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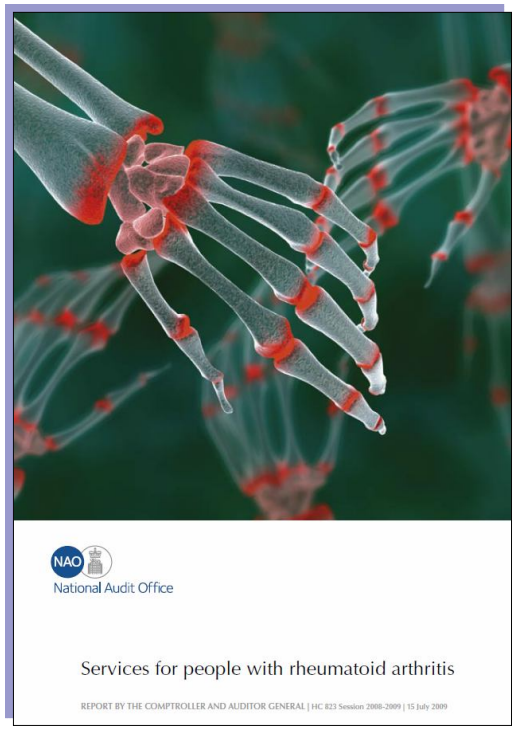
Committed to curing arthritis

Primary or secondary care:
A joint responsibility

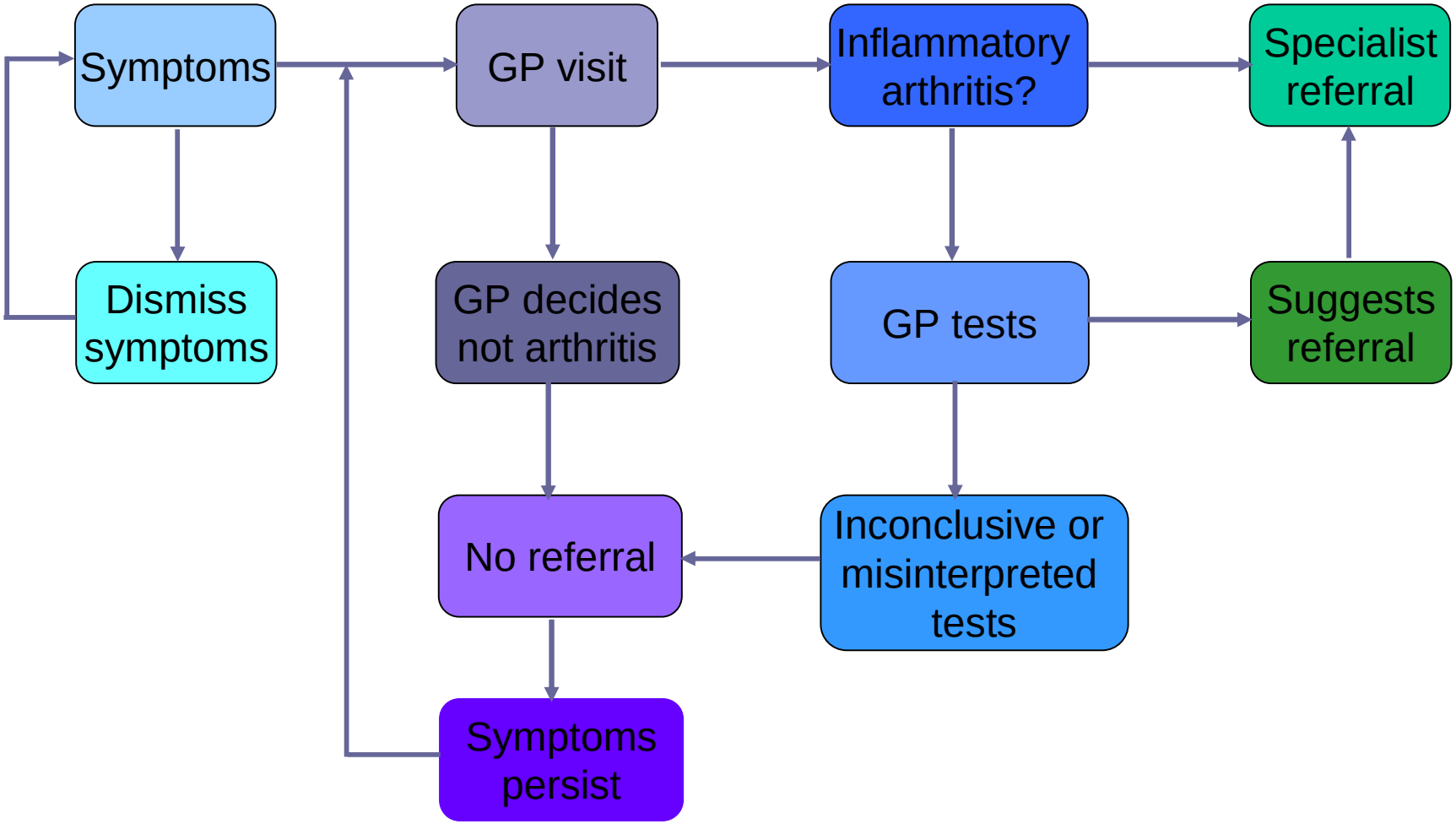
Alan J. Silman
Medical Director
Arthritis Research Campaign

