National clinical audit for rheumatoid and early inflammatory arthritis

Second annual report launch
Building on year one

The most comprehensive benchmarking of NHS rheumatology services to date
For the first time we knew...

• In comparison with the rest of the country
  – How quickly patients are referred
  – How long they wait for appointments
  – How soon they receive treatment
  – What impact RA has on patients
  – What their experience of care is
  – How well units are staffed
  – What the relationship is between staffing and performance
Year one headlines

• Most patients
  – Wait too long for referral
  – Wait too long for rheumatology appointments
  – Are usually treated promptly once seen

• Huge variation across NHS

• Prospective outpatient national audits are feasible but difficult
Year two

• Patients recruited: 1 Feb - 31 Oct 2015 (9 months)
• No design changes from Year 1
  – All incident cases polyarthritis
  – First three months specialist care
  – Audit vs NICE QS for RA
  – Disease activity, PROMs, PREMs, work
Who took part?

- 146 eligible providers
  - 5 did not register
  - 12 returned no data
  - < than Y1 (94 vs 91%)
- 124 (88%) provided sufficient data for local analysis
  - > than Y1 (124 vs 100)
Audit recruitment Y1 and Y2

Number of patients recruited

Feb 2014 - Oct 2015
## Demographics

5,002 patients in year 2:

<table>
<thead>
<tr>
<th>Age group</th>
<th>Male [n(%)]</th>
<th>Female [n(%)]</th>
<th>Total [n(%)]</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>1,815 (36%)</td>
<td>3,187 (64%)</td>
<td>5,002 (100%)</td>
</tr>
<tr>
<td>Working age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16 - 65)</td>
<td>1,161 (33%)</td>
<td>2,328 (67%)</td>
<td>3,489 (70%)</td>
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</tbody>
</table>
Results

• Some similar findings to year one, but some important differences

• First annual report not published until January 2016

• Time required for service changes
  – Clinician behaviour may change more rapidly than staffing or structures
Organisational headlines

• Nationally
  – Consultant staffing: 0.86 per 100,000 population (vs 1.1)
  – Specialist Nurse: 0.84 per 100,000 (vs 1.0)
  – Better data rather than deterioration vs Y1
  – 72% providers access specialist physiotherapy
  – 76% providers access specialist OT
  – 51% providers access specialist podiatry
• Considerable variation at local level
Organisational headlines

• 97% providers have telephone helplines for patients (QS 6)
• 43% consider they provide timely access to patient education (QS 4)
• 57% have dedicated early arthritis clinics (QS2)
• 82% report offering annual review (QS7)

Y1 100%. Y2 figure more accurate
## Baseline diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Patients [n(%)]</th>
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<tbody>
<tr>
<td>Rheumatoid arthritis</td>
<td>2,568 (51%)</td>
</tr>
<tr>
<td>Psoriatic arthritis</td>
<td>524 (11%)</td>
</tr>
<tr>
<td>Seronegative spondyloarthritis</td>
<td>155 (3%)</td>
</tr>
<tr>
<td>Undifferentiated arthritis</td>
<td>696 (14%)</td>
</tr>
<tr>
<td>Other</td>
<td>315 (6%)</td>
</tr>
<tr>
<td>No information provided</td>
<td>744 (15%)</td>
</tr>
</tbody>
</table>
At baseline

- Most have active, severe disease
  - Disease Activity Score
    - Mean 5.0
    - 48% Severe Disease
  - RAID (PROM) Score
    - Mean 5.8
- Most are of working age (70%)
- Most are in work (73%)
NICE Quality Standard 1

- 17% referred by GP within 3 days of presentation (vs 17% Y1)
- 20% referred by GP within 3 working days
- Median time to referral 20 working days (vs 23 working days Y1)
- One quarter waited more than 3 months
- Wide variation
  - Improvement in Wales - median 5 days vs 19 days
NICE Quality Standard 2

• Key outcome measure for the audit
• 37% seen in rheumatology within 3 weeks of referral (vs 38% Y1)
• Median wait 29 days (IQR 16-49) (vs 28 days Y1)
• Wide variation across regions and Wales
NICE Quality Standard 3

- 68% received DMARDs within 6 weeks (vs 53% Y1)
- 36% received combinations of DMARDs (vs 46% Y1)
- 86% received steroids (vs 82% Y1)
- Coding/classification issues may account for some of “improvement”
QS3 and nurse staffing

- Nurse staffing > 1 per 100k influences treatment strategy and timelines
- Starting DMARDs in 6 weeks
  - OR 1.29 (0.77-2.18)
- Use of combination DMARDs
  - OR 2.06 (1.18-3.60)
- Use of steroids
  - OR 1.67 (1.02-2.73)
NICE Quality Standard 4

• 67% offered education and self management within 1 month (vs 59% Y1)
• Improvements seen in all regions, especially London (59% vs 38%)
• But some providers still fail to meet this standard for any patients
NICE Quality Standard 5

- 92% set and agree treatment target *(vs 91%)*
- 52% achieve this target within 3 months *(vs 49%)*
- Higher levels of nurse staffing associated with achieving treatment target OR 1.58 (CI 1.02-2.46)
Improvement over 3 months

• DAS
  – mean DAS at follow up 3.5 (from 5)
  – 60% have meaningful reduction in DAS
  – 31% achieve remission (vs 24% in Y1)

• RAID
  – mean reduction in RAID 2.2 (from 5.8)
  – improvement again less marked than DAS
  – 44% have meaningful reduction in RAID
Work status

• Baseline (n= 2068 RA of working age)
  – 55% in full-time employment
  – 27% not working

• At follow up (n=1430 RA of working age )
  – 14% not working or needing frequent time off because of arthritis
  – 66% recalled being asked about work at a rheumatology appointment (vs 42% Y1)
Results

• Similar findings to Year one
• Time required for service changes
  – Clinician behaviour may change more rapidly than staffing or structures
    • Treatment starts
    • Target setting
    • Work questions
• Influence of specialist nurse staffing
Year 1 - recommendations

• Education to improve early recognition and referral
• Providers to 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
• Raise public awareness of early arthritis
Thank you

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