

THE LANCET

Rheumatology

Supplementary appendix

This appendix formed part of the original submission. We post it as supplied by the authors.

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Appendix

Assessing the Impact of COVID-19 on axial SpA in the UK.

Results from the patient and health care professional surveys

Two surveys were conducted to help understanding of the impact of COVID-19 on both those living with axial spondyloarthritis (axial SpA), as well as on axial SpA services.

Patient survey

Aims

To understand the experiences of people with axial SpA in the UK during lockdown, specifically in relation to how it had affected their lives and access to services. It was also an opportunity to get an initial reaction to any future changes to service delivery.

Methods

The survey included 44 questions (Appendix 1) and ran from 26 May 2020 to 7 July 2020. It was advertised via the NASS website (nass.co.uk), Facebook, Twitter, e-news and targeted emails to NASS subscribers.

Results

A total of 873 responses were received (UK based and responding to at least one question). 89% (757/847, 26 skipped) of respondents were in England, 3% (24/847, 26 skipped) in Wales, 7% (55/847, 26 skipped) in Scotland and 1% (11/847, 26 skipped) in Northern Ireland. 47% (391/817, 56 skipped) of respondents were male, 52% (424/817, 56 skipped) female, < 1% (2/817, 56 skipped) preferred not to say; 26% (211/817, 56 skipped) were under 45. The majority (80%; 674/843, 30 skipped) had a diagnosis of radiographic axSpA or ankylosing spondylitis, 7% (57/843, 30 skipped) with non-radiographic axSpA and 1% (12/843, 30 skipped) had a different diagnosis which was not disclosed. Length of diagnosis: 4% (35/816, 57 skipped) had been diagnosed less than a year, 22% (176/816, 57 skipped) 1 to 5 years, 16% (131/816, 57 skipped) 6 to 10 years and 58% (474/817, 57 skipped) more than 10 years.

Life in Lockdown: respondents were asked questions relating to their employment status, medication and whether they had been shielding or isolating to help build a picture of experiences of, and attitudes to the pandemic.

- Employment impact 33.63% (266/791, 82 skipped) were employed full time before the pandemic, 17.19% (136/791, 82 skipped) part time and 28.32 % (224/791, 82 skipped) were retired. 6% (30/536, 337 skipped) of people lost their jobs while 16% (87/536, 337 skipped) were shielding and claiming sick pay. 4% (23/536, 337 skipped) had reduced working hours. Most people who had been asked to return to work had been offered a different position or way of working if requested. 8% (6/75, 798 skipped) had requested such an arrangement but had not been offered this.
- Medication: 8% (60/792, 81 skipped) of respondents stopped taking their medication, but only 15% (9/59, 814 skipped) of those were told to do so by their health professional. 32% (19/59, 814 skipped) worried they were more at risk of infection while 27% (16/59, 816 skipped) were worried they were more at risk of serious symptoms if they were to develop COVID-19. Biologic drugs were the medication most commonly stopped.
- Shielding 43% (342/792, 81 skipped) of respondents were advised to shield by their health professional or NHS. 13% (104/792, 81 skipped) were not advised to do so but chose to themselves. With regards to self-isolation/distancing, a further 14% (110/792, 81 skipped) were advised to self-isolate or practice enhanced physical distancing, and 15% (119/792, 81 skipped) more chose to do so themselves.

Access to services 31% (245/799, 94 skipped) of respondents reported needing to access services during lockdown with 75% (177/237, 636 skipped) able to do so and 25% (60/237) unable to access services they needed.

