Transforming clinical services in Rheumatoid Arthritis Care

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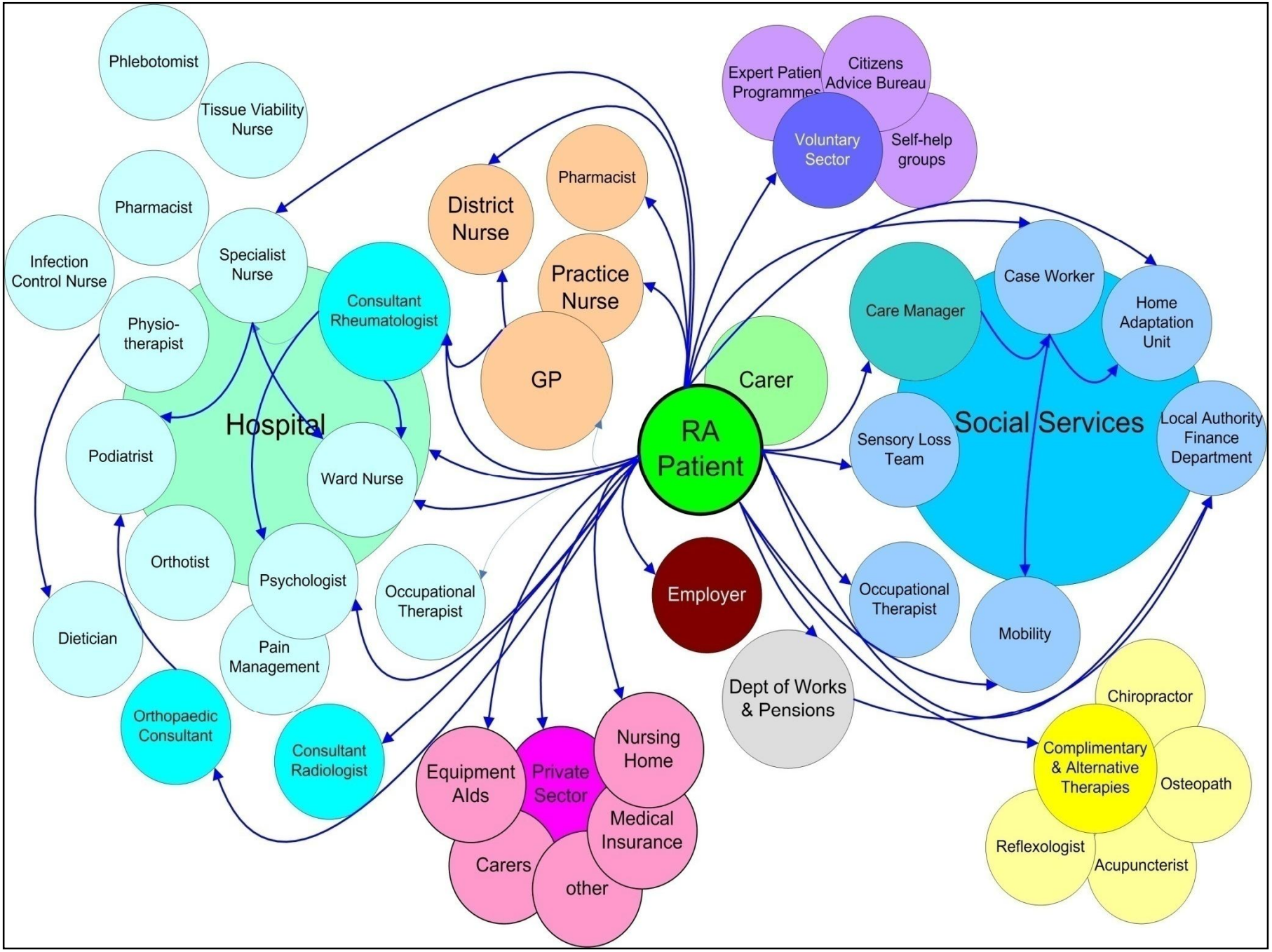
Pennine Musculoskeletal Partnership Oldham.

