Quality Improvement in the Axial SpA Service at Salford Royal

BACKGROUND

Diagnostic delay in an ongoing challenge in Axial SpA. Reasons for this delay are multi-factorial and not all may be resolvable, however aiming to reduce this delay to diagnosis is crucial as any delay can leave those awaiting diagnosis prone to experiencing significant amounts of pain and functional limitation.

The Covid-pandemic has impacted our ability to follow up and support our axial SpA patients. We are keen to ensure holistic care, supported self-management, timely follow up and optimal disease control as we reconfigure how our axial SpA service runs post-pandemic.

OBJECTIVES

(1) To increase FCP, GP and public awareness; improving early detection and including IBP pathway.

(2) To ensure axial SpA represented in pathway for rapid diagnosis, including screening and access to relevant diagnostic investigations.

(3) To offer a personalised, holistic assessment supporting self-management - knowing who can help with what. Informed, patient-initiated access to full MDT. Rapid access to medications and systems review for flares and annual review.

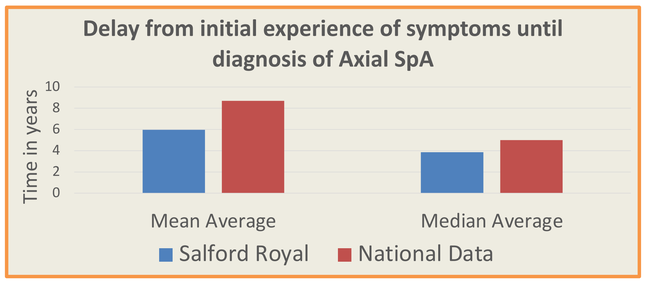
METHODS

To support objective two and feed into objective one we have completed a survey of patients attending our axial SpA clinic about their delay to diagnosis.

We have commenced on a comprehensive review of our follow up services in Axial SpA. This has included commissioning an ePROMs and PIFU service. We intend to assess the impact of these changes via patient satisfaction result, via lived-experience user groups and via follow up slot allocation and use.

RESULTS – OBJECTIVES 1 & 2

Our survey data has demonstrated Salford to deliver a substantially lower delay to diagnosis when compared to published national averages. Our delay from initial appointment in Rheumatology to formal diagnosis validates our use of "EIA" slots for new patients with axial SpA queries.



In comparing our data to previously published surveys we were prompted to review if our delays to diagnosis were changing over time. Moran et al. 2016 broke down their responses as to when the diagnosis was made.

Date of definitive diagnosis of axial SpA/ AS	Royal Lancaster Infirmary	Salford Care Organisation, Northern Care Alliance NHS FT
1962-1999	6.7 (7 years) N=10	4.7 (4.1 years) N=9
2000-2004	9.5 (7 years) N=13	7.9 (7.9 years) N=2
2005-2009	9.8 (8 years) N=15	5.4 (4.7 years) N=8
2010-2015	9.1 (7 years) N=7	8.1 (7.8 years) N=13
2016-2021	No data here, paper published 2016	4.9 (3.4 years) N=14

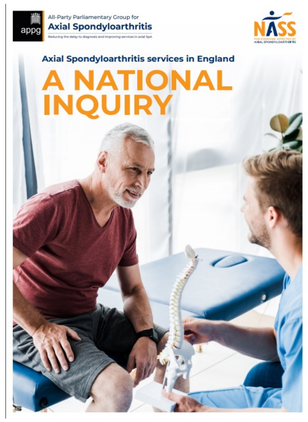
NHS Salford Care Organisation Northern Care Alliance NHS Foundation Trust

RESULTS – OBJECTIVE 3

Objective 3 is our year 2 focus for the A2E project. We have well established support services to our Axial SpA clinic, and were featured as an examplar service with regards to this in the „Axial Spondylarthritis Services in England: A National Enquiry" documented published by NASS and the All-Party Parliamentary Group in 2020.

However, delayed access to follow up and limited use of self-referral mean we need etxra resources for support the ongoing care of those under our care living with axial SpA.

We have commissioned the services of an ePROMs platform with associated PIFU capabilities. In association with this launching we are reviewing our flare management advice and also tailoring our slot length allocation to patient need.



CONCLUSIONS

Overall our cohorts delay to diagnosis from is somewhat lower than previously published results, this may be due to the more recently diagnosed cohort tending to experience a shorter delay, with our data for those diagnosed in the 2016-2021 timeframe being significantly shorter in delay to diagnosis. This is a promising sign for the improvements in axial SpA diagnostic pathways in the past few years, but with this small sample size definitive conclusions cannot be accepted, and instead, the overall pattern of no change in delay to diagnosis will be further explored.

Whilst we await changes in primary care-based MSK provision, our focus for year 2 of the project turns to what we offer post-diagnosis. Working within our own services we intend to test a number of changes to service using QI methodologies and with regular lived experience involvement to ensure we are provided the right treatments at the right time and in the right way.

NASS
Axial SpA works silently. We don't.

RECOMMENDATIONS

REFERENCES:
Hay CA, Packham J, Ryan S, Mallen CD, Chatzixenitidis A, Prior JA: Diagnostic delay in axial spondyloarthritis: a systematic review. Clin Rheumatol. 2022, 10.1007/s10067-022-06100-7
Moran S, Longton C, Bukhari M, Ottewell L: AB0708 Delay To Diagnosis in Ankylosing Spondylitis: A Local Perspective. Annals of the Rheumatic Diseases. 2016, 75:1146-1147. 10.1136/annrheumdis-2016-eular.3030;
Zhao SS, Pittam B, Harrison NL, Ahmed AE, Goodson NJ, Hughes DM: Diagnostic delay in axial spondyloarthritis: a systematic review and meta-analysis. Rheumatology (Oxford). 2021, 6:1620-1628. 10.1093/rheumatology/keaa807;
Martindale J, Shukla R, Goodacre J. The impact of ankylosing spondylitis/axial spondyloarthritis on work productivity. Best Pract Res Clin Rheumatol. 2015, 1:512-23. 10.1016/j.berh.2015.04.002

KEY: SpA=Spondyloarthritis; GP=General Practitioner; FCP=First Contact Practitioner; IBP=Inflammatory Back Pain; ePROMs=Electronic Patient-Reported Outcome Measures; PIFU=Patient-Initiated Follow Up; EIA=Early Inflammatory Arthritis

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