

NEIAA: designing and establishing a one-stop EIA clinic at Manchester University NHS Foundation Trust

One-stop clinics allow patients to access a range of support in a single hospital visit. At Manchester University NHS Foundation Trust, early inflammatory arthritis (EIA) services were operating independently from several Trust sites.

Bringing resources together benefits both patients and staff, explains specialty registrar Dr Charlotte Sharp, who worked with consultant colleagues Dr Pippa Watson and Dr Ellen Bruce to redesign the service.

Mapping out a new service

Through the NEIAA data we knew that some patients were experiencing delays being seen and starting treatment, so we began a process mapping exercise to create the ideal EIA service. From talking to management, it became clear there was an opportunity for a single service across all our four sites.

BSR's 'Ideal patient journey', developed alongside the NEIAA Patient Working Group, was used to ensure we made the service as patient centred as possible. Two patient contributors and colleagues including managers, doctors and allied healthcare professionals from all clinical sites were able to comment and feedback on the plans.

Providing complete care in one visit

One-stop clinics provide a comprehensive service for patients who, where possible, receive a definitive diagnosis on the day. Patients see a doctor first, then may have an ultrasound, an x ray, have bloods taken, see the physiotherapist and occupational therapist, have an injection if needed, meet the nurse and potentially walk away with a prescription.

All this means that we can either initiate treatment or discharge patients without inflammatory arthritis more quickly. Streamlining the service across sites has enabled us to give patients rapid appointments dependent on availability rather than purely geographical location.

Challenges along the way

Working across sites meant there was some complexity with IT. We had to navigate the system to ensure that patients didn't get lost if they were unable to attend the first allocated appointment.

It also meant that GPs had to work differently to refer into the new EIA pathway. We ran two education sessions to raise awareness of the new service, which were well-attended and by GP colleagues. We have also published a set of referral criteria on our website.

Benefits for staff and patients

Our patient survey, which we co-produced with patients, shows that the service has been incredibly well received. Despite restrictions due to COVID-19, EIA clinic patients have had access to on-the-day face-to-face physio and OT, which is hugely beneficial. We've also seen improvements in waiting times in some sites.

For staff, having members from across the MDT there all at once offers continuity of care, shared messages to the patient and a great way of working together. At the end of sessions, we're able to discuss difficult cases. Also having physio and OT on hand means there is so

much cross-specialist learning between us all; I have certainly learnt a lot from my colleagues.

Advice to others

Have a vision and map out the ideal service, then adapt to what's practical. Be clear what you want to achieve and get everyone on board with the idea.

Make sure you have collaboration and co-production right at the start in terms of patients, managers and medical professionals from across primary and secondary care. They will always spot things that you wouldn't anticipate yourself.