



ASSIGNw service provision benchmarking (summer 2016)

Saturday 3rd Dec 2016

Will Gregory, Rheum AP, SRFT

AStretch Conference

INTRODUCTION

The role of the physiotherapist within the assessment and management of spondyloarthritis has been developing (Van Rossen 2012).

ASSIGNw benchmarking survey:

Our aim was to benchmark the services that we provide **to learn from one another's implementation** of the modern spondyloarthritis physiotherapy service delivered for our patients.

ASSIGNw = SpA Spec Interest Gp NW



Methods

Members of the ASSIGNw group discussed which areas of practice they would like to benchmark against other Trusts to learn from and share good practice.

-> on-line survey



↑ RESULTS



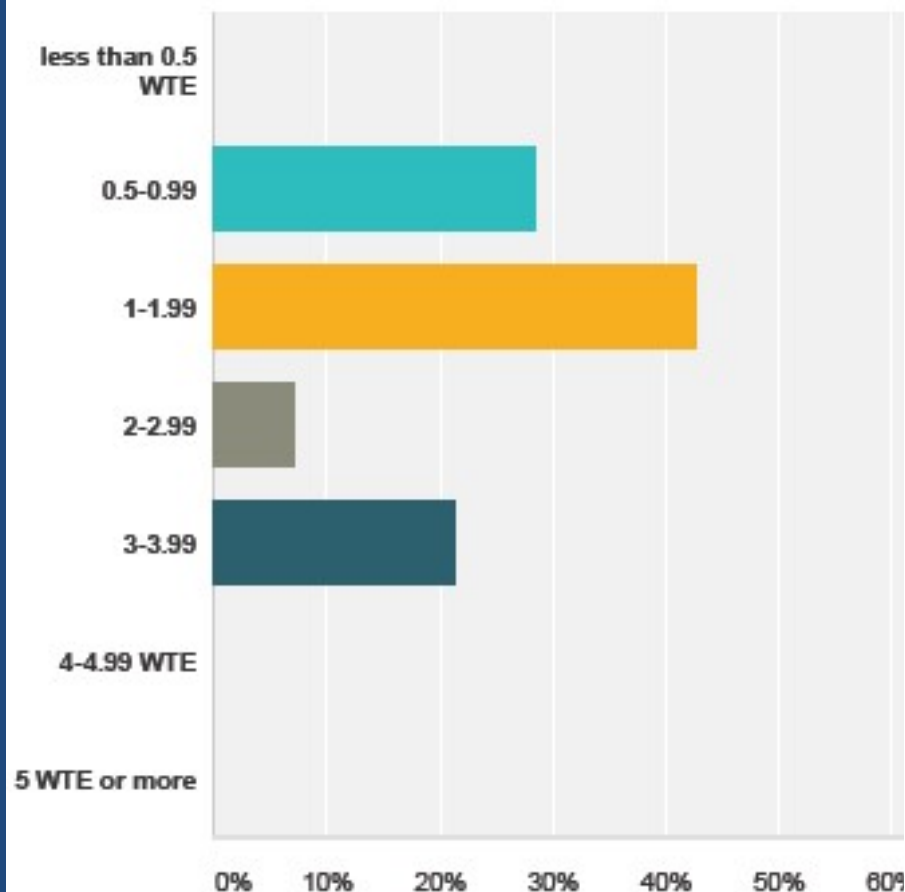
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- 14 Trusts replied
 - Betsi Cadwaladr UHB
 - Countess of Chester
 - East Cheshire
 - RJAH Shropshire
 - SRFT
 - UHMBT
 - UHSM
 - WWL
 - 6 others (anonymous submission)



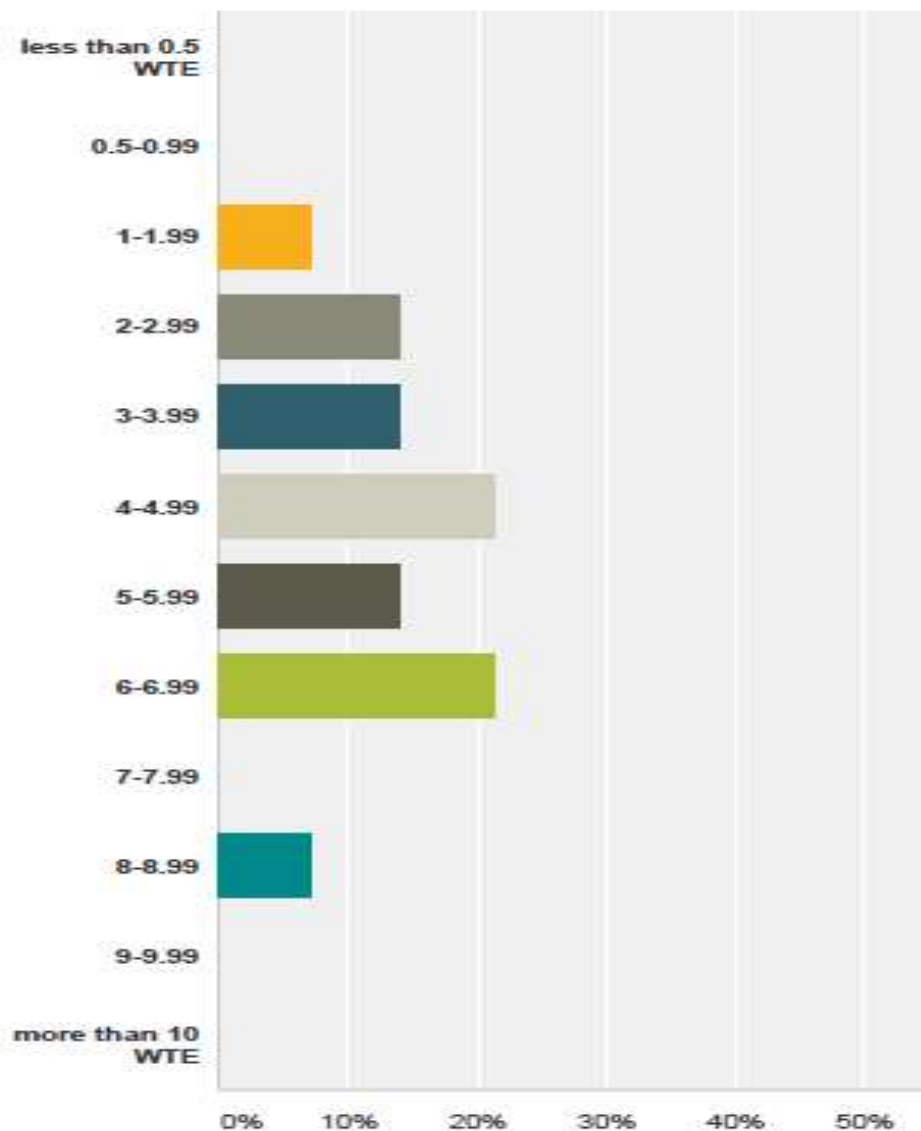
What is your physiotherapy staffing in rheumatology (WTE)?

