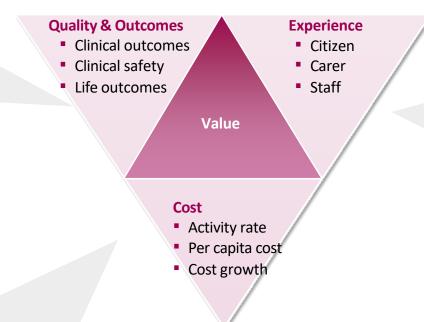


An overarching value description for the SEL IBD Pathway is demonstrated by the pyramid below, partnered with a set of Key Performance Indicators to assign specific monitoring to some elements.

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.



### **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 (<a href="http://www.nice.org.uk/guidance/QS15">http://www.nice.org.uk/guidance/QS15</a>) and IBD (<a href="https://www.nice.org.uk/guidance/qs81">https://www.nice.org.uk/guidance/qs81</a>). 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.

KPI	Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting – 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	1. 99% of all IBD patients on biologic therapies (Pathways 4 & 5) are reviewed at one year and every subsequent year via multidisciplinary clinic	(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
2	Second line biologic therapies used in Crohn's disease and ulcerative colitis	2. Second line biologic therapy choices follow the local SEL pathway	<ul> <li>Audit to demonstrate:</li> <li>Compliance with pathway (100%)</li> <li>Number of patients initiated</li> <li>Number of patients stopping (and broad</li> </ul>	Trusts	Trust database	Annual



				themes on reasons) *     Clinical outcomes/benefits for patients  *For dose escalation, please also outline patient numbers deescalated.			
3.	Audit of locally commissioned elements of the pathways: Audit of patients receiving dual biologic therapy for Crohn's Disease.	•	99% patients receiving dual biologic treatment should have a review 4 to 6 months after initiation Audit of actions post 4 to 6 month review	a) % of patients receiving dual biologic treatment b) % of patient's dual biologic treatment is reviewed in MDM at month 4 to 6 review c) Audit of actions post month 4 to 6 review (in last year): - % continuing on dual biologic treatment vs % drug stop/switch d) Audit of actions at 1 year for patients who have been on dual biologic treatment for 1 year - %continued/stopped/ switched	Trust Database	Trust	Annual
4.	Measure impact of the pathway on overall service commissioning costs to ensure value for money.	•	High Cost drugs use (Biologics) by in SEL ICB	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.



Review date: April 2024

## **Approved by:**

SEL IBD Pathway Development Group - May 2023

SEL Integrated Medicines Optimisation Committee – October 2023