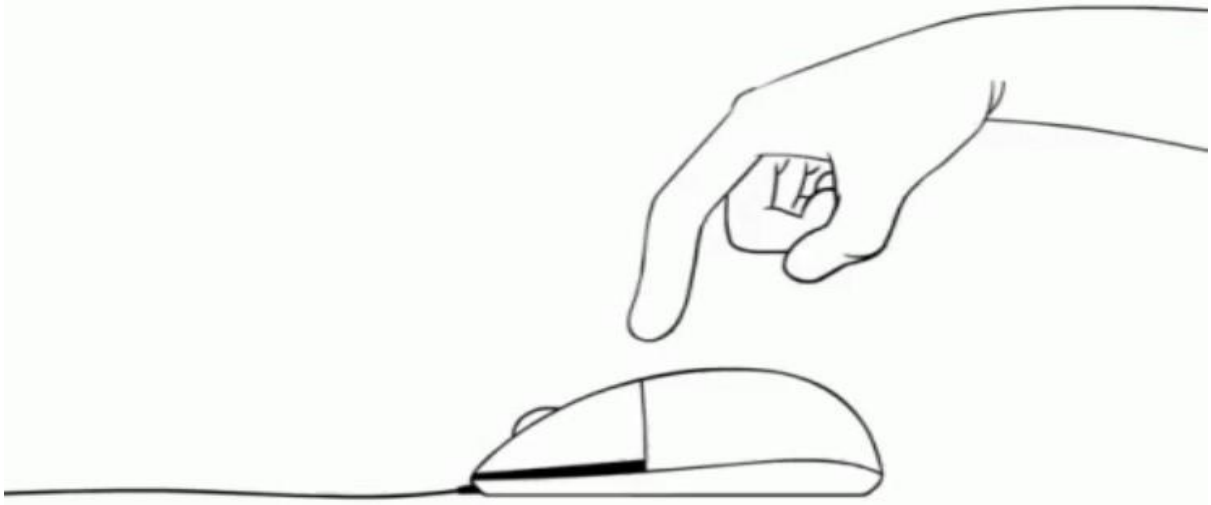
One Click Away: **A Personal Review of the NHS Long Term Plan in the Digital Era**

By Mel Martin

With the release of the ***NHS Long Term Plan*** in January 2019, the reality of the challenges ahead for the NHS were clearly outlined in the introductory *'Three Big Truths' –Pride, Concern and Optimism* - and what best NHS patient care may look like as we move forward with uncertainties into a digital era for healthcare.

The three big truths rang true for me on a personal note - The *Pride*- for having worked for 21 years in the NHS and the incredible journey I have been on – the *Concern* I experience- for the lack of progress in addressing inequality of care– and the *Optimism* I have - that care has the potential to be redesigned in the digital era for the benefit of all.

The question up for discussion in this blog is **'how might the NHS Long Term Plan be an enabler to improve care for those with Axial Spondyloarthritis (AS)?'** I have narrowed my question down to focus on AS but the problems and the solutions apply across the broad spectrum of out-patient care in rheumatology services across the UK.



My 'Digital Health Hat'

I last wrote a blog for AStretch in 2018 about a '*Portfolio Career'* and the various *'hats'* I wear in my role as an Advanced Physiotherapy Practitioner in Rheumatology (click here). It was with my *Digital Health* 'hat' firmly positioned that I reviewed the NHS Long Term Plan from a viewpoint of *Optimism*. Optimism that the NHS is capable of change…. or rather it MUST change! Whilst 'Going Digital' will not always be the solution, it may be an enabler to deliver the care we aspire to. With digital technology part of all our lives on a daily basis, I need therefore take no time in convincing you 'if' digital can enable positive change in healthcare but rather 'how' it might.

From my review of the NHS Long Term Plan (well nearly all of it) I have identified **Three Key Areas** where the spotlight can be shone onto rheumatology services and where the intentions of the NHS Long Term Plan are highly relevant and applicable. I also provide some insights from the digital health projects I am involved in which reflect my optimism.

