British Society for Rheumatology

National Early Inflammatory Arthritis Audit (NEIAA)
Quality improvement plan
July 2021

Introduction

Rheumatoid arthritis is a long-term condition that can lead to disability, morbidity, and can impact significantly on quality of life. Randomised trial data provide a robust evidence base for early intervention and have led to the publication of NICE clinical guidelines and quality statements in 2013. These guidelines and statements recognise that the first months after onset of symptoms represent a critical time in patients' journeys. There is a window of opportunity to establish effective treatment that will reduce immediate symptoms and improve the long-term trajectory of the disease.

NEIAA collects information on all new patients with suspected inflammatory arthritis over the age of 16 seen in specialist rheumatology departments in England and Wales. Information is gathered from the first appointment for all patients with suspected inflammatory arthritis and/or axial spondyloarthropathy, and during the first 12 months of specialist care for patients with rheumatoid pattern inflammatory arthritis Performance is measured against the NICE quality statements.

A quality improvement (QI) plan is necessary as NEIAA data show there is significant room for improvement in performance against the 7 NICE quality statements for all Trusts and Health Boards. Evidence suggests that episodic audit activity is ineffective at driving lasting change, but as NEIAA is a continuous data collection process and provides real time results to Trusts and Health Boards, it is well placed to support activities aimed at improvement in patient care, in line with the wider NHS strategy.

We published the first iteration of this plan in 2019 and are reviewing it on an annual basis. The paper reviews quality improvement progress to date and a plan for 2021/22.

Progress against the last NEIAA QI plan

The COVID-19 pandemic has had a substantial impact on rheumatology services; staff were re-deployed to acute in-patient work and outpatient services were suspended across England and Wales. Outpatient services were resumed remotely after the initial wave of the pandemic in the UK, where staff were available. Therefore, the focus for NEIAA for the last 12 months has been to support services adapt and deliver. The main aim was to support services trying to maintain improvements gained prior to the pandemic and to limit any deterioration. We adapted the data collection process to reflect the new ways of working and continued to support quality improvement work utilising NEIAA data, where local context allowed.

Although mandatory data collection was suspended for over 12 months, a small majority of services continued to upload data. Insufficient data has been collected to support the production of a third annual report but reporting will be provided at trust and health board level for those that supplied data.

Local champions are asked to report quarterly on QI activity across their patch, particularly amongst outlier trusts. Examples from the last QI plan period include:

- 10 trust/health board action plans received
- 4 new consultant/ nurses roles created
- 3 additional/dedicated EIA clinics introduced
- 6 changes in referral triaging process
- 2 training initiatives

Improvement goals 2021/22

Aim: To improve the care of patients with suspected early inflammatory arthritis by enabling the proactive use of audit data for local improvement.

Objectives:

1. To supply information and enable networking that shares ideas and inspiration of using NEIAA data for improvement.
2. To prepare and share resources that enable multi-disciplinary teams to use NEIAA data for improvement.
3. To facilitate learning and skills development for multi-disciplinary teams in QI and using data for improvement.
4. To use NEIAA data to influence policy and spark collaboration with stakeholders who share our aim to improve the care of patients with suspected early inflammatory arthritis.

Improvement objectives

1. Inform

   a) Case studies of quality improvement projects arising from NEIAA data are sought and showcased on the BSR website with the aim of sharing learning. Case studies not only include how Trusts/Health Boards have achieved clear improvements in their service quality but also how Trusts/Health Boards have overcome challenges linked with the audit.

   During 2021/22, we will update and expand our case study series. We aim to make contributions from teams as simple as possible and will supply a case study template, or offer a short interview, which will be written up into a case study by a professional writer. We will ensure that the stories enable replication by others where possible and showcase data.

   Case studies are available on the audit website.

   b) The NEIAA patient panel has produced, *Patient Journey: the ideal clinic visit what you should expect from your rheumatology department.* This leaflet will be made available to BSR members as part of the package of QI information and widely publicised through our communications channels.

   c) BSR Best Practice Awards will continue to be used to identify and publicise outstanding service provision within the field of Rheumatology. BSR is actively

seeking examples of improvement and innovation driven by clinical audit and we will use any winning examples to highlight the benefits of the NEIAA.