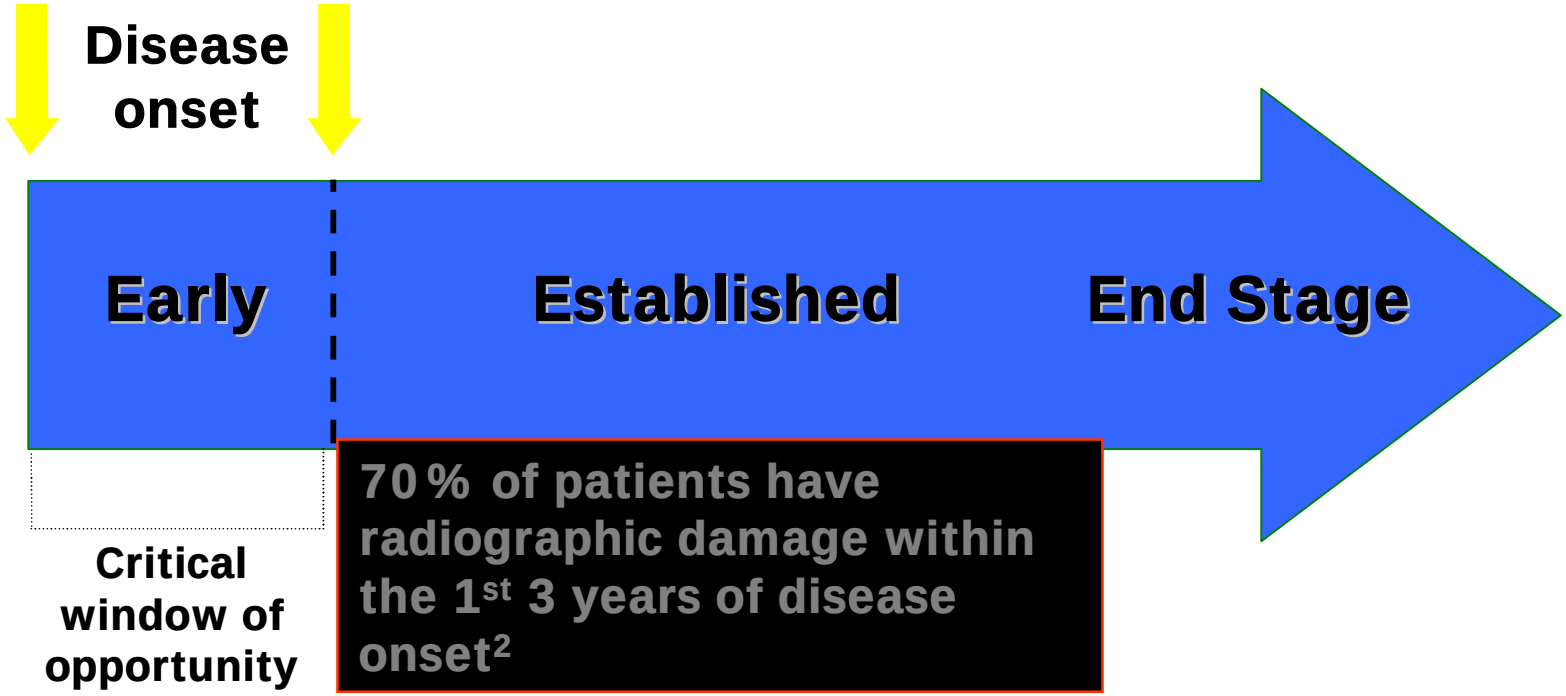
The Complex patient journey


Phlebotomist
Tissue Viability Nurse
Pharmacist
Infection Control Nurse
Specialist Nurse
Physio-therapist
Podiatrist
Hospital
Consultant Rheumatologist
Ward Nurse
Orthotist
Psychologist
Dietician
Pain Management
Orthopaedic Consultant
Consultant Radiologist
Occupational Therapist
District Nurse
Pharmacist
Practice Nurse
GP
Carer
RA Patient
Employer
Equipment Alds
Private Sector
Nursing Home
Medical Insurance
Carers
other
Expert Patien Programmes
Citizens Advice Bureau
Voluntary Sector
