

NEIAA: Clinic visit framework

Exploring a patients' journey

This framework was produced by the National Early Inflammatory Arthritis Audit (NEIAA) Patient Panel. The patient panel has worked alongside representatives from the multi-disciplinary team and two patient charities to develop this framework.

The aim of this framework is to help promote early arthritis pathways across the rheumatology sector. The first annual NEIAA report included a recommendation to ensure that early arthritis pathways are in place and easily accessible to provide guidance for referrers.

We understand that improving patient experience is not simple and this has been made even more difficult with the added pressures of the COVID-19 pandemic. This framework is intended to act as a guide and provide suggestions on where changes can be made to help improve patient quality of care.

Please note that BSR does not endorse or recommend any third-party products, treatments or services, whether specifically or generally, and professional advice should be sought in relation to all health and treatment decisions. We provide information which we hope is helpful, however full disclaimers and warranties apply.

1. Pre-appointment preparation

- 1.1 Provide patients with access information to the hospital/clinic (e.g. which entrance is best to enter the building, where to park, parking charges, public transport options etc).
- 1.2 Provide clear information who they are going to see i.e. consultant, nurse or registrar by name if possible.
- 1.3 Provide information outlining the timing of the appointment. If the patient needs to arrive earlier than their appointment time (e.g. for urine dipstick, weight, blood pressure measurement) make this clear and inform the patient of the planned duration of the appointment and of potential time needed for additional investigations (e.g. blood tests and x-rays).
- 1.4 Provide information outlining the structure of the appointment. Where possible, if the patient needs to visit another department after their appointment (e.g. blood tests and x-rays), make plans for this on the same day.
- 1.5 Ask the patient/carer to bring
 - A list of questions/concerns they want to raise during the consultation (signpost to **Getting the most from your initial consultation with your GP**). For patients with Axial Spondyloarthritis (AxSpA), this **appointments resource sheet** can be downloaded ahead of virtual or physical appointments
 - A list of current medication including any over the counter or complementary medications/ herbal supplements etc
 - Details of their current GP.
- 1.6 Suggest that the patient may want to wear comfortable and easy to remove clothing for examinations, i.e. slip on shoes, no tights etc.
- 1.7 Suggest that where possible, the patient should bring a friend or family member, as there is a vast amount of information to take in at appointments. Saying something like 'most people bring someone with them' helps to normalise this invitation and not make patients feel they are weak or incompetent.
- 1.8 Provide information on how to
 - Rearrange any inconvenient appointment times (e.g. very early appointment, clash with rush hour, overcome morning stiffness, taking kids to school)
 - Arrange "hospital" transport to and from an appointment if required
 - Arrange interpreter services if required.
- 1.9 Provide latest guidance on how to prevent cross infection.
- 1.10 Ideally if any PROMs could be gathered electronically in advance and submitted or even completed in hard copy and brought to the first and subsequent appointments or completed in the waiting room this will help save precious time in the actual consultation. (For example, BSR's ePROMs, an online platform to collect patient PROMs bsreproms.org.uk).

2. Waiting area – face-to-face appointments

- 2.1 Provide separate waiting areas for rheumatology patients wherever possible, where it is a shared outpatients waiting room ensure clear signage for where ‘rheumatology’ patients are required to go.
- 2.2 Provide comfortable seating, that is not too low to get up from, ideally with arms and spaces for wheelchairs adjacent to individual chair for carers or companions.
- 2.3 Provide regular updates on clinic waiting times ideally on a screen or even a white board if certain consultants/nurses are running late.
- 2.4 Organisations information videos such as [what axial spondyloarthritis is, how it is managed](#) and the [NASS range of Daily Stretch videos](#) or videos from local physiotherapy, occupational therapy and podiatry departments.
- 2.5 Where TV screens exist consider providing relevant information (e.g. on physical exercises, joint protection, foot care, from NRAS and other patient support organisations on services such as [Right Start, Living Better](#) and [Here for You](#)).
- 2.6 Also, consider sharing NASS, NRAS and other patient support.
- 2.7 Where appropriate and possible provide up-to-date leaflets on relevant topics (e.g. medication, fatigue, lifestyle changes) available from national charities, local organisations and patient groups. To order NRAS resources, visit nras.org.uk/publications or email enquiries@nras.org.uk. To download NASS resources, visit nass.co.uk/resources or email admin@nass.co.uk.
- 2.8 Ensure permission is sought and granted from the patient/carer if other attendees (e.g. medical students, medical or nursing trainees) wish to be present in the consultation and seek this permission out of earshot of the proposed attendees.