Answered: 14 Skipped: 0

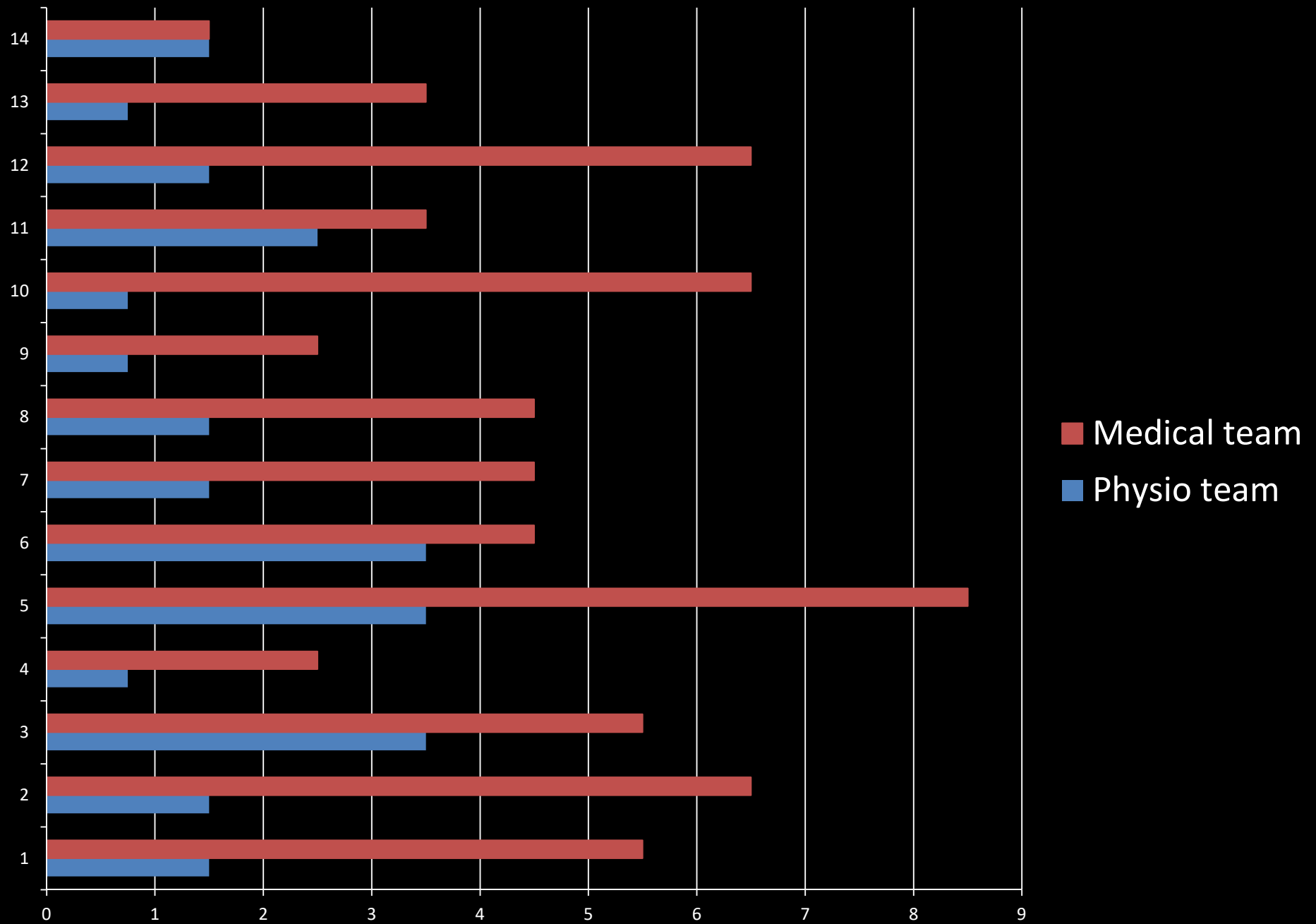


What is your rheumatology consultant and registrar staffing in rheumatology (WTE)?