Self-help groups
Care Manager
Case Worker
Home Adaptation Unit
Sensory Loss Team
Social Services
Local Authority Finance Department
Occupational Therapist
Mobility
Dept of Works & Pensions
Chiropractor
Complimentary & Alternative Therapies
Osteopath
Reflexologist
Acupuncterist

The need to treat early

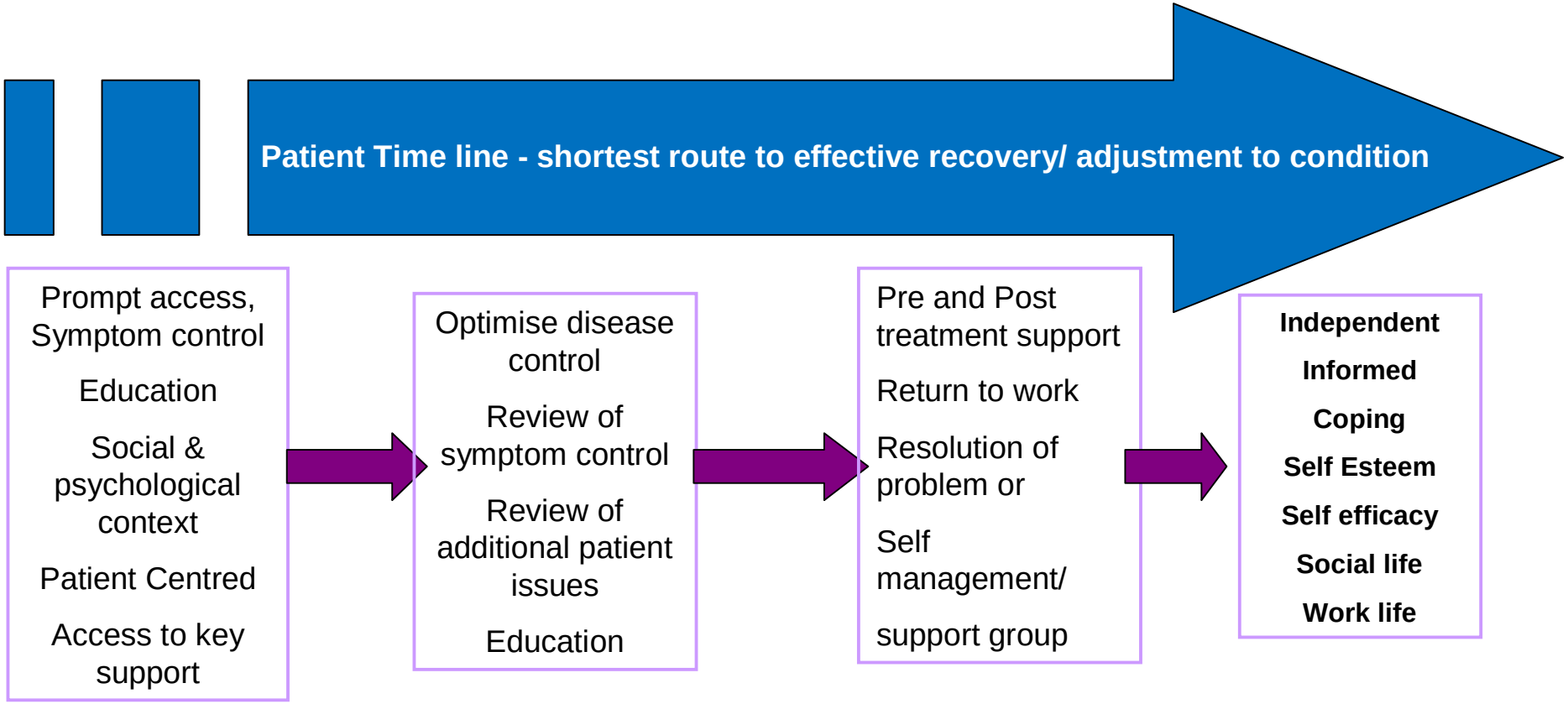
"Successful treatment to limit joint damage and functional loss requires early diagnosis and timely initiation of disease modifying agent. The goal of treatment is to arrest the disease and achieve remission."[1]

