

## Schedule 2 Part A

Service Specification Number	04/MSKT/0014
Care Pathway/Service	Early Inflammatory Arthritis Pathway – Rheumatology Service
Commissioner Lead	CCP for Musculoskeletal & Trauma
Provider Lead	
Period	1 <sup>st</sup> April 2015 to 31 <sup>st</sup> March 2016
Date of Review	TBD

### Key Service Outcomes

The development of an Early inflammatory Arthritis service has been designed to meet the following NHS Outcomes:

Domain 1 – Prevent people from dying prematurely

- Early diagnosis and treatment to enhance quality of life and improve life expectancy

Domain 2 – Enhancing quality of life for people with long term conditions

- Educating patients in recognising the symptoms of IA
- Providing self-management plans for those patients with IA
- Improving sustainable in the workplace
- Improving the quality of life at home and for carers
- Limitation of self-reported occurrence of musculoskeletal pain
- Patients reporting that they have returned to “normality” ie work, pain, domicile

Domain 3 – Helping people to recover from episodes of ill health or following injury

- Providing self-management plan
- Education and support

Domain 4 – Ensuring that people have a positive experience of care

- Early recognition and diagnosis
- Early treatment start
- Slowing of disease progression by early intervention
- Provision of an individualised care plan

Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm

- All of the above four domains

### 1. Purpose

#### 1.1 Aims and objectives

To provide an Early Inflammatory Arthritis pathway which will provide a specific clinic for the early identification and treatment of this area of disease and will achieve:

- Educate patients and clinicians in the identification of IA

- Educate patients in the self-management of their own condition
- Complete diagnostic work up in primary care to aid earlier treatment intervention
- Streamline of pathway for EIA clinics
- Increase patient choice of treatment pathways
- Provision of the right treatment at the right time in the right location first time
- Delay the onset and possibly stabilise the development of the disease by early intervention
- Improve the health of patients with long term conditions
- Reduce health inequalities across the local population
- Improve the quality of life and life expectancy
- Eradication of duplication of resources
- Equity of resources
- Improved patient experience
- 18 week RTT
- Reduction in treatment costs over the long term

### 1.2 National context and evidence base

Rheumatoid Arthritis (RA) is an inflammatory disease. It largely affects synovial joints. RA typically affects the small joints of the hands and the feet and usually both sides equally and symmetrically although any synovial joint can be affected. It is a systemic disease and so can affect the whole body, including the heart, lungs and eyes.

There are approximately 400,000 people with RA in the UK. The incidence of the condition is low, with around 1.5 men and 3.6 women developing RA per 10,000 people per year. The overall occurrence of RA is two to four times greater in women than men.

RA can result in a wide range of complications for people with the disease, their carers, the NHS and society in general. The economic impact of this disease includes:

- Direct costs to the NHS and associated healthcare support services;
- Indirect costs to the economy, including the effects of early mortality and lost productivity;
- The personal impact of RA and subsequent complication for people with RA and their families.

Approximately one third of people stop work because of the disease within 2 year of onset, and this prevalence increases thereafter. The total costs of RA in the UK, including indirect costs and work related disability, have been estimated at between £3.8 and £4.75 billion per year (NICE 2009).

The National Audit Office, Services for people with rheumatoid arthritis 2009 stated that the treatment of RA should be started as early as possible to minimise damage to joints. The clinical consensus is that for treatment to be most effective, it should commence within three months of symptom onset.

Between half and three quarters of people with RA delay seeking medical help from their GP for three months or more following the onset of symptoms and around a fifth delay for a year or more.

Those people with RA visit a GP on average four times before being referred to a specialist for diagnosis and 18% of patients visit more than eight times.

Once diagnosed, people with RA require:

- Close management to maintain tight control of the disease, optimise treatment and improve long term prognosis;
- Education and support to enable them to come to terms with their diagnosis and adjust to the impact the disease will have on their life, including their ability to work.

The median time from onset of symptoms to diagnosis and first treatment has nationally remained constant at around nine months since 2003 (NAO 2009).

