Audit and service evaluation of one-stop provision of diagnostic ultrasound, drug education and therapy services in an early inflammatory arthritis clinic in Salford

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Background

- The Early Inflammatory Arthritis (EIA) clinic at Salford Royal was established in 2015 to support rapid access for diagnosis and management of Inflammatory Arthritis (IA).
- The service aims to see patients within three weeks of referral and initiate Disease Modifying Anti-Rheumatic Drugs (DMARDs) in line with NICE quality standards.
- The EIA multidisciplinary team is made up of three consultants, a specialist nurse, specialist pharmacist, Occupational Therapy (OT) Advanced Practitioner, MSK Advanced Practitioner performing diagnostic ultrasound scanning (USS) and a team of healthcare assistants.
- One stop access is available within the clinic for Occupational Therapy, diagnostic ultrasound scanning and drug education (DE).

Methods

- A retrospective audit of electronic patient records (EPR) was completed to explore:
  (a) Did the GP/referrer suspect EIA?
  (b) Were patients appropriately triaged to the EIA clinic?
  (c) Did the rheumatologist suspect EIA?
  (d) The demand for the one-stop resources within the clinic.

- All new patients seen in EIA and general rheumatology clinics over a four-week period in May 2017 were included in the audit.
- The service was audited against NICE Quality Standard 33:Rheumatoid arthritis in over 16s.

Results

- 149 new patients were seen: 125 in general new and 24 EIA new appointments.
- The median time from GP referral to initial rheumatology assessment was 50 days, with a shorter median duration of 39 days if patients were triaged to EIA new appointments.
- Of the 43 referrals for suspected EIA, 29 were not triaged to EIA clinic; conversely 10 patients were seen in the EIA slots despite the non-EIA referral.
- Of the 43 referrals for suspected EIA, 12 (28%) had USS to support diagnosing or excluding IA and 14 (33%) had OT needs identified. Overall 15 patients were diagnosed with IA (1% monthly incidence).
- Of the 15 IA patients, 2 patients were started on hydroxychloroquine monotherapy on the initial visit outwith the drug education clinic, 8 (19%) were referred for drug education to start synthetic DMARDs and the remainder were not started on DMARDs for clinical reasons.
- 2 of 6 patients seen in EIA clinic and identified as having OT needs were referred to OT service who should have been seen in the one-stop service.

Conclusion

- The audit identified that, within the four-week period audited, referrals for suspected EIA were greater than capacity for new patient appointments in EIA clinic.
- There was sufficient clinic capacity for numbers requiring OT, USS and DE.
- It was identified that improvements could be made in the triage process to optimise the utilisation of EIA clinic appointments and prevent potential delay in access for patients with suspected IA.
- The system of ring-fenced and bookable slots for one-stop resources in EIA clinic supports effective use of clinician time.

![Diagram of GP referrals and triage process](https://example.com/diagram.png)