Key findings from the NAO report *Services for people with rheumatoid arthritis*

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Introduction

- Why we did the study
- The Committee of Public Accounts
- Bringing about beneficial change in public services

Questions our study set out to address

- Are new cases of RA identified accurately and on a timely basis?
- Are people with RA receiving timely and appropriate intervention?
- Do people with RA have access to effective and high quality longer term care?

Methodology

- Census of 154 acute trusts and 152 PCTs
- Survey of 1,400 people with RA
- Survey of 481 GPs
- Visits to ten trusts
- Analyses of
  - GPRD, HES, NOAR, ERAN
  - Estimates of incidence and prevalence
- Economic models
- International overview
- Secondary data review
- DVD patient stories

Overall messages

- Too many people with the disease are not being diagnosed and treated quickly enough
- Impact of not treating people early is that people's health deteriorates, with costs to the NHS...and to the economy
- Once diagnosed, people are not always getting the services they need to support them in living with the disease

Overall messages – value for money

- Better VFM could be achieved by
  - Increasing the number of people diagnosed and treated early; within 3 months of onset
  - Better integration and coordination of NHS services between primary care and specialists
  - Providing services more designed around people's needs, including help to remain in or return to work

Rheumatoid arthritis – some facts

- 580,000 adults in England (400,000)
- 26,000 new cases each year (12,000)
- Costs the NHS £560 million a year
- Costs to economy of £1.8 billion a year
- ¾ people diagnosed when of working age
- One third give up work within 2 years

Early diagnosis and treatment is key

- Treatment should start within 3 months of onset
- Low awareness of general public
  - ½ to ¾ of people delay going to their GP for 3 months or more; one fifth delay for a year or more
  - Onset to presentation to a GP unchanged over the past decade

Early diagnosis and treatment is key

- Low GP understanding and recognition
  - People visit their GP on average 4 times before referral to specialists
  - 18 per cent visit 8 times or more before referral
  - *But* low incidence, so most GPs see less than one undiagnosed case each year

Provision of services after diagnosis is inconsistent

- Lack of co-ordinated care: 30% of acute trusts provide no care plan for any patients
- Depression common, but only 14% of acute trusts provide psychological support
- People find it difficult to access care quickly when they have a flare-up
- Just 20% of people with RA receive sufficient information about employment issues
- Varying PCT policies on biologics funding

Primary Care Trusts are not commissioning effectively

- PCTs lack evidence to commission services
- 71%: no local needs assessment for rheumatology services
- Just 11% had compared the number of people with RA against the expected cases
- Majority of PCTs do not know if they are identifying people with the disease or commissioning services for them

What we recommend

- Improved public awareness and GP understanding
- Better evidence about what services are needed and how best to provide them
- Better co-ordination of holistic services for people living with RA

The Public Accounts Committee

- Hearing 23 November
- Awareness, prompt referral and diagnosis
- Training of GPs in musculoskeletal issues
- Access to flare-up and follow up services
- Service and spending variations
- Progress with the Carol Black agenda

Report, and additional outputs

- Census results, GP survey, patient survey, international comparisons, economic modelling, DVD

- http://www.nao.org.uk/