2. Dissemination of tailored resources

   a) BSR will work to update and re-promote its existing QI information with additional focus on accompanying 'how to' guidance. These resources include:
      a. Driver diagrams for each of the quality statements
      b. Resuming data collection following the pandemic
      c. Data download tools for local analysis, including:
         i. Run charts of waiting times for specialist appointments and for initiating treatment
         ii. Latest achievement rates for the 7 quality statements assessed within NEIAA;
         iii. Driver diagram templates with examples.
         iv. Data download functions, accessible to the audit leads, to allow further deep dive analysis of their Trusts/Health Boards' data, including the patient reported outcomes
      d. Quarterly reports for trusts
      e. Clinic prompts.

   b) BSR will work with the Royal College of General Practitioners (RCGP) to update the inflammatory arthritis e-learning tool for GPs. The existing module is highly rated (4.75 out of 5) but more can be done to promote the resource and increase sign-up.

   c) The BSR Clinical Affairs Committee is currently working on national referral criteria, including for early inflammatory arthritis. We will work with colleagues in primary care to ensure that these can be implemented and widely promoted.

   d) BSR plans to provide performance data for waiting times and treatment delays to all Trusts/Health Boards to drive QI work. These processes have been suspended as a result of the COVD 19 pandemic, but are anticipated to resume September 2021. This process supports trusts to set goals for local improvement.

   e) BSR annual conference 2022 will feature an audit session as part of the main programme with a panel of expert UK and international speakers.

   f) NEIAA data form a key part of evidence towards accreditation for the BSR Quality Review Scheme (QRS). The review will encourage sites to review NEIAA data as part of their self-assessment and to use the data as part of any resulting action plan.

3. Support for implementation

   a) BSR will host further practical quality improvement workshops to equip consultants, trainees, nurses, and allied health professionals with the methodological skills required to perform QI projects. The first workshop was

held in early 2021 and its success has secured a second workshop in March 2022. Case studies using NEIAA data will be included to share learning of successful QI projects arising from the audit.

b) One to one consultancy to support local data analysis and interpretation is available to all Trusts/Health Boards via their local champions. During 2022, BSR will work to support the local champions to update their QI knowledge and skills to coach others to use audit data for improvement.

4. Influencing

a) NEIAA data forms a significant part of the measurement framework for the Getting It Right First Time/BestMSKHealth programme. BSR will continue to use its links into the programme to promote NEIAA as a vital indicator of performance and encourage re-engagement with NEIAA as part of a wider programme of service recovery and change.

b) A reporting template was agreed with the Care Quality Commission (CQC) using NEIAA data. The CQC receives Trust level data on four metrics that assess the safety and quality of care provided annually. Although the CQC is primarily focused on assessing quality, it recognises the strength of a culture of quality improvement in driving outstanding care and is a powerful voice when quality of care falls well below what would be expected. Links with the CQC are therefore seen as an important component of this QI plan. After being suspended during the COVID-19 pandemic CQC visits resumed April 2021.

c) Trainees have been targeted to undertake QI work via the Training Programme Directors and the Specialist Advisory Committee (SAC). Ways in which NEIAA data can be accessed by trainees for trainee led QI activity were explored during the late 2019 SAC meeting. The new specialty curriculum remains in development and trainee led QI work will be incorporated into this, providing a major incentive for trainees to undertake QI work. The programme directors for each region in the UK have agreed to promote the use of NEIAA data for this work.

Resources

Delivery of the NEIAA QI plan is underpinned by:

- Five local champions across England and Wales. Their role is to engage with local rheumatology teams, promote continuous improvement, support sharing of best practice, provide educational updates, and build teamwork and leadership. When recovery from the COVID-19 pandemic permits, local champions will aim to identify QI leads within their patch with expertise in QI. BSR will work with these QI leads and with all relevant local groups and networks to increase capacity in QI. The focus of the local champions' work will inevitably require some re-adjustment back to supporting Trusts/Health Boards in re-engaging with NEIAA for the immediate future.

- BSR has established a special interest group (SIG) for QI, with a view to promoting and publicising QI work. The QI SIG is a vital source of ideas and steer on how to

deliver on the NEIAA QI plan. The SIG has also integrated NEIAA messages and the use of NEIAA data for improvement within its activities.

- A full marketing and communications plan accompanies the NEIAA and plans positive messages for both local teams and BSR members with regards to engagement with NEIAA and its place in the field of improving patient care. BSR also aims to improve its stakeholder engagement plans for NEIAA, particularly with patient organisations, to support in the delivery of the NEIAA QI Plan.