NAO Report

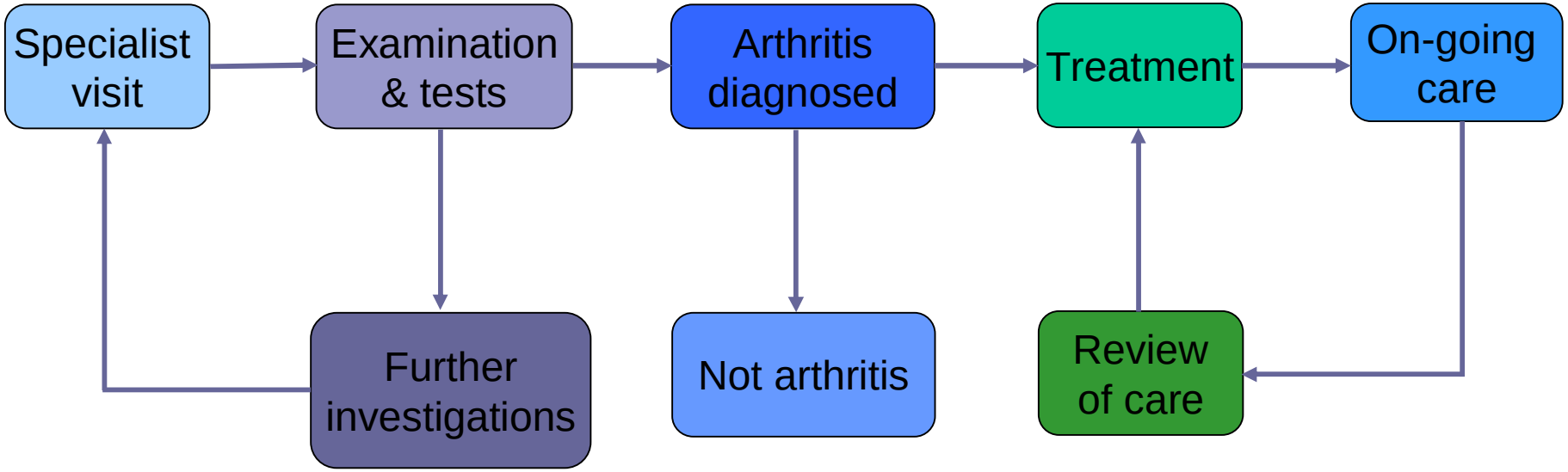
- Emphasis on Early Referral from Primary to Secondary Care



Role for GP-led care



Role for Specialist-led care



GP visits

People with rheumatoid arthritis visit a GP, on average, 4 times before being referred to a specialist for diagnosis

