

PUBLISHED INFORMATION REQUEST

Reference: 8440

Description: Patients - Axial Spondyloarthritis Service

Response

The questions included within this Freedom of Information request are structured around the [NICE Guideline for Spondyloarthritis](#) and supporting [Quality Standard](#). There is also one question relating to [NICE TA383](#). The development of the question set has been informed through input from leading clinicians and stakeholders in the area and has been endorsed by the co-Chairs of the APPG for Axial Spondyloarthritis, Derek Thomas MP and Lord Campbell-Savours.

Please see attached questionnaire

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Assessing variation in Axial Spondyloarthritis Services

Freedom of Information Request

May 2019

About you

Recognition and Referral

1. Does your Trust have a specified pathway from primary care to secondary care for inflammatory back pain in place?

Please select one of the following response options

- Yes
- No

If you answered 'yes', please give details below of the pathway and, if applicable, arrangements in place to raise awareness in primary care.

If neither of the above response options apply to you, please provide more information on your local arrangements below

Yes - referrals are directed to rheumatology clinic where IBP is suspected.

Education has been provided to the iMSK team and to all the GP trainees within the region on IBP and via PLT. iMSK is a tier 2 service – there is a pathway of direct referral to Rheumatology.

Diagnosis in specialist care settings

2. What is the average current waiting time to diagnosis for a patient referred with inflammatory back pain?

Please select one of the following response options

Option	Please tick here (one option only)
Less than 1 month	
1 – 2 months	
2 – 3 months	X
3 – 4 months	
4 – 5 months	
5 – 6 months	
6 – 12 months	
More than 12 months	

3. Are patients with suspected axial SpA (AS) routinely referred for a full spinal MRI?

Please select one of the following response options

Option	Please tick here (one option only)
Yes	
No	X

If neither of the above response options apply to you, please provide more information on your local arrangements below

Patients get a sacroiliac joint inflammatory protocol only. If this is negative and clinical suspicion is strong then they will receive a full spine MRI scan. Rationale is based upon local data which has been published.

Information and Support

4. How do you ensure patients are given information and support following their diagnosis?

Please select whichever response options apply

Option	Please tick here (tick all that apply)
Written information	X
Verbal information	X
Access to a helpline	X
Named contact in the team	X
Group educational sessions	X
Other (please provide details)	Local NASS group run by specialist physiotherapist. Patients are managed in Rheumatology.

Pharmacological management of axial SpA (AS)

5. What guidance are patients with axial SpA (AS) given when deciding whether to access biologic treatment?

Please provide details of arrangements in your local area below

Use NICE guidance.

The Rheumatology Department manage biologics and the onward referral for specialist physio.

6. Bearing in mind the NICE anti TNF guidance for ankylosing spondylitis (TA383) states that, 'Treatment with another anti TNF is recommended for people who cannot tolerate, or whose disease has not responded to, treatment with the first TNF-alpha inhibitor, or whose disease has stopped responding after an initial response', after failure with one biologic, how many other biologics will your commissioners fund a patient with axial SpA (AS) to try, including IL 17As?

Please select one of the following response options

Option	Please tick here (one option only)
None	
1	
2	X
3 or more	

If none of the above response options apply to you, please provide more information on your local arrangements below

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Non-pharmacological management of axial SpA

7. What proportion of adults with axial SpA (AS) are referred to a specialist physiotherapist for a structured exercise programme within your local area when first diagnosed?

Please provide details below

All - we have a physiotherapy led service.

Flare management

8. What percentage of patients with axial SpA (AS) have a written care plan to support them with a flare?

Please provide details below

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The majority have a flare plan - unable to quantify.

Organisation of care

9. Does the Trust have a dedicated axial SpA (AS) clinic?

Please select one of the following response options

Option	Please tick here (one option only)
Yes	X
No	

If neither of the above response options apply to you, please provide more information on your local arrangements below

Mental health and well being

10. Are axial SpA (AS) patients under the care of a rheumatologist offered access to psychological services?

Please select one of the following response options

Option	Please tick here (one option only)
Yes	
No	X

ticked 'yes', please specify the services on offer

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