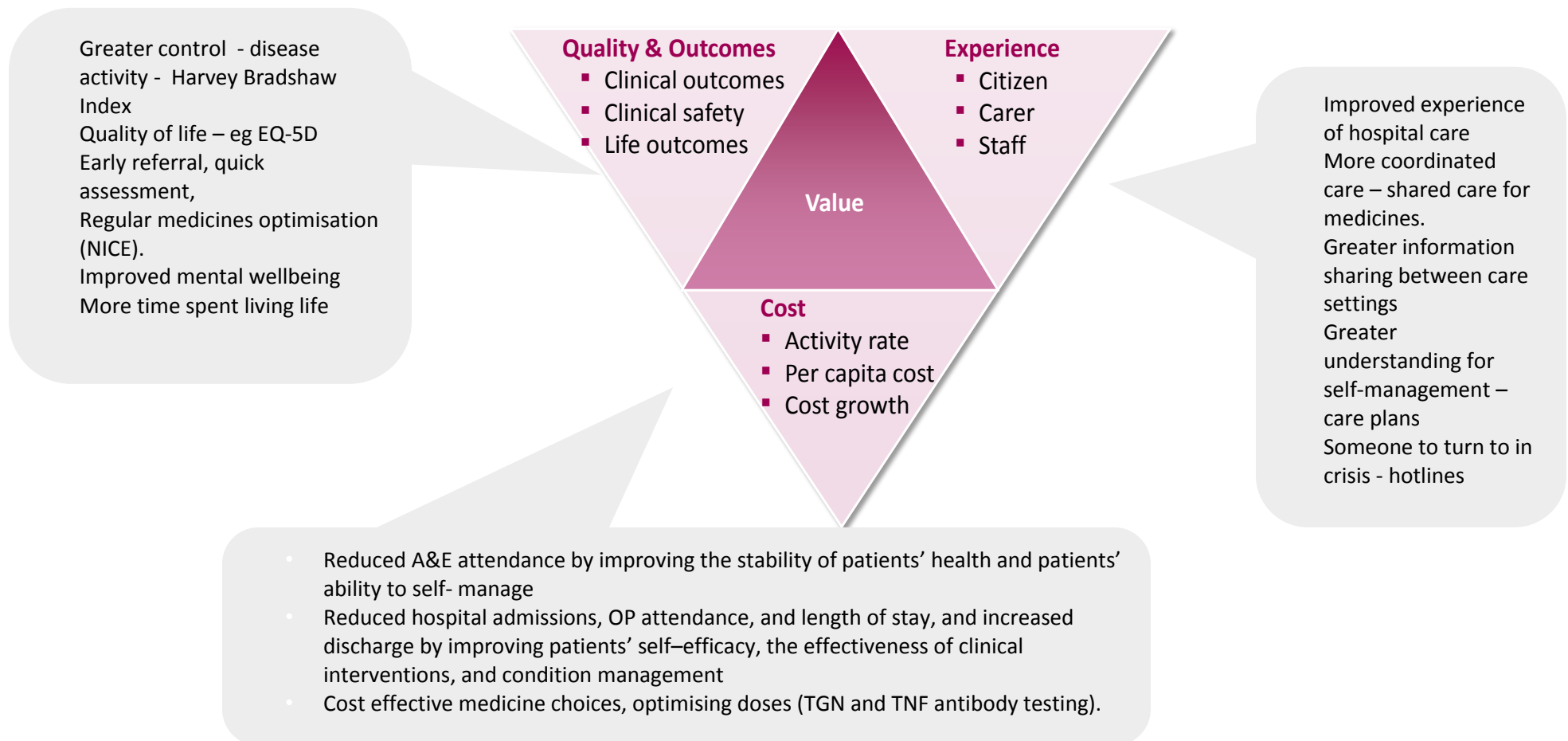


SEL Inflammatory Bowel Disease, Outcomes and Monitoring Framework



October 2015

An overarching value description for the [SEL IBD pathway](#) is demonstrated by the pyramid below, partnered with a set of Key Performance Indicators to assign specific monitoring to some elements.



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 IBD Pathway](#)).
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 IBD (<https://www.nice.org.uk/guidance/qs81>). To improve the quality of care for individual patients and their carers living with Inflammatory Bowel Disease and ensure care is well co-ordinated around their needs through a robust care planning and shared goal setting approach.

Measures.

Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting
Review of all IBD patients on biologic therapies (Pathway 4) at one year and every subsequent year via multidisciplinary clinic.	99% of all IBD patients on biologic therapies (Pathway 4) are reviewed at one year and every subsequent year via multidisciplinary clinic <i>6 monthly report</i>	(x) The numbers of IBD patients under the care of the service on a biologic who have been reviewed in the last 12 months at the MDT VC. (y) The numbers of IBD patients under the care of the service on a biologic. [x/y] x 100 = the percentage of IBD patients under the care of the service on a biologic who have been reviewed in the last 12 months at the MDT VC.	Biologics registry or Trust Database	Trust	March 16
Review inappropriate mesalazine prescribing in Crohns Disease in patients on biologics.	All appropriate patients on an opportunistic basis. Clear communication with the patient and GP.	Ongoing	n/a	Trusts	Exception report only
Implementation of dose banding for infliximab to reduce vial wastage	100% of prescriptions for infliximab for CD or UC are dose banded	(x) The number of prescriptions of infliximab for CD or UC which are dose banded (y) The total number of prescriptions	tbc	Trusts	Quarterly or one snapshot audit for Trusts who have already

Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting
		of infliximab for CD or UC [x/y] x 100 = the percentage of prescriptions of infliximab for CD or UC which are dose banded			implemented.
Annual drug and antibody levels for stable IBD patients on infliximab in remission (Pathway 4, annual review).	Audit of actions taken post-drug and antibody level testing in stable IBD patients on infliximab.	% of stable IBD patients receiving infliximab who have annual drug and antibody levels measured and appropriate action taken. <u>Result and action taken post levels:</u> % of patients with suprathreshold levels and action taken % of patients with undetectable levels and action taken % of patients with sub-therapeutic levels and action taken % of patients with no change required.	Manual data collection or 3 month audit	Trusts	3 month snapshot data collection and audit period. To be submitted by Feb 2016
Annual drug and antibody levels for IBD patients on infliximab who are losing response (pathway 4, loss of response).	Audit of actions taken post-drug and antibody level testing for IBD patients on infliximab who are losing response.	% of stable IBD patients receiving infliximab who have annual drug and antibody levels measured and action taken. <u>Result and action taken post levels:</u> % of patients who have subtherapeutic levels + antibody detected and action taken. Give details of alternative provided. % of patients who have sub	Manual data collection or 3 month audit	Trusts	3 month snapshot data collection and audit period. To be submitted by Feb 2016

Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting
		<p>therapeutic levels without antibody detected and action taken.</p> <p>% of patients who have therapeutic levels + antibody detected and action taken.</p> <p>% of patients who have therapeutic levels without antibody detected and action taken. Give details of alternative provided.</p>			
<p>Patients with IBD who have been commenced on azathioprine have TGN levels checked at least 12 weeks after starting azathioprine therapy and action taken to optimise.</p> <p>Patients with IBD on maintenance azathioprine who have lost response to azathioprine on review or flare have TGN levels checked and action taken.</p> <p>Pathway 3</p>	<p>95% of IBD patients started on azathioprine have TGN level testing within 12 weeks</p> <p>95% of IBD patients who have lost response to azathioprine have TGN level taken at review.</p> <p>Audit of actions taken post TGN level testing in IBD patients taking azathioprine who have sub therapeutic or absent TGN levels – 95% have an appropriate action to optimise levels</p>	<p>% of IBD patients started on azathioprine who have TGN level testing within 12 weeks</p> <p>% of IBD patients who have lost response to azathioprine who have TGN level taken at review.</p> <p><u>Actions taken post levels:</u></p> <p>% of patients who have sub therapeutic or absent TGNs – actions taken</p>	Manual data collection or 3 month audit	Trusts	<p>3 month snapshot data collection and audit period.</p> <p>To be submitted Feb 2016</p>
First line biologic – cost effective choices for new starters in Crohn's	New CD initiations for biologic therapy follow the local SEL pathway	(x) The number of new starter patients initiated on infliximab and adalimumab/ for Crohns disease	Trusts	Trusts	Quarterly

Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting
disease.	choices; 60% will be adalimumab 40% infliximab.	(y) The number of new starter patients initiated on biologics for Crohns disease [x/y] x 100 = the percentage of new starter patients initiated on infliximab and adalimumab/ for Crohn's disease. Monthly measure.			
Establish and maintain a registry of patients within the service receiving maintenance biologics for chronic active UC, and CD.	95% of patients within the service receiving maintenance biologics for chronic active UC, and CD have key data captured within a registry. Summary key data elements (no patient identifiable data) are shared with commissioners quarterly	<ol style="list-style-type: none"> 1. Patients started on alternative biologic due to secondary failure. Numbers, prior therapy, rationale, outcome of clinical response. 2. Crohns disease patients commenced on vedolizumab – numbers, prior therapy, rationale, outcome of clinical response. 	Biologics Registry	Trust	Quarterly summary data report. By 31 March 2016, Annual Trust report on learnings and key actions from review of biologics registry data.
Ensure that people have a positive experience of care.	95% of Patients to be given a patient satisfaction questionnaire to encompass key elements of http://www.nice.org.uk/guidance/QS15	(x) The number of patients provided a patient satisfaction survey (y) The total number of patients to have attended an IBD clinic appointment [x/y] x 100 = percentage of Patients to be given a patient satisfaction questionnaire	Patient satisfaction questionnaire to encompass key elements of http://www.nice.org.uk/gui	Trusts	Submission of questionnaire results by December 2015.

Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting
	Include assessment of working days lost.		dance/QS15		
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 (infliximab, adalimumab, vedolizumab, golimumab) by indication for Crohns Disease and Ulcerative Colitis by Trust, by CCG in SEL.	Acute activity	South Coast CSU	Quarterly.

Approved by: SEL Area Prescribing Committee

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