AS6

GP visits

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18% visit more than 8 times

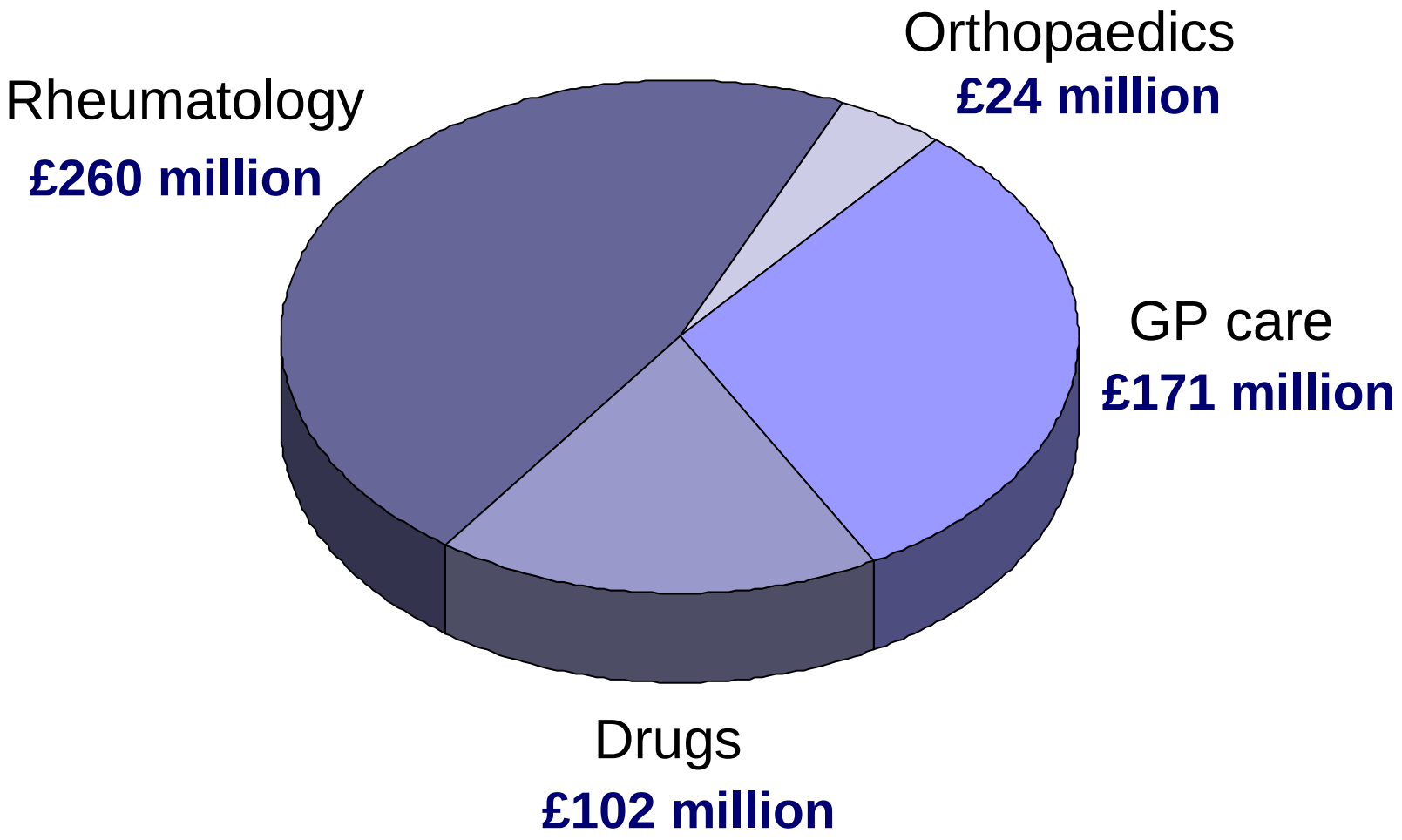
Slide 6

AS6 Add the 18% point as a second slide but continuing the para
Alan Silman, 01/12/2009

