



South West
Academic Health
Science Network



Rheumatoid Arthritis Project



Across the South West (SW), there has been an 18% increase in growth in the use of biological therapy for Rheumatoid Arthritis (RA).

Considerable variation exists in the use of these medicines and there is little or no understanding as to why prescribing patterns differ so greatly, and even less insight into patient outcomes.

The SW AHSN developed a programme that will give clarity and an understanding on the use of these medicines along with the impact that early intervention can have on the local health economy.

Challenge identified and actions taken:

'By working in partnership with the Work Foundation, we are examining the extent of RA in the working age population both today and in the next twenty years.'

The challenge is to ensure equitable access to appropriate treatments and early intervention for patients with Rheumatoid Arthritis (RA). There is significant evidence that early interventions focused on positive work outcomes for people with chronic ill-health can reduce sick leave and lost work productivity among workers.

The first phase of our programme focused on mapping existing service models in the region. Our investigations have allowed us to identify how patient reported outcomes and experiences are recorded, how clinics are structured and what type of information is routinely recorded.

Impacts/Outcomes

Our investigation has identified differing approaches to service delivery and biologic initiation. As a consequence the ability for the units to see patients quickly and regularly in order to manage patients' disease activity is extremely variable.

Early data has given us an insight into the significant challenge we face in providing effective care for patients with RA. Therefore, by utilising our partnership with the Work Foundation we will use this initial insight into the RA service models to explore and quantify a number of scenarios relating to healthcare costs, labour market participation, sickness absence and productivity losses in the South West region.

Specifically, we will assess the impact of the full implementation of the National Audit Office's (NAO's) 2009 recommendations about early intervention, to help inform commissioners of the ability to use work as a clinical outcomes and develop a commissioning for outcomes mode.

The approach that we are developing with our medicines optimisation programme, will enable us to develop a model that we believe will support our wider work programme.

"We are developing a model that will support a wider work programme"

This enables us to understand not only patient outcomes in specific therapy areas, but in addition, the impact that treatments and early interventions have on the local health economy and using work as a clinical outcome.

Plans for the future

The initial scoping phase of this programme appears to show a correlation between service models, ability to manage demand and the initiation/use of biologic therapies. We will use the first insight into the RA market to inform our work with the Work Foundation and the wider aspect of the project.

Which national clinical or policy priorities does this example address?

- Medicines Optimisation Rheumatoid Arthritis (NICE QS33)
- Medicines Optimisation the safe and effective use of medicines to enable the best possible outcomes Nice Guidance (NG5)

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