

Ref: FOI/00020/CMICB
19 August 2022

Your Request:

1) On behalf of which ICS are you responding?

Our Response:

1) NHS Cheshire & Merseyside Integrated Care Board.

Your Request:

2) Does your ICS have a local inflammatory back pain pathway in place?

- Yes
- No
- Don't know/ not sure

3) Please provide details of your local IBP pathway if it is not publicly available.

Our Response:

Please find listed below the information held by each of the former CCG areas that now make up NHS Cheshire & Merseyside ICB in relation to inflammatory back pain pathways:

Cheshire

2 - 3) There are 2 enhanced services in place within Primary Care to support Axial Spondyloarthritis patients:

– Functional condition management – management of chronic medical disorders including assessment, education, goal setting and multimodal treatments.

– Pain management – treatment of persistent pain caused by long term conditions (e.g. arthritis) including enhanced level of support, increasing / maintaining the scope and scale of services and expertise available locally through general practice.

Halton

2 – 3) No specific inflammatory back pain pathway in place.

Knowsley

2 – 3) Yes. Please find enclosed '*AMP Ankylosing Spondylitis Pathway*'.

Liverpool

2 – 3) Yes. It is an internal clinical pathway in secondary care. NICE guidance is available for primary care.

Sefton

2 – 3) Information not held*.

St Helens

2 - 3) Yes. The MSK service in St Helens has a pathway which aligns with the NICE SpA guidelines (NG65).

Wirral

2 – 3) No specific inflammatory back pain pathway in place.

Warrington

2 – 3) No specific inflammatory back pain pathway in place.

Your Request:

4) Do you have a local education programme for primary care practitioners including GPs and First Contact Practitioners?

- Yes
- No
- Don't know/not sure

Please give details.

Our Response:

Please find listed below the information held by each of the former CCG areas that now make up NHS Cheshire & Merseyside ICB in relation to a local education programme for primary care practitioners including GPs and First Contact Practitioners:

Cheshire

4) Yes. Within Cheshire we have the Middlewood Training Hub (covering East & West Cheshire) which is part of the wider Cheshire and Merseyside Training Hub (<https://www.cmthub.co.uk/>) which is supported by NHS England / Health Education England. Information not held on whether there are specific local education programmes for Axial Spondyloarthritis.

Halton

4) No.

Knowsley

4) Yes. This is aimed at clinicians working for the MSK services.

Liverpool

4) Yes, First Contact Practitioner education is part of a wider musculoskeletal training programme delivered by acute trusts. GP training is determined on a Primary Care Network level.

Sefton

4) Information not held*.

St Helens

4) Yes. 80% of First Contact Practitioner (FCP) in St Helens are FCPs from Mersey Care Trust and follow the SpA pathway referred to above as they are part of the same service. GPs employ the rest of the FCPs. GPs will hold further information on the education GP's and other primary care practitioners specifically get, but the majority of suspected SpA come through our FCP's or community MSK service.

Wirral

4) Yes. In addition to a variety of web-based resources available, training and education is provided to GPs through Protected Learning Time events. First Contact Practitioners (FCP) are employed by GP surgeries, the employment basis varies e.g. employed FCPs, services purchased from an external provider, services purchase from the MSK service. Training of FCP is managed locally by the employing organisation.

Warrington

4) No.

Your Request:

5) Are patients able to be referred into secondary care by first contact practitioners and/or community services?

- **Yes, both can refer**
- **Yes, only first contact practitioners**
- **Yes, only community**
- **No, patients must be referred by their GP**

Our Response:

Please find listed below the information held by each of the former CCG areas that now make up NHS Cheshire & Merseyside ICB in relation to whether patients are able to be referred into secondary care by first contact practitioners and/or community services:

Cheshire

5) No. Patients are required to be referred by their GP.

Halton

5) Patients can be referred into secondary care for MSK conditions via the commissioned first contact practitioner service provided by (WHHFT) and via Halton GP's.

Knowsley

5) Yes, both can refer.

Liverpool

5) Yes, both can refer.

Sefton

5) Information not held*.

St Helens

5) Yes, both can refer.

Wirral

5) No, patients must be referred by their GP.

Warrington

5) Yes, both can refer.

Your Request:

6) What is the time from primary care referral to an appointment with rheumatology?

Our Response:

Please find listed below the information held by each of the former CCG areas that now make up NHS Cheshire & Merseyside ICB in relation to the waiting time from primary care referral to an appointment with rheumatology:

Cheshire

6) During the 2022/23 financial year the average waiting time for Primary Care referral to treatment with Rheumatology services is 126 days.