American College of Rheumatology (ACR)
Ad Hoc Committee on Clinical Guidelines



1. American College of Rheumatology Subcommittee on Rheumatoid Arthritis Guidelines. *Arthritis Rheum.* 2002;46:328-346.
2. van der Heijde DM. *Br J Rheumatol.* 1995;10:435-453.

Treating to Target
Effective Nursing Care Issues



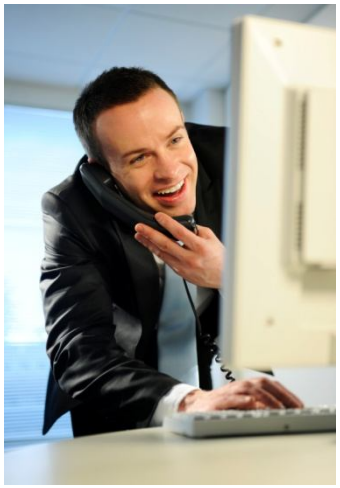
First steps
Referral pathway

Patient

- Positive messages
- Musculoskeletal information
- Worthwhile seeking clinical opinion

Primary Care Team

- Knowledge of musculoskeletal conditions
- Access to succinct and evidence based referral criteria according to local service



Specialist Team

- Referral criteria that apply to service and accessible
- Support and good communication options for Primary Care Teams
- Service re-design to ensure effective pathway

Pennine MSK model for RA

- Based upon NICE RA management guidelines (2009)
- Diagnosis by Consultant Rheumatologist
- Referral to nurse led clinics
  - Intensive management 6 weekly assessment + telephone consultation + rapid access service
  - Management based on disease control/tailored patient centred
  - Red Flags to guide referrals back to medics
  - Protocol driven treatment plan
  - Data collection using the EMIS system
  - Patient held record
- Disease control
  - Reduce reviews to annual review with access to telephone review+ rapid access service
  - Review by MDT according to need.

