

MDT Spondyloarthopathy clinic – the New Cross way

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RWT

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- There is a wealth of evidence that MDT working delivers significant improvements in patient safety, the patient experience, overall team productivity and the working lives of the clinicians involved.
- MDT utilises knowledge, skills and best practice to provide a better collective understanding and provision of care for long term conditions
- MDT development working towards an effective multidisciplinary/multiagency team 2015

Consultant Rheumatologist



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graph TD; A[Consultant Rheumatologist] --> B[Therapists]; B --> C[Nursing]; B --> D[Occupational Therapist]; C --> E[Biologics]; C --> F[Research];
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Therapists

Physiotherapist

Occupational Therapist

Nursing

Biologics

Research

Rationale

An MDT clinical pathway for inflammatory back pain patients was developed to address the following

- Standardize and improve quality of patient care

- Provide a holistic approach

- Shorten the patient journey and reduces inconvenience – loss of working hours

- Ensure standardized baseline assessment and appropriate monitoring

- Improve access to medical opinion

- Ensure expert physiotherapy /OT/CNS service

- Improved access during a flare with timely intervention

- Encourage patient empowerment through self management – the ‘informed patient’

- Provide more cost-effective service

- Improved clinician expertise/ richer skill mix

- Improve patient satisfaction and overall experience

- Recruitment into clinical trials/Biologics register

Clinic set up

- Weekly MDT condition specific clinic (SpA) developed in 2013
- Specialist Consultant led, Biologics CNS and Specialist Physiotherapist
- Occupational Therapist was introduced in 2015
- 8 clinic slots mixed new and review -with a patient able to access the relevant team members within the same clinic 'one stop shop'

New – diagnosis , baseline measurements and initiation of treatment (pharmacological and non-pharmacological)

Review- addressing patient changing needs- 6/12-12/12

- Urgent flare slots- access via Rheumatology helpline/biologics/email

Logistics

- **Advantages**

- Patient centred approach- MDT available to address current issues
- No treatment delays
- Excellent forum for communication
MDT/patient/carer/GP
- Enhanced learning opportunity/ promotion of condition

- **Disadvantages**

- Can result in long clinic times
- Tariffs?? MDT vs individual referrals
- Capacity – 4 separate clinic rooms
- Activity variable if patient not requiring a team member

Consultant

- Clinic co-ordinator
- Initial diagnosis through standardized assessment criteria and initiation of treatment plan
- Referral for investigations- bloods, X-ray, MRI, Dexa etc
- Medical monitoring
 - Co-morbidity
 - Managing long term complications
- Recruitment into clinical trials
- Flare management co-ordination

Physiotherapy

- **Assessment**

- Baseline measurements using Bath Indices (BASDAI, BASFI, BASMI), spinal pain VAS then annual review
- Specific MSK assessment performed on symptomatic areas as required.

- **Treatment Options**

- Patient will be involved in the decision making of the physical management of their disease.
- Individualised exercise program taught in response to BASMI and BASFI measurements taking into consideration severity, clinical and psychological status.
- Return to active lifestyle guidance
- Posture
- CV fitness inc breathing exs
- Mobility /Strengthening/Stretching exs
- Bone health advice
- Targeted exercises given for specific musculoskeletal symptoms
- Self-management skills – pain relief- hot/cold, TENS, Self trigger point release
- Lifestyle recommendations- weight management, smoke cessation
- Onward referral for therapeutic interventions/rehab/ hydro/acupuncture/ injection therapy

Occupational Therapy

- **Assessment**
- All new patients to the clinic are assessed with emphasis on AS QoL and AS WIS outcomes used in treatment planning. Patients are monitored as required.
- **Treatment options**
- **Vocation**- Patients with SpA are affected in their most productive years affecting ability to work; one of the dominant themes is anxiety around job security. Patients scoring above 12 /20 on the AS Work Instability Scale are offered Vocational advice. Letters to employers for support can be provided which should benefit both parties creating a more conducive work environment.
- **Fatigue** is a common symptom of SpA due to the inflammatory process- self management advice including sleep hygiene, pacing and lifestyle is offered
- **Function** -Patients with long standing established disease may experience problems with activities of daily living. A full functional assessment will be completed to establish any difficulties with the following: Personal care, domestic activities, transfers, mobility, leisure, works, driving.
- **Hand function** – including joint protection and splint provision as required

Biologics CNS

- Initiation of Biologic therapy screening, education, promoting patient choice
- Funding/Blueteq (system to monitor high cost medications via CCG)
- Trouble shooting
- Sequential use of biologics
- Medication advice including DMARDS
- Monitoring and Home care provision.

