

# Key findings at a glance

## Demographics

14%

of patients recruited into the audit were from Black, Asian and ethnic minority populations  
(representative of the UK population)

Black, Asian and ethnic minority patients were younger than White patients (median age)



48<sup>yrs</sup>



56<sup>yrs</sup>

A higher proportion of Black, Asian and ethnic minority patients were female



73%



64%

## Clinician-reported outcomes

A lower proportion of Black, Asian and ethnic minority patients were reporting disease remission by three-month follow-up compared to White patients



30%



37%

## Patient-reported outcomes

Black, Asian and ethnic minority patients were more likely to report symptoms of anxiety or depression compared to White patients



33%



30%

# Key findings at a glance

## Quality standards

A higher proportion of Black, Asian and ethnic minority patients were referred to rheumatology services within three working days of presenting compared to White patients [QS33, quality statement 1](#)



47%



43%

A similar proportion of Black, Asian and ethnic minority patients and White patients were assessed within three weeks of referral [2013 version of QS33, quality statement 2](#)



43%



42%

A higher proportion of Black, Asian and ethnic minority patients received timely treatment<sup>1</sup> compared to White patients [QS33, quality statement 2](#)



60%



57%

A high proportion of both groups of patients were provided with disease-related education [QS33, quality statement 3](#)



93%



94%

A high proportion of both groups of patients were able to access care in case of emergencies [QS33, quality statement 4](#)



91%



93%

A lower proportion of Black, Asian and ethnic minority patients received a formal annual review compared to White patients [QS33, quality statement 5](#)



34%



46%

<sup>1</sup>Starting conventional disease-modifying anti-rheumatic drug (cDMARD) monotherapy within six weeks of referral