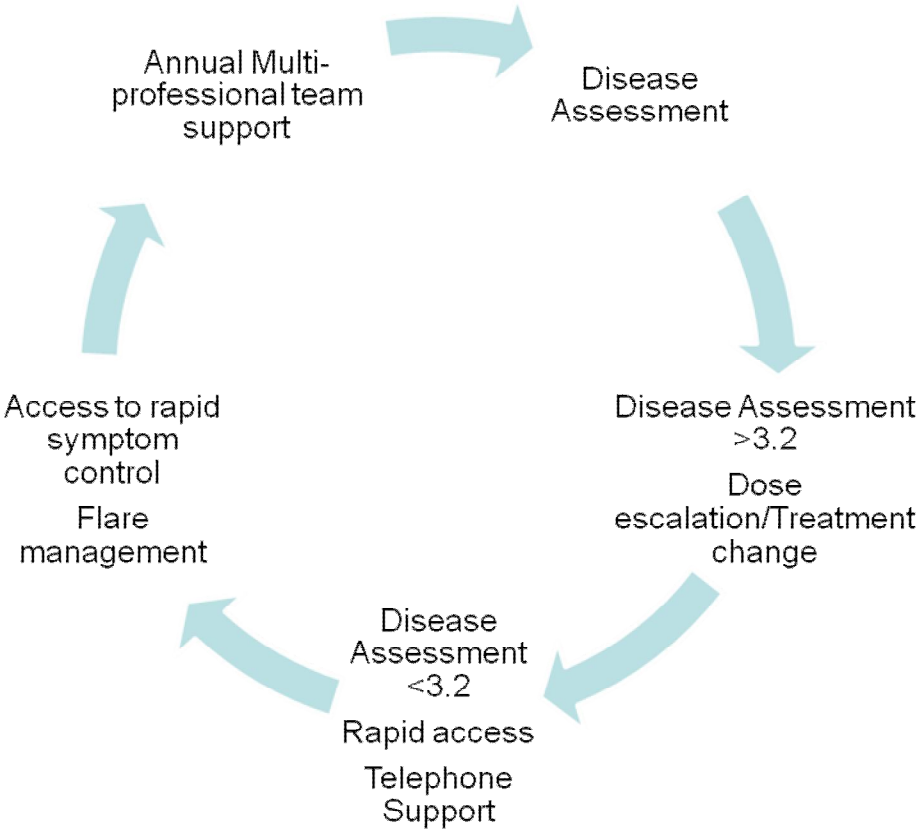
Newly diagnosed pathway

- Clinical Assessment Team triage
  - Rapid access to consultant
    - Start treatment
  - See nurse within two weeks
      - Next step in treatment plan /drug regime/disease assessment
      - Start patient adjustment to disease
        - » FU 6 weeks
        - » Review adjustment/needs/education/disease control
    - Telephone FU 6 weeks later
      - Next stage depends upon Disease Assessment Score
    - Physical, social and psychological needs reviewed
      - Stable disease – annual review & rapid access system

