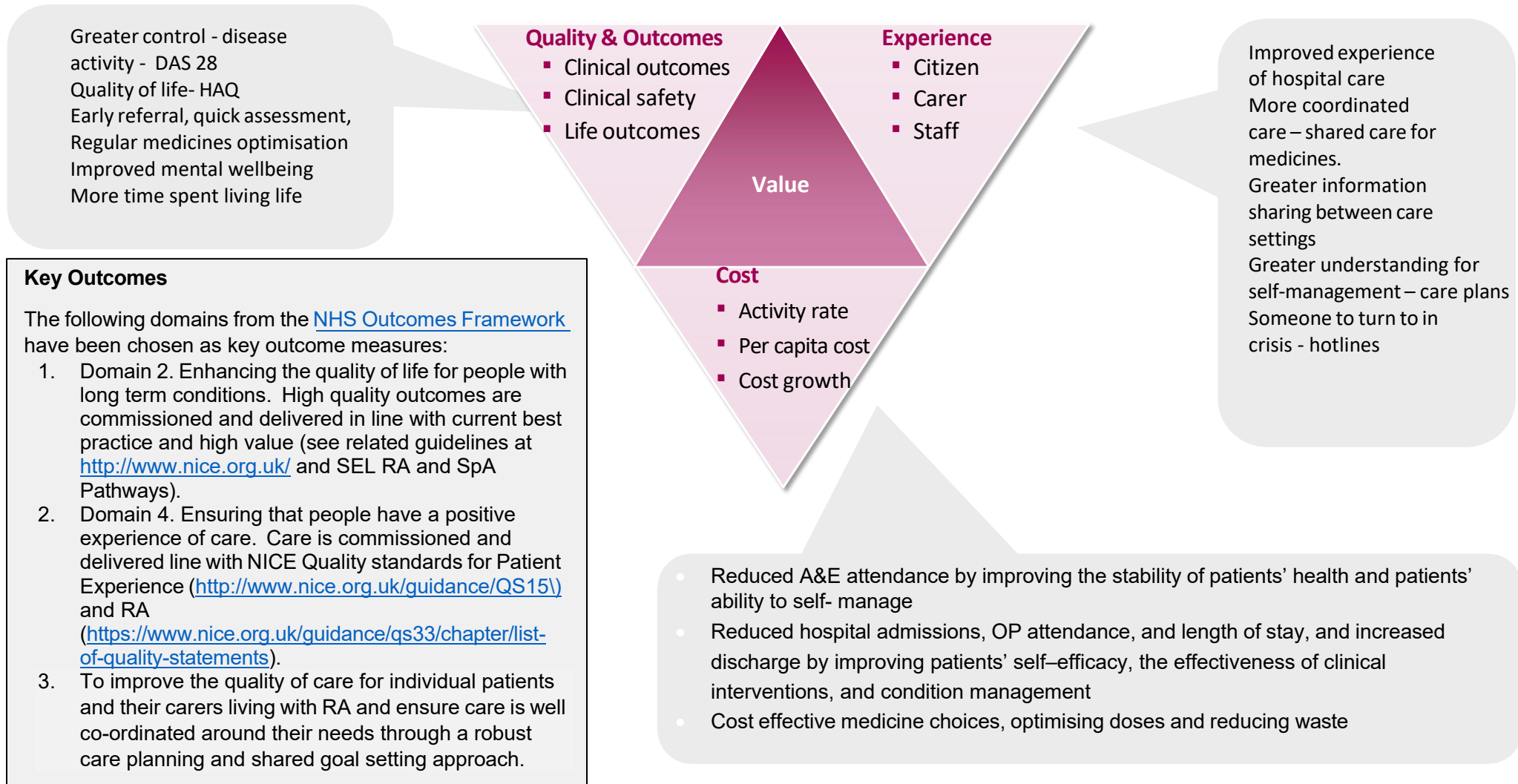


SEL Rheumatology Pathways – RA (moderate and severe) and SpA, Outcomes and Monitoring Framework.
This framework covers the current financial year April 2026 to March 2027



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.	Quality Marker: National Early Inflammatory Autoimmune Diseases Audit (NEIAA) https://www.rheumatology.org.uk/impoving-care/audits/neiaa Audit covers the first 12 months of specialist care for people over the age of 16 living with Early Inflammatory Arthritis (EIA), assessing waiting times, time to treatment, clinical response to treatment and patient-reported outcomes. The NEIAA aims to improve the quality of care for people living with inflammatory arthritis.	Review results of clinical data from SEL Trusts submitted as a part of the NEIAA. 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 2027
2.	Best value biologic – audit of cost-effective choices for biologic naïve patients in: Rheumatoid Arthritis (moderate and severe) patients AND Seronegative Spondyloarthropathies (SpA) patients	70% of new initiations for rheumatoid arthritis initiated on adalimumab 95% of new initiations for biologic therapy follow the local SEL pathway choices and use of the best value biologic.	- Annual audit based on 2025/26 financial year using the rheumatology dashboard for RA. - Snapshot audit based on quarter 1 (April – June 2026) of 26/27 for SpA (x) The number of new starter patients initiated on a first line biologic for RA/SpA (y) The total number of new starter patients initiated on biologics for RA/SpA $[x/y] \times 100$ = the percentage of new starter patients initiated on a first line biologic for RA/SpA	Trusts	Trusts	Annual report – to cover 2025/2026 using the rheumatology dashboard for RA and snapshot audit for SpA (Q1 26/27) report October 20262 reports – one for RA and one for SpA

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3.a	Report of second line and subsequent therapies following treatment failure of first line biologic treatment	Due to changes in national high cost drugs arrangements impacting, for this year only data is being reported from the dashboard.	Using the rheumatology dashboard provide a snapshot of which drugs patients are prescribed for RA (and whether this is 2 nd , 3 rd , 4 th etc line)	Trusts	Trusts	To be completed by end of Jan 2027 using the rheumatology dashboard for RA with data from 25/26
3b.	For RA patients who have received anti-TNF first line, an audit to assess which therapy is used second line	100% to comply with the pathway	Snapshot audit for RA, to demonstrate 100% compliance with the pathway (x) The number of RA patients initiated on a second line biologic and subsequent therapies for RA in line with the pathway (y) The total number of RA patients initiated on a second line biologic and subsequent therapies for RA $[x/y] \times 100$ = the percentage of patients initiated on a second line biologic and subsequent therapy in line with the pathway	Trusts	Trusts	Snapshot audit to be complete by Jan 2027

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4.	Audit of locally commissioned elements of the pathways: Dose escalated guselkumab in PsA	100% of dose escalated guselkumab to comply with agreed criteria for use in line the local SEL SpA pathway	Audit to demonstrate: - Compliance with pathway (100%) - Number of patients initiated - Number of patients stopping (and broad themes on reasons) - Clinical outcomes/benefits for patients - Number of patients de-escalated	Trusts	Trusts	Annual report to be completed by end of March 2027
5.	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

Agreed at: Discussed and approved at SEL Rheumatology pathway meeting: May 2026. Amended post meeting and approved via Rheumatology Pathway Group Chair's action September 2026.

Approved by: SEL Integrated Medicines Optimisation Committee (IMOC) meeting: September 2026

Review Date: April 2027