

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

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Axial SpA works silently. We don't.

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-manage 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.

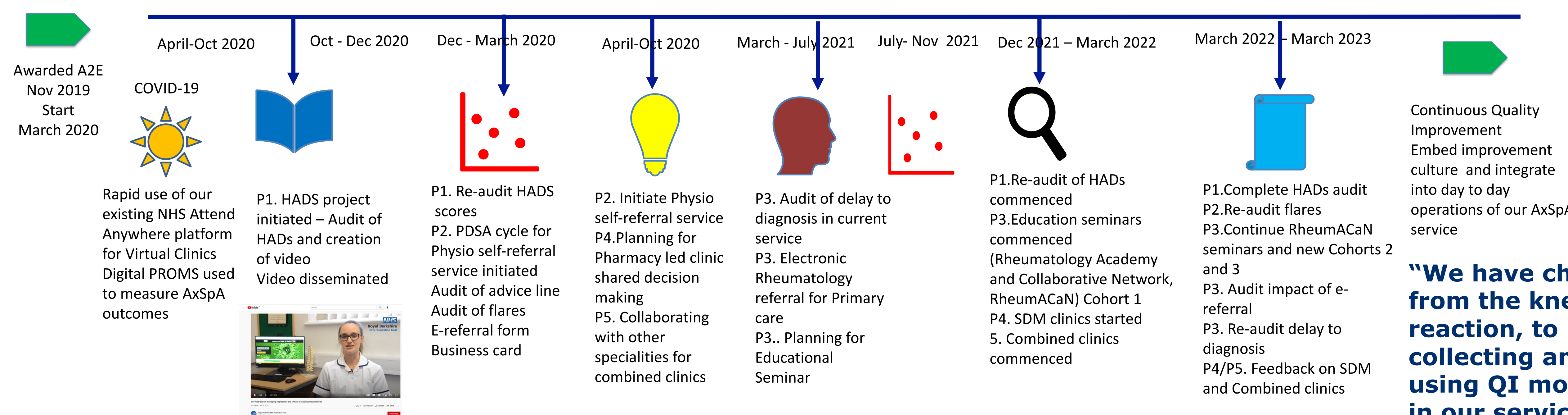
We used the Model for Improvement methodology for our projects utilising PDSA cycles and defining our measures. Quality Improvement (QI) processes were supported by audit of our current services to identify areas for improvement and targets for measurement.

An example of a PDSA cycle completed:

Mental Health Improvement

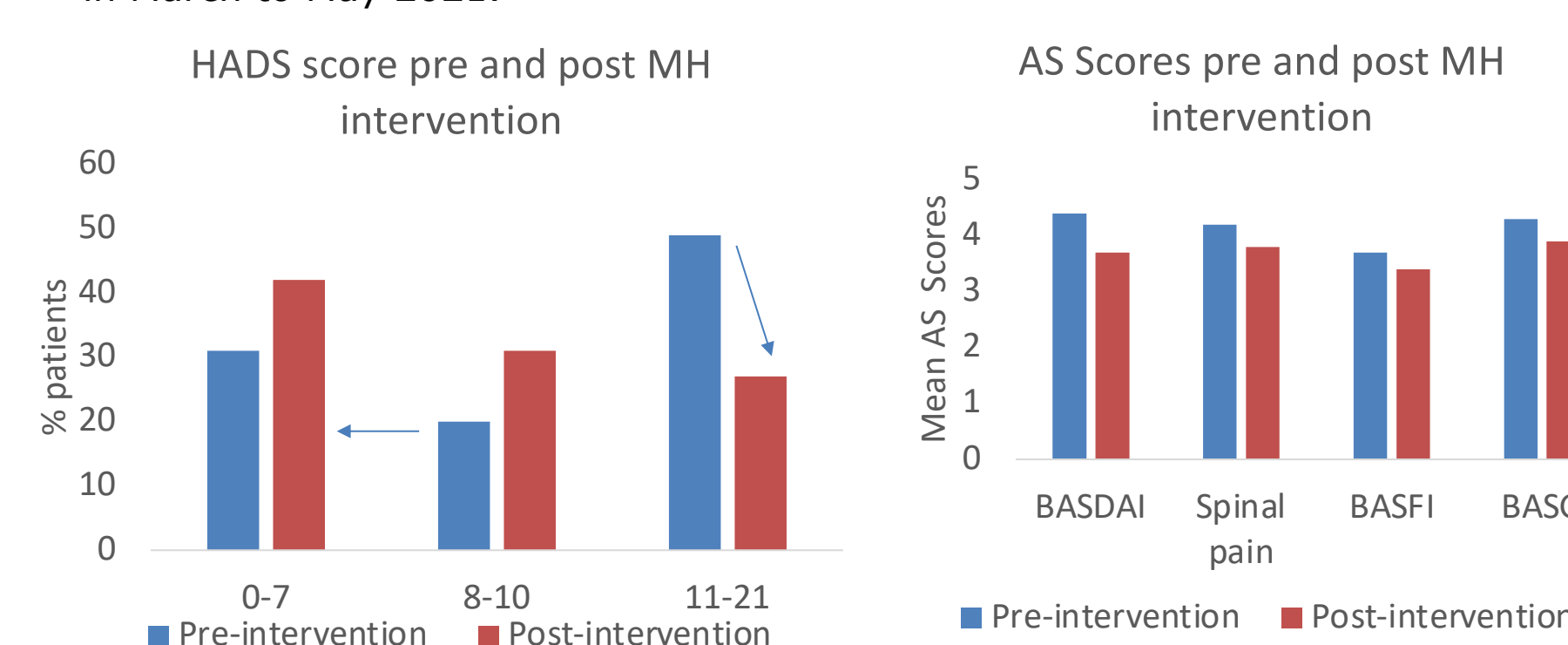
P = To assess and improve Mental Health in AxSpA
D= Patients attending clinic to complete the Hospital Anxiety and Depression Score (HADS)
S= Data was collected between Jan 2020 to March 2020 and analysed
A =Intervention put in place with a video on tips to manage mental health issues and re-audit to improve outcome scores (HADS) further