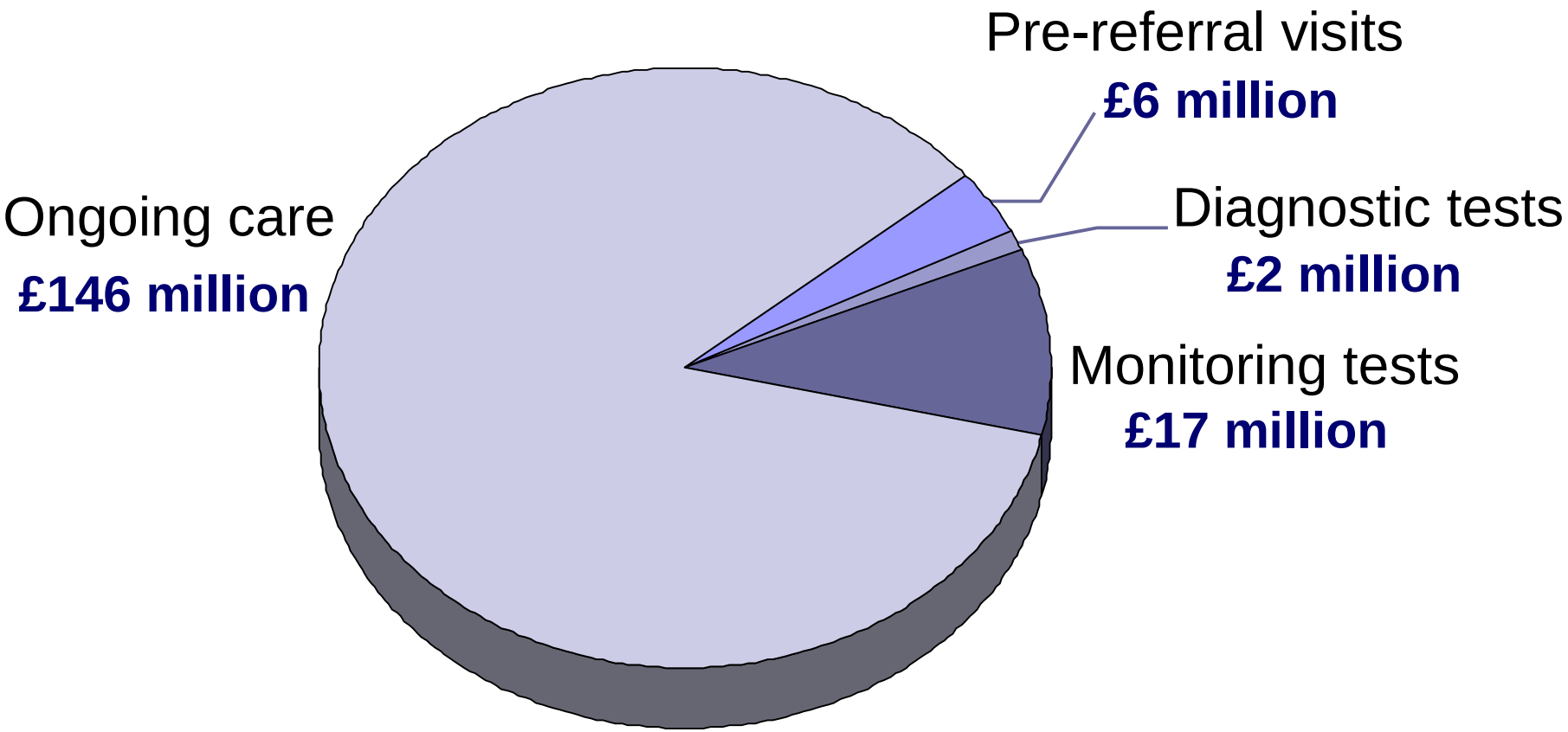
The role for primary care after referral

- Is there a role?
- What is it?

Annual cost of RA patients



GP costs


Pre-referral visits
£6 million
Diagnostic tests
£2 million
Monitoring tests
£17 million
Ongoing care
£146 million

What happens during routine monitoring in secondary care that could not be done in primary care?

What happens secondary care?

- Clinical joint assessment
- Assessment of other treatment outcomes
  - Efficacy
  - Adverse events
- Consider alternative therapies

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- Clinical joint assessment
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- Consider alternative therapies
- Procedures
  - Ultrasound
  - Injections
  - Informed referral to other professionals
  - Specialist investigations
- Education

Who does management in secondary care?

Rheumatologist

vs

Specialist Nurse

Where should these happen

- Clinical joint assessment
- Assessment of other treatment outcomes
  - Efficacy
  - Adverse events
- Consider alternative therapies
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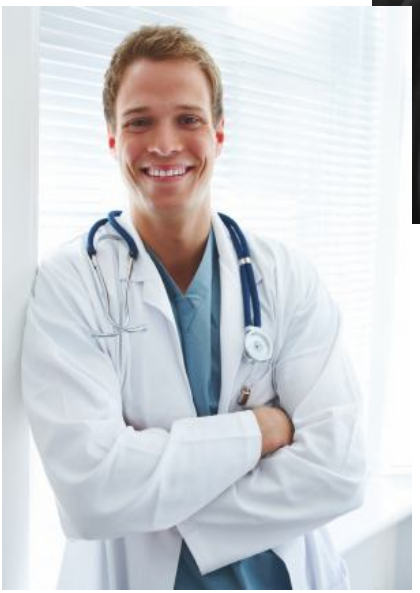
Disadvantages of primary care setting

