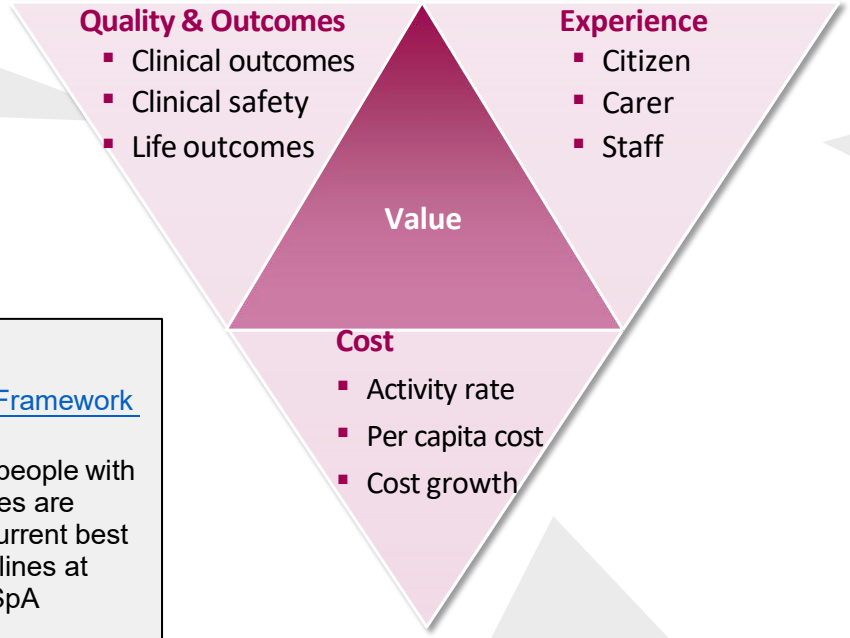
SEL Rheumatology Pathways – RA (moderate and severe) and SpA, Outcomes and Monitoring Framework.
This framework covers the current financial year (i.e. April current year to March the following year)

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.

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 care planning and shared goal setting approach.

- 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: December 2024 **Next review date:** April 2025 (or sooner if indicated)

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 2026
2.	Best value biologic – audit of cost-effective choices for biologic naïve patients in Rheumatoid Arthritis (moderate and severe) **and** Seronegative Spondyloarthropathies (SpA)	95% of new initiations for biologic therapy follow the local SEL pathway choices and use of the best value biologic.	Snapshot audit based on quarter 1 (April – June 2025) in 25/26: (x) The number of new starter patients initiated on a first line biologic for severe RA/moderate RA/SpA (y) The total number of new starter patients initiated on biologics for severe RA/moderate RA/Seronegative SpA [x/y] x 100 = the percentage of new starter patients initiated on a first line biologic for severe RA/moderate RA/Seronegative SpA	Trusts	Trusts	Annual report – to cover a Snapshot audit 2 reports – one for RA (to include moderate and severe) and one for Seronegative arthropathies.

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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.	Cost effective choices for biologic naïve patients with moderate to severe RA - audit of subcutaneous (SC) abatacept use in RA and associated costings	100% of initiations for SC abatacept follow the local SEL RA pathway	Snapshot audit based on quarter 1 (April – June 2025) in 25/26: Audit to demonstrate: - Compliance with pathway (100%) - Number of patients initiated on SC abatacept - Rationale for initiation of SC abatacept - Number of patients stopping treatment with abatacept (and broad themes on reasons) - Clinical outcomes/benefits for patients - Cost of initiating SC abatacept in comparison to first line treatment e.g. rituximab infusion	Trusts	Trusts	End of March 2026 Annual report – to cover a Snapshot audit
5.	Audit of locally commissioned elements of the SpA pathways: Audit on dose escalated weekly adalimumab in PsA (off-label use)	100% of adalimumab dose escalations comply with agreed criteria for use in line the local SEL SpA pathway	Audit to demonstrate: - Compliance with pathway (including the criteria for treating under this section of the pathway) (100%) - Number of patients initiated under this section of the pathway - Number of patients stopping (and broad themes on reasons) - Clinical outcomes/benefits for patients - Number of patients de-escalated	Trusts	Trusts	End of March 2026

Agreed at: Discussed and approved at SEL Rheumatology pathway meeting: July 2025
Approved by: SEL Integrated Medicines Optimisation Committee (IMOC) meeting: November 2025
Review Date: April 2026