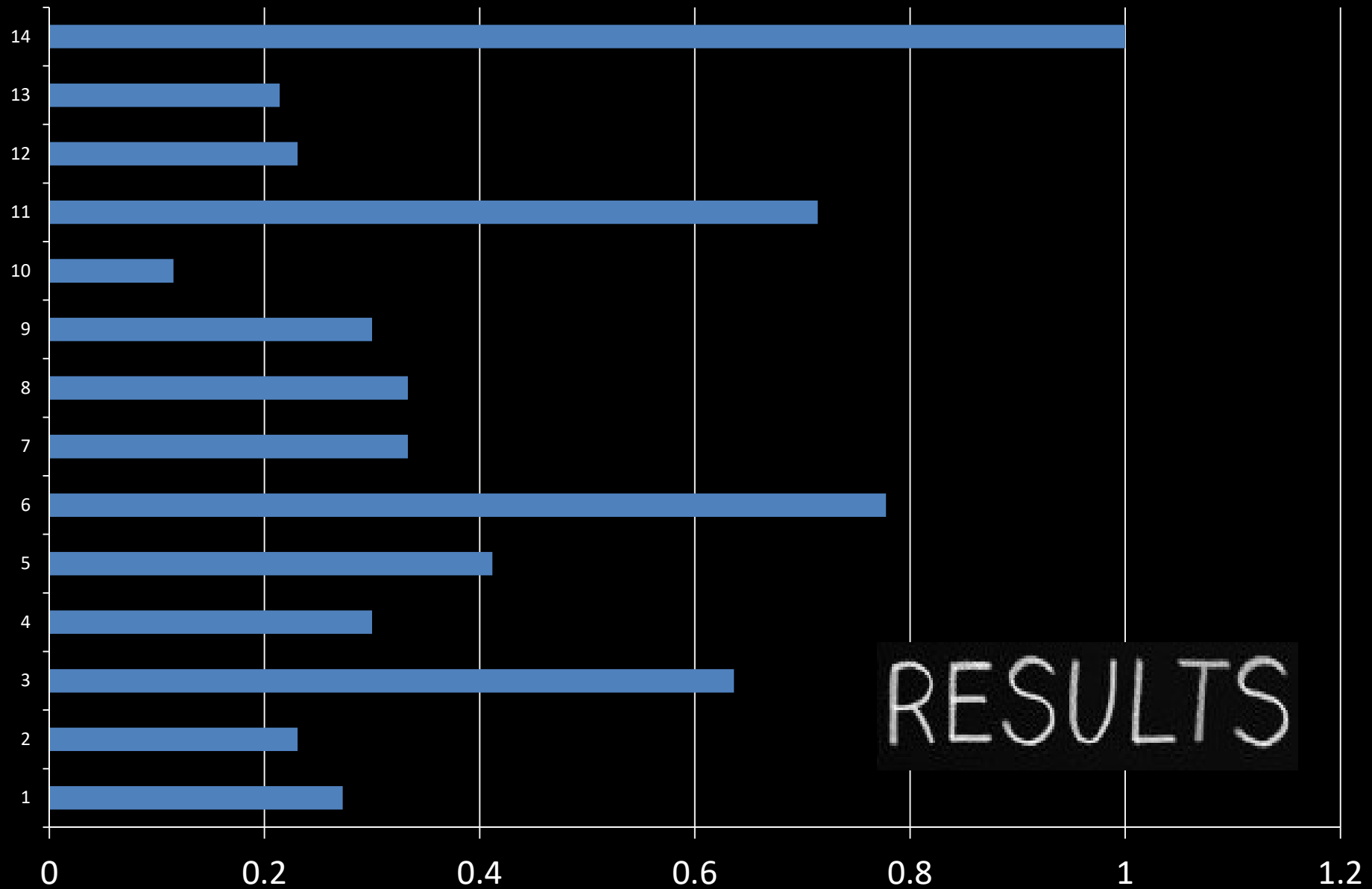
Answered: 14 Skipped: 0



RESULTS

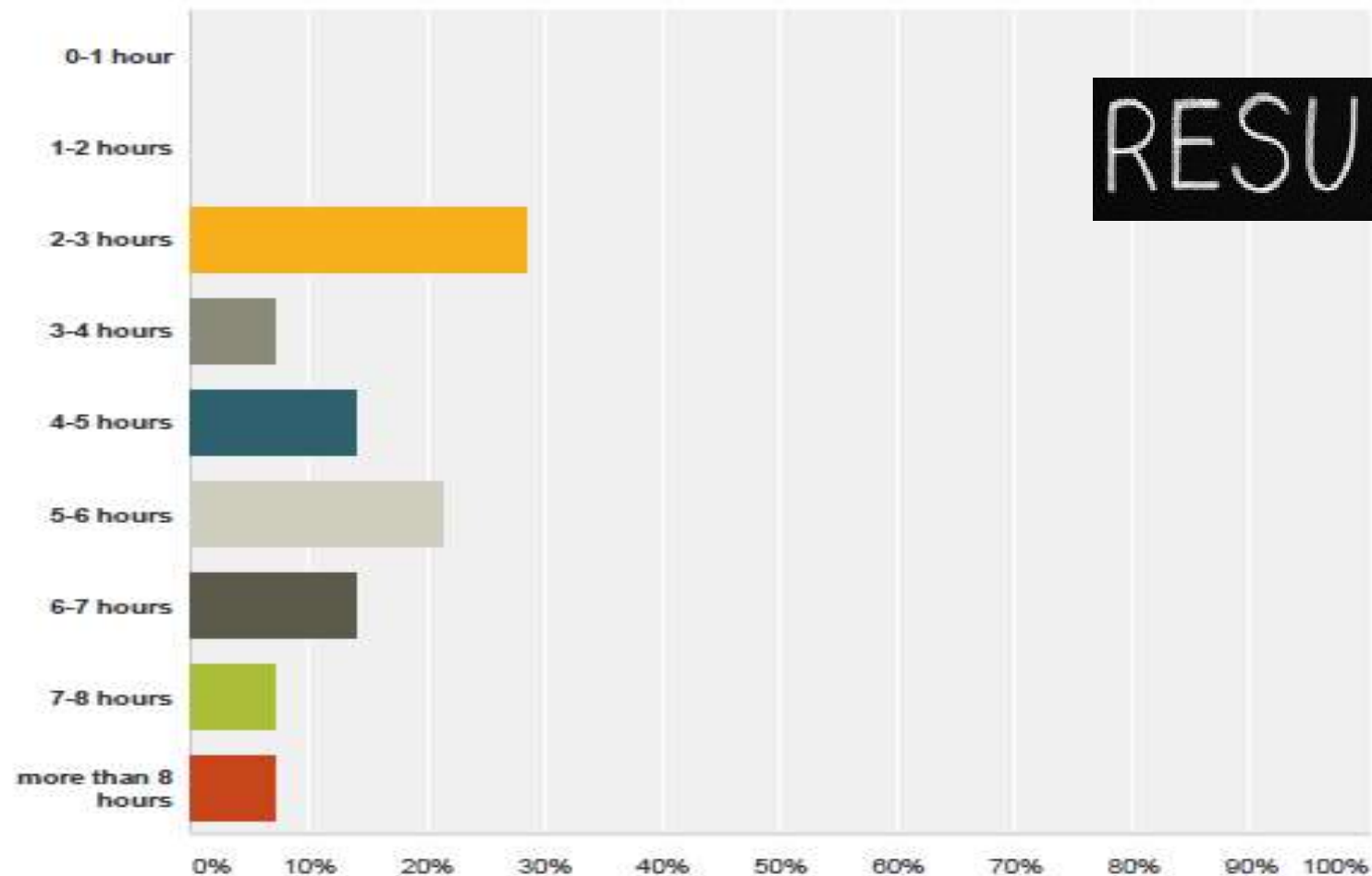


Physio to Medic ratio



