

Improving Access, Diagnosis and Support for Patients with Axial Spondyloarthritis – The Salisbury Aspiring to Excellence Journey



Axial SpA works silently. We don't.

BACKGROUND

The Rheumatology department in Salisbury NHS Foundation Trust (SFT) is small, but very dynamic, and strives to offer a patient-centred, evidence-based service to all patients. In 2016, as a result of close working with stake holders, our 'one stop' biologics service was launched, for patients with a diagnosis of an inflammatory arthritis requiring biologic therapy. Dr Coy led the Axial Spondyloarthritis (AxSpA) arm, whereby patients are planned to be seen every 6 months by a Consultant and Specialist Physiotherapist. For patients with AxSpA who are not on biologic therapy, however, standard care applies within general Rheumatology clinics.

We are acutely aware that there are areas in which our current service provision is limited and several contributing factors have been identified:

Limitations on current service
• Lack of dedicated clinic/service, except for patients with AxSpA on biologic therapy
• Very limited access to specialist/any physiotherapy - 9 hours of rheumatology physiotherapy per month only
• Reduction in specialist nursing hours due to long term sickness and early retirement
• Outdated referral guidelines which may cause delay to diagnosis or reduced efficiency of service
• Limited support/understanding from wider Trust

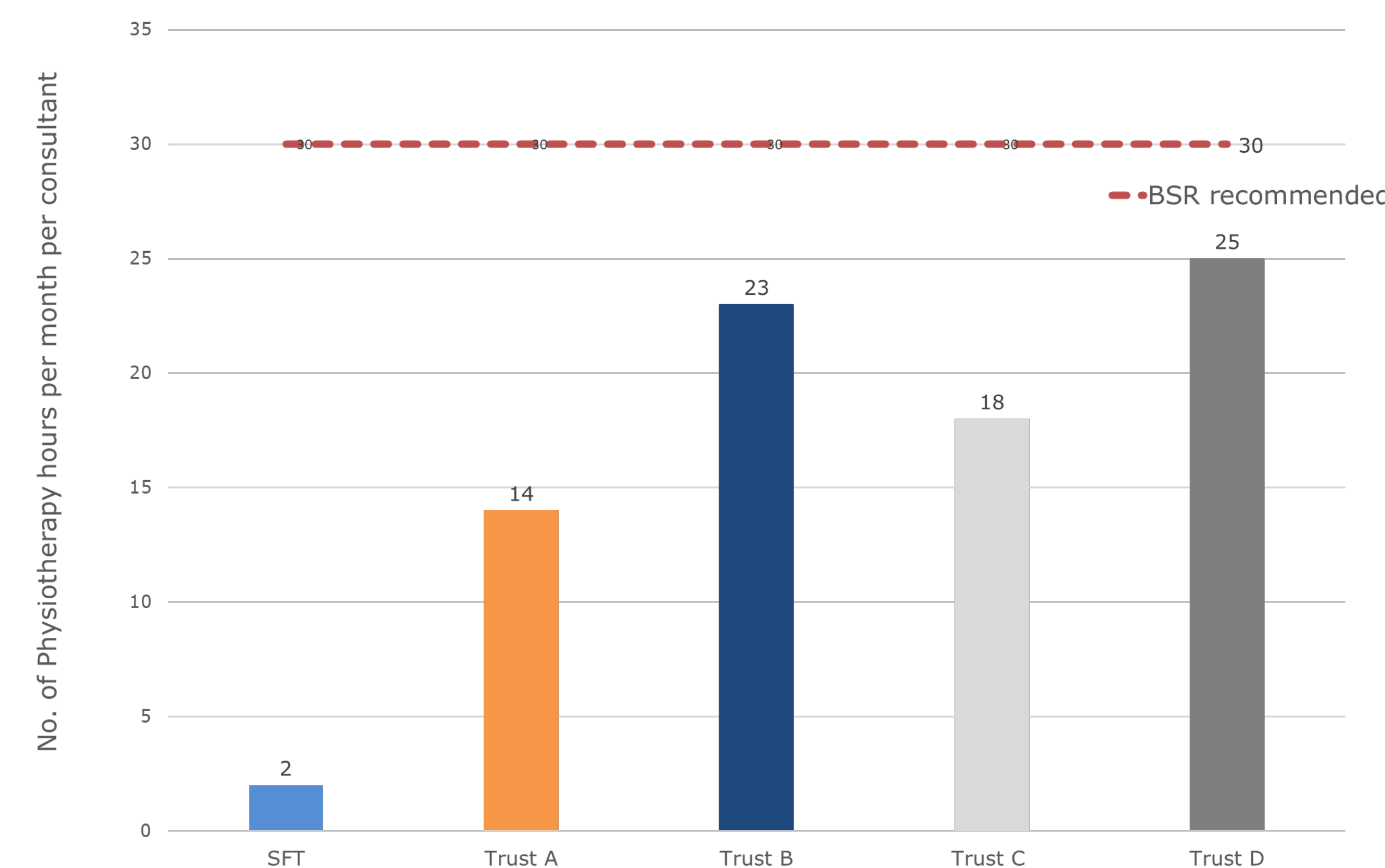
METHODS

1. Data was collected from the South Central Axial Spondyloarthritis Network (SCAN), via a questionnaire designed to look at variation in Specialist Physiotherapy provision across the member Trusts, and to compare this to the recommended level nationally, as per the BSR Workforce Review 2021. Driver Diagram 1 was developed to explore the steps needed for improvement in this area.
2. Examples of referral pathways are currently being gathered via the SCAN network, to collate information on how patients are referred to the various member Trusts, and to explore the possibility of creating a unified referral form.
3. The use and format of annual review was discussed with members of the Aspiring to Excellence (A2E) cohorts 1 and 2. Root cause analysis was undertaken to understand this further.

RESULTS

1. The data from the SCAN network questionnaires was collated and showed a great variation in results (see graph 1). Following on from this and through work with Management and Finance we have increased Specialist Physiotherapy hours to 16 per month as from 1st March 2022
2. Informal discussions within the SCAN network suggests that referral processes differ greatly, including what information is requested in advance. The referral pathway is now being explored at regional network level, to create a unified referral form across the SCAN region
3. The route cause analysis into an annual review clinic showed that our focus at this time should be on the quality of a patient's standard appointment, and ensuring a timely review.. Hence, working closely with the clinic booking team, department manager and clinical lead, has led to a dedicated AxSpa clinic per week, with access to a specialist, for all AxSpA patients

Graph 1. Variation of Specialist Rheumatology Physiotherapy hours across local Trusts



CONCLUSIONS

Being part of the Aspiring to Excellence programme has given us additional time, skills and focus to identify areas that need quality improvement, and identifying the steps that will help us going forwards.

Whilst we have managed to increase our Specialist Physiotherapy provision, this is still significantly below the national average and recommended level, so we will continue to work on the aspects identified in our driver diagram.

We look forward to continuing to work with the Aspiring to Excellence cohorts and our regional networks towards our shared goals of improving access, diagnosis and support for AxSpA patients.

OBJECTIVES

1. To improve access to specialist physiotherapy services (NG 65 1.5.1 and 1.5.2) for our AxSpA patients.
2. To improve referral pathway to our service for all patients with suspected or established AxSpA.
3. To establish a formal annual review for all our AxSpA patients to include comorbidity assessment.

RECOMMENDATIONS



Driver Diagram 1. Improving access to Specialist Physiotherapy Services

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Driving improvements in axial SpA care