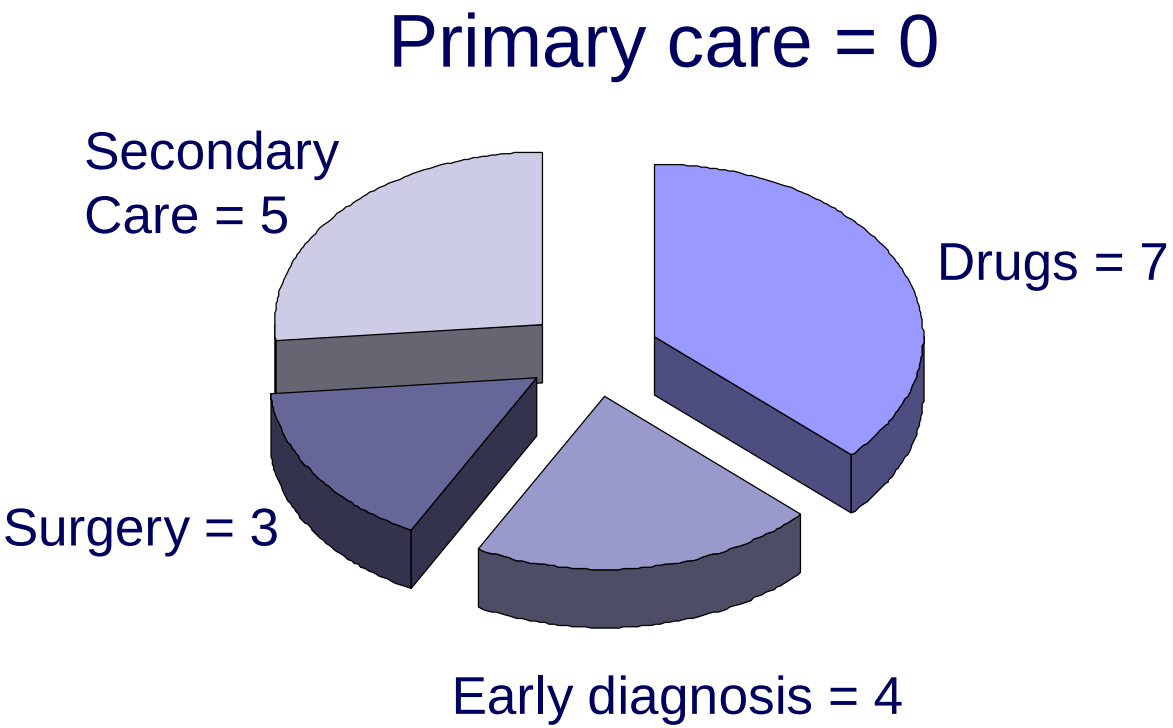
- Experience
  - One new case/year
  - 12-15 existing cases
- Education/Training
  - GPs
  - Generic AHPs
- Time available



Advantages of primary care settings

- Access
  - Appointments
  - Parking
  - Walk to clinic
- Familiar faces
- Knowledge of co-morbidities/co-therapies
  - Prevention of heart disease

Treatment and care after diagnosis



19 paragraphs

Epidemiological evidence

‘The majority of primary care trusts (PCTs) lack epidemiological evidence to commission services for people with rheumatoid arthritis effectively’

‘Although the Department’s strategy for long-term conditions is focussed on moving towards a patient-centred approach rooted in primary care, only **12 %** of PCTs manage rheumatoid arthritis primarily in a primary care setting.’