- Blood monitoring tests: 37% (280/754, 119 skipped) were not able to access blood monitoring tests, Of those that were able: 10% (76/754, 119 skipped) had visited the hospital, 17% (131/754, 119 skipped) had visited the GP, 3% (23/754, 119 skipped) had accessed another community service while 2% (18/754, 119 skipped) had a home visit.
- Engagement satisfaction: 19% (142/747, 126 skipped) of people were not satisfied with the level of engagement from their health care teams during the pandemic. More positively 50% (371/747, 126 skipped) were very or fairly satisfied. Those who were unsatisfied generally felt that there was a lack of communication at the start of the pandemic regarding cancelled /rearranging appointments and advice on shielding. Some telephone appointments that had been arranged did not go ahead as planned. There were also those that had been contacted at the beginning of the pandemic but had not been able to reach anyone since, and those who found there was always someone available to speak to on the telephone if needed and this was helpful. Some people with kyphosis had received no advice regarding their level of risk.
- Access methods: 9% (66/753, 120 skipped) were able to have face to face appointments whilst 38% (289/753, 120 skipped) were able to access a rheumatology helpline and 16% (119/753, 120 skipped) submit an email enquiry. 46% (345/753 120 skipped) were able to access telephone appointments and 9% (69/753, 120 skipped) online appointments. 32% (241/753, 120 skipped) were not aware of what services were available while 6% (47/753, 120 skipped) had not been able to get in touch with anyone from their healthcare team.

- Virtual appointments: Of those that had been offered a virtual appointment, 33% (70/209, 564 not applicable, 120 skipped) had attended and 57% (119/209, 564 not applicable, 120 skipped) had not. Only 3% (2/63, 810 skipped) did not find their virtual appointment to be satisfactory.
- Biologic prescribing 12% (87/748, 125 skipped) of people were in the process of being prescribed a biologic before lockdown; 44% of these (39/87 784 skipped) found this had been delayed.

General health during the pandemic Respondents were asked to reflect on how their general health, axial SpA and mental health had been affected, as well as describe in their own words how they were managing their condition.

- Deterioration in general health: 13% (98/734, 139 skipped) found their general health had improved during lockdown, for 42% (305/734, 139 skipped) it had not changed but for 45% (331/734, 139 skipped) it had got worse.
- Worsening of axial SpA: 10% (70/733, 140 skipped) found their axial SpA (AS) had improved during lockdown, 44% (320/733, 140 skipped) it had not changed but for 47% (343/733, 140 skipped) it had got worse.
- Mental health experience: 6% (46/734, 139 skipped) found their mental health had improved during lockdown, for 47% (344/734, 139 skipped) it had not changed but for 47% (344/734, 139 skipped) it had got worse.
- New routines: The vast majority of respondents had undertaken a daily stretching routine to self-manage their axial SpA (AS) during lockdown. Many also took up new hobbies and undertook some home improvement to help with their general well-being.
- Homecare: When asked if there were other areas related to their axial SpA A(S) services during the pandemic they would like to highlight, homecare medicine delivery teams were highly praised.

Future care priorities Most respondents were happy to continue physical distancing if it meant keeping themselves and others safe, even if this meant that they were not able to attend face to face appointments. The main concerns highlighted were around physiotherapy and more specifically, hydrotherapy. 704 respondents ticked at least one option, 169 skipped the question completely.

- Rheumatology access: 80% (384/483) of respondents would consider online appointments with their rheumatologist, and 75% (374/497) telephone appointments. 86% (562/657) would still like to be given the option of a face to face appointment.
- Physiotherapist access 42% (202/483) of respondents would consider online appointments with their physiotherapist, and 37% (182/497) telephone appointments. 61% (404/657) would still like to be given the option of a face to face appointment.

- Nurse access: 63% (305/483) of respondents would consider online appointments with their nurse specialist, and 70% (349/497) telephone appointments. 49% (320/657) would still like to be given the option of a face to face appointment.
- Helplines: Email and helpline queries also scored highly for rheumatologists and nurse specialists. However fewer would seek advice from their physiotherapist via email or a helpline.

Health Care Professionals Survey

This survey was disseminated to healthcare professionals working in axial SpA services across the UK.

Aims: To help improve understanding of the impact that COVID-19 is having on the availability and provision of axial spondyloarthritis (SpA) services (local service delivery, patient engagement) and to help identify priorities of service provision for the months ahead in the event of a second wave.

