

## BSR Organisation Audit 2024

Thank you for taking part in this important audit, conducted by the British Society for Rheumatology (BSR). The aim of this audit is to help the BSR better understand the current workforce landscape, identify challenges, and find ways to improve the support we offer to our members across the UK.

By providing insights from your NHS Trust or Local Health Board, you will be contributing to a clearer picture of the workforce that supports rheumatology services. This will ultimately help us to advocate for better resourcing, address gaps, and ensure the sustainability of care delivery in the future.

We appreciate your time and effort in completing this audit and look forward to using the information to enhance our services and support to you and your colleagues.

Thank you once again for your valuable contribution.

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1. What is the name of the Trust / Local Health Board that you represent? \*

2. Please list all the hospital sites that deliver care for your Trust / Local Health Board? \*

3. Do the hospital sites work as a single unit (with a single workforce and pathways)? \*

Yes

No

4. What is the name of site you are returning information for here? \*

5. What is your estimated patient catchment population? \*

6. Do you offer any "specialist" clinical services?

Examples might be tertiary referral for connective tissue diseases. \*

Yes

No

7. Which specialist services does your unit provide? \*

8. How many whole time equivalent (WTE) consultants work in your site? \*

9. How many WTE training grade doctors work in your site? \*

10. How many WTE SAS grade doctors / GPs with special interests work in your site? \*

11. How many WTE rheumatology specialist nurses work in your site? \*

12. How many WTE rheumatology dedicated pharmacists work in your site? \*

13. Do you have any rheumatology physician associates working in your site? \*

Yes

No

14. Do you have access to physiotherapy services? \*

Yes

No

15. Please describe these services. (E.g. do they have capacity specifically allocated to rheumatology patients, or are they part of a generic service? Are they based within the rheumatology department? Are they hospital or community-based? If possible, what WTE contribution is allocated to rheumatology from this service?) \*

16. Do you have access to podiatry services? \*

Yes

No

17. Please describe these services. (E.g. do they have capacity specifically allocated to rheumatology patients, or are they part of a generic service? Are they based within the rheumatology department? Are they hospital or community-based? If possible, what WTE contribution is allocated to rheumatology from this service?) \*

18. Do you have access to occupational therapy services? \*

Yes

No

19. Please describe these services. (E.g. do they have capacity specifically allocated to rheumatology patients, or are they part of a generic service? Are they based within the rheumatology department? Are they hospital or community-based? If possible, what WTE contribution is allocated to rheumatology from this service?) \*

20. Do you have access to psychology support services? (This is NOT including IAPT services which may also be available) \*

Yes

No

21. Please describe these services. (E.g. do they have capacity specifically allocated to rheumatology patients, or are they part of a generic service? Are they based within the rheumatology department? Are they hospital or community-based? If possible, what WTE contribution is allocated to rheumatology from this service?) \*

22. Are patients triaged within your rheumatology department? (as opposed to triage occurring by a third party service) \*

Yes

No

23. Who conducts triage within your department? \*

Consultant rheumatologist

Specialist Physiotherapist

Specialist Nurse

Other

24. Please explain who triages referrals: \*

25. Is triage time protected within the job plan? \*

Yes

No

26. Do you have advice and guidance services available? \*

Yes

No

27. Is advice and guidance time protected within the job plan of the responsible clinician? \*

Yes

No

28. Do you have an early arthritis pathway for referrers? \*

Yes

No

29. Do you have dedicated early arthritis clinics? \*

Yes

No

30. How many early arthritis clinic new patient clinic slots do you have each week? \*

31. Do you have access to same-day ultrasound for patients with suspected early inflammatory arthritis? \*

Yes

No

32. For a patient with a new diagnosis of an inflammatory arthritis, does DMARD initiation usually take place on the same day as their diagnosis? (*Answer no if patients typically wait for a follow up appointment to discuss DMARD use before they commence the drug*) \*

Yes

No

33. Do you have a rapid access giant arthritis pathway? \*

Yes

No

34. Do you have dedicated GCA clinic slots? \*

Yes

No

35. Do you have access to vascular ultrasound for GCA diagnosis? \*

Yes

No

36. Do you have access to temporal artery biopsies? \*

Yes

No



37. Has your service returned data for the NEIAA this year (since the 1st April 2024)? \*

Yes

No

38. Do you have support from your site audit department? \*

Yes

No

39. Do you have support with patient identification for the audit? \*

Yes

No

40. Do you have any support for data entry? \*

Yes

No

41. Do you operate a system of shared care with local GP practices? \*

Yes

No

42. Which of the following does your shared care agreement cover? (tick all that apply) \*

Prescribing

Monitoring

43. In the last six months how often have you experienced shared care refusals from primary care? \*

Often

Sometimes

Rarely

Never

44. How long after starting a DMARD do you ask GPs to provide shared care? \*

Immediately on initiation (i.e. ask GP to provide first prescription)

0-3 months

3-6 months

≥6 months

45. Do you have an electronic system for DMARD monitoring (either built into your hospital electronic health record or externally supplied)? \*

Yes

No

46. What system do you use? \*

47. What electronic record system does your site use (e.g. EPIC, Cerner, System C, Lorenzo etc)? \*

48. Do you routinely collect electronic patient reported outcomes (ePROMs)? \*

Yes

No

49. Is your ePROMs collection integrated into your electronic health record (as opposed to a standalone platform)? \*

Yes

No

50. Does your site routinely record diagnostic codes for outpatient activity (e.g ICD10 or Snomed)? \*

Yes

No