NAO 2009 modelling suggested that increasing from 10% to 20% the number of people treated within three months would initially increase overall NHS costs by £11 million over the first five year but it would also improve people's quality of life and for the proportion which are working age, earlier

treatment would improve their chances of remaining in work, generating productivity gains for the economy of around £31 million. After around nine years, earlier treatment would become cost neutral to the NHS, with on-going benefits of:

- Improved quality of life
- Reduced demands on the NHS eg surgery

NICE and NAO RA recommendations are as follows:

- PCTs should improve awareness in primary care, in particular amongst GPs, of how to recognise symptoms of inflammatory arthritis and of the need to refer suspected cases promptly so that any delay from onset of symptoms to treatment is minimised.
- PCTs need to assess the number of people with RA in their population and to decide how best to serve them
- PCTs should build on the economic analysis to promote the benefits of long term health and the economy of the early treatment of people with RA and of supporting people with the disease to remain in or return to work.
- PCTs should work with providers to ensure that all people with RA are offer a personalised care plan

There have been a range of publications reviewing standards of care for patients with rheumatic conditions, musculoskeletal conditions, arthritis and osteoporosis including:

- Standards of care for people with musculoskeletal conditions, ARMA, January, 2004.
- The Musculoskeletal Framework, Department of Health, July 2006.
- Perceptions of patients and professionals on rheumatoid arthritis care, The Kings Fund, January 2009.
- The management of rheumatoid arthritis in adults, NICE, February, 2009.
- Services for people with Rheumatoid Arthritis, National Audit Office, July 2009.
- Expert Opinions in Rheumatology: Issue 2 The PCR Society Guide to Commissioning Musculoskeletal Services, September 2011.

### 1.3 Local context

Across Dorset Rheumatology services are provided by the three main secondary care trusts:

- Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- Poole Hospital NHS Foundation Trust
- Dorset County Hospital NHS Foundation Trust

In the development of commissioning intentions for 2011/12 the area of identification, early diagnosis and treatment of patients with RA was raised and highlighted as an area of concern with patients on average taking up to nine months to be referred into the system for treatment.

Currently a person who experience symptoms will present to their GP who if they suspect inflammatory arthritis will refer the person to a specialist in Rheumatology either at Christchurch Hospital, Poole Hospital or Dorset County Hospital depending on where they live.

However, a person may dismiss their symptoms and not present to a primary healthcare professional; the GP may not suspect inflammatory arthritis and so does not refer them to a specialist; the diagnostic tests may be inconclusive requested by the GP in which case the person does not get referred to a specialist.

People who are referred to a specialist are referred into General Rheumatology across Dorset via the Choose and Book system. Upon receipt of the referrals, the secondary care clinicians then identify, as best as possible, those patients which may need to be seen more urgently in order to treat more effectively.

The problems with providing the service in this way are:

- Inconsistency in the information provided in referrals;
- Relevant diagnostics not always undertaken;
- Patients not prioritised as urgent due to inadequate referral information;
- Management of the clinics provided by the acute trust is required;
- Patients are not seen in a timely and appropriate manner resulting in the condition not being arrested.

## 2. Scope

### 2.1 Service Description

The service is to be provided in secondary care by Rheumatology specialists and is accessed by primary healthcare professionals via choose and book identifying the clinic as “Early Inflammatory Arthritis”. Patients will have a choice of secondary care provider across Dorset and will be seen within four weeks from receipt of referral.

The service will accept any patient who is registered with an NHS Bournemouth and Poole and NHS Dorset Cluster GP who is over the age of 18 years and has been referred by their local clinician.

### 2.2 Any exclusion criteria

Exclusions to the service are:

- Persons under the age of 18 years
- Not registered with an NHS Bournemouth and Poole and NHS Dorset Cluster GP
- Patients who do not meet the referral criteria as stated on the referral proforma

### 2.3 Geographic coverage/boundaries

The service covers the geographical area of NHS Bournemouth and Poole and NHS Dorset Cluster

### 2.4 Whole system relationships

The service will work closely with:

- Primary Care
- MSK interface services
- Orthopaedic and Spinal clinicians
- Medicines Management
- ARMA
- Post Graduate Centres

### 2.5 Interdependencies and other services

- Diagnostics – Primary Care requesting Anti-CCP testing. Partnership with RBCHFT laboratory for cluster requesting and review of step change
- Medicines Management
- Training and education opportunities

### 2.6 Relevant networks and screening programmes

N/A

### 2.7 Training/ education/ research activities

Liaison with Post Graduate Centre for development on Rheumatology updates and general education on IA.

Liaison with Primary Care for publishing information relevant to this area in Primary Care Web or the Communications network.

### 3. Service Delivery

#### 3.1 Service model

Pan Dorset Early Inflammatory Arthritis service provision by secondary care.

#### 3.2 Care Pathway

See Appendix 1

#### 3.3 Location(s) of service delivery

The location of the service will be based at:

- Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- Poole Hospital NHS Foundation Trust
- Dorset County Hospital NHS Foundation Trust

#### 3.4 Days/hours of operation

Monday to Friday, 52 weeks a year as appropriate to the needs of the local population.

#### 3.5 Referral criteria and sources

- Registered with an NHS Bournemouth and Poole or NHS Dorset GP
- Aged 18 or over
- Presenting with a known or suspected inflammatory condition
- Able to attend an outpatient clinic

#### 3.6 Referral processes

Referral process is through CAB with completed referral proforma and PMH and medication information.