Methods

The survey included 25 questions (Appendix 2) and covered a range of relevant areas including the current availability of axial SpA service areas, methods of available access, quality of patient engagement, establishment of virtual services and views on the establishment of potential minimum service specifications for axial SpA services. The survey was disseminated electronically through NASS and the British Society for Spondyloarthritis (BRITSpA) (via the SurveyMonkey platform), and ran from May 2020 to early July 2020.

Results

A total of 80 responses were received from healthcare professionals working across the United Kingdom and representing 55 different Trusts, with a question completion rate of around 75%. The majority of respondents were based in England (91% - 73/80), with 6 respondents from Scotland and 1 respondent from Wales. No responses were received from individuals working in Northern Ireland. Almost half (49% - 39/80) of respondents were physiotherapists, around a third (34% - 27/80) were consultant rheumatologists, with the remainder of responses coming from a range of professional backgrounds, including rheumatology nurses (6% - 5/80), pharmacists (1% - 1/80), radiologists and primary care practitioners (9% - 7/80).

Current Access & Provision of Clinical Areas

- Operational sites: There was a 31% (114+ services identified pre-Covid (4 respondents reported having 5 or more operational sites providing axial SpA care)/ 79+ identified after Covid (2 respondents reported having 5 or more operational sites providing axial SpA care) reduction in the proportion of operational sites providing axial SpA care after the outbreak of COVID-19.
- Access: Whilst the majority of respondents were able to provide telephone appointments (95% - 58/61; 19 skipped) and access to a rheumatology helpline (82% - 50/61; 19 skipped), there were significantly less were able to provide face to face care for new patients (43% -- 26/61; 19 skipped). 44% (27/61; 19 skipped) of services weren't able to provide face to face care for those in flare and almost 4 in 10 (38% - 23/60; 20 skipped) couldn't maintain specialist physiotherapy services.
- Clinical care: The majority of areas were able to maintain a form of flare management (80% - 48/60; 20 skipped), although this suggested that 1 in 5 patients in flare had no support at all. Almost four-fifths of services (78% - 47/60; 20 skipped) provided medication review and 62% (37/60; 20 skipped) maintained an infusion therapy service. Only 15% (9/60; 20 skipped) of services were able to maintain some form of psychological support service.

Digital Care Access

- Variation in provision: Access to key service areas through digital means was variable. Around half (47%, 27/58 – 22 skipped) of services reported offering virtual identification and diagnosis, with two-thirds (66%, 38/58; 22 skipped) providing flare management. 55% (32/58 – 22 skipped) of services were able to prescribe new medication via digital means.
- Plans to improve availability: 10% (6/58 – 22 skipped) of services weren't currently able to offer these areas of care digitally but were planning to introduce them shortly.
- Gaps in training: 33% (18/55; 25 skipped) of respondents reported that gaps in skills and training were having a detrimental impact on their ability to provide digital services. 22% (12/55; 25 skipped) of respondents highlighted that these skills weren't originally in place as lockdown started but worked quickly to address them.

Quality of Patient Engagement

- Engagement levels: Despite the pressures and complications of COVID-19, the majority of respondents (81% - 46/57; 23 skipped) felt they were having 'good' or 'excellent' levels of engagement with their patients, largely as a result of improvements in digital outreach. The remainder (19% – 11/57; 23 skipped) felt that overall engagement was 'poor' or 'very poor'.

- Identifying high-risk patients: There was significant variation in the ease at which services were able to identify high-risk patients under their care. Whilst 58% (30/52; 28 skipped) of respondents reported being able to identify this cohort within 2 weeks or less, 13% (7/52; 28 skipped) said it took 3-4 weeks and 6% (3/52; 28 skipped) said it took between 4- 6 weeks. 10% (5/52; 28 skipped) said that they still had not been able to identify all high-risk patients, with coding challenges widely seen to be behind this.