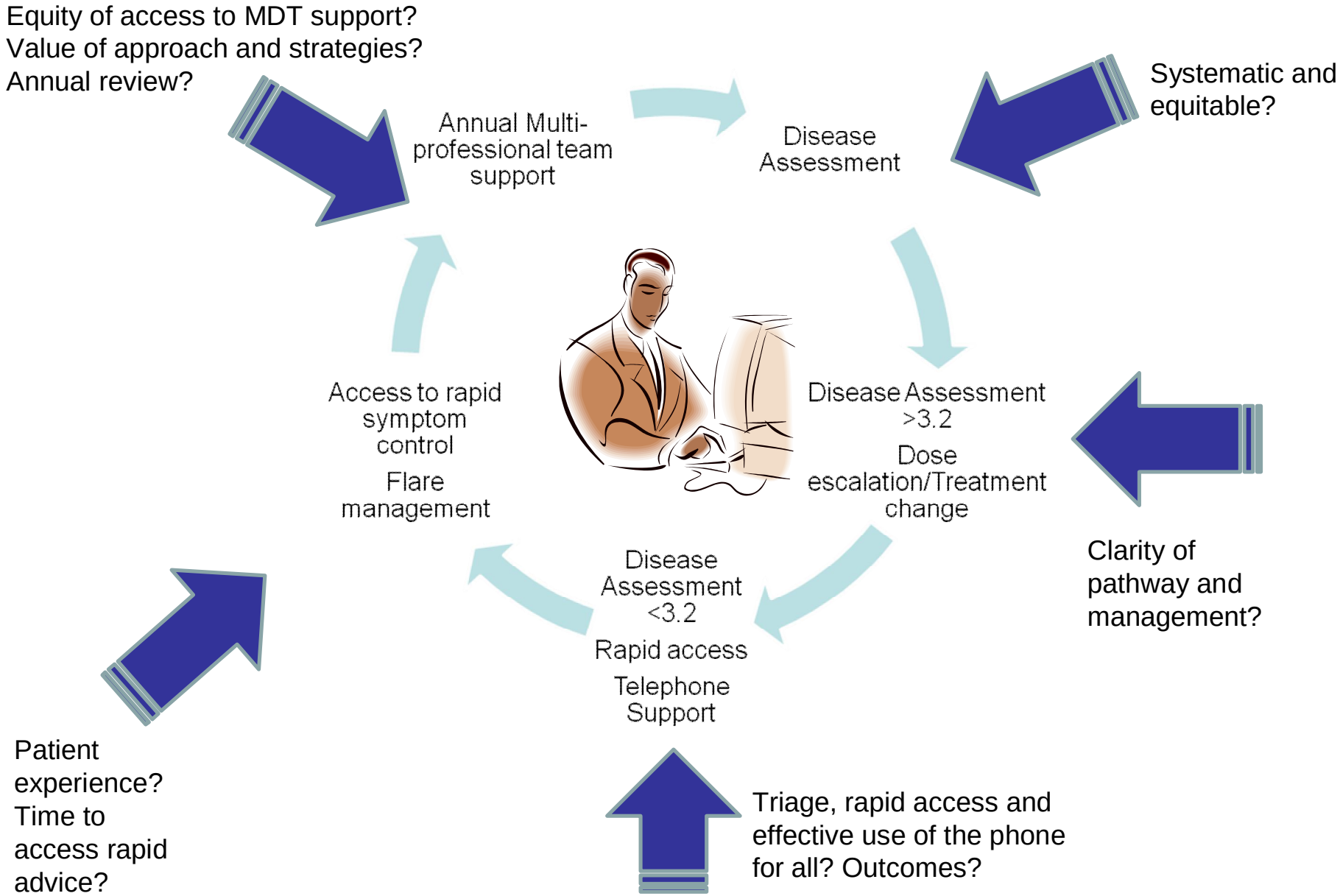
Pennine MSK

- Working collaboratively
  - PCT
  - Specialist services
  - Pennine MSK and Patients
    - Specialists shared contract - clinics in the community
- Handle the transfer sensitively
    - staged approach to integration and transfer
    - HRG 4 (unbundled)
      - Standard tariff for New/FU
      - See and treat save approx £500.00 per patient per visit.
- Saving approximately £ 2.5 million

The assessment cycle



Patient clinical assessment cycle



Resources for patients

Information Resources

Voluntary Sector

Patient organisations

Multi professional Team Access & Support

Key Points in transforming services

- Early diagnosis - public health messages
  - Knowledgeable clinicians
  - Positive messages
  - Locally relevant succinct referral criteria
    - Early Arthritis Clinics
    - Triage systems
- Access to treatment
  - Transparency of process & access
  - Equitable care
- Effectiveness of on-going care
  - Optimising clinical activity (clinician & patient)
  - Right clinician right time

