

TRIAL OF EARLY ARTHRITIS CLINICS (EACS) AND EXPEDITED TRIAGE IN IMPROVEMENT OF EARLY INFLAMMATORY ARTHRITIS MANAGEMENT

Background: The National Early Arthritis Audit (NEIAA) was set up in 2018 to improve standards in management of early inflammatory arthritis (EIA). Our trust was flagged as a significant outlier for NICE QS2 (seeing referrals with suspected IA within 3 weeks), and QS3 (starting DMARDS within 6 weeks of referral).

Introduction: There is convincing evidence that early diagnosis and initiation of Disease Modifying Therapy (DMARDS) improves long-term outcomes in EIA patients. This forms the basis of NICE guidance and lead Health Quality Improvement Partnership (HQIP) to commission the NEIAA.

Methods: Through Quality Improvement (QI) methodology, we reviewed our pathways, and a series of system changes were implemented in a stepwise fashion with multiple Plan Do Study Act (PDSA) cycles. There were no additional resources/ funding for these.

We identified following areas for improvement:

1. Triage- Prior to 2018 triaging was outsourced to a Musculoskeletal Advice and Triage service (MATS)
2. Ring fenced early arthritis slots- General clinics had an urgent slot at the beginning of each list.
3. No overall administrator.

Process mapping of triage found that there was a mean delay between referral letters being sent and triaging process being complete of 8 days (range 0 – 46). We therefore removed rheumatology from MATS triaging and Choose and Book, instead rheumatology consultants were timetabled to triage all referrals.

We also created ‘Early Arthritis Week.’ During second week of each month, all general rheumatology clinics were converted to an early arthritis template. Only new patients triaged as possible early IA were eligible to be booked into these, with clinic booking opened only 4 weeks prior.

Results: We collected data of patients with suspected EIA referred to rheumatology over 3 months in 2023 and compared it with 2019-2022. As demonstrated from the table below, 2023 had significant reduction in waiting times referred and time to triage was reduced to 2 days (range 0 – 5).

| Referral to first appointment | 2019 | 2021 | 2022 | 2023 |
|--------------------------------------|-------------|-------------|-------------|-------------|
| 1- 21 Days | 0 | 12 (63%) | 16 (36%) | 11 (44%) |
| 22-43 Days | 2(10.5%) | 7 (37%) | 25 (57%) | 9(36%) |
| 44-65 Days | 2(10.5%) | | 2 (5%) | 2(8%) |
| 66-87 Days | 7(37%) | | 0 | 3(12%) |
| 88-109 Days | 8(42%) | | 1 (2%) | 0 |

Table showing number of patients diagnosed with EIA in Rheumatology Dept over 3 months.

NEIAA report showed our annual compliance with QS2 improved from 14% in April 2018-2019 to 56% in April 2022-2023; during the same period, our compliance with QS3 improved from 35% to 71%.

Conclusion: Rapid triaging and dedicated EACs reduce referral lag time for initial consultation and treatment. This enabled our patients to achieve early remission and allowed our department to attain compliance with NICE standards.