National Rheumatoid and Early Inflammatory Arthritis Audit

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Who are HQIP?

Our vision: enabling those who commission, deliver and receive healthcare to measure and improve services

Our values: independent, working in partnership with patients and health professionals to improve practice

Our history: established in 2008, governed by the AoMRC, National Voices and RCN

- Academy of Medical Royal Colleges
- National Voices
- Royal College of Nursing
Our work

**National Clinical Audit Programme**
30+ national audits covering:

- Acute
- Cancer
- Children and Women's Health
- Heart
- Long-term Conditions
- Mental Health
- Older People

**National Joint Registry**
Collects joint replacement information, monitoring implant, hospital and surgeon performance:

- Holds 1.75m+ records
- Includes hips, knees, ankles, elbows and shoulders
- Covers England, Wales and Northern Ireland
- Mandatory for NHS since 2011

**Clinical Outcome Review Programmes**
4 ongoing national programmes:

- Maternal, Newborn and Infant
- Medical & Surgical
- Mental Health
- Child Health Programme

**Quality Improvement and Development**
Supports QI at local level via:

- Evidence based guidance
- Practical tools and case studies
- Patient and public involvement
- Regional training events
eLearning and webinars
- Network Support
The definition of clinical audit

‘Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.’


For more information please see our online e learning training module
http://elearning.hqip.org.uk/introduction-to-qi/
Details of the stages of the clinical audit cycle

Quality improvement in healthcare is a process that seeks to enhance patient safety, outcomes, and experience, through measuring and improving the effectiveness of clinical services provided. Effective quality improvement projects should therefore measure what is important to patients. HQIP’s quality improvement cycle includes four main stages:

**Stage 1 - Preparation and Planning (including for repeated cycles):**
- Patient and public involvement
- Organisational arrangements
- Stakeholder engagement
- Quality improvement methodology

**Stage 2 - Measuring Performance:**
- Data collection through interviews or surveys
- Data analysis and reporting

**Stage 3 - Implementing Change:**
- Action plan development (including actions to take forward recommendations made)

**Stage 4 - Sustaining Improvement (including repeated cycles where necessary):**
- Repeat quality improvement project/study
- Continuous improvement
- Involvement of patients and the public throughout the cycle vital to ensure optimum quality improvement
All National Clinical Audits are 3 year contracts with a possibility to extend for a further 2 years. Due to the value of the contracts they all need to go out for public procurement every 5 years in order to meet with European Procurement Regulations.
“The goal is not for patients and carers to be the passive recipients of increased engagement, but rather to achieve a pervasive culture that welcomes authentic patient partnership – in their own care and in the processes of designing and delivering care. This should include participation in decision-making, goal-setting, care design, quality improvement, and the measuring and monitoring of patient safety.”

The National Review into Patient Safety in England – August 2013
PPI definitions

• **INVolVEMENT**
How patients and the public will be involved in the structures and process of the work i.e. through mechanisms such as governance, priority setting, teaching and education, identification of the need for innovation, assessment of technologies.

• **ENGAGEMENT**
How patients and their carers will be supported to be active participants in their own care through approaches such as personalised care planning and shared decision-making.

• **EXPERIENCE**
How the subjective experience of patients is captured and utilised for quality improvement.

*Oxford Academic Health Science Network*
Our PPI strategy

• Our strategy describes HQIP’s vision, commitment and approach to involving, engaging and informing patients and their representative organisations throughout our work. It has been developed to support the attainment of HQIP’s values and strategic objectives.

• For further information please see our PPI strategy [http://www.hqip.org.uk/involving-patients/](http://www.hqip.org.uk/involving-patients/)
How to capture patient views?

• Planning phase of the procurement to discuss and define scope of the future audit
• Specification Development Meeting – key milestone with wide stakeholder representation

BUT

Difficult to capture the patient views of a complex audit covering multiple patient groups within one 2 hour meeting?
National rheumatoid and early inflammatory arthritis audit – an overview of conditions

Rheumatoid arthritis

Undifferentiated arthritis

Psoriatic arthritis

Spondyloarthritis with peripheral arthritis
What does the audit measure?

### Access to care
- How quickly patients are referred by GP
- How long patients wait for their first rheumatology appointment

### Quality of care and treatment
- Care received by patients within the first 3 months
- Medications, access to services, staffing levels and support for self-care

### Early impact of arthritis
- Impact on quality of life
- Includes ability to work, patient experience, and early response to treatment
Overview

• Purpose of the audit:
  – The national rheumatoid and early inflammatory arthritis audit examines the assessment and early secondary care management of patients referred to rheumatology providers with suspected inflammatory arthritis
  – The NICE Quality Standard and guidelines for the management of Rheumatoid Arthritis are the key standards assessed.

• What’s included:

• What’s excluded:
  – Children and children’s services
  – Primary care
• Reports:
  – Patient report published 2016

• Presentation of key findings
Questions

1. Can you describe any experiences of your rheumatology care (as a patient or carer) which you feel could be improved?

2. Does the Rheumatoid and early inflammatory arthritis audit cover the areas of care and services which are important to you?

3. Are there any other aspects of arthritis care and services which could be improved and you feel should be captured by the audit?

4. Do you feel your (or the person you care for) emotional and psychological needs were treated with as much importance as your physical health needs?

5. The audit produces an annual report for patients, have you ever used the information within the reports (for instance, what decisions or choices have the reports or data helped you to make) and how do you think it could be improved?
Please could you provide any comments or feedback to Sasha Hewitt (Associate Director for Quality and Development)
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THANK YOU