RESULTS



Aim 1: To improve mental health in Axial SpA

n=45 AxSpA patients attending the clinic in January to March 2020
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 recorded
Invited to watch a self-help video on managing anxiety and depression
Directed to online mental health resources and self-management programmes
Follow up HADS were collected post COVID-19 lockdown in March to May 2021.



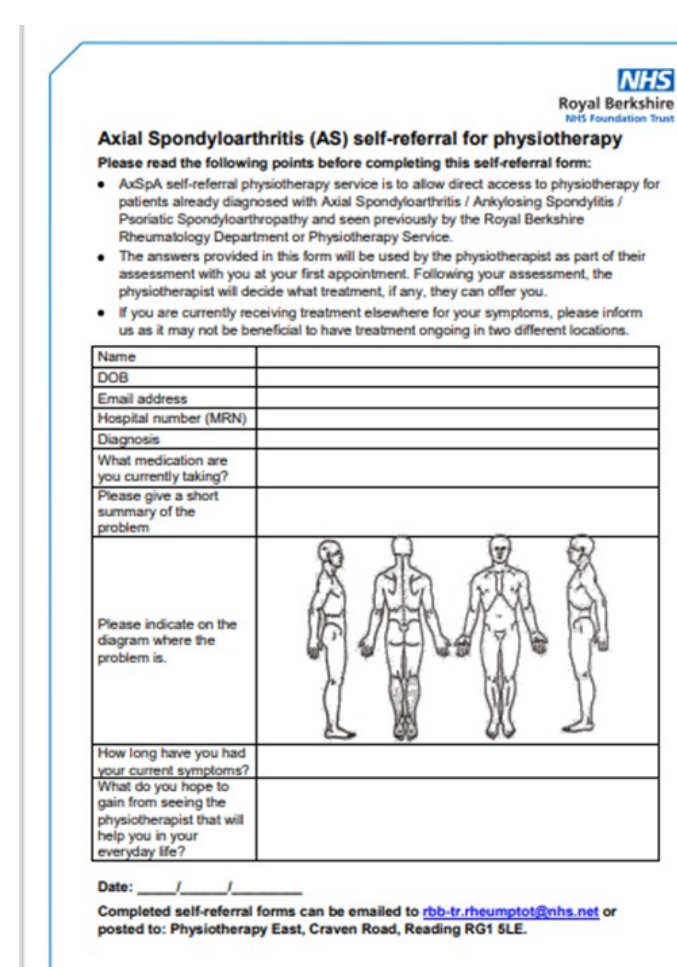
Reduction in the number of patients with an abnormal HADS >11 (27%), and a trend towards lower HADS (42% 0-7, 31% 8-10)

Aim 2: Physiotherapy Self-Referral

Method
Audit of 50 patients flare experience and impact between clinic appointments

Intervention
Direct access to physiotherapy established with electronic referral form and QR code

Next steps
Feedback from patients on Service. Re-audit flares in patients



"This is an excellent resource and helps me manage my AxSpA better preventing a flare up of my condition" AxSpA patient

In partnership with



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Aim 3: Reducing time to diagnosis

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

- 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.

