

**Freedom of Information Act 2000 - Request Reference Fol/22/197**

**Axial SpA Referrals**

**Information Requested:**

***Part 1 – Internal Referral Pathways and screening tools***

**1. On behalf of which Trust are you responding?**

Cardiff and Vale University Health Board

**2. Does your trust have an internal referral pathway to rheumatology from any of the below?**

a) Dermatology

Yes

No

Not sure / don't know

b) Gastroenterology

Yes

No

Not sure / don't know

c) Ophthalmology

Yes

No

Not sure / don't know

**3. Please give details of any standard internal pathways in place. Please attach any documents to support this.**

A referral letter is received via internal mail and then triaged by a consultant, if the referral is accepted it is then put onto a WAP or declined back to referrer with advice.

**4. What referral protocols are in place? e.g. are patients referred back to the GP with consideration / instruction to refer onward for rheumatology opinion.**

A referral is triaged by a consultant who makes the decision to accept or decline back to referrer with advice. The Rheumatology department would not refer onto the GP with advice if the GP was not the referrer, the responsibility for this would remain with the referrer.

**5. Does your trust utilise any screening tools such as Dublin Uveitis Evaluation Tool (DUET) or Psoriasis Epidemiology Screening Tool (PEST):**

- Yes  
 No  
 Not sure / don't know

**6. Please give details of any screening tools in place. Please attach any documents to support this.**

Rheumatology use BASDAI and PsARC

***Part 2 – Internal referral volumes***

**7. Are you able to track internal referral volumes on your systems?**

- Yes  
 No  
 Not sure / don't know

**8. How often do you receive referrals for suspected axial SpA in rheumatology from the below?**

a) Dermatology

- Weekly  
 Monthly  
 Quarterly  
 Less often  
 Never

b) Gastroenterology

- Weekly  
 Monthly  
 Quarterly  
 Less often  
 Never

c) Ophthalmology

- Weekly  
 Monthly  
 Quarterly  
 Less often  
 Never