### 096 SERVICE EVALUATION OF ONE-STOP PROVISION OF DIAGNOSTIC ULTRASOUND, DRUG EDUCATION AND THERAPY SERVICES IN AN EARLY INFLAMMATORY ARTHRITIS CLINIC IN SALFORD

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**Background:** The early inflammatory arthritis (EIA) clinic at Salford Royal was established to support rapid access for diagnosis and management of inflammatory arthritis (IA). The service aims to see patients within three weeks of referral and initiate disease modifying anti-rheumatic drugs (DMARDs) in line with NICE quality standards. One stop access is available within the clinic for occupational therapy (OT), diagnostic ultrasound scanning (USS) and drug education (DE).
**Methods:** A retrospective audit of electronic patient records (EPR) was completed to explore: (a) Did the GP/referrer suspect EIA? (b) Were patients appropriately triaged to the EIA clinic? (c) Did the rheumatologist suspect EIA? (d) The demand for the one-stop resources within the clinic. All new patients seen in EIA and general rheumatology clinics over a four-week period in May 2017 were included in the audit.
**Results:** 149 new patients were seen: 125 in general new and 24 EIA new appointments. The median time from GP referral to initial rheumatology assessment was 50 days overall, with a shorter median duration of 39 days if patients were triaged to EIA new appointments. Of the 43 referrals for suspected EIA, 29 were not triaged to EIA clinic; conversely 10 patients were seen in the EIA slots despite the non-EIA referral. Of the 43 referrals for suspected EIA, 12 (28%) had USS to support diagnosing or excluding IA, 14 (33%) had OT needs identified and 15 patients were diagnosed with IA (1% monthly incidence). Of the 15 IA patients, 2 patients were started on hydroxychloroquine monotherapy on the initial visit outwith the drug education clinic, 8 (19%) were referred for drug education to start synthetic DMARDs and the remainder were due to other reasons. 2 of 6 patients seen in EIA clinic and identified as having OT needs were referred to OT service who should have been seen in the one-stop service.
**Conclusion:** The audit identified that, within the four-week period audited, referrals for suspected EIA were greater than capacity for new patient appointments in EIA clinic. There was sufficient clinic capacity for numbers requiring OT, USS and DE. It was identified that improvements could be made in the triage process to optimise the utilisation of EIA clinic appointments and prevent potential delay in access for patients with suspected IA. The system of ring-fenced and bookable slots for one-stop resources in EIA clinic support effective use of clinician time.
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