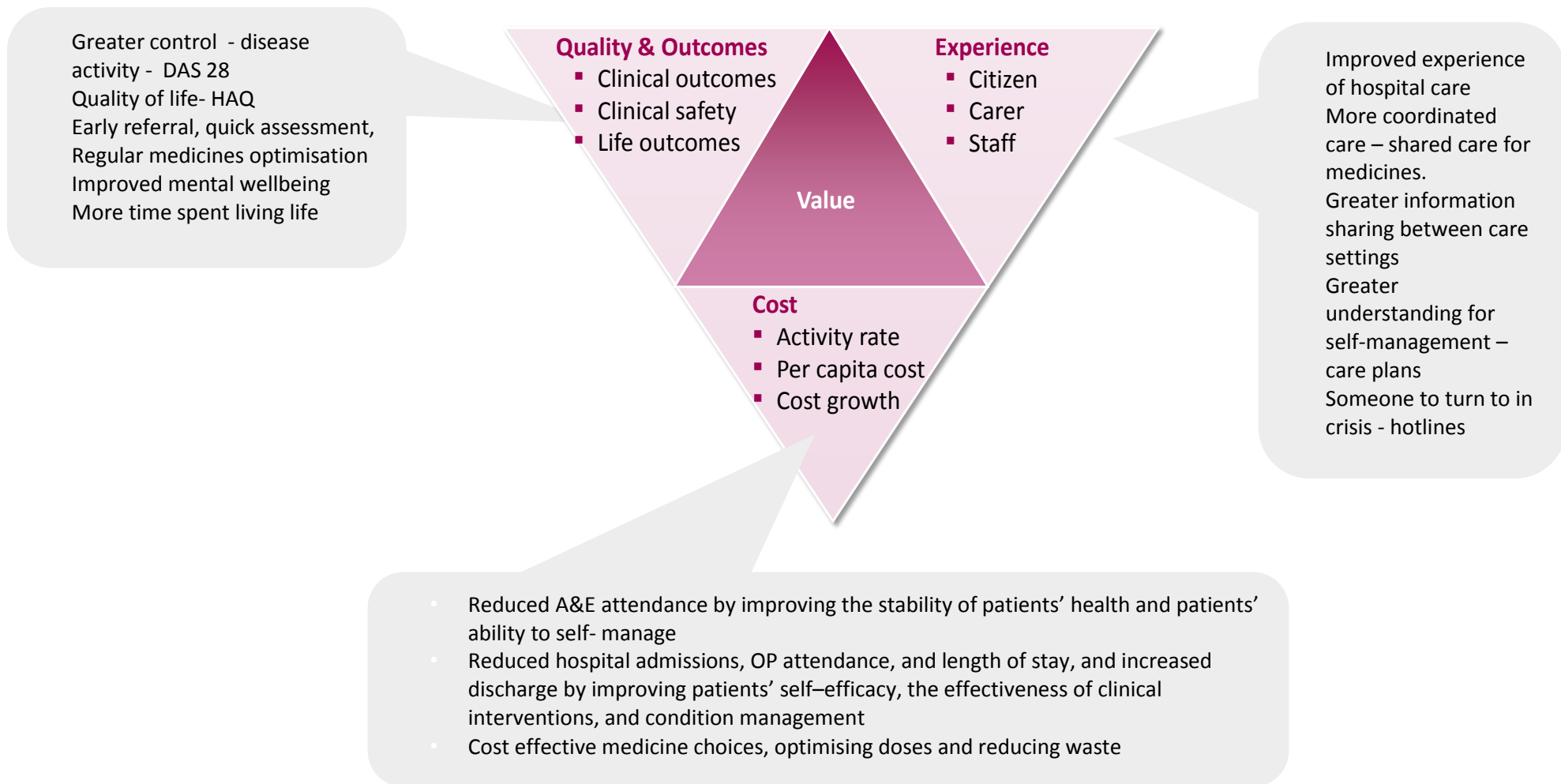


**SEL Rheumatology Pathways, Outcomes and Monitoring Framework.**

**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.



## 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 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.

## Rheumatoid Arthritis Measures.

Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting – in any financial year
<p><b>Quality marker : DAS 28</b></p> <p>Patients <i>initiated</i> on biologic therapy by DAS 28 score.</p> <p>(*An adequate response is defined as an improvement in disease activity score (DAS28) of 1.2 points or more)</p>	<p><i>100% of patients should have DAS 28 score recorded at biologic initiation.</i></p> <p><i>100% of patients should have DAS 28 score recorded within 6months of biologic initiation.</i></p> <p><i>100% of patients at the 6 month review should continue therapy only if disease shows an adequate response</i></p>	<p><i>% of patients with DAS 28 score recorded at biologic initiation.</i></p> <p><i>% of patients with DAS 28 score recorded within 6months of biologic initiation.</i></p> <p><i>% of patients at the 6 month review who continue therapy only if disease shows an adequate response</i></p> <p>Annual audit</p>	Trusts	Trusts	Annual – end of financial year (31 <sup>st</sup> March)

Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting – in any financial year
<p><b>Quality marker : DAS 28</b></p> <p>Patients <b>continued</b> on biologic therapy by DAS 28 score.</p>	<p>100% of patients on continuing biologic therapy should have a recent (within the last 12 months) DAS 28 score.</p> <p>&gt;70% of all RA patients who are on continuing biologic therapy should be well controlled (defined by a DAS 28 score of &lt;5.1)</p>	<p>% of patients on continuing biologic therapy who have a recent (within the last 12 months) DAS 28 score.</p> <p>% of all RA patients who are on continuing biologic therapy who are well controlled (defined by a DAS 28 score of &lt;5.1)</p>	Trusts	Trusts	Annual – end of financial year (31 <sup>st</sup> March)
<p><b>Quality Marker : Annual Review</b></p> <p>All patients on biologics should have access to a comprehensive annual review in line with NICE Quality standards*.</p> <p>Review of treatment in line with pathway by DAS score</p>	<p>100% of all patients on continuing biologic therapy should have a comprehensive annual review * which is co-ordinated by the rheumatology service</p> <p>Numbers of patients on continuing biologic therapy who are stopped or switched to alternative therapy.</p>	<p>% of patients on continuing biologic therapy who have a comprehensive annual review * which is co-ordinated by the rheumatology service</p> <p>Number &amp; % of patients on continuing biologic therapy who <u>have</u> sustained a DAS 28 score improvement of &gt;1.2 who have their current biologic treatment stopped and subsequent next treatment offered (None or give drug details).</p> <p>Number &amp; % of patients on continuing biologic therapy who have <u>NOT</u> sustained a DAS 28 score improvement of &gt;1.2 who have their current biologic treatment stopped and subsequent next treatment offered (None or give drug details).</p>	Trusts	Trusts	Annual – end of financial year (31 <sup>st</sup> March)

Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting – in any financial year
Quality Marker : HAQ	Snapshot of HAQ score in SEL patients on continuing biologic therapy.	A pseudonymised, list of 50 SEL patients on biologics from each Trust to be provided to a nominated Trust lead by SE CSU (Sept 2016). Trust to provide an anonymised report of current HAQ score by patient & average HAQ score for the sample within 3 months of receipt.	SC CSU Trusts	Trusts	Annual snapshot – end of financial year (31 <sup>st</sup> March)
Ensure that people with Rheumatoid Arthritis have a positive experience of care.	Conduct a snapshot survey to collect at least 50 completed patient satisfaction questionnaires to encompass key elements of <a href="http://www.nice.org.uk/guidance/QS15">http://www.nice.org.uk/guidance/QS15</a> Include assessment of working days lost.	Submission of an anonymised high level summary of questionnaire results. Complete a brief action plan to encompass any learnings from the survey	Patient satisfaction questionnaire to encompass key elements of <a href="http://www.nice.org.uk/guidance/QS15">http://www.nice.org.uk/guidance/QS15</a>	Trusts	Submission of questionnaire results Annual. – end of financial year (31 <sup>st</sup> March)  <b>Use The Patient Reported Experience Measure (PREM) Questionnaire for consistency across Trusts.</b>
To ensure the best value from medicines – uptake of biosimilar medicines in line with the agreed pathway.	80% or greater of dispensed doses for infliximab are for the biosimilar brand by March 2017 or earlier  80% or greater of dispensed doses for etanercept 50mg are for the biosimilar brand by	% total number of dispensed doses (i.e. total number of infliximab biosimilar dose units (x), total number of infliximab doses, any brand (y), KPI figure = (x/y) x 100%  % total number of dispensed doses (i.e. total number of etanercept 50mg biosimilar dose units (x), total number	Trusts  Trusts	Trusts  Trusts	Quarterly  Q1: by 31 <sup>st</sup> July Q2: by 31 <sup>st</sup> October Q3: by 31 <sup>st</sup> January  Q4: by 30 <sup>th</sup> April Target measured at 31 <sup>st</sup> March .

Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting – in any financial year
	March 2017 or earlier	of etanercept 50mg doses, any brand (y), KPI figure = (x/y) x 100%			
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 by indication for Rheumatology disease by Trust, by CCG in SEL.  London – uptake of biosimilar medicines by Trust	Acute activity  LPP	South Coast CSU  LPP	Quarterly.  Q1: by 31 <sup>st</sup> July Q2: by 31 <sup>st</sup> October Q3: by 31 <sup>st</sup> January Q4: by 30 <sup>th</sup> April

### **Seronegative Spondyloarthritis Biologic Drug Treatment Pathway Measures,**

Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting
<b>Quality marker :</b>  Patients <b>initiated</b> on biologic therapy by PsARC+/-PASI or BASDAI/VAS score.	<i>100% of patients should have score recorded at biologic initiation.</i>  <i>100% of patients should have score recorded within 6months of biologic initiation.</i>  <i>100% of patients at the 6 month review should continue therapy only if disease shows an adequate response.</i>	<i>% of patients with score recorded at biologic initiation.</i>  <i>% of patients with score recorded within 6months of biologic initiation.</i>  <i>% of patients at the 6 month review who continue therapy only if disease shows an adequate response</i>  Annual audit	Trusts	Trusts	Annual – end of financial year (31 <sup>st</sup> March)
<b>Quality marker :</b>  Patients <b>continued</b> on	<i>100% of patients on continuing biologic therapy should have a</i>	<i>% of patients on continuing biologic therapy who have a recent (within the</i>	Trusts	Trusts	Annual – end of financial year (31 <sup>st</sup> March)

Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting
biologic therapy by PsARC+/-PASI or BASDAI/VAS score	<p><i>recent (within the last 6 months) score.</i></p> <p><i>&gt;70% of all patients who are on continuing biologic therapy should be well controlled* as defined above.</i></p>	<p><i>last 12 months) score.</i></p> <p><i>% of all patients who are on continuing biologic therapy who are well controlled</i></p>			
<p>*An adequate response is defined as per pathway Seronegative Spondyloarthritis Biologic Drug Treatment Pathway. PsA – An improvement in at least 2 of 4 PsARC criteria, one of which has to be joint tenderness or swelling score with no worsening in any 4 criteria. Patients with ankylosing spondylitis should have a reduction in BASDAI to 50% of pre-treatment value or by 2 units or more and a reduction in spinal pain VAS by 2 cm or more.</p>					
Quality Marker : PsARC+/-PASI or BASDAI/VAS score	Snapshot of score in SEL patients on continuing biologic therapy.	A pseudonymised, list of 50 SEL patients on biologics from each Trust to be provided to a nominated Trust lead by SE CSU (Feb 2016). Trust to provide an anonymised report of current score by patient & average score for the sample within 3 months of receipt.	SC CSU  Trusts	Trusts	Annual snapshot  – end of financial year (31 <sup>st</sup> March)
Ensure that people with Psoriatic Arthritis and Ankylosing Spondylitis have a positive experience of care.	Conduct a snapshot survey to collect at least 50 completed patient satisfaction questionnaires to encompass key elements of <a href="http://www.nice.org.uk/guidance/QS15">http://www.nice.org.uk/guidance/QS15</a> . Include assessment of working days lost.	Submission of an anonymised high level summary of questionnaire results. Complete a brief action plan to encompass any learnings from the survey	Patient satisfaction questionnaire to encompass key elements of <a href="http://www.nice.org.uk/guidance/QS15">http://www.nice.org.uk/guidance/QS15</a>	Trusts	Submission of questionnaire results Annual. – end of financial year (31 <sup>st</sup> March) Use The <b>Patient Reported Experience Measure (PREM) Questionnaire for consistency across Trusts.</b>
Measure impact of the pathway on overall service commissioning	High Cost drugs use (Biologics) by CCG in SEL	Quarterly breakdown of biologics use and cost by indication for Rheumatology disease by Trust, by	Acute activity	South Coast CSU	Quarterly. Q1: by 31 <sup>st</sup> July Q2: by 31 <sup>st</sup>

Intervention	Target	Measure and frequency	Data Source	Who measures	Frequency of reporting
costs to ensure value for money.		CCG in SEL.			October Q3: by 31 <sup>st</sup> January Q4: by 30 <sup>th</sup> April
To ensure the best value from medicines – uptake of biosimilar medicines in line with the agreed pathway.	80% or greater of dispensed doses for infliximab are for the biosimilar brand by March 2017 or earlier	% total number of dispensed doses (i.e total number of infliximab biosimilar dose units (x), total number of infliximab doses, any brand (y), KPI figure = $(x/y) \times 100\%$	Trusts	Trusts	Quarterly  Q1: by 31 <sup>st</sup> July Q2: by 31 <sup>st</sup> October Q3: by 31 <sup>st</sup> January Q4: by 30 <sup>th</sup> April
	80% or greater of dispensed doses for etanercept 50mg are for the biosimilar brand by March 2017 or earlier	% total number of dispensed doses (i.e total number of etanercept 50mg biosimilar dose units (x), total number of etanercept 50mg doses, any brand (y), KPI figure = $(x/y) \times 100\%$	Trusts	Trusts	Target measured at 31 <sup>st</sup> March 2017.

**Discussed at:** SEL APC Rheumatology Pathway meeting June 2017

**Approved by:** SEL APC August 2017

**Review Date:** August 2018