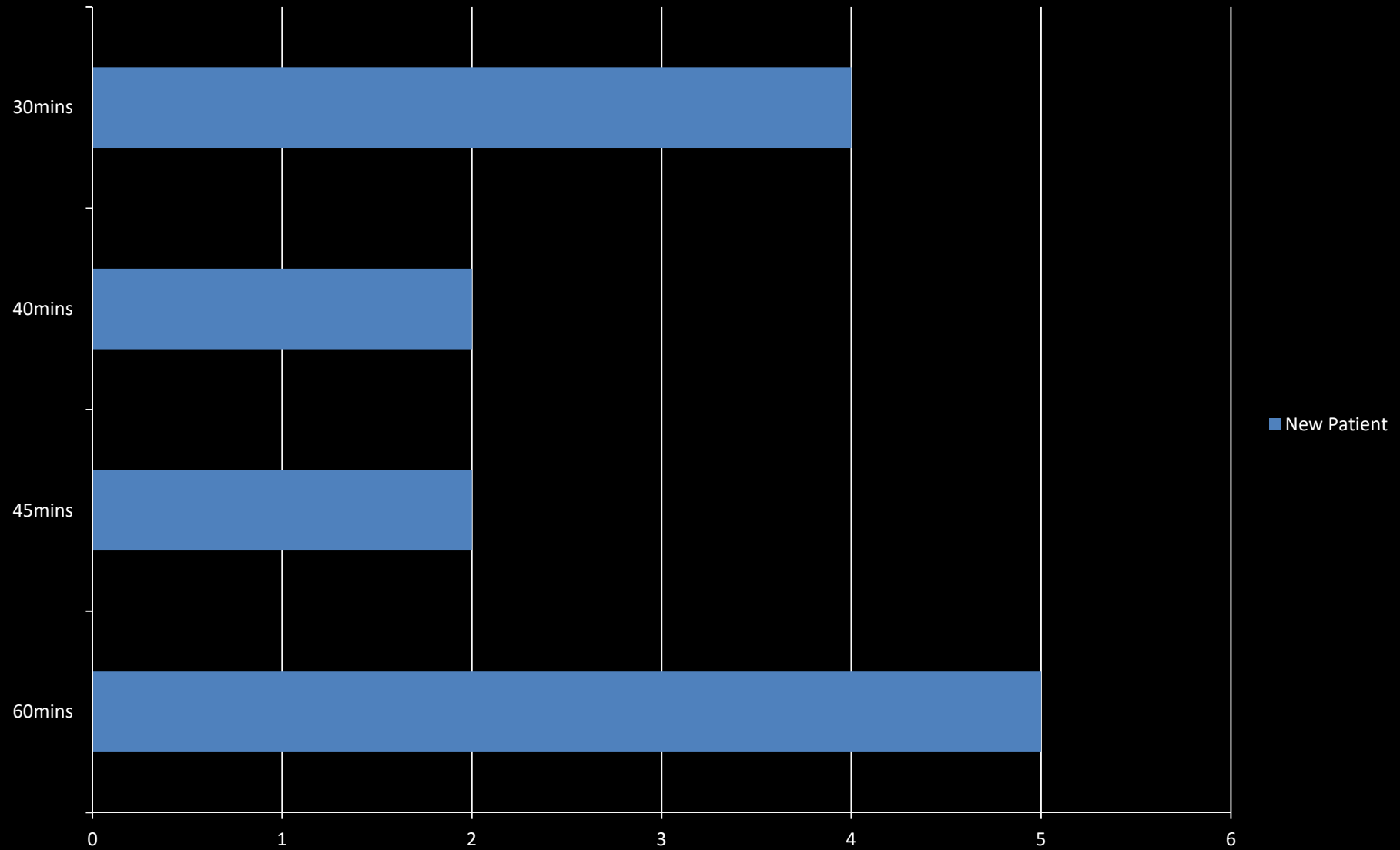
RESULTS

Approximately how many hours per week of
your physiotherapy teams time is spent
with patients with AxSpA / AS?