3. Face-to-face consultations

- 3.1 Familiarise yourself with the clinical records and relevant investigation results prior to calling the patient into their consultation.
- 3.2 Introduce other attendees (e.g. medical students, medical or nursing trainees) if the patient/carer has agreed to them being present.
- 3.3 Focus with your body language on the patient/carer – avoid focusing on the computer. Make regular eye contact with the individual.
- 3.4 Allow patients to set their own agenda and ask any questions they may have. Make it clear at the beginning of the consultation how much time you have with them and encourage the person to focus on what is most important to them now and that other issues can be addressed in future appointments or with other members of the multi-disciplinary team (e.g. nurse, physiotherapist etc).
- 3.5 Check what the patient/carer has said is understood by rephrasing and repeating the content back. Also, get them to repeat back to the health professional to gauge their understanding of what has been discussed.
- 3.6 Ask open-ended rather than closed questions initially.
- 3.7 Adopt a shared decision making approach to management decisions and make note of patients' consent to any change in treatment.
- 3.8 Agree treatment targets and agree what measures will be used to assess progress towards those agreed targets.
- 3.9 Seek information from the patient/carer on the impact of their condition on
 - Emotional state and mental health
 - Home circumstances, including relationships with partner/family members/carers – and any resultant stresses
 - Work – and any resultant financial pressures.
- 3.10 Explain results of any investigations arranged from the last appointment.
- 3.11 Provide information on apps where patients can record their symptoms over time, receive their blood test and other investigation results.

4. Physical examination

- 4.1 Examine patients in private.
- 4.2 Always offer a chaperone.
- 4.3 Provide help (e.g. in dressing/undressing) if required.
- 4.4 Check whether a change in treatment is required and/or AHP referral.
- 4.5 Where possible supplement clinical examination with ultrasound assessment.
- 4.6 Explain examination and ultrasound findings in lay language to the patient.
- 4.7 Include feet examination and help patients with taking shoes and socks off.

5. Establishing a forward plan

- 5.1 Explain any new diagnosis established and provide relevant support documents (e.g. **Versus Arthritis information leaflets**, **New2RA pack**, **What is RA card**, **NASS Guides** and the **NASS resource My AS My life**).
- 5.2 Explain rationale for any changes in medication and provide details, including relevant information leaflets on any proposed new medication. Provide for RA patients the **NRAS Medicines in RA booklet** and **NASS guide to Biologics** for AxSpA patients.
- 5.3 Explain the importance of the DAS28 for Rheumatoid Arthritis (RA) patients, what the results mean and inform the patient of the '**Know your DAS app**'.
- 5.4 Explain the importance of exercise for Axial SpA (AS) patients. Direct patients/carers to additional guidance such as the exercise section of the **NASS website** and to the online **NASS playlist of stretching sessions**.
- 5.5 Initiate referrals for support where required to
 - Allied health professionals
 - Social services
 - Patient self management services (e.g. **NRAS Right Start Service**, **NRAS Living Better Service**, NRAS Helpline, NASS Helpline and NASS & NRAS local and national group networks).
- 5.6 Signpost to support where required
 - On work (e.g. **NRAS booklets I want to Work**, **An Employers Guide**, **NASS Managing my Axial SpA at work**, **NASS Guide for employers** and other **online resources**)
 - On access to allowances etc. **Benefits in RA and claiming PiP** (Supplied by NRAS)
 - Emotional support (e.g. IAPT or clinical psychology service when available).
- 5.7 Provide details, where relevant on
 - Methods of gaining urgent support/advice between appointments (e.g. advice and information departmental helpline numbers and services, email support services)
 - Patient organisations' helpline numbers and website addresses **nras.org.uk**; 0800 298 7650, **helpline@nras.org.uk** and NASS – **nass.co.uk**; 020 87411515; **admin@nass.co.uk**
 - Support resources in different languages (e.g. Apni Jung (information on RA for the South Asian UK population)
 - Lifestyle activities in the local area (local council, local physiotherapy department often provide information).
- 5.8 Summarise what has been discussed and agreed.
- 5.9 Ask if the patient/carer has anything else that they would like to discuss (now or during the next consultation).

