Objectives: We created a proposal for a Gold Standard time to diagnosis for axial SpA and a national implementation plan (4) through consensus development with patients, healthcare professionals and professional bodies.

Methods: A A scoping literature review identifying where delays occur, from first symptom onset to diagnosis by a rheumatologist, and potential solutions. From this, a summary report/ draft plan was produced for consultation.

B A national consultation survey to elicit views on the proposals from clinicians, healthcare professionals, professional societies and patients.

C Structured feedback to written proposals via e-consultation with clinicians and patients.

D A consensus development workshop to finalise the Gold Standard and implementation plan.

Results: The literature review identified four delays:

1. People do not know axial SpA may be a cause of their chronic back pain.
2. Primary care practitioners may not recognise features of axial SpA.
3. People may be referred to non-rheumatologists who may not recognise axial SpA promptly.
4. Rheumatology and radiology teams may not optimally request or interpret investigations.

202 participants responded to the summary report (74% patients, 21% healthcare professionals, 5% professional societies). All supported the principles behind the gold standard time to diagnosis. Qualitative analysis confirmed agreement with the proposed solutions, underscoring the importance of education and visibility for axial SpA within primary care and increased public awareness. Additional proposals were suggested, including a tool in primary care to run audits on IT systems.

40 clinicians contributed to the e-consultation and 55 clinicians, policy makers, social marketing experts, health journalists and patients attended the consensus workshop. Consensus was reached on a gold standard time to diagnosis of one year, and the principles, key components and phasing of the implementation plan. This included: public awareness about axial SpA symptoms; a primary care clinical champions programme; creating a referral pathway from primary care direct to rheumatologist; a secondary care service educational programme.

Conclusion: There is consensus from UK axial SpA clinicians, patients and professional societies on the need for a Gold Standard time to diagnosis of axial SpA of one year, so that patients can live happy, healthy and productive lives.

REFERENCES:

Disclosure of Interests: Dale Webb Speakers bureau: Janssen, Novartis, Grant/research support from: NASS receives grants from AbbVie, Biogen, Eli Lilly, Novartis and UCB, Kari Gaffney Speakers bureau: Abbvie, Lilly, Novartis, UCB, Consultant of: Abbvie, Celltrion, Lilly, Grant/research support from: Abbvie, Pfizer, Lilly, UCB, Raj Sengupta Speakers bureau: Abbvie, Biogen, Celgene, Novartis, Roche, UCB, Consultant of: Advisory boards for Abbvie, Biogen, Novartis, UCB, Grant/research support from: Abbvie, Celgene, Novartis, Sizheng Steven Zhao: None declared, Lisa Swingler Grant/research support from: Abbvie, Pfizer, Lilly, Novartis and UCB, Karl Gaffney Speakers bureau: Abbvie, Lilly, Novartis and UCB, Consultant of: Abbvie, Pfizer, Employee of: Pfizer, Lisa Swingler Grant/research support from: Abbvie, Pfizer, Consultant of: Pfizer, Pfizer, Medical Affairs, Oslo, Norway


Awareness Screened Awareness Screened Awareness Screened Awareness

Heart disease Lung disease Osteoporosis

Overall (% of patients)
Under 50 yrs
Over 50 yrs
Disease onset
Under 5 years
Over 5 years
Age

<table>
<thead>
<tr>
<th>Comorbidities</th>
<th>Awareness</th>
<th>Screened</th>
<th>Awareness</th>
<th>Screened</th>
<th>Awareness</th>
<th>Screened</th>
<th>Awareness</th>
<th>Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>70%</td>
<td>34%</td>
<td>37%</td>
<td>25%</td>
<td>58%</td>
<td>41%</td>
<td>56%</td>
<td>19%</td>
</tr>
<tr>
<td>Lung disease</td>
<td>77%</td>
<td>46%</td>
<td>36%</td>
<td>29%</td>
<td>58%</td>
<td>41%</td>
<td>56%</td>
<td>19%</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>61%</td>
<td>36%</td>
<td>37%</td>
<td>25%</td>
<td>59%</td>
<td>42%</td>
<td>56%</td>
<td>20%</td>
</tr>
</tbody>
</table>

The education of patients about regular vaccines (e.g. influenza and pneumocemia) could be improved. Only 56 % were aware of the need for these vaccines due to RA. When asked specifically, 73 % of patients had received an influenza vaccine and 48 % pneumonia vaccine.

Conclusion: This survey examines quality of care, shared decision-making, disease awareness and planning and provides a gap analysis of patient experience and national procedure. The results show that national procedure in RA is being followed from the patient viewpoint. Patients are satisfied with care, but information on preventive care (e.g. vaccination and comorbidity awareness and screenings) could be strengthened. This could improve planning of care and the outlook, particularly for young patients.

REFERENCES:


DOI: 10.1136/annrheumdis-2021-eular.966

Table 1. Awareness of comorbidity and regular vaccination need