Future capacity

- Estimated face to face capacity: More than 9 in 10 (92%. 55/60; 20 skipped) respondents indicated that their service would have less than 50% capacity whilst employing physical distancing measures in the coming months. 38% (23/60; 20 skipped) estimated that their service would have less than 20% of normal capacity, with 15% (9/60; 20 skipped) estimating they would have less than 10% capacity.
- Hydrotherapy service access: Respondents highlighted real concern around the closure of hydrotherapy services and the impact this was likely to have on patients. Two-thirds (69%- 35/51; 29 skipped) said there were no plans in place to reopen hydrotherapy services at the time of responding in June, with only 1 in 10 (5/51; 29 skipped) saying that plans were being put in place to facilitate limited reopening of these services.

Key identified priorities for recovery phase

Survey respondents highlighted a broad range of priorities they felt were needed for the coming months, with the main themes including:

- Upskilling digital provision: Emphasis was placed on the importance of embedding good digital practice that had emerged during the pandemic as widely as possible, ensuring that gaps in IT infrastructure and staff skills were addressed.
- Increasing access to face to face care: Despite the benefits of digital care, respondents highlighted the importance of ensuring that face to face care was increased, particularly for those at high-risk and/or unable to make use of digital alternatives.
- Clearer shielding guidance and improved coding: Many respondents described the confusion created by contradictory shielding advice, and the anxiety this created for many patients. Challenges in identifying those at-risk because of coding shortcoming were also identified as something that should be addressed as soon as possible, in the event of further outbreaks. Minimum service specification and identified longer-term priorities

Minimum service specifications: Almost three-quarters (73% - 37/51; 29 skipped) felt that establishing minimum service specifications for axial SpA would be helpful. 24% (12/51; 29 skipped) were unsure, with only 4% (2/51; 29 skipped) saying they wouldn't be helpful. Supportive comments suggested these could help to build on existing NICE Quality Standards, and would help to raise the visibility of axial SpA within rheumatology departments.

Longer-term priorities: Respondents identified a number of axial SpA themes that they felt should be prioritised at a national level beyond the immediate pressures of the pandemic, including:

- **Managing the clinical backlog:** Ensure sufficient resources are in place to help manage the significant axial SpA clinical backlog that has been building, to mitigate the potential for deterioration in outcomes, particularly for those with a new diagnosis.
- **Improving screening pathways:** Ensuring that clear pathways for new patient referral are embedded across the system, with a particular focus on primary care
- **Working to reduce delay to diagnosis:** Continue to drive forward efforts that could help to reduce the current 8.5-year average delay in axial SpA diagnosis.

About you

1. Do you live in the UK?

Yes

No

2. Which part of the UK do you live in?

England

Wales

Scotland

Northern Ireland

3. Have you been diagnosed with:

Axial spondyloarthritis

Non-radiographic axial spondyloarthritis

Ankylosing spondylitis

None of the above

4. How old are you:

Under 18

18-24

25-34

35-44

45-54

55-64

65 or over

5. How long have you been diagnosed with axial SpA (AS)?

Less than 1 year

1 to 5 years

6 to 10 years

More than 10 years

6. Are you:

Male

Female

Other

Prefer not to say

7. What is the name of your local NHS Trust (England and Scotland), Health Board (Wales) or Health and Social Care Board Northern Ireland? If you aren't sure just say 'Not sure' or 'Don't know'.

Life in Lockdown

8. Before the pandemic were you:

Employed full time

Employed part time

Medically retired

Retired

Unemployed

Student

Other (please specify)

9. Are you currently:

Employed full time

Employed part time

Medically retired

Retired

Unemployed

Furloughed

Student

Other (please specify)

10. How have your working arrangements changed since the pandemic?

I am a key worker continuing to travel to my place of work

I am working from home

I have reduced my hours

I have been furloughed

I was furloughed but have now returned to work

I am currently shielding and claiming sick pay

I have lost my job

11. What medication were you taking prior to the pandemic for your axial SpA (AS)? Tick all that apply.

Simple pain relief such as aspirin or paracetamol

Anti inflammatories (NSAIDs) such as diclofenac, ibuprofen or naproxen

Cox-2 anti inflammatories such as celecoxib (Celebrex) or etoricoxib (Arcoxia)