Halton

6) During the 2022/23 financial year the average waiting time for patients referred to secondary care Rheumatology Services for face-to-face appointment is 101 days and for a non-face-to-face appointment 81 days.

Knowsley

6) Information not held. However, this would depend on capacity and demand at the time of referral.

Liverpool

6) Information not held. This is dependent upon urgency and clinical presentation. Patients are clinically prioritised in line with national guidelines.

Sefton

6) Information not held*.

St Helens

6) Information not held. However, the times will be variable, depending on the priority and risk factors for each individual patient.

Wirral

6) 91.67% of urgent rheumatology referrals are seen within 8 weeks.

Warrington

6) Information not held.

Your Request:

7) Has your ICS developed a plan for how it will meet the needs of local axial SpA patients? Please select the most appropriate option below.

- Yes – we have developed a standalone plan for axial SpA
- Yes – axial SpA is incorporated within a specific local musculoskeletal ICS plan
- Yes – axial SpA is incorporated within a general ICS planning document
- No – axial SpA is not incorporated within a local planning document
- Don't know / not sure

8) If yes, please can you provide further details of the specific axial SpA components included within this plan including the appointment of an MSK Transformation Lead?

Our Response:

Please find listed below the information held by each of the former CCG areas that now make up NHS Cheshire & Merseyside ICB in relation to whether a local plan for meeting the needs of axial SpA patients has been developed:

Cheshire

7 - 8) Yes - axial SpA is incorporated within a general planning document. A review of Rheumatology services commenced in August 2021. However, due to disruptions in service requirements and redeployments during the Covid-19 pandemic the redevelopment of service is still in progress.

Halton

7 - 8) No.

Knowsley

7 - 8) No.

Liverpool

7 - 8) No – axial SpA is not incorporated within a local planning document.

Sefton

7 - 8) Information not held*.

St Helens

7 - 8) Yes – we have developed a standalone plan for axial SpA which is a local pathway.

Wirral

7 – 8) No. However, the Wirral MSK service is commencing a review of the Rheumatology Services in Autumn 2022 – a scope of specific pathways is yet to be established.

Warrington

7 – 8) No.

* You may wish to redirect your request for this information relating to the Sefton area to the two below commissioned providers who may hold the information you are requesting:

- *Liverpool University Hospitals NHS Foundation Trust*
FOIRequests@liverpoolft.nhs.uk

- *Southport & Ormskirk Hospital NHS Trust*
soh-tr.foi@nhs.net

SPONDYLOARTHRITIS

CLINICAL ASSESSMENT

Affects similar number of women as men
 Usually starts in late adolescence or early adulthood
 Spinal pain relieved by exercise
 Pain and stiffness worse at night
 Marked early morning stiffness > 30 mins
 Stiffness of spinal movements in all planes
 Possible symptoms at tendon insertions e.g. TA
 Can occur in people who are HLA B27 -ve

If LBP started before the age of 45 and lasted longer than 3/12 and has 4 or more of the following

- LBP started before the age of 35
- Waking during the second half of the night because of symptoms
- Alternating buttock pain
- Improvement with movement
- Improvement within 48 hours of taking NSAIDs
- First degree relative with spondyloarthritis
- Current or past arthritis
- Current or past enthesitis
- Current or past psoriasis

May be associated with uveitis, psoriasis, inflammatory bowel disease (Crohns, UC) or a genitourinary infection

If patient has symptoms of acute anterior uveitis e.g. eye pain, eye redness, sensitivity to light or blurred vision, send patient to AED for immediate (same day) ophthalmological assessment

BLOODS

FBC/ESR/LFT/U+E/CRP
 HLA B27 (if 3 or more criteria are present)

IMAGING

SIJ x-ray
 Proceed to MRI whole spine and SIJ (STIR) if high index of suspicion but x-rays NAD (need to specify on form that spondyloarthropathy imaging required).

Normal bloods

Refer to physio

If HLA B27 positive in the absence of elevated inflammatory markers, sacroiliitis on scan – treat in Physio. Advise pt to seek repeat assessment if new signs, symptoms or risk factors above develop, especially if has current or past inflammatory bowel disease (Crohns or UC), psoriasis or uveitis.

Abnormal bloods

If inflammatory bloods/ scan are abnormal – refer to rheumatology as per BSR guidelines

Abnormal scan

Evidence of sacroiliitis (+/- enthesopathies) – refer to rheumatology