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Stories of change

TRIALLING A MEGA-CLINIC TO CONNECT WITH PEOPLE WAITING FOR NON-URGENT RHEUMATOLOGY APPOINTMENTS IN BELFAST

More than 5,000 people are waiting for appointments on the rheumatology Belfast Trust lists, and some have been waiting since 2014.



What we did

Our first ever *mega-clinic* was trialled in early 2020 to get patients a diagnosis and point them in the right direction. 200 patients were reviewed and validated by medical and admin staff to make sure they still wanted to be seen. Subsequently, 97 patients were invited in one Saturday morning. Bloods and x-rays were done in advance with results available to support decision making. 66 attended and 30 of these were seen by Versus Arthritis staff and offered local group support or self-management courses (12 took it up).

Our motivation

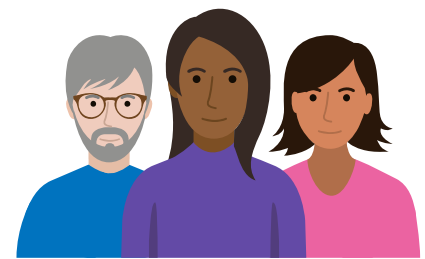
Many of the people on our waiting lists are living with pain and haven't got a diagnosis, so that's distressing for them. Staff capacity is limited, and urgent cases are always prioritised, which means we just don't see new patients who aren't urgent.

The difference we are making

Overall, 91% of the patients were discharged from the service waiting list, with 85% saying the service was excellent. No one who wanted help was left without it. We've had no re-referrals back into the service from that patient cohort. All the medical staff who took part in the first one want to come back, and others want to join.

What's next?

The physiotherapists, occupational therapists and other services would like to have been invited. We plan to have them at the next evening clinic, once it is safe to do so. These clinics have to be trialled in parallel with other things.





Making change happen

Versus Arthritis sometimes offer information hubs (stands) in Northern Ireland, in tandem with rheumatology clinics. The sessions enable volunteers to engage with people where they signpost, give out information and refer to self-management courses. A Hub was put on for the mega-clinic. There was also a consultation room which meant people could be spoken to individually and privately. At one point there was a queue for it. It was really beneficial to have this kind of presence.

We were surprised at how positively patients reacted to the clinic. We were a bit anxious about the response we would get. We assumed people might feel a little aggrieved that they waited so long. But they got a diagnosis which provided some closure. Many discovered there was no medical pathway for them, so they would have to rely upon themselves and try self-management. People were more open and positive than we expected. When you see the patient feedback, it encourages you to go on.

We offered services to 200 patients over a weekend. That's still a drop in the ocean compared to 5,000 on the list. Staffing and space will continue to be an issue. We probably can't do too many Saturday mornings. But, we had to start somewhere, and we have to start small and build up the evidence. Perhaps we can influence the commissioners to fund our service to support this huge number of patients moving forward. We probably have to look at different models. We can't just discharge 4,000 people back to general practice without ever having seen them when they have sat on the waiting list for that length of time.

We could have improved on our patient engagement. We don't engage with patients directly on our development. We sought their views on the clinic, and we did an evaluation and captured satisfaction, but we could develop it more.

**VERSUS
ARTHRITIS**

"We ran a high-volume clinic for our longest waiting list waiters, to facilitate diagnosis and discharge. It's a week's worth of work in half a day."

Top tips

- Find a way of providing patients with a resource or a network that gives them some way of supporting themselves whilst they wait for clinical input.
- It can be really beneficial to give nurse specialists, or other professionals the chance to do something they wouldn't ordinarily do. They really enjoyed doing it, and their skillset shone through.
- Versus Arthritis' role was important because they provided onward support, information, education and signposting to other resources. That's what made it different from just an ordinary outpatient clinic.

"All staff were very considerate and took time to listen and explain. I was very relaxed for this appointment." Mega-clinic patient



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