Background/Aims
Treatment guidelines for psoriatic arthritis consider both skin and joint involvement and recommend collaborative multidisciplinary team (MDT) working when selecting therapy. However, multidisciplinary practice for psoriatic disease (PD) has not been well studied, with little data on service models and current practice. This survey explored collaborative working in PD treatment by rheumatology and dermatology healthcare professionals (HCPs) to provide a better understanding of current working patterns, collaborating specialties, as well as benefits and challenges of combined clinics for PD management.

Methods
An online survey was emailed to rheumatology and dermatology HCPs using professional networks. We requested information on role, collaborating specialties, benefits and barriers to collaborative working in PD, and the impact of COVID-19. The ideal service model and additional comments completed the survey.

Results
We received 80 responses between October 2020 and April 2021, covering England, Wales, Scotland and Northern Ireland. Of these, 56 respondents (70.0%) were consultants, 22 (27.5%) clinical nurse specialists and one each a lead pharmacist (1.3%) and specialist registrar (1.3%). Rheumatology HCPs accounted for 40.0% of respondents (n=32) and dermatology HCPs for 60.0% (n=48). As part of their PD MDT, most respondents (n=60, 75.0%) worked collaboratively with other specialties. Combined clinics, whether virtual, face to face or an MDT, accounted for 51.5% of collaborative working for rheumatology HCPs and 58.9% for dermatology HCPs. Collaboration with other specialists mainly occurred by email or written referrals (Table 1). The most important perceived benefits of combined clinics were shared knowledge, better patient outcomes and patient satisfaction. The biggest challenges to setting up combined clinics were job plan time (rated as ‘difficult’ or ‘very difficult’ by 78.8% of respondents), logistics (67.5%) and unsupportive senior management (86.3%), while 77.5% felt COVID-19 had partial or significant impact on combined clinics.

Conclusion
This is the first survey to explore UK collaborative working in PD. Approaches varied, with different models of working and little consistency. While HCPs appreciated the benefits of collaborative working, numerous challenges in establishing formal arrangements were identified. More evidence is needed to demonstrate the perceived benefits of collaborative working in improving patient outcomes by standardising best practice.

Disclosure
A. Kaul: Consultancies; AK has received payment for advisory boards from AbbVie, Janssen, Leo, MSD, Novartis and Pfizer. Honoraria; AK has received speaker fees from AbbVie, Eli Lilly, Janssen, Leo, MSD, Novartis and Pfizer. L. Savage: Consultancies; LS has received payment for advisory boards from AbbVie, Amgen, Biogen, Eli Lilly, Galderma, Janssen-Cilag, Leo, Novartis, Pfizer and UCB. Honoraria; LS has received speaker fees from AbbVie, Amgen, Almirall, Celgene, Celtrion, Eli Lilly, Galderma, Janssen-Cilag, Leo, Novartis, Pfizer, MSD and UCB. Grants/research support; LS has received grants/research funding from Pfizer. P. Gorecki: Other; PG is an employee of Janssen-Cilag Ltd.