#### 3.7 Discharge processes

As per pathway

#### 3.8 Response time and prioritisation

From receipt of referral into secondary care patient is to be seen within 4 weeks.

### 4. Other

#### Service User Participation

The provider will work with service users and carers in ways that foster partnerships and include:

- Comments and suggestion boxes
- Service User and carer Participation Groups
- Work with the local Service User Advice and Liaison Service (PALS)
- Service User and carer surveys
- Local complaints process and annual review
- Promoting self care

The provider will work with service users and carers in ways that support self care and self management including:-

- Recommendation to the Expert Service User Programme (EPP)
- Supply of education leaflets in the self management of their condition
- Development and supply of a personalised management plan

#### Advice

Service users and carers will be given an explanation of their condition and advice about all management options which will be discussed with the service user including non surgical and surgical (if appropriate).

## 5. Quality Requirements

<i>Performance Indicator</i>	<i>Indicator</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Consequence of Breach</i>
Education and experience improvement plan	One person from each GP practice to attend educational session per year		Report	Annually
Patients referred have had diagnostics undertaken by primary care clinician		95%	Referral Proforma	
Number of patients diagnosed with RA		As per NICE guidance	Report	
Number of diagnosed patients started on treatment at 4 weeks		100%	Report	

If required, relevant Quality Requirements from Section 3 Part 1 of Module B can be inserted here although these will apply to the Services even if not listed here.

## 6. Activity

### 6.1 Activity Plan / Activity Management Plan

#### Activity Plan

The Commissioners will arrange monitoring visits and schedule management meetings with Providers on a quarterly basis.

<b>Activity Performance Indicators</b>	<b>Threshold</b>	<b>Method of Measurement</b>	<b>Consequence of Breach</b>	<b>Report Due</b>
Number of new referrals for EIA clinic		Data collection		Monthly
Number and % of inappropriate referrals		Data collection		Monthly
Waiting time from referral to first appointment		Data collection		Monthly
Total number of Service Users confirmed with EIA		Data collection		Monthly
Total number of Service Users receiving a first definitive treatment		Data collection		Monthly
Total number of diagnosed patients requiring further diagnostics		Data collection		Monthly

### 6.2 Capacity Review

#### Clinical Outcomes

- Documented improved Quality of life outcomes as per Patient Reported Outcome Measures (PROMS)

