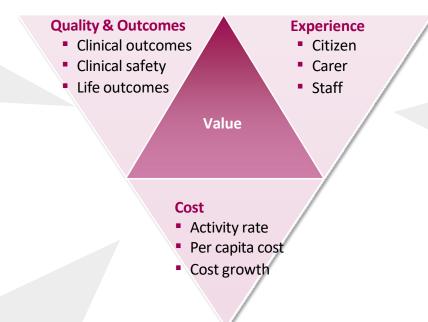
SEL Inflammatory Bowel Disease, Outcomes and Monitoring Framework April 2024 to March 2025



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

Greater control - disease activity - Harvey Bradshaw Index Improve Quality of life – eg EQ-5D Early referral, quick assessment. Regular medicines optimisation (in line with NICE).

Improved mental wellbeing More time spent living life



- 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

- Reduced A&E attendance by improving the stability of patients' health and patients' ability to self- manage
- Reduce unnecessary hospital admissions, offer digital first options for reviews where appropriate, reducing length of stay.
- Cost effective medicine choices, optimising doses.

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Key Outcomes

The following NHS Outcomes Framework 2020 indicators have been chosen as key outcome measures;

- 1. 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 http://www.nice.org.uk/ and SEL IBD Pathway).
- 2. Domain 4. Ensuring that people have a positive experience of care. Care is commissioned and delivered line with NICE Quality standards for Patient Experience (http://www.nice.org.uk/guidance/QS15) and IBD (https://www.nice.org.uk/guidance/qs81). To improve the quality of care for individual patients and their carers living with Inflammatory Bowel Disease and ensure care is well co-ordinated around their needs through a robust care planning and shared goal setting approach.

Measures.

KP	Intervention	Target	Measure and frequency	Data	Who	Frequency of reporting –
				Source	measures	in any financial year
1	Review of all IBD patients on biologic therapies (Pathway 4) at one year and every subsequent year via multidisciplinary clinic		Snapshot audit based on quarter 3 (Oct – Dec 2024) in 24/25: (x) The numbers of IBD patients under the care of the service on a biologic who have been reviewed in the last 12 months at the MDT VC. (y) The numbers of IBD patients under the care of the service on a biologic. [x/y] x 100 = the percentage of IBD patients under the care of the service on a biologic who have been reviewed in the last 12 months at the MDT VC.	Biologics registry or Trust Database	Trust	Annual Report – to cover a snapshot audit.

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KPI	Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting – in any financial year
2.	Audit of locally commissioned elements of the pathway: Audit of adalimumab and infliximab escalated dosing (offlabel)	100% of patients meet the agreed <u>criteria</u> for use of off-label escalated dosing	Audit to demonstrate: Compliance with pathway (100%) Number of patients initiated Number of patients stopping (and broad themes on reasons) Clinical outcomes/benefits for patients Patient numbers de-escalated	Trusts	Trust database	Annual
	Measure impact of the pathway on overall service commissioning costs to ensure value for money.	use (Biologics)	Quarterly breakdown of biologics use and cost by indication for Crohns Disease and Ulcerative Colitis by Trust, for SEL ICB	Acute activity	SEL ICB Business Intelligence	Quarterly review of data.

Note: In 24/25 the number of areas in this framework has been reduced from 4 to 3 indicators.

Approved by:

- SEL IBD Pathway Group October 2024
- SEL Integrated Medicines Optimisation Committee March 2025
- Review date: April 2025