

NEIAA QI interventions

- NEIAA’s improvement focus was on NICE Quality Standards (QS) 1-3, as these associate with improved patient outcomes
- The biggest improvements between year 1 and year 2 of the audit were for QS 1-3 (between 6 and 10%, compared with 0-5% for QS 4-7)

Early Referral and Review (QS1 and QS2)

13,578

Patients referred to early arthritis services in England and Wales between May 2019 and March 2020

47% referred within 3 working days (41% in year 1)

48% saw a rheumatologist within 3 weeks (38% in year 1)



6% improvement in speed of GP referrals



10% improvement in speed of hospital assessment

Treatment initiation (QS3)

64% started treatment promptly (an increase of **10%** from year 1)



Most common DMARD = methotrexate

QS4-7

94% had timely provision of education (QS4) (93% in year 1) (1% increase)

89% had an agreed treatment target (QS5) (84% in year 1) (5% increase)

92% had access to emergency care (QS6) (92% in year 1) (no increase)

48% had an annual review (QS7) (43% in year 1) (5% increase)

Other (non-audit) factors associated with improvement

- Introduction of the Best Practice Tariff has incentivised departments to meet *all* QS
- CQC utilising QS2 for reporting department performance
- GP e-learning on importance of prompt referral (QS1)

Summary

It is not possible to attribute the audit as the cause of stronger improvement for QS1-3, but it is nevertheless encouraging as it suggests audit improvement goals have a part to play in determining where improvement may be most focused.