Key Area 1:

Improving access to an expert musculoskeletal opinion with the aim of reducing delay to diagnosis for those with AS

Within the NHS Long Term Plan there are specific commitments to rolling out first contact practitioners (FCP) with acknowledgment of the work already undertaken with 98% of Sustainability and Transformation Plans (STP) having confirmed pilot sites for FCP and 55% of pilots underway. The aim of FCPs embedding into the primary care networks is to ensure people are seen by the right professional first time without needing to see a GP first (1).

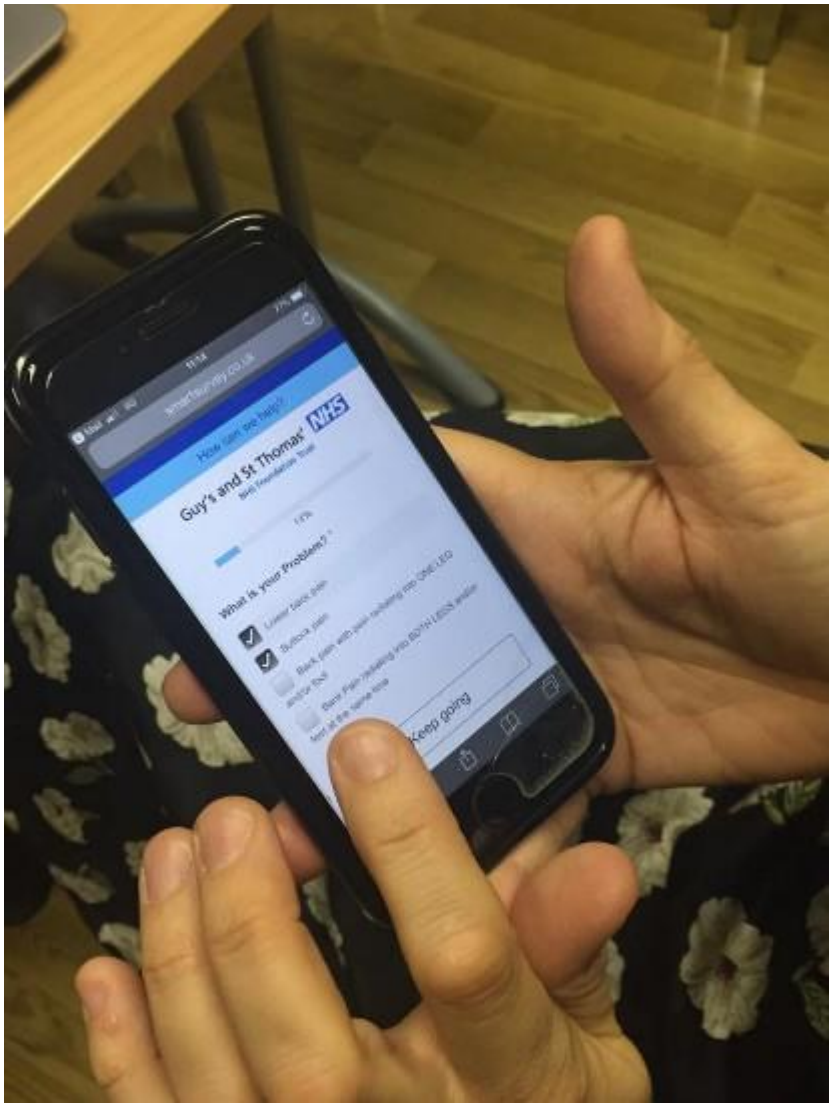
With 60-80% of adults reporting lower back pain (LBP) at some point in their lifetime, approximately 6-9% of UK adults consult their GP about chronic LBP each year. This accounts for 14% of all GP consultations (2). Chronic back pain is usually the first and predominant symptom of axial spondyloathritis (AxSpA) with a minimum prevalence of inflammatory back pain (IBP) in primary care of 1.3% (3). Whilst national figures suggest that the search for the 'needle in the haystack' that is IBP remains a major challenge, a redesign of access to MSK opinion for chronic back pain, which is acceptable to NHS patients, has the potential to address the earlier recognition of inflammatory back pain.

