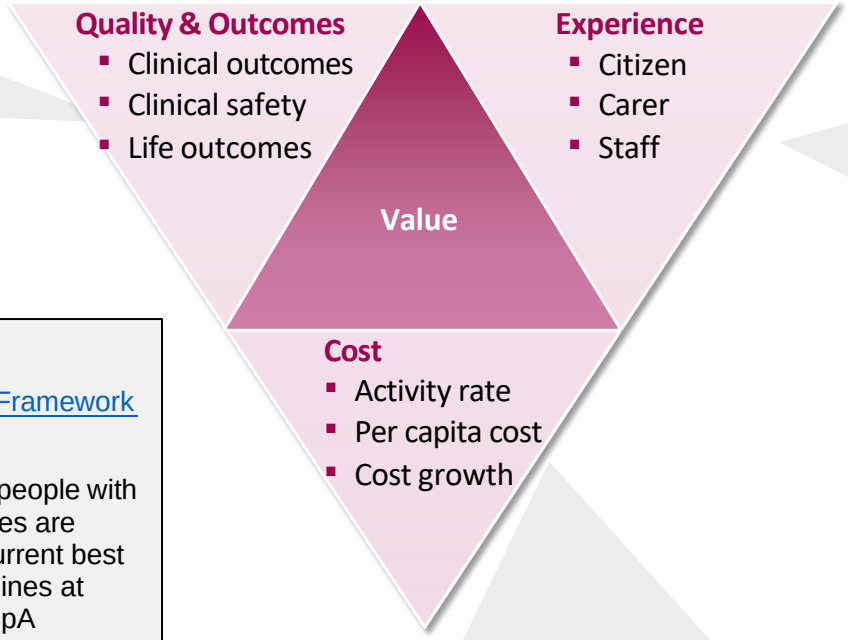
SEL Rheumatology Pathways – RA (moderate and severe) and SpA, Outcomes and Monitoring Framework.
This framework covers the current financial year (i.e. April current year to March the following year)

gg.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



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 NHS Outcomes Framework 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 RA and SpA Pathways).

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 RA (https://www.nice.org.uk/guidance/qs33/chapter/list-of-quality-statements).
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

- 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

South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London Integrated Care System: covering the boroughs of Bexley/Bromley/Greenwich/ Lambeth/Lewisham and Southwark and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust.
Last reviewed and approved: September 2023 **Next review date:** March 2024 (or sooner if indicated)

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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 – 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.	(x) The number of new starter patients initiated on a first line biologic for severe RA/moderate RA /Seronegative Spondyloarthropathies (y) The total number of new starter patients initiated on biologics for severe RA/moderate RA/Seronegative Spondyloarthropathies [x/y] x 100 = the percentage of new starter patients initiated on a first line biologic for severe RA/moderate RA/Seronegative Spondyloarthropathies	Trusts	Trusts	2 month snapshot to be reported by end of March.. 2 reports – one for RA (to include moderate and severe) and one for Seronegative arthropathies.

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 pathways: i. Dose escalation adalimumab in RA ii. Dose escalation guselkumab in PsA	Annual audit – Trusts to complete **both audits**.	Audits to demonstrate: - Compliance with pathway (100%) - Number of patients initiated - Number of patients stopping (and broad themes on reasons)* - Clinical outcomes/benefits for patients - Off-set /cost-avoidance from implementing the locally commissioned element of the pathways. *For dose escalation, please also outline patient numbers de-escalated.	Trusts	Trusts	To be completed by end of March

Agreed at: Discussed and approved at SEL Rheumatology pathway meeting 26th July 2023.
Approved by: SEL Integrated Medicines Optimisation Committee (IMOC) meeting: September 2023
Review Date: March 2024