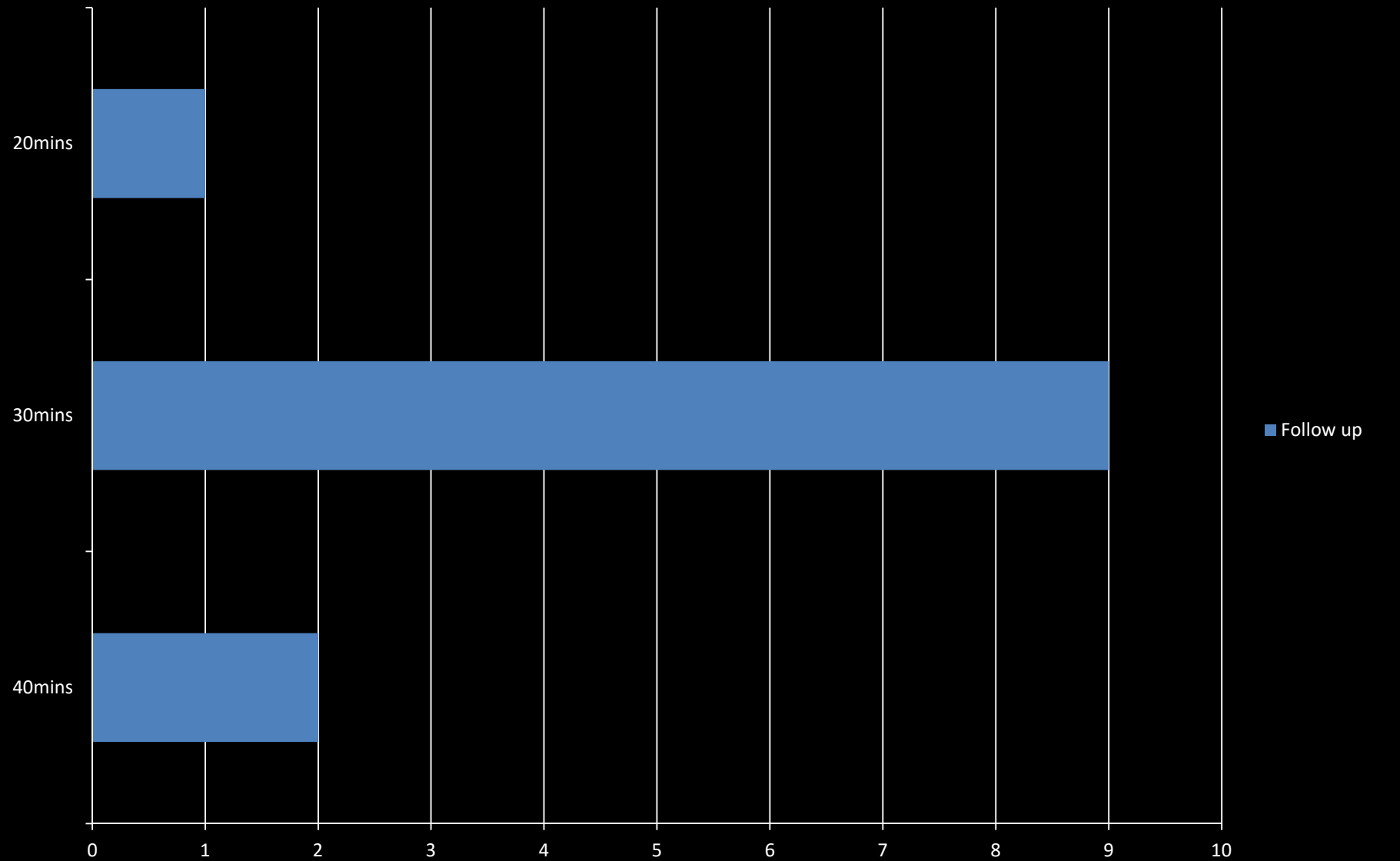
RESULTS

New Patient



1 responder gave no answer

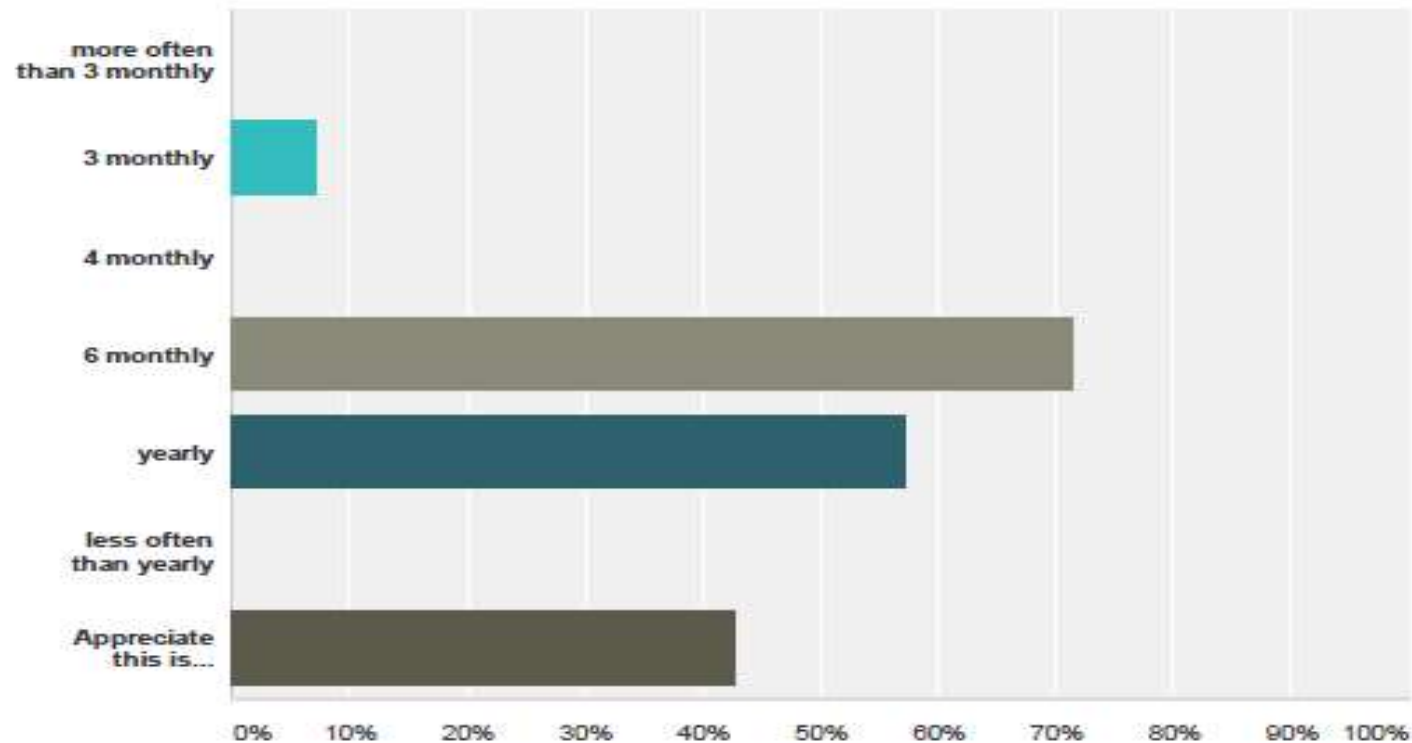
Follow up



2 responders gave no answer

Roughly / on average, how often do you review you AxSpA / AS patients? (excluding classes / AS groups)

Answered: 14 Skipped: 0



RESULTS

Appreciate this is different for different cohorts (new, established, on biologics). Any extra comments (please specify)

Extra comments:

"6 monthly as standard, less often for established AS, more for new diagnosed" [2]

"6 months is default setting for fu review, can be adjusted on day of clinic according to clinical need." [12]

"In clinic not outpatient physio" [10]