Co-codamol

Nerve pain medications such as amitriptyline, gabentin or pregabalin

Opioids such as morphine patches or tramadol

Prednisolone tablets

Steroid injections

Methotrexate

Sulphasalazine

Adalimumab (Amgevita, Hulio, Humira, Hyrimoz and Imraldi)

Certolizumab Pegol (Cimzia)

Etanercept (Enbrel, Benepali, Erelzi)

Golimumab (Simponi)

Infliximab (Remicade, Remsima, Flixabi and Inflectra)

Secukinumab (Cosentyx)

Not on any medications

Other (please specify)

12. Have you stopped taking your medication as a precaution during the pandemic? **NB NASS does not recommend that you stop taking your medication unless instructed to do so by your rheumatologist.**

Yes

No

13. Why did you stop taking your medication? **NB NASS does not recommend that you stop taking your medication unless instructed to do so by your rheumatologist.**

I was no longer able to access this medication

I was worried that I was more at risk of being infected with COVID-19

I was worried that I would develop more serious symptoms if I was infected with COVID-19

My health professional advised me to do so

A family member or friends told me to do so

Other (please specify)

14. Which medication have you stopped taking?

Simple pain relief such as aspirin or paracetamol

Anti inflammatories (NSAIDs) such as diclofenac, ibuprofen or naproxen

Cox-2 anti inflammatories such as celecoxib (Celebrex) or etoricoxib (Arcoxia)

Co-codamol

Nerve pain medications such as amitriptyline, gabentin or pregabalin

Opioids such as morphine patches or tramadol

Prednisolone tablets

Steroid injections

Methotrexate

Sulphasalazine

Adalimumab (Humira)

Certolizumab Pegol (Cimzia)

Etanercept (Enbrel, Benepali, Erelzi)

Golimumab (Simponi)

Infliximab (Remicade, Remsima, Flixabi and Inflectra)

Secukinumab (Cosentyx)

Not on any medications

15. Have you been advised to shield?

Yes

No

No but I decided to myself

Don't know/not sure

16. How long were you told to shield? Were you given a specific date you should shield until?

17. Who recommended that you shield?

Rheumatology Department

GP

NHS text message or letter

Local Authority

Don't know/not sure

Other (please specify)

18. Have you been advised to practice enhanced social distancing / self isolate?

Yes

No

No but I decided to myself

Don't know/not sure

19. How long were you told to practice enhanced social distancing / self isolate? Were you given a specific date you should practice enhanced social distancing / self isolate until?

20. Who recommended that you practice enhanced social distancing / self isolate?

Rheumatology department

GP

NHS text message or letter

Local Authority

Don't know/not sure

Access to rheumatology services

Other (please specify)

21. Have you been asked to return to work in the near future?

Yes

No

Don't know

22. Do you consider it safe to return to work?

Yes

No

Don't know / not sure

23. Has your employer offered you a different position or a different way of working

Yes they have offered me a different role

Yes they have offered me a different way of working

No and I have NOT requested this

No and I have requested this

Access to rheumatology services

24. During the pandemic have you needed to access rheumatology services?

Yes

No

25. If yes, were you able to

access the services you needed?

Yes

No

26. Have you been able to access monitoring blood tests?

Yes, I have visited the hospital

Yes, I have visited my GP surgery

Yes, I have accessed another community service (eg drive through)

Yes, I have had a home visit

No

Not applicable

27. How satisfied are you with the level of engagement are you having with your health care providers during the COVID-19 outbreak?

Very satisfied

Fairly satisfied

Neither satisfied not unsatisfied

Not very satisfied

Not at all satisfied

28. Why do you say that?

29. What types of services are currently available from your healthcare team? Please tick all that apply.

Face to face appointments

Rheumatology helpline

Email enquiries

Online appointments

Telephone appointments

Don't know/not sure

I am not currently able to access any services

30. Are you aware if any of the following online/virtual axial SpA services currently being provided by your rheumatology team?

31. If you have been offered a virtual session have you attended?

Yes

No

Not applicable

32. How did you find your virtual appointment?

Very good

Good

Neither good nor bad

Not very good

Not at all good

33. Why do you say that?

34. Were you in the process of being prescribed a biologic drug before the lockdown?

Yes

No

Don't know/not sure

35. Has this been delayed?

Yes

No

Don't know / not sure

Self management during the pandemic

Why do you say that?