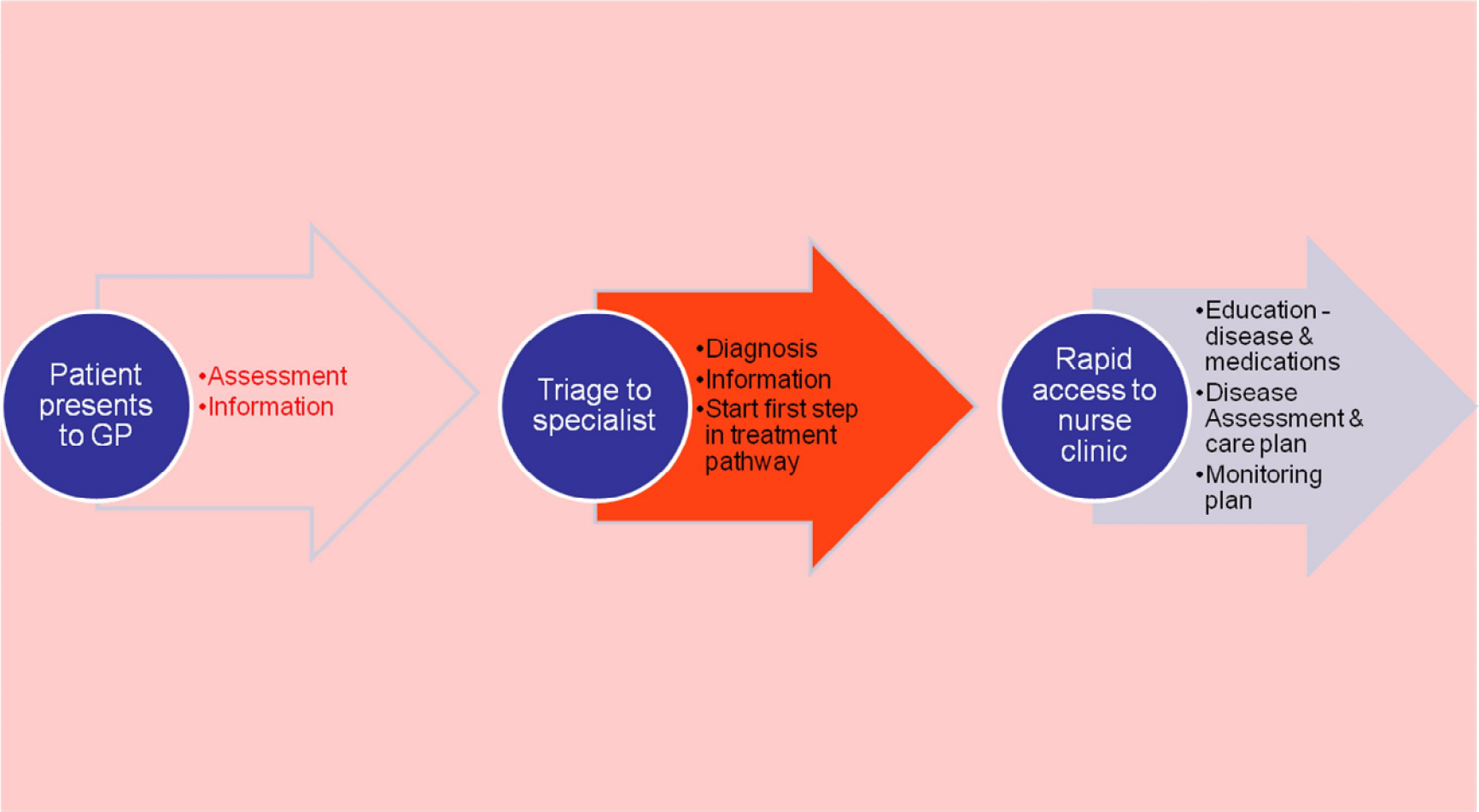
Resources

- Resources - guidance
  - Inflammatory Arthritis Commissioning Pathway
  - Map of Medicine
  - BSR Management Guidelines (2006, 2008)
    - (< 2 years and > 2 years)
  - NICE RA guidance (2009)
- Patient Voice
  - Expert patients/patient organisations
    - Focus groups/surveys/expert patients/service users feedback
  - Arthritis and Musculoskeletal Alliance
    - Standards of Care for Inflammatory Arthritis
- Nurse & Multi-disciplinary team guidance
  - Royal College of Nursing Rheumatology Forum
    - Guidance documents for nurses

Mapping – the patient needs

Additional information slides

First steps in the patient journey



Who, What, When, Where?

