# SEL Rheumatology Pathways – RA (moderate and severe) and SpA, Outcomes and Monitoring Framework. This framework covers the current financial year (i.e. April current year to March the following year)



An overarching value description for the **SEL Rheumatology Pathways** demonstrated by the pyramid below, partnered with a set of Key Performance Indicators to assign specific monitoring to some elements.

Greater control - disease activity - DAS 28 Quality of life- HAQ Early referral, quick assessment, Regular medicines optimisation Improved mental wellbeing More time spent living life

# Quality & Outcomes Clinical outcomes Clinical safety Life outcomes Value Experience Citizen Carer Staff

Improved experience of hospital care More coordinated care – shared care for medicines. Greater information sharing between care settings Greater understanding for self-management – care plans Someone to turn to in crisis - hotlines

### **Key Outcomes**

The following domains from the <u>NHS Outcomes Framework</u> have been chosen as key outcome measures:

- Domain 2. Enhancing the quality of life for people with long term conditions. High quality outcomes are commissioned and delivered in line with current best practice and high value (see related guidelines at <a href="http://www.nice.org.uk/">http://www.nice.org.uk/</a> and SEL RA and SpA Pathways).
- Domain 4. Ensuring that people have a positive experience of care. Care is commissioned and delivered line with NICE Quality standards for Patient Experience (<a href="http://www.nice.org.uk/guidance/QS15\">http://www.nice.org.uk/guidance/QS15\</a>) and RA (<a href="https://www.nice.org.uk/guidance/qs33/chapter/list-of-quality-statements">https://www.nice.org.uk/guidance/qs33/chapter/list-of-quality-statements</a>).
- 3. To improve the quality of care for individual patients and their carers living with RA and ensure care is well co-ordinated around their needs through a robust

## Cost

- Activity rate
- Per capita cost
- Cost growth

- Reduced A&E attendance by improving the stability of patients' health and patients' ability to self- manage
- Reduced hospital admissions, OP attendance, and length of stay, and increased discharge by improving patients' self–efficacy, the effectiveness of clinical interventions, and condition management
- Cost effective medicine choices, optimising doses and reducing waste

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No.	Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting – in any financial year
1.	Quality Marker: National Early Arthritis Audit https://www.rheumatology.org.uk/practice-quality/audits/neia-audit  Audit covers the first 12 months of specialist care for all patients with rheumatoid pattern inflammatory arthritis (including psoriatic arthritis of the rheumatoid type) and from the first appointment for all patients with suspected inflammatory arthritis and/or axial spondyloarthropathy.	Review results of clinical data from SEL Trusts submitted as a part of the NEAA.  Priority data for review will be those elements of the audit which are of most relevance to the SEL clinical pathways. These are to be selected by mutual agreement.	Audit data collected during the financial year.  The aim is to improve the quality of care for people living with inflammatory arthritis by assessing the performance of rheumatology units against NICE Quality Standards.  There is compelling evidence that early intensive treatment greatly improves the outcome of these disabling diseases, which predominantly affect people of working age.	Trusts	Trusts	End of March
2.	Best value biologic – audit of cost effective choices for biologic naïve patients in Rheumatoid Arthritis (moderate and severe) and Seronegative Spondyloarthropathies	95% of new initiations for biologic therapy follow the local SEL pathway choices and use of the best value biologic.	<ul> <li>(x) The number of new starter patients initiated on a first line biologic for severe RA/moderate RA /Seronegative Spondyloarthropathies</li> <li>(y) The total number of new starter patients initiated on biologics for severe RA/moderate RA/Seronegative Spondyloarthropathies</li> <li>[x/y] x 100 = the percentage of new starter patients initiated on a first line biologic for severe RA/moderate RA/Seronegative Spondyloarthropathies</li> </ul>	Trusts	Trusts	Snapshot audit to be reported by end of September  2 reports – one for RA (to include moderate and severe) and one for Seronegative arthropathies.

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3.	Measure impact of the pathways on overall service commissioning costs to ensure value for money.	High Cost drugs use (Biologics) in SEL ICB	Quarterly breakdown of biologics use and cost by indication for Rheumatology disease by Trust, by SEL ICB.	Acute activity	SEL ICB – Business Intelligence	Quarterly.
4.	Audit of locally commissioned elements of the RA and SpA pathways: Treatment options following multiple biologic treatment failures in SpA and RA (moderate and severe)  For the purpose of this audit, the Rheumatology Pathway Group has agreed the following definitions for multiple lines of therapy:  RA: 5 or more treatment failures  SpA: 3 or more treatment failures	100% to comply with the pathways	<ul> <li>Audit to demonstrate: <ul> <li>Compliance with pathway (including the criteria for treating under this section of the pathway) (100%)</li> <li>Number of patients initiated under this section of the pathway</li> <li>Number of patients stopping (and broad themes on reasons)</li> <li>Clinical outcomes/benefits for patients</li> <li>Off-set /cost-avoidance from implementing the locally commissioned element of the pathways</li> </ul> </li> </ul>	Trusts	Trusts	To be completed by end of March

**Agreed at:** Discussed and approved at SEL Rheumatology pathway meeting 11<sup>th</sup> September 2024 and 4<sup>th</sup> December 2024.

Approved by: SEL Integrated Medicines Optimisation Committee (IMOC) meeting: December 2024

Review Date: April 2025