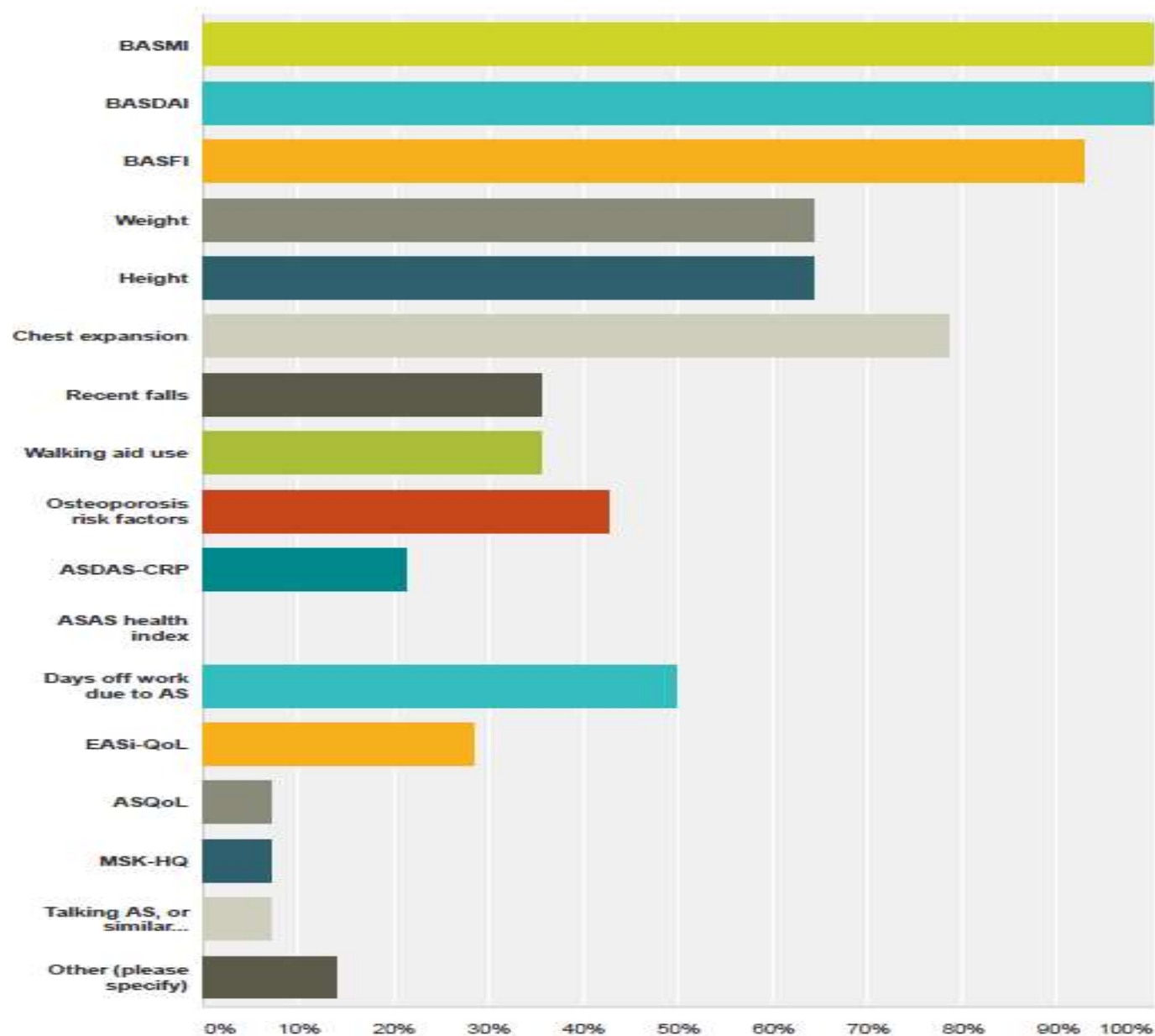
"If stable annually, if not symptom or drug dependant." [9]

"Yearly for stable AS not on biologics. 3 monthly for patients on biologics" [4]

"new diagnosis after 3 months then 6- 12 months depending how the patient is managing" [3]

Which outcome measures do you regularly use for your AxSpA / AS cohort

Answered: 14 Skipped: 0



RESULTS

Others specified:

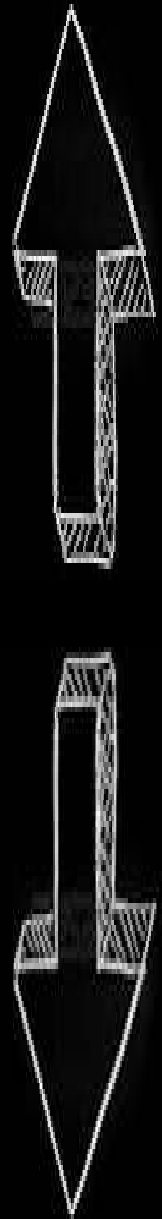
- Fatigue Q1
BASDAI, quality of sleep past week asked by VAS 0-10 scale [11]
- BASG, VAS spinal [9]

What supervision do you have from our medical colleagues? or Who runs your AxSpA / AS clinic? and Could you also in this box share which Trust you are from (if happy to remove anonymity)?

Answered: 14 Skipped: 0

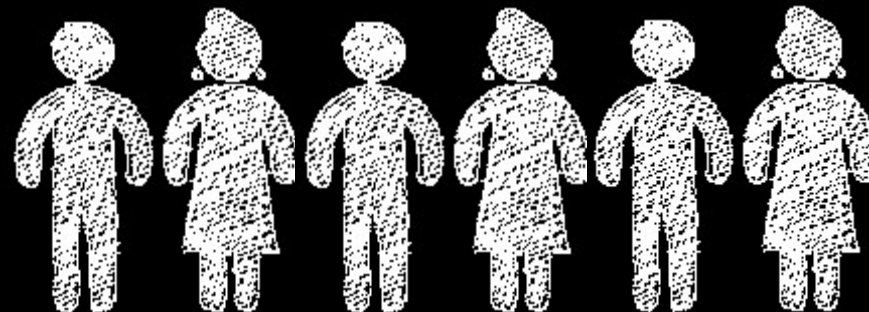
Medical Supervision

- “none” [1]
- “No supervision from medical staff” [4]
- “Consultant copied into all regular AS review letters and they review the patient if needed” [3]
- “Medics are nearby, but not associated with the clinic” [2]
- “no specific supervision, but can discuss individual cases as needed” [13]
- “AS review clinic in room adjacent to consultant so immediate questions can be answered.” [12]
- “Rheumatologist at work in clinic in another room, so I always have access to support.” [10]
- “Consultant support” [8]
- “Easy access to Consultants if needed” [6]
- “clinic runs in the rheumatology department so medical staff are available if needed” [5]
- “Consultant, Specialist Nurse and Physiotherapist” [9]



Who is involved with the SpA clinic?