36. How has your general health been impacted during lockdown?

It is much better

It is somewhat better

It has not changed

It is somewhat worse

It is much worse

Why do you say that?

37. How has your axial SpA (AS) specifically been affected during lockdown?

It is much better

It is somewhat better

It has not changed

It is somewhat worse

It is much worse

Why do you say that?

38. Has your mental health been affected during lockdown?

It is much better

It is somewhat better

It has not changed

It is somewhat worse

It is much worse

39. What steps, if any, have you taken to self manage your condition?

Future care

40. What impact do you think continued social distancing measures will have on your care?

Consultant Physiotherapist Nurse specialist Occupational Therapist

Face to face

appointments

Helpline

Email enquiries

Online appointments

Telephone appointments

Other (please specify)

41. How would you like to see your care delivered in future when the pandemic has passed? Tick all that apply.

42. Do you have any further comments you would like to add about your experiences of services for your axial SpA (AS) during the pandemic so far?

43. Do you have any further comments you would like to add about the future of axial SpA (AS) services?

44. Are you willing to be contacted by a member of the NASS Communications Team to discuss your answers?

Yes

No

Name

City/Town

Email Address

Phone Number

APPENDIX 2-Health Care Professionals Survey questions

Survey Background

This survey has been developed to inform an inquiry being carried out by the All-Party Parliamentary Group (APPG) on Axial Spondyloarthritis into the impact that COVID-19 is having on axial SpA (AS) services and care.

The findings from this survey will support the APPG, the National Axial Spondyloarthritis Society (NASS) and other stakeholders in the area in identifying key recommendations that can be put forward to help safeguard the provision of axial SpA (AS) care and ensure that patients are able to receive the best care possible in the months ahead.

Respondents to this survey are encouraged to provide their best estimates to the questions included, based on the current local situation. All information is hugely valuable and we greatly appreciate your time in responding.

For any further information on this survey, or the work of the APPG, please contact appgspa@mandfhealth.com

Introductory Questions

1. Which part of the United Kingdom do you work in?

Please select the most appropriate answer below

- England, Isle of Man and Channel Islands
- Wales
- Scotland
- Northern Ireland

2. What is the name of your Trust/Health Board/Health and Social Care Board?

Please provide answer in the below comment box

3. What is your job title?

Please select the most appropriate answer below

- Consultant rheumatologist
- Healthcare assistant
- Occupational therapist
- Pharmacist
- Physiotherapist
- Registrar
- Rheumatology nurse
- Other

Service Capacity Questions

4. How many sites providing axial SpA care are there within your Trust/Health Board/Health and Social Care Board under normal circumstances?

Please select the most appropriate answer below

- None
- 1
- 2
- 3
- 4
- More than 5

5. How many sites providing axial SpA care are there within your Trust / Health Board / Health and Social Care Board are currently operational?

Please select the most appropriate answer below

- None
- 1
- 2
- 3
- 4
- More than 5

6. What forms of access are you currently able to provide to your service?

Please select all options below that apply

- Face to face appointments - new patients
- Face to face appointments - those in flare
- Face to face appointments - routine care
- Rheumatology helpline
- Email enquiries
- Online appointments
- Telephone appointments

7. Which of the following clinical areas are you currently providing?

Please select all options below that apply

- Diagnosis
- Infusion therapy
- Full spinal MRI
- Flare management
- Medication review
- Specialist physiotherapist
- Hydrotherapy access
- Care plan management
- Psychological support services
- Outreach to vulnerable populations

8. How are you ensuring that patients who require medication via infusion are still able to receive this?
Please provide answer in the comment box below

9. Looking ahead to the coming months, what level of face to face capacity do you estimate being able to operate whilst employing social distancing measures in clinic?
Please select the most appropriate answer below

