Report for BRITSpA-funded travelling fellowship of the Stoke/Haywood specialist spondyloarthritis team to Bath:

In March 2024, the British Society for Spondyloarthritis generously granted the Haywood specialist spondyloarthritis team a travelling fellowship to share expertise and experiences of managing spondyloarthritis with the Royal National Hospital for Rheumatic Disease (RNHRD) in Bath. The Haywood/Stoke team comprised 4 rheumatology consultants, 2 extended scope physiotherapists and a specialist nurse, who all visited RNHRD over a 2-day period. The Haywood team would like to thank Bath for their hospitality and all the time and effort that they put in to make this an enjoyable, stimulating and educational visit. The fellowship has already led to changes in the approaches our respective teams and will continue to influence service improvements and clinical academic collaborations between our centres.

The first day was dedicated to the management of psoriatic arthritis led by Dr Will Tillett, consultant rheumatologists at Bath. The day comprised a tour of Bath rheumatology department's facilities and formal presentations with subsequent discussions. These included Bath's nursing perspectives of PsA management, Stoke's best practice of PsA care, clinical trials at Bath with an in depth discussion around the challenges and opportunities of clinical research and a description of how Bath have approached dose optimisation of biologics.

The major learning points informing early changes in clinical approach from this day included:

a) a novel agreement of specialist nurse contracts with predetermined promotion dependent upon achieving specific clinical skills/expertise

b) how recurrent financial savings from dose optimisation of high cost drugs might fund additional specialist rheumatology nursing and allied health professional roles.

The second day was dedicated to the management of axial spondyloarthritis (axSpA) led by Professor Raj Sengupta, consultant rheumatologists at Bath. The day comprised formal presentations with subsequent discussions across a wide range of axSpA topics. The morning topics included: management of axSpA patients at Bath including their axSpA patient rehabilitation courses, a quality improvement project (optimising axSpA referral pathways) and a discussion around NASS physiotherapy champion projects and academic research in the Haywood axSpA service. In the afternoon topics included: targeted axSpA therapies service at Bath, data collection, new IT applications and databases collection for SpA patients, the importance of patient education / educational resources and the opportunities and threats related to patient initiated follow up.

These discussions have already led to:

a) plans for a new collaborative NIHR grant submission to extend an existing collaborative study.

 This would explore the longer term outcomes of patients referred with possible axSpA where diagnosis can not be definitively made, but axSpA remains a distinct possibility.

b) further active discussions have occurred since the travelling fellowship between the centres, around their shared interests of data collection and database design, exploring potential for further

 collaboration in service development.

The opportunity to have time to share experiences and reflect on each centre's successes and challenges has been invaluable. Both centre's multidisciplinary teams have been able to meet and explore spondyloarthritis service delivery, potential quality improvements and opportunities for research. The whole experience was positive and collaborative. Any centres considering applying for a similar departmental travelling fellowship can be reassured that this would be time well spent, with long-reaching potential benefits to their services.

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