Using classical in vitro T cell regulatory assays utilizing a transwell system, we have shown that BiP-specific T cells can suppress the pro-inflammatory collagen-specific response of cells derived from mice with CIA via contact-dependent and cytokine mediated mechanisms. Being a stress protein BiP is upregulated in the joints of mice with arthritis and this endogenous murine BiP separated from joints by SDS-PAGE and western blotting can stimulate T cells to secrete IL-10. Finally BiP-specific cells transferred into mice with CIA can effectively suppress the development of severe arthritis. We propose that immunoregulatory BiP-specific cells home to the inflamed joints where they are activated by upregulated endogenous BiP which enables these cells to dampen local inflammatory responses. The development of BiP as a novel biologic therapy of rheumatoid arthritis is ongoing.

Disclosures: The author has declared no conflicts of interest.

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**IP36. RAMPS: POWERFUL ENDOGENOUS THERAPEUTICS AB-CRYSTALLIN AND THE CONTROL OF CNS INFLAMMATION**

Larry Steinman
Department of Neurology and Neurological Sciences, Stanford University School of Medicine, Stanford, United Kingdom

Abstract not provided

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**IP37. DAMPS AND RAMPS: SUMMING UP**

Gabriel Panayi
Academic Department of Rheumatology, King’s College London, London, United Kingdom

Abstract not provided

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**Implementing research into practice**

**IP38. INTRODUCTION**

Lisa Roberts
School of Health Services, University of Southampton, Southampton, United Kingdom

Abstract not provided

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**IP39. DEMONSTRATING CLINICAL EFFECTIVENESS: IMPLEMENTING PROFESSIONAL STANDARDS INTO CLINICAL PRACTICE**

Lisa Roberts
1Faculty of Health Sciences, University of Southampton, Southampton, United Kingdom; 2Therapy Services, Southampton University Hospitals NHS Trust, Southampton, United Kingdom

Background: It has never been more important for clinicians to demonstrate effectiveness through safety, clinical outcomes, positive patient experience and evidence-based practice. The aim of this improvement initiative was to use patient experience to drive change in a musculoskeletal outpatient service. The specific objectives were to: 1) design and evaluate an information leaflet for new patients; 2) evaluate patients’ experiences of physiotherapy using a standardised tool; and 3) increase adherence to professional standards.

Methods: This 8-stage initiative comprises: a needs-analysis (Stage 1) for developing the leaflet (Stage 3); patients’ feedback on their care episode, pre- and post-leaflet (Stages 2 & 4); and an annual quality monitoring cycle (Stages 5-9).

In total, 1345 patients participated, from rheumatology, orthopaedic, pain clinic and occupational health services. The primary outcome was the Chartered Society of Physiotherapy’s ‘Patient feedback’ questionnaire (a 5-page, 40-item tool comprising nominal and ordinal data, addressing all aspects of physiotherapy from initial contact, to discharge, with three opportunities for free text).

Questionnaires were sent to 100 consecutively-discharged patients, who attended the department at least once (Stage 4). The findings were presented at a workshop and staff identified ways of adhering to the core standards through clinical and administrative processes. After six months, data collection was repeated with 200 patients (Stage 5).

**Results:** The completion rate was 57% (n = 113), with only one statistically significant improvement out of 38 (at the 5% level), probably due to chance. Staff had succeeded in raising awareness, but had not changed their behaviour.

Following a second workshop, a checklist was devised for patients’ notes detailing key items, such as giving choice in treatment options. A new system for booking initial appointments was implemented, as patients’ feedback revealed a lack of choice. These changes were evaluated (Stage 6), with individual feedback (n = 155) for the clinicians.

The completion rate was 73% (n = 113), with improvements in 32 out of 38 items, 8 of which were statistically significant at the 5% level.

Additional achievements from this work include: reduced waiting times by 12 weeks within 3 months of the revised systems; a 6% reduction in non-attendance; improved information, satisfaction and documentation. Providing personal feedback has proved popular with the staff team and now extends to all departmental audits.

**Conclusions:** Although this work has demonstrated significant improvements in patient satisfaction and improved standards within the service, it has also shown that it is insufficient to merely raise clinicians’ awareness of professional standards: system changes are necessary to aid implementation.

Feedback from service-users can be a powerful catalyst for driving change and striving to demonstrate clinical effectiveness.

Disclosures: L.R.’s five-year fellowship is/was funded by Arthritis Research UK.

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**IP40. USING RESEARCH TO INFLUENCE POLICY**

Jo Adams
1Faculty of Health Sciences, University of Southampton, Southampton, United Kingdom; 2Botan Research Centre, University of Oxford, Oxford, United Kingdom

The impact of evidenced based healthcare research carried out between UK universities and the NHS will now be evaluated for “reach” and “significance” (f). This means that applied research conducted within musculoskeletal (MSK) services will need to demonstrate how it may contribute to the benefits of improved services for people with MSK conditions. This session will detail an example of how collaboration between Arthritis Research UK and allied health/nursing practitioners and academics can be used to identify current important practice and policy issues within MSK services. It will showcase an example of how new research can assist commissioned research.