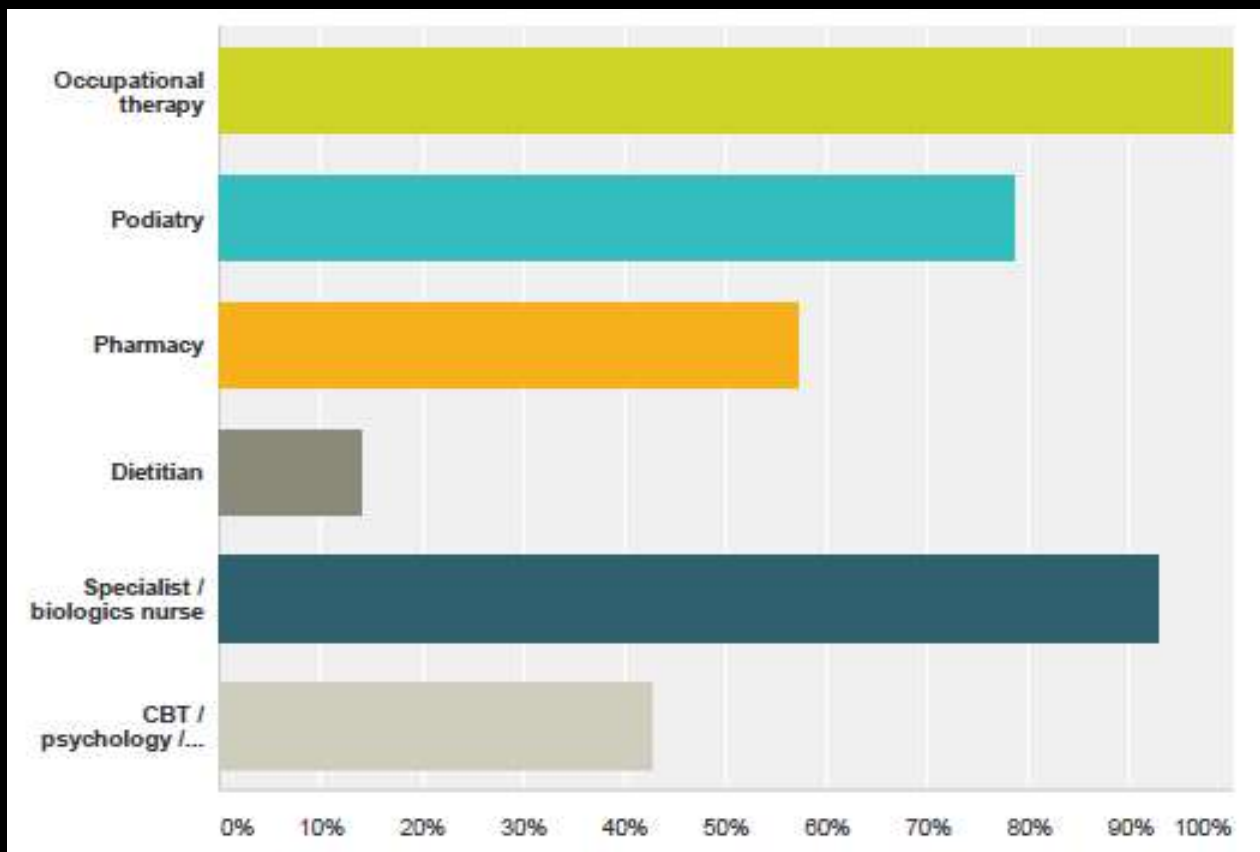
- “Consultant, Specialist Nurse and Physiotherapist” [9]
- “Physio’s” [7]
- “Conservative just physio led clinics, and biologics is joint with the rheumy” [6]
- “Do not have a specific AS clinic just put into normal rheumatology clinic.” [4]
- “Combined TNF clinic with nurse and physiotherapy” [3]
- “Run by physio” [2]



Who is involved with the SpA clinic?

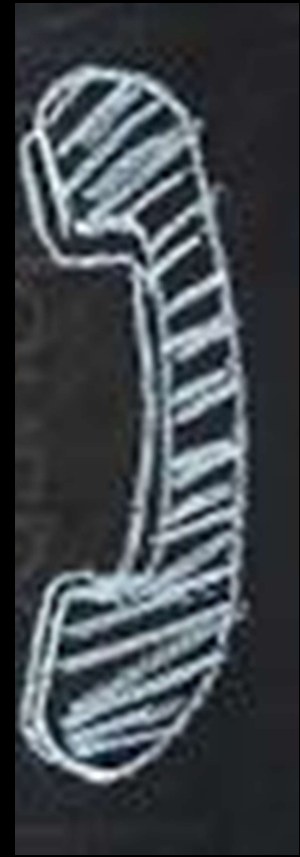
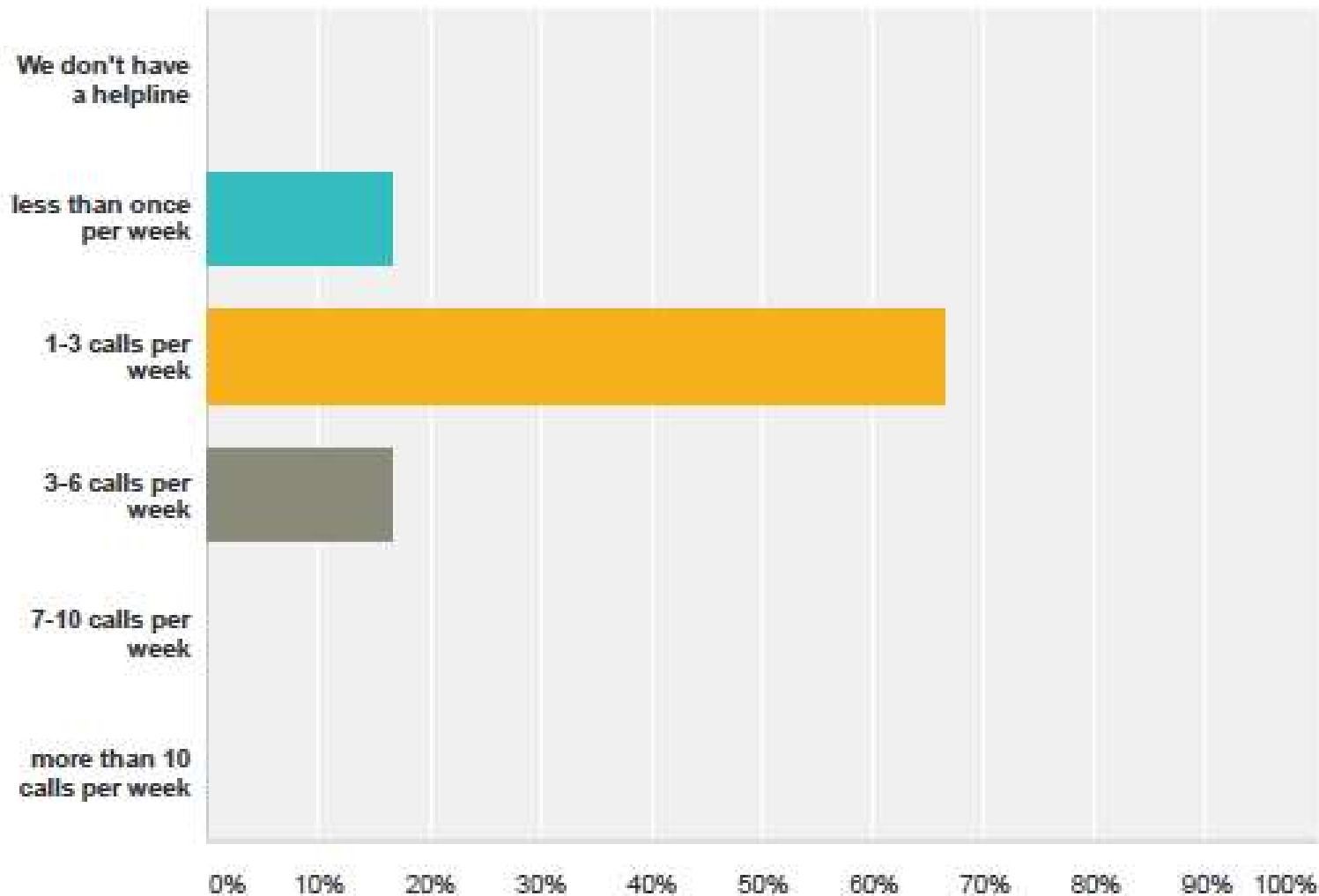
Which members of the MDT do you have access to for your AxSPA / AS patients?