Despite being available in the NHS since 1978, uptake of physiotherapy self-referral across England has been low. With more than 14 million people in England now using GP online services (4), online self-referral to physiotherapy has the opportunity to increase GP capacity by making physiotherapists the first point of contact for patients suffering back pain and other musculoskeletal problems.

My Project Insights:

Since September 2018, I have been funded one day a week to lead a project to explore alternatives to the current GP-led access model to physiotherapy for low back pain. The aim being to provide safe and acceptable access to physiotherapy with the objectives to reduce use of GP appointments and improve patient experience through online physiotherapy self-referral. Early engagement with a single GP practice pilot site involved observational visits and semi-structured interviews with patients. A reiterative process of user-testing of a novel digital self-referral tool for use on mobile devices was developed with patients. The ASAS criteria for inflammatory back pain (5) were included within the question logic and are offered to the patient if they report back pain lasting greater than 3 months. The question logic also includes asking about a personal or family history of psoriasis, inflammatory bowel disease, uveitis or a family history of AS.

The pre-test probability tool, the SPADE tool, developed by Dr Sengupta at the Royal National Hospital for Rheumatic Diseases, which has been designed to assist medical professionals define the probability of axial spondyloarthritis in a patient with chronic back pain, below the age of 45 with no definitive changes on X-ray, suggests that a patient presenting with IBP and a personal or family history of an extra-articular manifestation indicates additional tests are necessary and referral on to a rheumatologist is recommended www.spadetool.co.uk.



A physiotherapy webpage advertising the self-referral service and the link for the online self-referral tool were implemented onto the GP Practice pilot site website and posters with a QR code for the self-referral tool were also displayed in the GP practice reception areas. The design and implementation of a digital physiotherapy self-referral service reflects the NHS Long Term Plan's priorities to create straightforward digital access to NHS services. It has the opportunity to impact positively on the NHS agenda to activate patients to manage their own health and provide timely access to physiotherapy to reduce suffering from low back pain, whilst also having the potential to reduce delay to diagnosis for AS through earlier patient-led presentation.

Key Area 2:

Digitally-enabled primary and outpatient care will go mainstream across the UK –with the potential for service redesign

Let me tell you more about my Digital Health journey. It may help you understand a little about the passion I have for this work. The Rheumatology department in which I work runs a variety of specialist and subspecialist services with around 18,000 face-to-face patient contacts per year. Of these, patients with inflammatory arthritis make up the largest subgroup of patients under long-term follow-up under the specialist team consisting of doctors, nurses and physiotherapists. The principles of treating these conditions are similar: after diagnosis patients are managed using 'treat-to--target' approaches whereby treatment is adjusted until patients are in a state of remission or low disease activity. Thereafter patients are seen less frequently but have access to services should their disease flare. A series of headlines in the wider media *'NHS Outpatients services 'stuck in the 18th Century' (BBC News, November 2018)* have highlighted an urgent need for out-patient services to be reformed with the traditional model of outpatients being outdated and unsustainable. The NHS Long Term Plan pledges to enable patients *'to avoid up to a third of face-to-face outpatient visits, removing the need for up to 30 million outpatients visits a year'*(4).

