British Society for Rheumatology

NEIAA: helping primary care to refer the right patients

Supporting primary care to refer suspected early inflammatory arthritis patients appropriately is vital to ensure prompt diagnosis and treatment.

The rheumatology team at Lancashire and South Cumbria NHS Foundation Trust identified issues around referral following antibody test results. They've been working closely with primary care colleagues to tackle the issue and improve referrals. To find out more, we speak to Dr Lizzy MacPhie.

Identifying the problem

When the National Early Inflammatory Arthritis Audit first launched, we decided to investigate our referrals to see whether the right patients were being referred to our clinic in a timely manner. We were able to use the audit data to show that some patients were taking longer to be referred than others and specifically those patients who were sero-negative.

We found that GPs were referring a lot of patients to the service based on positive antibody results, and that those with negative results weren't being referred as promptly despite symptoms. What primary care colleagues didn't realise is that a negative result doesn't exclude rheumatoid arthritis and nor does a positive result equate to a diagnosis.

Inconsistent messaging

We reviewed the wording on the antibody reports going to GPs and realised that they were inferring that a positive antibody test was consistent with sero-positive rheumatoid arthritis. This would invariably result in patients being referred to us.

For patients with a negative result, in a lot of cases misinterpretation of the result was resulting in a delay in being referred. Matters were compounded by the rheumatoid factor being referred to as a rheumatoid screen.

We found that throughout the primary care pathway the wording was inconsistent, leading to lots of confusion.

Bringing colleagues together

We sat down with members of the immunology department at the hospital performing the tests and producing the reports, and we also involved GPs in the discussion. Changes to the wording were agreed by all.

We changed what is requested by primary care from a 'rheumatoid screen' to 'rheumatoid factor'.

We simplified the wording of reports to help interpretation of the result incorporating the following wording for both positive and negative results: "*Patients with a suspected inflammatory arthritis e.g., rheumatoid arthritis (RA) should be referred to Rheumatology without delay. A negative result does not exclude RA nor does a positive test equate to a diagnosis of RA*."

We also incorporated the same advice into the prompts within the GP electronic requesting system, called ICE, so that primary care colleagues are advised to still refer if they suspect inflammatory arthritis, rather than relying on antibody tests. Importantly we've made the wording consistent at every stage to avoid confusion and aligned this to the Choosing Wisely recommendation.

Appropriate referrals

Since the wording changes we've not seen as many inappropriate referrals. At triage, we can tell that primary care colleagues are utilising antibody testing more appropriately and understanding the issue much better.

In primary care, more and more patients are being assessed by nurse practitioners, first contact practitioners and pharmacists, so we need to make sure that we support all health care professionals to understand the nuances of antibody testing.

We've also applied the same principles to other antibody tests relating to autoimmune connective tissue diseases.

Advice to other units

It's worth reviewing the immunology reports that go back to primary care from hospitals and check they are worded appropriately to support colleagues to interpret them. Consider whether you can include prompts at the point of requesting investigations. It may just be subtle changes that you need to make to help guide and support primary care colleagues.