Answered: 14 Skipped: 0



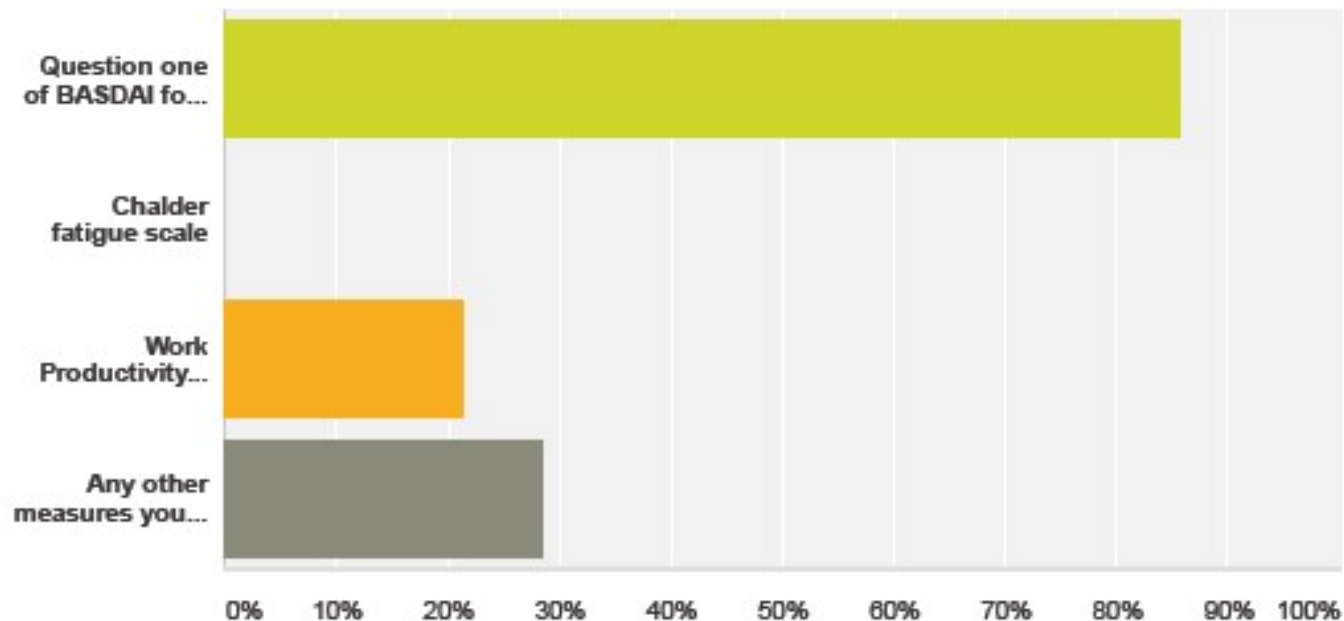
If you have a rheumatology helpline, how frequently is your rheumatology telephone helpline used by your AxSPA / AS patients?

Answered: 12 Skipped: 2



Do you regularly assess for fatigue or for work productivity / absenteeism / presenteeism? and if so how?

Answered: 14 Skipped: 0



RESULTS

Any other measures you use / could recommend? (please specify):

“Always ask them about work and hobbies” [3]

“specific question on AR about how many days of work lost due to AS. Also questioned on MSKHQ.” [12]

“subjective questionning” [2]

“we don’t” [1]

RESULTS

- ⊙ Ratios of Physio : referring Medics ranged between 1:1 and 1:8
- ⊙ 1 to 8 hours per week spent with their spondyloarthritis cohort.
- ⊙ All Trusts use of BASDAI and BASMI; almost all used BASFI.
- ⊙ ASDAS-CRP was used by 22% of responders.
- ⊙ Chest expansion, weight and height were regularly used by most.
- ⊙ Outcome measures used in less than 50% of Trusts were: recent falls, walking aid use, osteoporosis risk factors, BAS-G, days off work due to spondyloarthritis, EASi-QoL, ASQoL and MSK-HQ.
- ⊙ Supervision ranged from concurrent medical clinician review to minimal medical oversight / supervision away from the spondyloarthritis clinic setting.

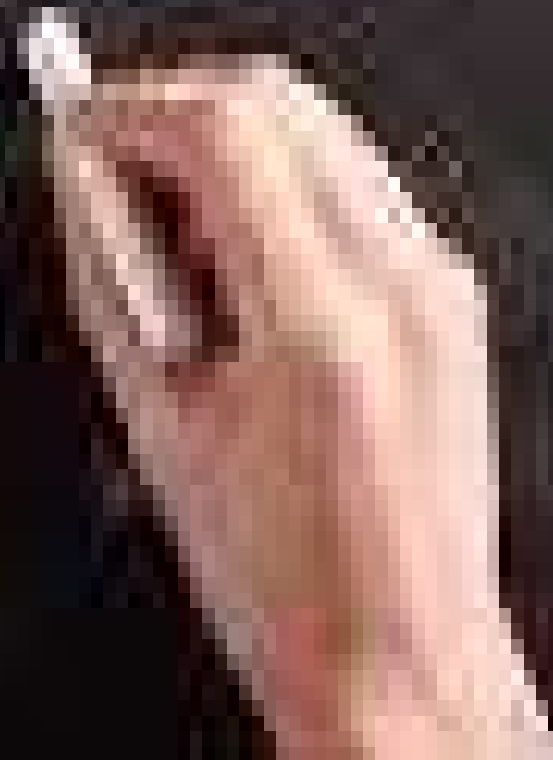
CONCLUSIONS

- ⊙ Across our regional forum of physiotherapists there is a **wide variation** in how physiotherapy led spondyloarthritis assessment is provided.
- ⊙ Some core elements were identified in assessment protocols; however we have highlighted a **greater variation in staffing ratios** than expected.
- ⊙ This variation could potentially be influential in the **standard of care** that physiotherapists are able to provide and the **level of clinical support** that they themselves are receiving.



Remember!

Further work on
standardising
spondyloarthritis
physiotherapy-led
service is clearly
warranted.



**Questions?
Comments?**

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