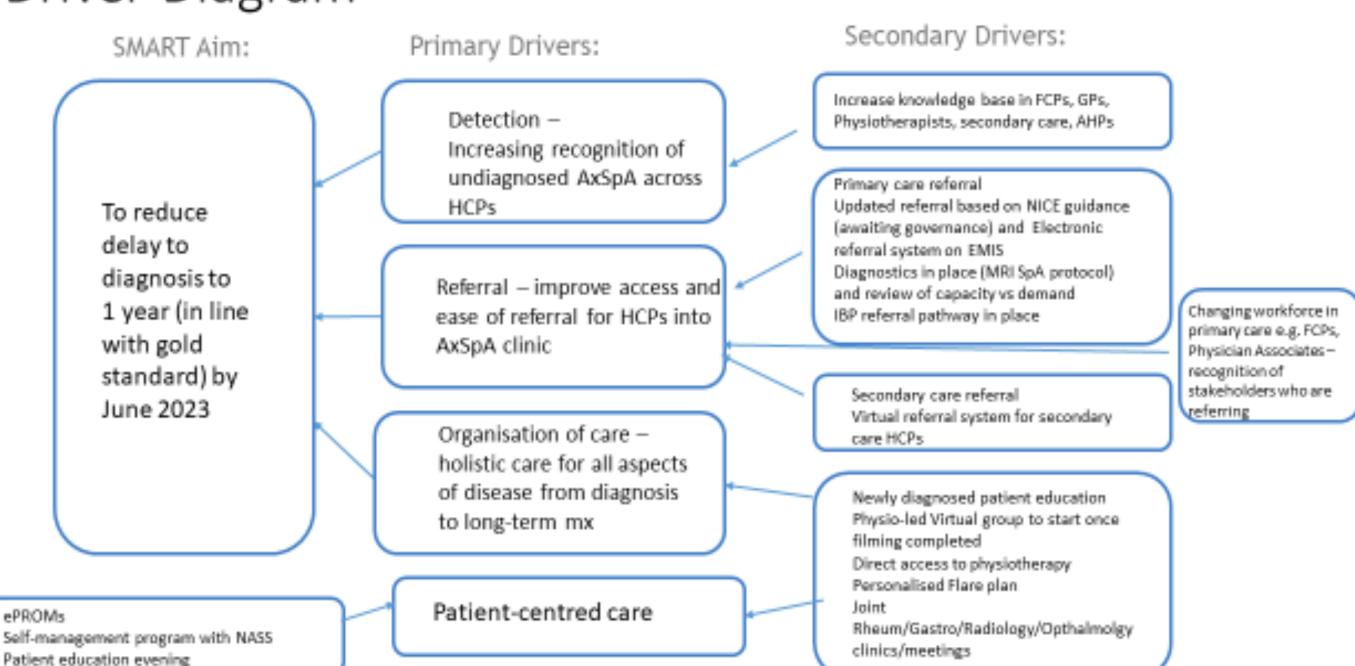
Seminar

We have implemented an electronic referral form on the GP system (DXS) which comes up when back pain is typed in the search function. This is now in use with the electronic referral system (eRS) from September 2021.

We have started the Rheumatology Academy and Collaborative Network (RheumACaN) which provides teaching, education and training for GPs, physios, first contact practitioners (FCPs) in the community.

How we will measure change

- 1) audit of time to diagnosis in 500 patients referred between 2015 and 2021. Re-audit of time to diagnosis post-new electronic referral form and education sessions.
- 1) Audit of accuracy of referral by comparing referrals using eRS and number of patients diagnosed with AxSpA



Driver Diagram

In partnership with