Research Nurses

- Patients are identified prior to clinic for potential studies or registry
- Patient information sheets are sent out before attendance along with consent forms
- Staff are available to discuss any issues and to commence the process of recruitment within the AS clinic appointment
- Approximately 50% patients will have an eligibility to be enrolled within current studies (10+)
- The department has now successfully registered over 100 patients onto the AS BSRBR. Second highest recruiter in the country.
- NIHR compliant – creating a research culture giving patients a greater option of treatment

Individual patient outcome measures

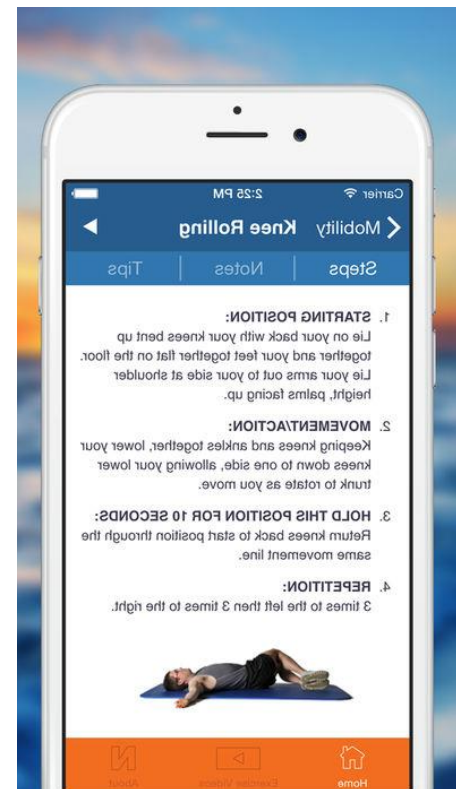
- VAS spinal pain
- BASDAI
 - Fatigue levels
 - Enthesitis
- BASFI
 - Specific loss of function/Independence
- BASMI
 - Specific loss of mobility
- AS QoL
 - Overall sense of well being
- ASWIS
 - Vocational issues WAPAI if vocational issues identified

MDT database (Excel)

- Produced to aide communication between the team in a paper-lite clinical environment
 - ease of accessibility, storage and retrieval
- Aide for research/audit purposes
- Patient demographics
 - Investigations, comorbidities, lifestyle, referrals
- Outcome measures
 - Monitoring purposes

Patient information

- Information issued using National Ankylosing Spondylitis society (NASS) publications
- Use of NASS website www.nass.co.uk- translation service
- AS one site (18-25Yr olds)
- Patient Guidebook
- Guide to managing flares
- Fight Back DVD
- Back to Action 1 and 2– PDF/app/You tube
- Social media
- Information on local NASS support groups



Audit – Standards of care.

NASS Looking Ahead 2010

- **Recommendation 1**
 - Consultant led education sessions for GP
 - Physiotherapy led education sessions for MSK and Triage therapists
- **Recommendation 2**
 - Referral to specialist Consultant
 - Access to MDT 100%
- **Recommend 3**
 - Diagnosis through MRI 100%
- **Recommendation 4**
 - People with AS should have access to all appropriate specialists and treatments including an expert MDT. 100%
- **Recommendation 5**
 - People with AS should be made aware of the availability of anti-TNF therapy and offered treatment if eligible 100%

Audit – Standards of care.

NASS Looking Ahead 2010

Recommendation 7

- People with AS should be followed up regularly and have ready access to expert reassessment. Initial assessment – comprehensive clinical assessment including disease activity scores, functional assessments, metrology indices and imaging
- Re-evaluation periodically by health specialist with expertise in AS, under supervision of a consultant rheumatologist and serial measures recorded.
- Periodic assessments of bone health/osteoporosis, comorbidities, renal function and cardiovascular risk undertaken as required.
- Currently have over 200 active patients accessing this particular service. 100%

Spondyloarthritis in over 16s: diagnosis and management NICE guideline [NG65] 2017

- **1:2 Diagnosing for suspected SpA in secondary care**
 - Bloods HLA B27, CRP
 - Imaging MRI
 - Diagnostic criteria 100%
- **1:3 Education and Support**
 - On-going, relevant and tailored 100%
- **1:4 Pharmacological Management**
 - Biologics including anti TNF and anti IL 17A should be offered in line with current NICE guidance 100%
- **1:5 Non pharmacological management**
 - Specialist physiotherapist
 - Access to hydrotherapy
 - Specialist therapist inc OT for daily living 100%

Conclusion

- The MDT SPA clinic aims to provide a holistic service responding to the patient needs. 'The right person at the right time'
- Professional feedback (International research fellow)

'it is an excellent clinic which can address real time issues with real time advice- I would like to replicate this in my practice in India'

- Patient feedback

'so it can be done , putting the patients needs before an inflexible system. I have learnt more about my body in the past 30 minutes than over the past 5 years that I have been complaining. I cant thank you enough for the care provided today. Can you clone this service'