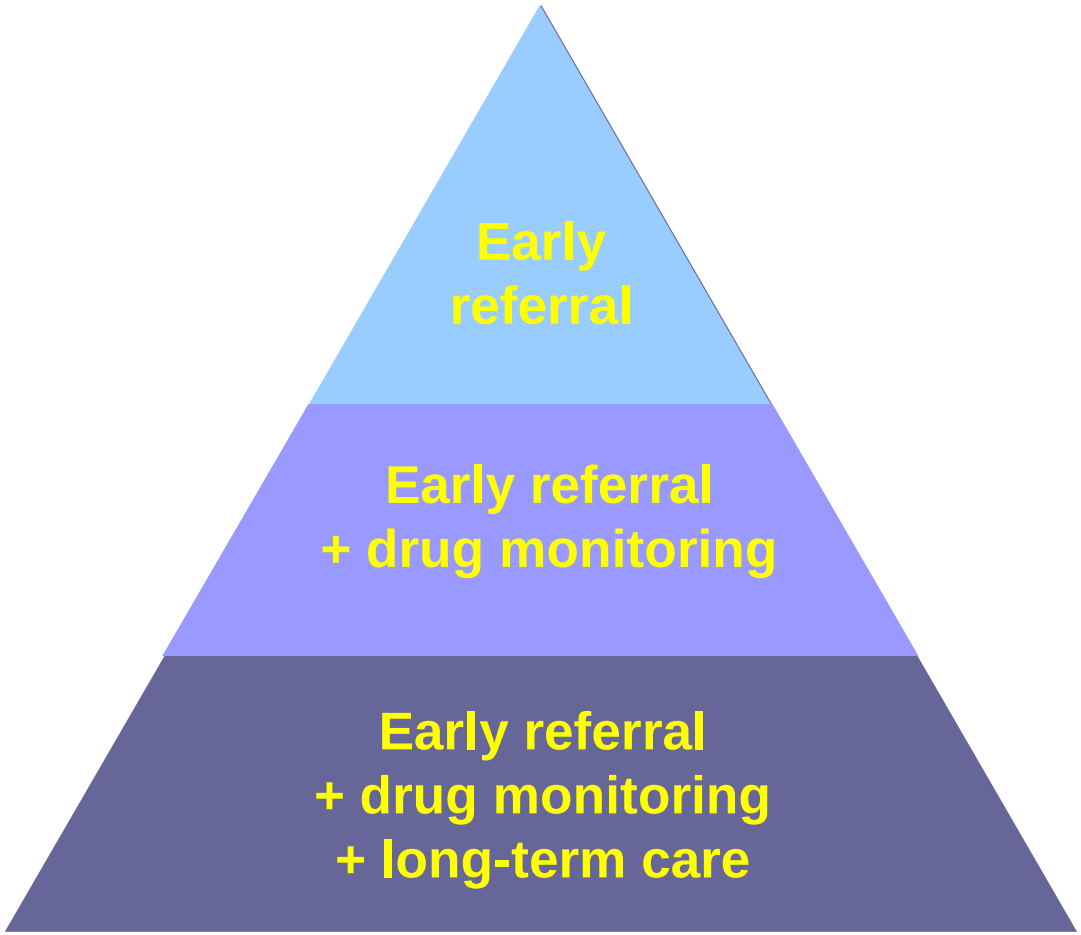
There is a lack of integration between primary care and secondary care.

There is also a lack of impetus or incentive for changing the way services are currently configured, with little shared knowledge and understanding about the extent of the disease,

or an evidence base as to the most cost-effective way of providing services to reflect different local needs.

Services for people with rheumatoid arthritis, NAO; July 2009

Role of primary care in rheumatoid arthritis



Understanding Pharmaceutical Interventions

- Co-therapies
- Interactions
- Ease of administration
- Adherence
- Rapid report of AE's

Understanding non-drug interventions

Resting joints

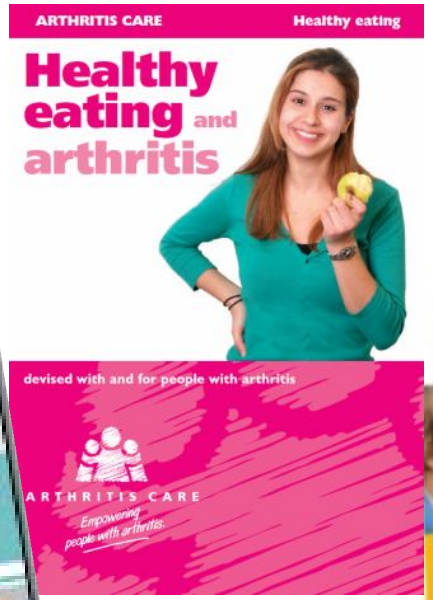
Protecting joints

Using joints

Meeting the needs of carers

- Partners
- Parents/children
- Live alone

Managing information sourcse



Reducing participation restriction

- Work return
- Activities of daily living
- Leisure time

Quality of Care

- What constitutes quality of care of RA patients in primary care?
- Who decides
- How to measure

Indicators of quality

- ↑ Knowledge
- ↓ Disease activity
- ↓ Drug adverse events
- ↑ Adherence
- ↑ Participation

How to improve primary care

- Education and training
- Financial incentives
- Measuring quality

Conclusions

- High expenditure in primary care on continuing care
- Not clear division of role for primary care
- If message is entirely early referral then important opportunity lost