

1 Introduction

My project involved collaborating on various MSK related workstreams alongside the GPPB MSK fellows and ICB MSK team. After Q2, I shifted focus completely to rheumatology workstreams and this poster outlines that aspect of my work. My rheumatology project looked to identify ways to help address long waiting times for new patient referrals to rheumatology via collaboration with rheumatology and primary care colleagues.

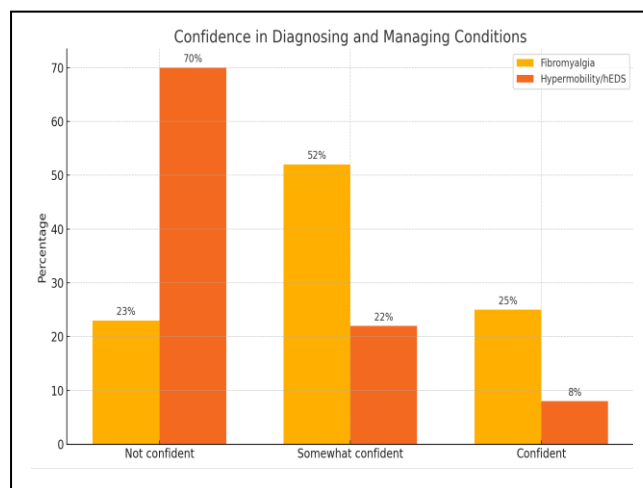
2 Method

- An early theme that emerged was the implementation of NHS England (NSHE) and Getting It Right First Time (GIRFT) national mandates to reduce non-inflammatory referrals to rheumatology. While this shift is expected to improve waiting times, it also has important implications for the diagnosis and management of non-inflammatory musculoskeletal conditions in primary care.
- To better understand the current landscape, I designed and distributed a questionnaire aimed at assessing:
- Awareness of the national pathway changes
- Confidence among clinicians in diagnosing non-inflammatory conditions and existing community-based service provision
- In parallel, I began collaborating with the UHDB Rheumatology Department to enhance Pathfinder templates, improve access to clinical advice, and expand educational support. This included working with the local tertiary Ehlers-Danlos Syndrome (EDS) service to co-develop and deliver an education evening for GPs and AHPs.

3 Results

Results from the GP questionnaire revealed generally low confidence in diagnosing and managing non-inflammatory conditions in primary care. Notably, only 1 out of 18 Primary Care Networks across Derbyshire currently has access to a specialist service for managing patients with chronic primary pain. These findings were shared with rheumatology teams and ICB MSK colleagues. However, there was limited appetite at the ICB level to pursue service development in this area. Notably, a pilot study for an MDT clinic for fibromyalgia has already been undertaken by UHDB with outcomes demonstrating clinical effectiveness and cost effectiveness with results shared at ICB level but attempts to continue and expand the service have been stopped due to funding constraints.

In response, I shifted focus toward improving education and clinical resources. I also spent time with the UHDB rheumatology team in outpatient clinical setting, gaining clinical experience of frontline rheumatology services.



4 Impact and benefits

Over the past 15 months, the original aims of my project have evolved significantly. This shift initially stemmed from a decision to concentrate solely on rheumatology, moving away from a dual focus on rheumatology and FCP work. Subsequently, I encountered several challenges at the ICB level that limited progress in areas such as fibromyalgia and Ehlers-Danlos Syndrome. These difficulties appeared to be due to differing priorities at the ICB level.

In response, I redirected my efforts toward gaining clinical experience with the Derby Rheumatology team, alongside contributing to rheumatology education through initiatives such as the Hub Plus education sessions and the development of Pathfinder advice and guidance documents.

5 Conclusion

Challenges remain regarding the appropriate setting for the diagnosis and management of non-inflammatory conditions. National guidelines advocating a shift of responsibility from secondary to primary care risk placing additional financial and clinical strain on an already overburdened primary care system. Patients with conditions such as fibromyalgia and hypermobile Ehlers-Danlos Syndrome (hEDS) are particularly vulnerable to poor outcomes due to the ongoing lack of dedicated services. This issue remains unresolved and will require a strategic shift in focus at the Integrated Care Board (ICB) level to drive meaningful change.