


National Early Inflammatory Arthritis Audit

UPCARE:	National Early Inflammatory Arthritis Audit
Programme name - please do not change this field.*	
Workstream name (if applicable) - please do not change this field.*	Not applicable
Contract status	Ongoing
Audit or non-audit	Audit
HQIP commissioned*	Yes
HQIP AD	RS
HQIP PM	NP
1.0 Included in current NHS Quality Accounts*	Yes
1.1a Geographical coverage - HQIP agreement*	England; Wales
1.2a Topic - please select which ONE of the following best describes the topic area for the programme or workstream. If more than one apply, please select 'Other' and add comment to the next question.*	Musculoskeletal
1.3a Healthcare setting*	NHS secondary or tertiary care
1.4 Inclusion and exclusion criteria*	Patients aged 16 and over referred with confirmed early inflammatory arthritis EIA (Rheumatoid arthritis, Psoriatic arthritis, Axial spondyloarthritis, Undi and patients with confirmed diagnosis of CTD and Systemic Vasculitis are eligible for recruitment.
1.5 Methods of data submission*	Bespoke data submission by healthcare provider; Extraction from existing data source(s)
1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*	2023/24 data submission closes 15th April 2024
1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*	2024/25 data submission closes 15th April 2025
1.6c 2025/26 data submission closes - please indicate date, series of dates or frequency.*	2025/26 data submission closes 15th April 2026
1.7 Data flow diagram	https://arthritisaudit.org.uk/filesuploaded/data%20flow%20diagram%20updated.pdf

1.8 Data quality & analysis plan The original dataset was piloted by 10 clinical sites to inform and help refine the dataset.

Data validation processes are embedded into the electronic data entry platform.

Data cleaning is undertaken by the KCL analytics partners and data quality reports are included in the quarterly reporting process.

All statistical models are validated and statistical codes used for data cleaning and analysis are retained for quality assurance and audit.

Case mix adjustment will be performed for annual reporting only, and will use established methodological principles.

1.9 Outlier policy [NEIAA Detection and Management of Outliers Policy December 2024.pdf](#)

2.4 Patient reported outcome measures Patient reported outcome measures (PROMs) are collected at baseline and at 3, 6, 9, and 12 month intervals thereafter.

2.6a Do measures align with any of the following sources of evidence (select all that apply) NICE quality standard

2.6b Evidence supplemental information <https://www.nice.org.uk/guidance/qs33>

3.1 Results visualisation Annual report; Interactive online portal (run charts available)

3.2a Levels of reporting* Trust or health board; Hospital or specialist unit; National; Integrated care system (ICS); NHS region or other geographic area

3.3 Timeliness of results feedback Within 24 hours; Within 6 months

3.4 Link to dynamic reporting* <https://arthritisaudit.org.uk/pages/home>

2023/24 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)* 04/01/2023 - 03/31/2024

2024/25 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)* 04/01/2024 - 03/31/2025

2025/26 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)* 04/01/2025 - 03/31/2026

Dataset #1 name Clinical Dataset

Dataset #1 type* Clinical audit

Dataset #1 population coverage* All eligible patients

Dataset #1 use of existing national datasets Office for National Statistics (ONS); Hospital episode statistics (HES)

Dataset #2 name Patient Survey

Dataset #2 type* Patient reported outcome measure

Dataset #2 population coverage* All eligible patients

Dataset #3 name	Organisational Survey Dataset
Dataset #3 type*	Organisational audit
When was your healthcare quality improvement plan (referred to as a QI Plan) last reviewed? Please upload under 'Files' below using the HQIP naming convention (click on response to see pop-up help text).	10/12/2023 8:00 AM - 9:00 AM
When were your clinical performance indicators (referred to as metrics) signed off by funders? Please upload under 'Files' below using the HQIP template and naming convention (click on response to see pop-up help text).	04/21/2023
Please add the hyperlink to where your clinical performance indicators (referred to as metrics) are published on your project website.*	https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Farthritisaudit.org.uk%2Ffilesuploaded%2FNational%2520Early%2520Inflammatory%2520Arthritis%2520Audit%2520Metrics%2520
National report publication date (within calendar year 01/01 - 31/12/2023)*	12th October 2023
Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*	10th October 2024
Planned national report publication date (within calendar year 01/01 - 31/12/2025)*	9th October 2025
Planned national report publication date (within calendar year 01/01 - 31/12/2026)*	October 2026 (date tbc)
Please add the most recent date that you have reviewed and updated an online version of UPCARE Workstream section(s) on your project's website	05/14/2024

(click into the response to see pop-up guidance).

Please add a hyperlink to UPCARE Workstream section(s) on your website (click into the response to see pop-up guidance).*

<https://arthritisaudit.org.uk/filesuploaded/2024%2005%2014%20UPCARE%20Workstream%20reports%20NEIAA.pdf>

Files 20231012 - NEIAA - HIPlan.pdf

National Early Inflammatory Arthritis Audit Metrics 16.12.24.xlsx