- Less than 10% of normal capacity
- 11-20% of normal capacity
- 21-30% of normal capacity
- 31-40% of normal capacity
- 41-50% of normal capacity
- 51-60% of normal capacity
- 61-70% of normal capacity
- 71-80% of normal capacity
- 81-90% of normal capacity
- 91-100% of normal capacity
- More than 100% of normal capacity

Online Care Provision Questions

10. Does your local service have access to the below online/virtual axial SpA areas?
Please select the most appropriate answer for each of the below rows

	Yes	No	Not yet, but planning to in- troduce shortly	Not sure
Identification and diagnosis				
Routine care				
Prescribing new medication				
Flare manage- ment				
Bath Indices				

11. How has appointment attendance changed for different patient cohorts since you started offered virtual sessions?
Please select the most appropriate answer for each of the below rows

	Improved	Deteriorated	No change	Not sure	We don't of- fer virtual sessions
Existing pa- tients					
New patients					
'High-risk' patients					

12. What level of engagement are you generally having with your patients since the start of the COVID-19 outbreak?
 Please select the most appropriate answer below

- Excellent
- Good
- Poor
- Very Poor

Please provide any further information below

Patient Contact Questions

**13. How long did it take your service to identify high-risk patients under your care?
Please select the most appropriate answer below**

- Less than 1 week
- 1-2 weeks
- 2-3 weeks
- 3-4 weeks
- 4-5 weeks
- 5-6 weeks
- More than 6 weeks
- We still have not identified all our high-risk patients

Please provide any further information below

Workforce Questions

14. How many whole-time equivalent (WTE) axial SpA staff do you usually have working in your team?

Please select the most appropriate answer below

- 1-5 WTE staff members
- 6-10 WTE staff members
- 11-20 WTE staff members
- More than 20

15. How has your workforce capacity been impacted by the COVID-19 outbreak?

Please select the most appropriate answer for each of the below rows

	0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
Proportion of staff currently available to work										

in-service or in virtual capacity, compared to 'normal'										
Proportion of staff who have been redeployed to other clinical areas										
Proportion of staff who have not been redeployed but are unavailable due to other reasons (e.g. due to illness, isolation or shielding)										

16. Do you feel that the necessary skills are in place within your local workforce to successfully deliver online/virtual axial SpA services?

Please select the most appropriate answer below

- Yes - skills were already in place
- Yes - skills were not in place but we have quickly addressed this
- No - skills are not in place but we are working to address this
- No - skills are not in place and we have no plans to address this
- Other (please provide further details below)

Future Care Questions

17. What impact do you think continued social distancing measures will have on the delivery of axial SpA services?

Please provide answer in the comment box below

18. What impact do you think continued social distancing measures will have on those living with axial SpA?

Please provide answer in the comment box below

19. What plans do you have in place to restore access to local hydrotherapy services?

Please select the most appropriate answer below

- No current plans to reopen hydrotherapy services
- Plans to facilitate limited reopening of hydrotherapy services
- Plans to facilitate full reopening of hydrotherapy services
- We do not have access to hydrotherapy services

Please provide further information below

20. What top three policy measures do you think could be put in place at a national level to support the delivery of care for those with axial SpA during a COVID-19 recovery phase (e.g. the next 3-6 months)?

Please provide answer in the comment box below

21. What top three policy measures do you think could be put in place at a national level to support the delivery of care for those with axial SpA beyond an initial COVID-19 recovery phase?

Please provide answer in the comment box below

22. Do you think establishing a ‘minimum service specification’ for axial SpA would be helpful? (e.g. a set of core care standards that should be maintained locally in the event of future COVID-19/other pandemic outbreaks that enforce social distancing measures)

Please select the most appropriate answer below

- Yes
- No
- Not sure

Please provide further information below

23. What key areas would you like to see included within a minimum service specification for axial SpA?

Please provide answer in the comment box below

24. Do you have examples of good local axial SpA care practice that have been put in place since the start of the COVID-19 pandemic?

Please provide answer in the comment box below

- 25. Are there any other axial SpA care practices that you feel should be rolled out nationally beyond the current pandemic?**
Please provide answer in the comment box below