

NEIAA: dramatic referral improvements for Frimley Health NHS Foundation Trust

In 2019 Frimley Health NHS Foundation Trust was identified as an outlier in the National Early Inflammatory Arthritis Audit with 24% of patients being assessed by a rheumatology service within 3 weeks of referral.

Yet within a year the Trust has dramatically turned this around. The latest data shows that 72% of patients were seen within the NICE quality statement.

We talk to Dr Julekha Wajed, who until recently was Consultant Rheumatologist at Frimley Health NHS Foundation Trust, about what the team put in place to improve referrals and speed up access to care.

The audit was a catalyst for change

Being identified as an outlier hit the team hard, but we worked together with colleagues throughout the Trust to understand how we could do better. The Research and Audit department helped us to identify areas that we needed to improve and assisted us to input the data on to the BSR database. The audit gave us the evidence to show senior management the case for improving our service and the motivation to make changes.

Working with primary care

To improve the speed and quality of referrals coming into the hospital, we needed to engage with colleagues in primary care. We organised a GP education talk where we introduced ourselves to local GPs, talked about early inflammatory arthritis, the importance of a quick referral and the consequences of any delays.

During these education events we were able to increase awareness around GPs completing tests before the referral. We recommended patients to be referred with blood tests, including rheumatoid factor, anti-CCP and x rays of the affected joints, to help establish the diagnosis quicker and ultimately saving time.

Overall, it also helped to build relationships, improve communication and increase awareness around the urgency of the condition.

Introducing an electronic referral system

Previously referrals were all done by letters, through the post. The Trust was introducing a new electronic referral system, which has really helped to increase efficiency. An early arthritis pathway was included in the system, so referrals could be screened as urgent. This means that we can see the referral in a matter of days, or even hours, so appointments can be allocated quickly.

Setting up an EIA clinic

We didn't have a dedicated EIA clinic, but recognised it was vital to have one to improve our service. We got together as a team of consultants and senior managers and created an extra clinic to see patients urgently. Any new referrals were allocated appointments straight away.

Our specialist nurses also made 'packs' of questionnaires, so that we could complete the clinical ones at the consultation and offer patient questionnaires at the same time. This ensured the data was being collected in a timely manner. The EIA clinic was a new concept in our busy Trust, but very quickly it started making a difference.

Although COVID-19 has undoubtedly disrupted some services, the pathways we developed are still in place and the clinics are still running. In the long term, the changes made will be continuing to make a difference to patients now and in the future.

Supporting patient empowerment

To help improve patient knowledge around the condition, we produced a podcast on EIA led by one of our specialist nurses. This gave us the opportunity to talk about the importance of early treatment and it was advertised on Radio Frimley, Twitter and social media.

At our Wexham site, our colleagues also set up a patient education course, an afternoon that new patients were invited to. It's run by a consultant, nurse, hand therapist, physiotherapist and podiatrist and covers information on medication, managing a flare, joint protection, work, exercise, diet and complementary therapy.

While being fun to do, these are a great way to raise awareness with patients, GPs and the general public about the condition.

Advice to others

Work with your hospital team, not just your department. Our specialist nurses raised awareness through the podcast but also making questionnaire packs. Within our team we were able to arrange the GP talks and patient education courses. Senior management assisted us to set up a dedicated EIA clinic, and finally, our Research and Audit department at the Trust not only inputted the data for us but helped us to make sense of it. It really was a team effort.