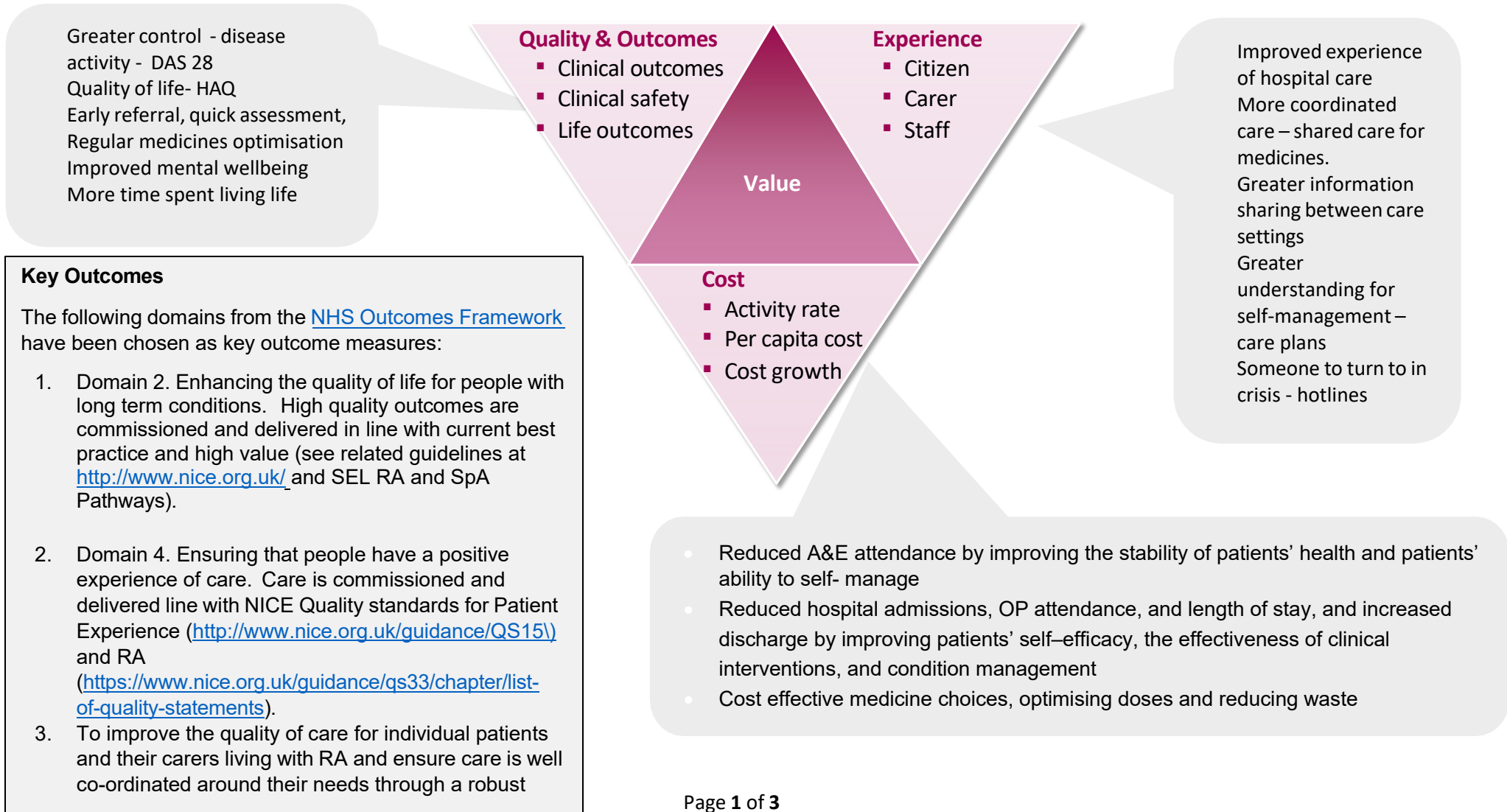


**SEL Rheumatology Pathways – RA (moderate and severe) and SpA, Outcomes and Monitoring Framework.**  
**This framework covers the current financial year (i.e. April current year to March the following year)**



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.



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No.	Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting – in any financial year
1.	<p><b>Quality Marker: National Early Arthritis Audit</b>  <a href="https://www.rheumatology.org.uk/practice-quality/audits/nea-audit">https://www.rheumatology.org.uk/practice-quality/audits/nea-audit</a></p> <p>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 spondyloarthritis.</p>	<p>Review results of clinical data from SEL Trusts submitted as a part of the NEAA.</p> <p>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.</p>	<p>Audit data collected during the financial year.</p> <p>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.</p>	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.	<p>(x) The number of new starter patients initiated on a first line biologic for severe RA/moderate RA /Seronegative Spondyloarthropathies</p> <p>(y) The total number of new starter patients initiated on biologics for severe RA/moderate RA/Seronegative Spondyloarthropathies</p> <p><math>[x/y] \times 100</math> = the percentage of new starter patients initiated on a first line biologic for severe RA/moderate RA/Seronegative Spondyloarthropathies</p>	Trusts	Trusts	<p>Snapshot audit to be reported by end of September</p> <p>2 reports – one for RA (to include moderate and severe) and one for Seronegative arthropathies.</p>

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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.	<p>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)</p> <p>For the purpose of this audit, the Rheumatology Pathway Group has agreed the following definitions for multiple lines of therapy:</p> <ul style="list-style-type: none"> <li>• RA: 5 or more treatment failures</li> <li>• SpA: 3 or more treatment failures</li> </ul>	100% to comply with the pathways	<p>Audit to demonstrate:</p> <ul style="list-style-type: none"> <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>	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