SEL psoriasis biologic drug treatment pathway, Outcomes and Monitoring Framework

Key Outcomes:

The following NHS Outcomes Framework 2015/16 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 dermatology pathway)

2. Domain 4. Ensuring that people have positive experience of care. Care is commissioned and delivered in line with NICE Quality standards for Patient Experience (http://www.nice.org.uk/guidance/QS15\) and psoriasis (https://www.nice.org.uk/guidance/cg153). To improve the quality of care for individual patients and their carers living with psoriasis and ensure care is well co-ordinated around their needs through a robust care planning and shared goal setting approach.

Definitions:

Adequate response - achievement of PASI 75 or PASI 50 (or other standard disease severity assessment tool) with 5-point reduction in DLQI within the outlined timeline for each drug

Psoriasis Measures:

Intervention	**Target**	**Measure**	**Data Source**	**Who measures**	**Frequency of reporting – in any financial year**
Quality marker 1: Patient initiated on biologic therapy using standard disease severity assessment tool (e.g. for plaque psoriasis, PASI (psoriasis area and severity index))	100% of biologic naïve patients (excluding high impact sites/pustular psoriasis patients) should meet NICE severity criteria at baseline	Denominator = the number of patients initiated on their first biologic for psoriasis during the audit period Numerator = the number of people in the denominator who meet NICE severity criteria for that drug at baseline*	Trusts	Trusts	Annual – end of financial year (31st March)

		*Baseline = any time prior to the initiation of biologic therapy			
Quality Marker 2: Patient continued on biologic therapy using standard disease severity assessment tool	>90% of all patients continuing biologic therapy (excluding dose escalations/high impact sites/pustular psoriasis) should achieve and/or maintain an adequate response (per NICE criteria)	Denominator = the number of people continuing biologic therapy (beyond the first review date) Numerator = the number of people in the denominator who have achieved an adequate response Representative sample of 50 patients annually (excluding patients started on biologic therapy prior to June 2018 if baseline PASI / DLQI not recorded) To include any patient who has continued treatment beyond the first assessment as per NICE	Trusts	Trusts	Annual – end of financial year (31st March)
Quality Marker 3: Ensure Trusts are engaging with the British Association of Dermatologists Biologic Register (BADBIR) through the enrolment of eligible patients commencing biologic therapy for psoriasis'	BADBIR centre report to demonstrate number of patients enrolled.	Annual report of patients enrolled in BADBIR	Trusts	Trusts	Annual – end of financial year (31st March)

Quality Marker 4: Ensure that people with psoriasis have a positive experience of care	Conduct a snapshot survey to include at least 50 completed patient satisfaction questionnaires (each Trust to report back in relation to their local benchmark)	Submission of an anonymised high level summary of questionnaire results. Complete a brief action plan to encompass any learnings from the survey	Trusts	Trusts	Submission of questionnaire results annually – end of financial year (31st March)
Quality Marker 5: Ensure the most long term cost effective biologic is used first line	At least 50% biologic naïve patients to be initiated on adalimumab	Denominator = the number of people initiated on a first biologic (who do not have a contra-indication to TNFi) Numerator = the number of people in the denominator who were prescribed adalimumab first line	Trusts	Trusts	Annual - end of financial year (31st March)
Quality Marker 6: To ensure the best value from medicines – uptake of biosimilar medicines in line with the agreed pathway	All patients considered for biosimilar medication All new patients initiated on biosimilar medication where licensed and commercially available 80% or greater of dispensed doses for infliximab are for the biosimilar brand 80% or greater of dispensed doses for etanercept are for the biosimilar brand	% total number of dispensed doses (i.e. total number of biosimilar dose units (x), total number of doses, any brand (y) KPI figure = (x/y) x 100% Exception reporting – number of patients reviewed to switch to biosimilar but remain on originator product 100% of initiation prescriptions for biosimilar medication where available	Trusts	Trusts	Annual - end of financial year (31st March)

	80% of greater of dispensed doses for adalimumab are for the biosimilar brand				
Quality Marker 7: Measure impact of the pathway on overall service commissioning costs to ensure value for money	High Cost Drugs use (biologics) by CCG in SEL	Quarterly breakdown of biologics use and cost by indication for psoriasis by Trust, by CCG in SEL London – uptake of biosimilar medicines by Trust	Acute activity LPP	South Coast CSU LPP	Quarterly Q1: by 31st July Q2: by 31st October Q3: by 31st January Q4: by 30th April
Quality Marker 8: Measure effectiveness of dose escalations/in psoriasis at high impact sites/pustular psoriasis as defined in the pathway	Annual breakdown of dose escalations, high impact site and pustular psoriasis patients in the last 12 months to include drug, dose, indication and number achieving an adequate response.	Annual breakdown of dose escalation, high impact site and pustular psoriasis patients to include drug, dose indication. For each agreed dose escalation capture the number of patients achieving an adequate response at 24 weeks, or earlier where specified in product license for that escalation (outlined in the dose escalation table). To capture the number of patients on treatment for pustular psoriasis/high impact sites who have achieved an adequate response as outlined in the pathway.	Trusts	Trusts	Annual – end of financial year (31st March)
Quality Marker 9: To ensure patients on escalated off label dose escalations have been fully counselled on the benefits versus risk of treatment.	100% of patients on off label escalated doses have been counselled on the risks versus benefit of treatment and this is documented in the clinical notes/letter.	Denominator = the number of patients on escalated off label biologic doses. Numerator = the number of people in the denominator who have clinical notes/letter detailing discussion with patient regarding benefit versus risk with escalated therapy.	Trusts	Trusts	Annual - end of financial year (31st March)