6. Post consultation

- 6.1 Aim to have consultation letters ready to send out to GP surgery and Patient within 10 working days with details of the test results (e.g. Blood tests, DAS28 score etc).
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7. Annual holistic reviews

- 7.1 Establish a structure for the annual review process; to be coordinated by rheumatology department, within secondary or primary care or shared between the two.
- 7.2 For RA patients, Include review of
- Osteoporosis risk
 - Cardio-vascular risk
 - Impact of inflammatory disease on mental health
 - Impact of inflammatory disease on ability to work
 - Impact of inflammatory disease on activities of daily living.
- 7.3 Include measures important and relevant to axial SpA (e.g. **Bath Indices**. The Bath Indices is a set of measurements used to aid diagnosis and monitor disease activity in people with axial SpA).
- 7.4 Update medical records with regard to comorbidities.
- 7.5 List and discuss referrals available to the patient.
- 7.6 Ensure that the patient is aware that the annual review is taking place.
- 7.7 Provide the individual/carer with a summary of the review for their own records.

8. Virtual appointments

- 8.1 Take measures to establish whether a remote consultation is suitable for the patient. i.e. functional Wifi connection, access to a smart phone, ipad, laptop etc. and whether they can take a phone call during working hours. Consider factors such as the patient's communication needs, language barriers and any safeguarding concerns.
 - 8.2 Give patients the option of both video and phone calls wherever possible.
 - 8.3 Provide details of the equipment needed for a successful video call and of the technology that will be used. A simple '**how to guide for remote consultations**' would be helpful.
 - 8.4 Highlight to the patient the importance of having a private space to speak freely but also the opportunity to have a friend or family member on the consultation if they would like, similar to attending clinic.
 - 8.5 Ensure the clinician has a private space to conduct the consultation and has set up their equipment properly. Patients do not want to talk to your forehead.
 - 8.6 Ensure the clinician introduces themselves on a telephone call rather than going straight into the appointment.
 - 8.7 At the end of the appointment, check that any audio or connectivity issues during virtual appointments have not led to misunderstanding.
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9. Key considerations

- 9.1 Provision of a 'one stop shop' where possible.
- 9.2 Patients can access all relevant members of the multi-disciplinary team when needed.
- 9.3 How access to urgent advice (within 24 hours as recommended by **NICE guidelines**) can be provided.
- 9.4 How time slots for urgent advice can accommodate different patients' needs, (e.g. outside normal working hours).
- 9.5 How information is shared between primary care and rheumatology (e.g. immunisation record, present medication, care for comorbidities, home and work circumstances).
- 9.6 How information is shared between different specialists (e.g. orthopaedics, cardiology, dermatology etc. for patients with multiple comorbidities).
- 9.7 Support on
 - Smoking cessation and information on the risks of smoking specific to IA
 - Nutrition and weight management
 - Contraceptives and family planning for those of child bearing age.
- 9.8 Mechanisms for addressing health beliefs, especially when a barrier to acceptance of conventional treatment.



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