

Reference:	FOI.1504.19
Subject:	Assessing variation in axial spondyloarthritis services
Date of Request:	30 August 2019

Requested

Recognition and Referral

1. Does your Health Board have a specified pathway from primary care to secondary care for inflammatory back pain in place?

Please select one of the following response options

- Yes
- No

If you answered 'yes', please give details below of the pathway and, if applicable, arrangements in place to raise awareness in primary care

	If none
	of

the above response options apply to you, please provide more information on your local arrangements below

Diagnosis in specialist care settings

2. What is the average current waiting time to diagnosis for a patient referred with inflammatory back pain?

Please select one of the following response options

Option	Please tick here (one option only)
Less than 1 month	
1 – 2 months	
2 – 3 months	
3 – 4 months	
4 – 5 months	
5 – 6 months	
6 – 12 months	
More than 12 months	

3. Are patients with suspected axial SpA (AS) routinely referred for a full spinal MRI?

Please select one of the following response options

Option	Please tick here (one option only)
Yes	

No

If neither of the above response options apply to you, please provide more information on your local arrangements below

Information and Support

4. How do you ensure patients are given information and support following their diagnosis?

Please select whichever response options apply

Option	Please tick here (tick all that apply)
Written information	
Verbal information	
Access to a helpline	
Named contact in the team	
Group educational sessions	
Other (please provide details)	

Pharmacological management of axial SpA (AS)

5. What guidance are patients with axial SpA (AS) given when deciding whether to access biologic treatment?

Please provide details of arrangements in your local area below

6. Bearing in mind the NICE anti TNF guidance for ankylosing spondylitis (TA383) states that, *'Treatment with another anti TNF is recommended for people who cannot tolerate, or whose disease has not responded to, treatment with the first TNF-alpha inhibitor, or whose disease has stopped responding after an initial response'*, after failure with one biologic, how many other biologics will your commissioners fund a patient with axial SpA (AS) to try, including IL 17As?

Please select one of the following response options

Option	Please tick here (one option only)
None	
1	
2	
3 or more	

If none of the above response options apply to you, please provide more information on your local arrangements below

Non-

pharmacological management of axial SpA

7. What proportion of adults with axial SpA (AS) are referred to a specialist physiotherapist for a structured exercise programme within your local area when first diagnosed?
Please provide details below

Flare

management

8. What percentage of patients with axial SpA (AS) have a written care plan to support them with a flare?
Please provide details below

Organisation of care

9. Does the Trust have a dedicated axial SpA (AS) clinic?
Please select one of the following response options

Option	Please tick here (one option only)
Yes	
No	

If neither of the above response options apply to you, please provide more information on your local arrangements below

Mental health and well being

10. Are axial SpA (AS) patients under the care of a rheumatologist offered access to psychological services?

Please select one of the following response options

Option	Please tick here (one option only)
Yes	
No	

If you ticked yes, please specify the services below

Response:

Hywel Dda University Health Board (UHB) has provided the information requested within the document provided, Attachment 1.