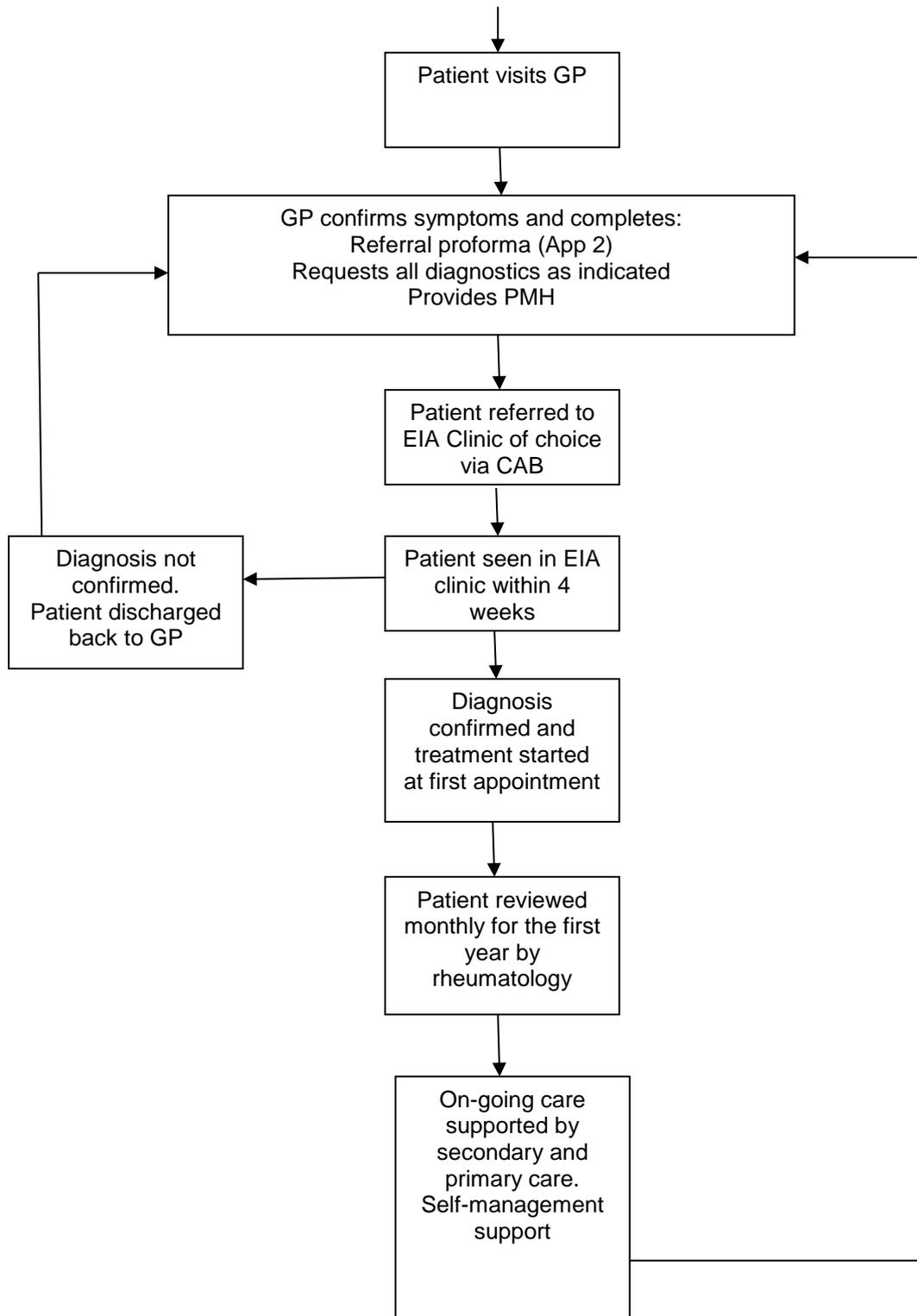
## 7. Prices and Costs

<b>7.1 Price</b> If required, relevant Prices may be inserted below				
Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value (for this service)
<b>Non-Tariff Price – Block</b>				
<b>Total</b>				

**Appendix 1**

**PATIENT PATHWAY FOR EARLY INFLAMMATORY ARTHRITIS**

Patient Identifies symptoms
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## Appendix 2

### Pan Dorset rheumatology referral pro-forma for suspected early inflammatory arthritis

Please tick if the following applies otherwise leave blank...

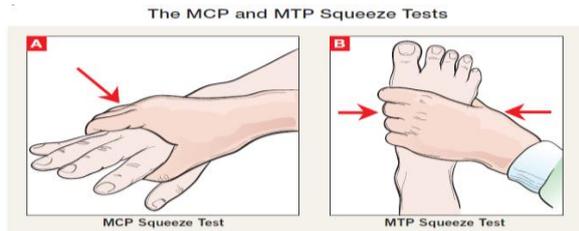
<b>Patient Forename:</b>	<b>Patient Surname:</b>
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<b>Patient DOB:</b>	<b>Patient NHS No.</b>	<b>Referring Surgery Name:</b>
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**Referral Criteria:**

**Any 2 of the following conditions for > 6 weeks:**

- Swelling of > 1 joints
- Early morning stiffness lasting > 30 minutes
- Positive MTP/MCP joint 'Squeeze' test



A key sign of RA at the time of onset is often symmetrical joint swelling at the MCP and or MTP joints, with tenderness upon palpitation. However, the effusion is sometimes difficult to detect in smaller joints. In these circumstances the 'Squeeze Test' can be performed on the MCP and MTP joints to determine signs of early synovitis in the absence of overt joint swelling.

For more information please visit the following website – [www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)

**The following investigations have been requested: FBC; ESR; CRP; Rh Factor; anti-CCP; U&Es, LFTs**

(Patients may be referred with test results pending; however, if these tests have not been requested then the referral will be rejected).

- |                                    |                                   |                              |
|------------------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> FBC       | <input type="checkbox"/> ESR      | <input type="checkbox"/> CRP |
| <input type="checkbox"/> Rh Factor | <input type="checkbox"/> Anti-CCP |                              |
| <input type="checkbox"/> U&Es      | <input type="checkbox"/> LFTs     |                              |

\* A normal ESR/CRP, rheumatoid factor and anti-CCP does not exclude a diagnosis of inflammatory arthritis

It is not usually necessary to request ANA unless the patient has features of autoimmune connective tissue disease (such as: facial or vasculitic rash; mouth ulcers; Reynaud's syndrome; chest pain; alopecia; proteinuria; SOB; systemically unwell). Similarly, plain film x-rays are not usually necessary before out-patient review

**IMPORTANT...**

**Please do not start the patient on steroids as this may delay diagnosis and the commencement of appropriate treatment.**

**Additional Information (If Necessary)**

~[Active Problems:AS~AM~PS~FT]

**Medication**

~[Medication]

**Allergies**

~[Allergies]