Which clinician

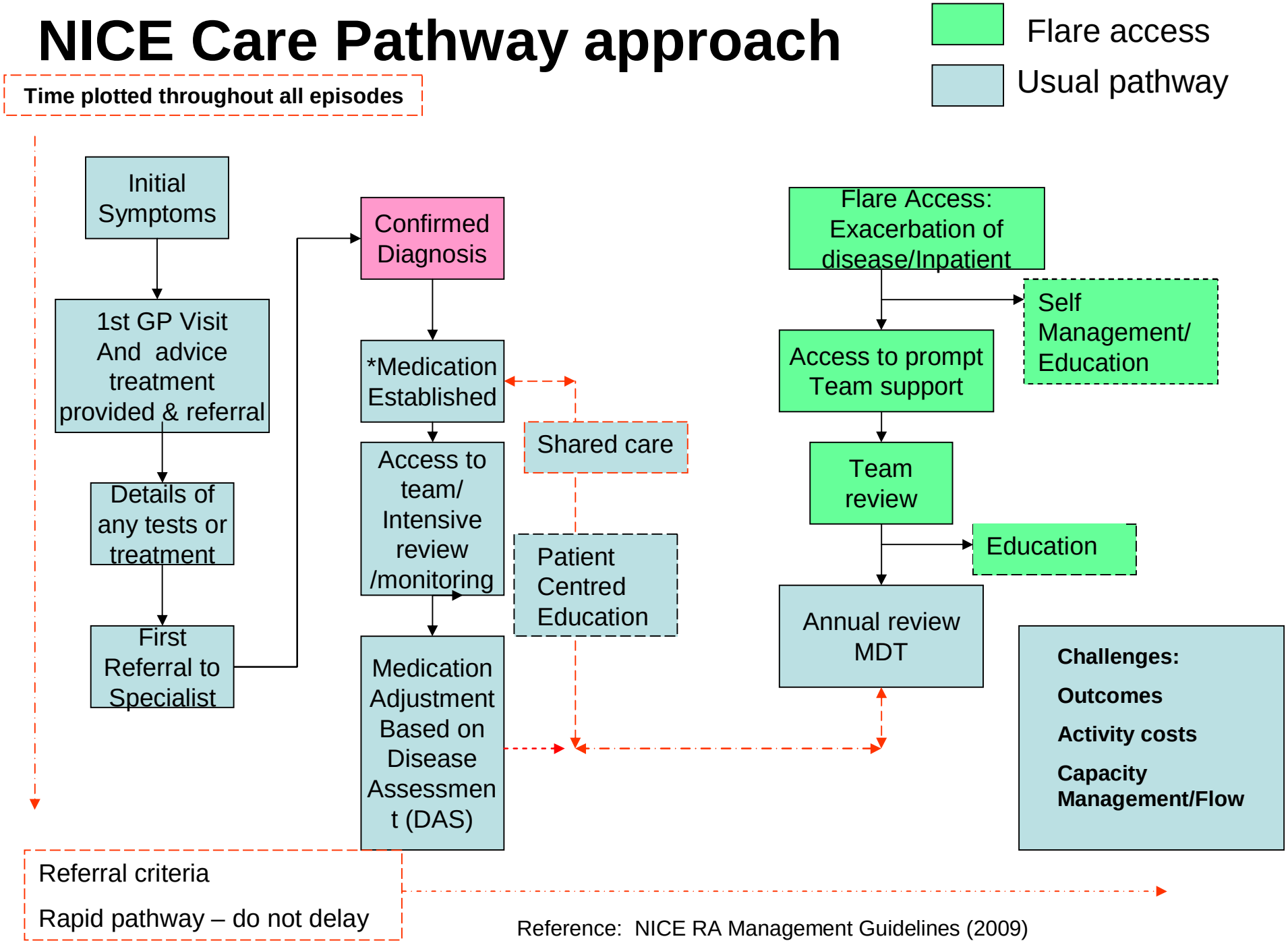
Intervention/Process

How long to wait?
What time frame

Location, Location!

Ref: Management Leadership and doctors (2007) Enhancing engagement in medical leadership projects. NHS Institute for Innovations & Improvement.

NICE Care Pathway approach



Reference: NICE RA Management Guidelines (2009)