

## **NEIAA: Remission success for the team at Blackpool Teaching Hospitals NHS Foundation Trust**

Remission at 12 months is a key measure for the National Early Inflammatory Arthritis Audit. One of the Trusts doing well in this area is Blackpool Teaching Hospitals NHS Foundation Trust. With 78% of patients in remission at 12 months, we speak to Consultant Rheumatologist Dr Sneha Varughese about how the team has achieved this.

### **Treating patients early**

The rheumatology team is made up of five consultants, four specialist nurses, one OT and one physio, caring for a population of around 350,000 people.

Our early inflammatory arthritis pathway has been running for around five years in line with NICE and BSR guidelines to ensure we are doing the best for our patients. It aims to recognise cases early and give prompt treatment to significantly improve outcomes.

We have a proforma for GPs with clear information on there about what to look out for in suspected early inflammatory arthritis. Bloods and antibodies are requested by the GP, and we chase up the results during triage, this means we have a clear picture when we first see the patient.

Every two weeks we have an EIA clinic and consultants take it in turns to triage referrals and identify likely EIA patients. In their first visit, patients have a thorough consultation. They receive education about the disease with drug initiation and treatment.

They are followed up by our specialist nurses with a face-to-face review monthly. Our nurses monitor their progress and update the consultants if there are concerns or a medication adjustment is required. Patients see their consultant every four months and get access to physio and OT through their monthly appointments.

### **Developing positive relationships with patients**

Patients are seen monthly for the first 12 months between our nurses and consultants which allows us to develop a good rapport. We've always had an active helpline but by building positive patient relationships with early education, patients are aware of what to look for with flares with the confidence to consider self-management or to contact us as needed.

We have patients fill in questionnaires to identify what challenges they are facing both physically and mentally so we know how we can best support them. We take a lot of information from our patients at the initial visit, and we work together to address the issues identified.

In the early stages, we reiterate the goal of treatment to achieve remission. Due to the regular reviews, they can commence two DMARDs and move onto biologics if appropriate later in that first year.

### **Structuring the service post-COVID**

Seeing patients monthly is a high resource service. Post-COVID we are looking at how best to structure the service for the future.

Certainly, patients respond well to the regularity, they have a much better understanding of the disease and know when to flag up concerns. We suspect their long-term compliance with medication is also better. Despite capacity always being an issue, there is a lot of reward supporting patients in this way.

Recently there have been several local changes, such as bringing drug initiation and blood monitoring in-house, which used to be done by primary care. Moving forward we're thinking about how we can adapt and enhance what we're doing across the rheumatology service, including our early arthritis cohort.