National clinical audit for rheumatoid and early inflammatory arthritis

Key findings from the first year
The context

• Rheumatoid arthritis (RA) is a serious and progressive disorder which affects 1% of the population

• Early treatment improves outcomes, reduces disability and is cost effective

• NHS spends approximately £560M each year on managing patients with RA
What we knew before

- Historical and local data, including the 2009 BSR audit and NAO report indicated that:
  - best practice was not being achieved across the NHS
  - there was wide variation in services provided to patients
Audit framework

- Data was collected on all new polyarthritis cases (age>16) from 0-3 months of specialist care
- 1 February 2014 for 12 months (+3 months FU)
- All NHS providers in England and Wales
- Main focus on rheumatoid arthritis, with data from other common arthritides
Organisational findings

- 97% of NHS trusts & health boards took part and 94% supplied data
- 42 trusts (29%) did not provide sufficient data and 5 did not participate
- 29 trusts (20%) had a much lower than expected proportion of patients seen within 3 weeks of referral and were identified as outliers
Organisational findings

• Nationally
  – Consultant staffing: 1.1 per 100,000 population
  – Specialist Nurse staffing: 1.0 per 100,000
  – 75% Trusts access specialist physiotherapy
  – 77% Trusts access specialist OT
  – 55% Trusts access specialist podiatry

• Considerable variation at local level
Organisational findings

- 96% Trusts have telephone helplines for patients (QS6)
- 46% consider they provide timely access to patient education (QS4)
- 54% have dedicated early arthritis clinics (QS2)
- 100% report offering annual review (QS7)
Baseline diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Patients [n]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatoid arthritis</td>
<td>2896</td>
</tr>
<tr>
<td>Psoriatic arthritis</td>
<td>616</td>
</tr>
<tr>
<td>Spondyloarthropathy with peripheral arthritis</td>
<td>201</td>
</tr>
<tr>
<td>Undifferentiated arthritis</td>
<td>1012</td>
</tr>
<tr>
<td>Other</td>
<td>559</td>
</tr>
<tr>
<td>No information provided</td>
<td>1030</td>
</tr>
</tbody>
</table>
At baseline

• Most have active, severe disease
  – Disease Activity Score
    • Mean 5.0
    • 44% severe disease
  – RAID (PROM) Score
    • Mean 5.6
    • Most are of working age (70%)
    • Most are in work (51%)
NICE Quality Standard 1

- Only 17% were referred within 3 working days of their GP appointment
- Median time to referral 34 days
- One quarter waited more than 3 months
- Wide variation across regions and Wales
  - patients from every region waiting > 1 year
  - some patients referred on same day
NICE Quality Standard 2

- 38% of patients were seen within 3 weeks of referral
- 25% of patients waited more than 7 weeks
- Median wait 28 days
- Wide variation across regions and Wales
Relevance of results

• Higher levels of consultant staffing (> 1 per 100,000 population) associated with shorter waiting times:
  – Odds ratio 1.3 (1.1–1.4)

• Having an EIA clinic associated with shorter waiting times:
  – Odds ratio 1.6 (1.4–1.7) respectively

• 12% of referral letters did not indicate that EIA was suspected
NICE Quality Standard 3

- 53% of patients started DMARDs within 6 weeks
- 36% received combinations of DMARDs
- 82% received steroid treatment
NICE Quality Standard 4

• 59% of patients were offered structured education and self-management within 1 month of diagnosis

• Some trusts failed to meet this standard for any patients
NICE Quality Standard 5

- 91% of patients agreed a treatment target with their health professional

- Only 26% achieve this target within 3 months
Improvement over 3 months

• DAS scores fall
  — mean DAS at follow up 3.5 (from 5)
  — 62% have meaningful reduction in DAS
  — 24% achieve remission

• RAID improvement less?
  — mean reduction in RAID 2.4 (from 5.6)
    • meaningful reduction 3 or 50%
Work status

• Baseline (n = 5616)
  – 53% in employment
  – 36% not working

• At follow up (those of working age) n = 748
  – 12% not working or needing frequent time off because of arthritis
  – 42% recalled being asked about work at a rheumatology appointment
Recommendations for practice

- **Educational bodies and providers** should work with primary and secondary care to improve early recognition and referral.
- **Providers** of rheumatology should review processes and capacity to improve waiting times and to allow appropriate follow up.
- **Commissioning** should take account of best practice and Quality Standards.
- **NHS England** should develop better outpatient data systems.
The future

• Audit has raised awareness of the specialty and the need to reduce variation in practice
• Year 2 data will be published in summer 2016
• Important that the audit is recommissioned to build on findings
• Impact has been felt in a number of areas already, with additional staff recruited and services reconfigured
Thank you

British Society for Rheumatology
Bride House, 18-20 Bride Lane, London EC4Y 8EE
rheumatology.org.uk