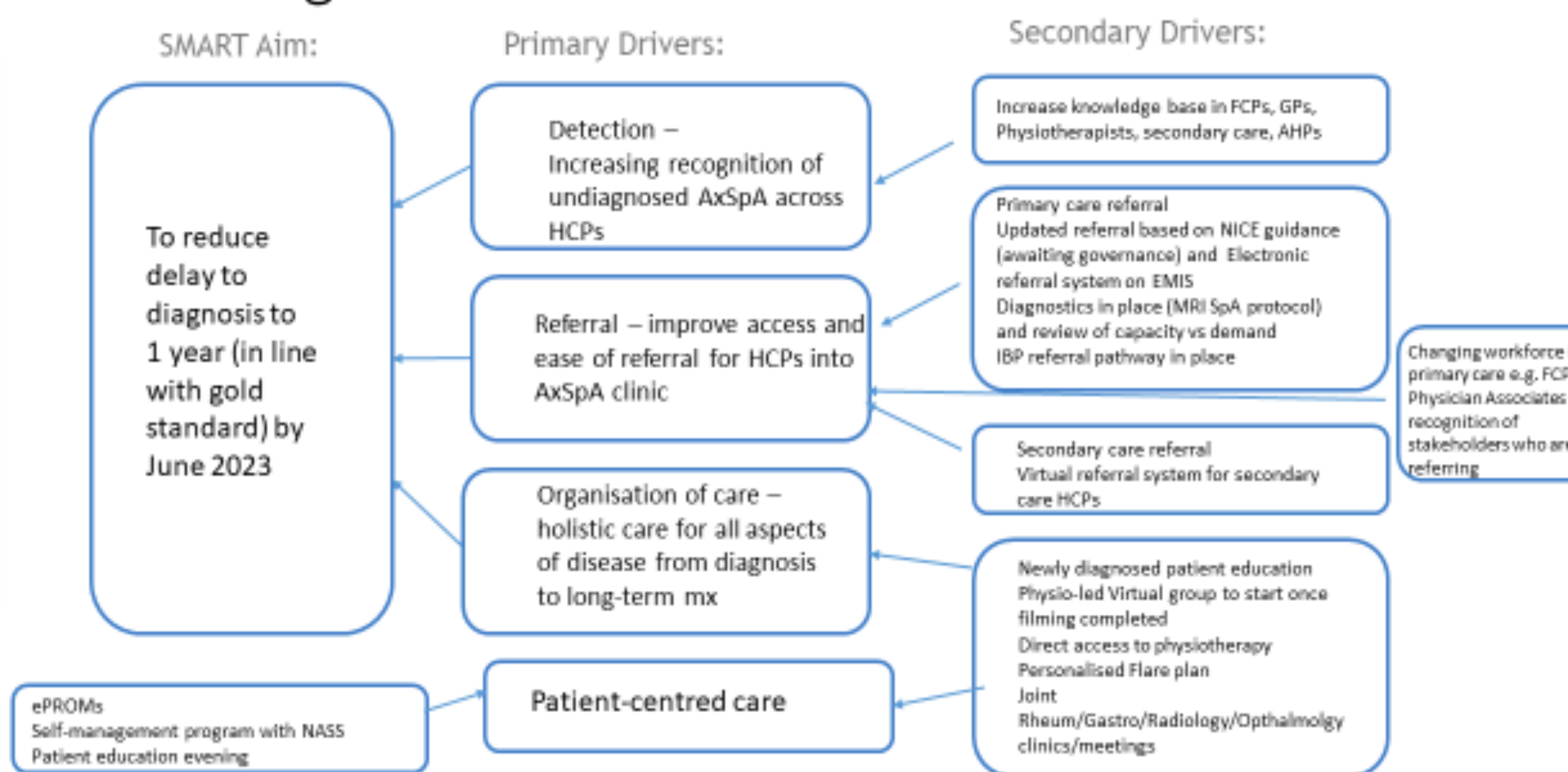
- Audit of accuracy of referral by comparing referrals using eRS and number of patients diagnosed with AxSpA

Rheumatology Academy and Collaborative Network (RheumACaN)



Rheumatology and Musculoskeletal Medicine for GPs and AHPs
A MANUAL FOR REFERRAL AND COLLABORATIVE WORKING
Antoni Chan | Kathryn Rigler

Driver Diagram



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

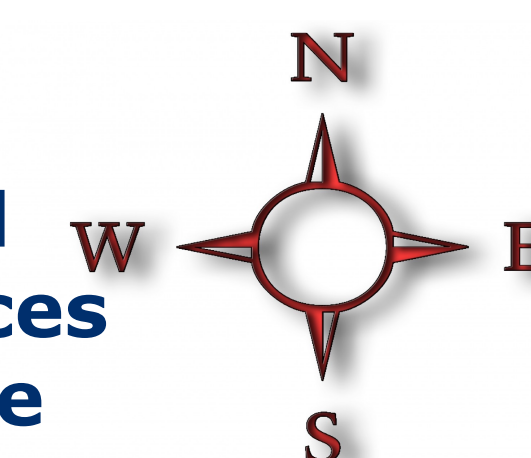
Aim 5: Combined Clinics with other specialities

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 where to focus our resources to provide outstanding care for our AxSpA patients"



Aspiring to Excellence



Driving improvements in axial SpA care