My Project insights:

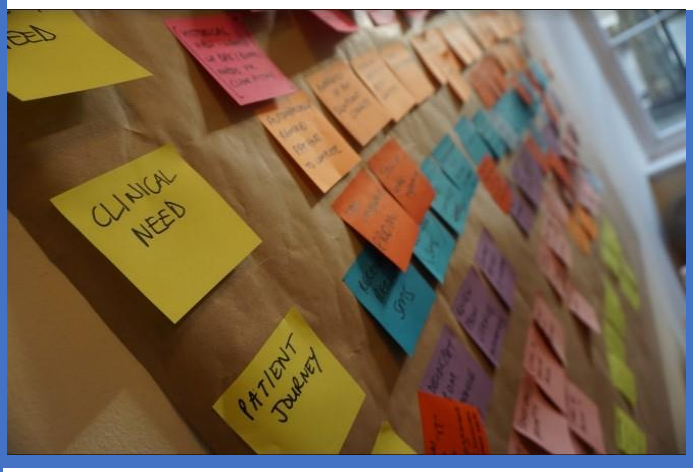
For nearly three years I have been involved in a digital transformation project within my own rheumatology service. The project has been focussed on developing a digital remote monitoring service for patients with inflammatory arthritis through engagement with two-way SMS messaging framed around the sharing of patient-reported outcome measures (PROMs).

The proposition of the project being:

1) Patients are offered a more accessible and flexible means of communicating with the hospital during a flare or at anytime

2) PROM forms are framed as an integral part of a patient's treatment plan from diagnosis

3) If patients are offered SMS as a first line communication channel to request support and/or appointments the likelihood of PROM data being collected will be higher and two-way communications will be delivered more responsively



As the project owner, during this time I have been responsible for managing a large and varied team of designers, technical folk, the Clinical Director as well as calling upon my colleagues –Professors, Consultants, Advanced Nurse Practitioners, Administrators and the most important team members of all – *Patients*. Patients have been involved from the beginning as we have embraced a *'User-centred'* design model throughout the process of r*edesigning our out-patient service*. The project team has grown as the ideas generated have required testing and validation with patients and staff but the core team has been myself and 2-3 designers. Everyone's ideas are welcomed and the team structure has always aimed to be 'flat' without the hierarchy I have all too often experienced in the NHS. The 'marriage' of Design and Healthcare has been a typical one – highs and lows with break-ups and make-ups – but one thing has been consistent – the team have continued to ask the question *'What do patients want from their rheumatology care?'* It is essential to revisit the project proposition and user-centred design principles to ensure the objectives of the project are not compromised. The project is ongoing and aims to offer a flexible 'appointment exchange' for those with inflammatory arthritis between those who are well-controlled with those who are in disease flare.

Key Area 3:

Supporting Long-Term Condition Management

The NHS Long Term Plan pledges '*People will be empowered and their experience of health and care will be transformed, by the ability to access, manage and contribute to digital tools, information and services. Digital transformation will enable us to make big strides towards forging a lifelong relationship between people and the NHS'.* Patient-reported outcome measures (PROMs) are utilised in rheumatology care to capture disease-specific parameters from a person-centred perspective. Typically, PROMs are recorded at an appointment in paper format at fixed intervals and represent a 'snapshot' of the patients' disease status. Patient feedback suggests there is low satisfaction in completing PROMs with a limited understanding of their role in clinical decision-making, particularly if flares are missed.

My project insights:

In my own physiotherapy-led AS clinic, patients are sent an electronic PROM (ePROM) version of the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) and spinal pain score five days prior to a scheduled appointment. The use of ePROMs in an AS service prior to clinic attendance was acceptable for patients as demonstrated by the

high completion rate. Capture of ePROMs outside the face-to-face setting has the potential to facilitate the delivery of more flexible and responsive outpatient services. My submission to this year's British Society for Rheumatology (BSR) conference *'The usability of electronic patient-reported outcomes prior to Rheumatology clinic attendance: Could this be the future in managing demand on rheumatology services?'* has been accepted for an oral presentation on Thursday 2nd May 2019.

In summary: **'how might the NHS Long Term Plan be an enabler to improve care for those with Axial Spondyloarthritis (AS)?'**

The digital health project examples I have shared including digital self-referral, remote monitoring and electronic PROMs give insight into my optimism that AS patient care can be supported by the agenda of the NHS Long Term Plan. So both as staff and consumers of the NHS going forward, we may be 'One Click Away' from delivering and receiving timely, efficient and better care in the digital era.

References

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