The aim of this session will be to introduce; 1. The work of Arthritis Research UK in identifying current UK practice and policy issues for investigation 2. The potential for AHP/Nursing research to have political and policy impact on MSK services.

3. The process of conducting AHP/Nursing health care research to contribute to public and policy campaigns.

The session will be applicable to AHPs and nurses who are involved in applied healthcare research and interested in the work of Arthritis Research UK in facilitating research that can impact on health policy with MSK services.

Disclosures: The author has declared no conflicts of interest.

Reference


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**IP41. OVERCOMING BARRIERS TO IMPLEMENTING RESEARCH INTO PRACTICE**

Michael Hurley
Rheumatology, King’s College, London, United Kingdom

The impact of evidenced based health care research carried out between UK universities and the NHS will now be evaluated for “reach” and “significance” (f). This means that applied research conducted within musculoskeletal (MSK) services will need to demonstrate how it may contribute to the benefits of improved services for people with MSK conditions. This session will detail an example of how collaboration between Arthritis Research UK and allied health/nursing practitioners and academics can be used to identify current important practice and policy issues within MSK services. It will showcase an example of how new research can assist commissioned research.

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Disclosures: The author has declared no conflicts of interest.

Reference

Understanding the patient perspective

IP43. BEING DIAGNOSED WITH AN INFLAMMATORY ARTHRITIS: THE PATIENTS’ PERSPECTIVE

Julie Taylor1, Marianne Morris1, John Weinman1, Bev Davis1, Tanya Heath2 and Sarah Hewlett1
1School of Health & Life Sciences, University of West of England, Bristol, United Kingdom; 2Psychology, King’s College, London, United Kingdom; 3Academic Rheumatology Unit, University of Bristol, Bristol, United Kingdom

Background: Having made the decision to seek help for their medical problems patients then experience the bewilderment of receiving a diagnosis. Chronic illness is all about individuality. Crisis theory proposes that coping belongs with the patient’s cognitive appraisal of the meaning or significance of the health problem to his or her life. The perceived outcome leads the person to formulate an array of adaptive tasks and then develop the necessary coping skills to deal with these tasks. For example Rheumatoid Arthritis has a familial component therefore some people on reaching the consultation may have an awareness of RA, either good or bad experience. For others the primary reaction may be shock - they are stunned or bewildered that someone often young can be given a diagnosis of arthritis.

There are many factors that can influence the way that a person determines their outlook on their illness and these are often based on illness perceptions or beliefs. Most of the literature is now out dated and retrospective and patients recall may be coloured by experience, adaptation and recall. In addition RA drug therapy has been revolutionized by new and more effective drugs, rapid instigation of therapies and the introduction of biologic therapies. It is becoming rare to see patients with severe disabilities but patients illness representations are influenced by their social world (Leventhal et al 2003), and it may be that patients still assume that RA inevitably means disability and possibly a wheelchair in the future. The illness representations and subsequent coping strategies identified in these old studies may therefore no longer be applicable to the experiences of current RA patients.

Methods: Patients were invited to join the study by their consultant and were then interviewed two to three weeks before their appointment. They were then followed up two weeks after their consultation and re-interviewed. At both time points participants were asked to complete a booklet of questionnaires relating to their joint problems and covering physical, emotional, psychological and social aspects.

Results: These will be presented focusing on the patients’ perceptions of their joint problems pre and post diagnosis and how they appraise these within the context of their illness perceptions.

Conclusions: Previous studies all interviewed patients at a single time point, rather than prospectively following the journeys towards mastery. To continue to follow these patients through their first year on their journey towards mastery it is important to explore not only illness perceptions but how and what influences any change will enhance our understanding enabling us to better support that patient journey.

Disclosures: The authors have declared no conflicts of interest.

IP45. UNDERSTANDING WHERE I’M COMING FROM

Sarah Collins
Dip.Couns, MAHPP, UKCP, West Byfleet, United Kingdom

Abstract not provided

IP46. MAXIMISING CONSULTATION SKILLS: EXPLORING THE PATIENT PERSPECTIVE

Sarah Ryan
1Rheumatology, Haywood Hospital, Stoke on Trent, United Kingdom; 2School of Nursing and Midwifery, Keele University, Stoke on Trent, United Kingdom

Background: People with a musculoskeletal condition have described the benefits of consulting with a clinician in terms of enhancing their perception of control, sharing expert knowledge, seeking reassurance and entering into a partnership aimed at...