



## National Early Inflammatory Arthritis Audit

<b>UPCARE: 1.0 Programme name - please do not change this field.*</b>	National Early Inflammatory Arthritis Audit
<b>1.1 Abbreviation</b>	NEIAA
<b>1.2 Audit or non-audit</b>	Audit
<b>1.3 HQIP commissioned*</b>	Yes
<b>1.4 Programme unique identifier*</b>	HQIP107
<b>Contract status</b>	Ongoing
<b>HQIP AD</b>	RS
<b>HQIP PM</b>	NP
<b>1.5 Lead organisation*</b>	British Society for Rheumatology
<b>1.6 Programme homepage*</b>	<a href="https://www.rheumatology.org.uk/practice-quality/audits/neiaa;">https://www.rheumatology.org.uk/practice-quality/audits/neiaa;</a> <a href="https://arthritisaudit.org.uk/pages/home">https://arthritisaudit.org.uk/pages/home</a>
<b>1.7 Programme summary</b>	The overarching aim of NEIAA is to improve the quality of care for people living with rheumatic diseases. This will be achieved by collecting, analysing and reporting on robust comparative data on referral, treatment and outcomes for patients newly diagnosed with inflammatory arthritis, vasculitis and connective tissue diseases in NHS secondary care rheumatology services in England and Wales. The audit aims to drive improvement within the NHS for the benefit of patients, carers and those working to deliver care.
<b>2.2 Organisations involved in delivering the programme</b>	British Society for Rheumatology <a href="http://www.rheumatology.org.uk">www.rheumatology.org.uk</a> The UK's leading specialist medical society for rheumatology and musculoskeletal professions. The charity is tasked with delivering the audit. King's College, London <a href="https://www.kcl.ac.uk/innovation/index.aspx">https://www.kcl.ac.uk/innovation/index.aspx</a> Research team at King's College London providing the analysis of the NEIAA Net Solving <a href="http://www.netsolving.com/home">http://www.netsolving.com/home</a> Net Solving is a global leader in clinical data collection. They are hosting the web page and collecting all the data for the audit.

### 2.3 Governance arrangements

The audit is governed by a Senior Governance Group, which meets four times a year. The board is responsible for overseeing the audit and providing oversight and advice to the programme. The board is the guarantor of the data from the audit and is responsible for signing off the annual report. The chair of the Programme Board is the accountable officer of the programme.

The Project Working Group meets quarterly, and will supervise and support the delivery of the audit. It will liaise centrally with the BSR Standards Audits and Guidelines Working Group and Clinical Quality Committee and locally with BSR Regional Audit Champions. They are responsible for aiding in the reviewing of various documents, drawing on their varied experience and skillsets, and for signing off of the documents before they are presented to the Senior Governance Group. This group is chaired by Liz Price, the Clinical Audit Lead.

The project Operations team reports to the Project Working Group and the Senior Governance Group. They are responsible for the creation of the audit documents, and day to day running of the project. The sub-contractors, KCL and Net Solving, report to the Operations team. The group includes members with expertise in clinical audit, project management and data analysis. This team consists of the following individuals:

- Sarah Gallagher (Project Manager, Maternity Leave)
- Callum Coalwood (Project Manager, Maternity Leave cover)
- Liz Price (Clinical Audit Lead)
- James Galloway (Lead Analyst)
- Martin Cripps (Net Solving Project Manager)

### 2.4 Stakeholder engagement

Patient involvement:

- A patient panel works on key relevant aspects of the audit and their views feed into the audit via a number of channels.
- The chair and vice chair of the patient panel are members of the Project Working Group, providing advice and direction for the audit.
- The operations team are working closely with a patient liaison expert, who attends PWG meetings and is regularly invited to operations team meetings.
- The CEOs of the National Ankylosing Spondylitis Society and the National Rheumatoid Arthritis Society, are on the Senior Governance Group, providing strategy and governance to the project.
- Patient organisations are available to provide support to patients recruited to the audit.

Clinicians and Allied Health Professional (AHP) involvement:

- Clinicians are well represented on the Operations team, Project Working Group and Senior Governance Group.
- AHPs are members of the Project Working Group
- Clinician and AHP feedback has been sought and provided from other groups within BSR, including the Standards, Audit and Guideline Working Group (SAGWG) and the Clinical Quality Committee (CQC).
- Direct feedback from “end user” clinicians and AHPs is fed back to the operational team via 5 clinicians acting as “regional champions” for the audit and via a dedicated audit email.
- A representative from the paediatric and adolescent rheumatology services is a member of the Project Working Group

- A representative from primary care services is a member of the Senior Governance Group

## 2.5 Conflict of interest policy

All individuals involved in the project have completed DOI forms, and all declarations and conflicts of interest have been considered carefully. Any new DOI are also requested at each meeting as a standing agenda item.

## 3.1 Quality improvement goals

1. Aim: To improve the care of patients with rheumatological immune mediated inflammatory disease and reduce current variation in care provision and outcomes.

Objectives:

1. Reduce by 10% each audit year the time in days from receipt of referral to first rheumatology appointment for patients eligible for follow-up based on the national average reported in the annual State of the Nation report. Current time to first assessment is 31 days.
2. Reduce by 7.5% each audit year the time in days from receipt of referral to starting treatment for patients eligible for follow-up based on the national average reported in the annual State of the Nation report. Current time to treatment is 54 days.
3. Increase number of patients being entered into the audit by 20% each audit year. As we are moving from auditing suspected EIA cases to confirmed, we will be using the number of patients eligible for follow-up as a benchmark for this IG. Current number of patients eligible for follow-up is 4972.
4. Increase % of patients entering baseline PROM data by 15% each audit year to achieve 75% of patients by 2025. Currently 29% of eligible patients are entering data at baseline. In year 1 of the audit (2024), we will only report on PROM data in the state of the nation report from patients eligible for follow-up.

### 3.3a Methods for stimulating quality improvement\*

Best practice tariff (BPT); On-line Quality Improvement guides; Workshops; Action plan template; NHS England improvement programme; Improvement collaboratives; Sharing good practice repository; Getting It Right First Time (GIRFT)

### 3.3b Quality improvement supplemental information

NEIAA data forms a significant part of the measurement framework for the Getting It Right First Time/BestMSKHealth programme.

See more information at: [NEIAA QI Plan 2023 - 25 \(Final\).pdf \(rheumatology.org.uk\)](#)

### 4a) Please add the most recent date that you have reviewed and updated an online version of UPCARE (Programme section) on your project's website (click into the

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**response to see pop-up guidance).**

**4b) Please add a hyperlink to UPCARE (Programme section) on your website (click into the response to see pop-up guidance).\***

[https://arthritisaudit.org.uk/filesuploaded/upcare-tool\\_17.10.23\\_neiaaudit.pdf](https://arthritisaudit.org.uk/filesuploaded/upcare-tool_17.10.23_neiaaudit.pdf)