Barns Medical Practice Service Specification Outline: Rheumatoid Arthritis

Developed January 2015 **Review January 2022**

Updated January 2020

Introduction

Rheumatoid arthritis (RA) is a chronic, disabling auto-immune disease characterised by inflammation in the peripheral joints, which causes swelling, stiffness, pain and progressive joint destruction. For a small proportion of people with RA, inflammatory disease outside the joints (for example, eye and lung disease, and vasculitis) can pose a significant problem. RA affects around one per cent of the population; of these people, approximately 15 per cent have severe RA.
Although the confirmation of diagnosis and initiation of treatment may take place in secondary care, primary care has an important role to play in the management of RA. This may include checking cardiovascular risk and blood pressure, checking the person's risk for osteoporosis and assessing for signs of low mood or depression.

Diagnosis

Recognition of **synovitis** in primary care and prompt referral for specialist advice is key to the early identification and treatment of RA. **Synovitis** is inflammation of the membrane that lines the inside of synovial joints (most of the joints in the body). Symptoms of inflammation include pain, swelling, heat and loss of function (**esp. morning stiffness**) of an affected joint.
Identifying recent-onset RA can be challenging in primary care because of the variety of ways in which **synovitis** can present itself and the small number of patients who have RA compared with the number of patients with musculoskeletal symptoms. Current guidelines on RA recommend that patients with persistent **synovitis** are referred for specialist opinion. Urgent referral is needed when any of the following are present:

- the small joints of the hands or feet are affected;
- more than one joint is affected;

- there has been a delay of three months or longer between the onset of symptoms and seeking medical advice.

Early identification of recent-onset RA is important because long-term outcomes are improved if diseases modifying anti-rheumatic drugs (DMARDs) are started within three months of the onset of symptoms.

Blood tests should be done to confirm the clinical suspicion of RA in patients with **synovitis** and **not** as screening tests:

- Inflammatory Markers (including CRP and ESR)
- Rheumatoid Factor
- ANA- only if features suggesting SLE and referral to Rheum OPD appropriate
- FBC
- U&E ; LFT
- Lipids-to be used in calculating CV risk scoring

Diagnostic codes

- Rheumatoid Arthritis is #N040 and should be coded priority 1 and a problem created.

Regular Review

RA is a chronic disease with a variable course over a long period of time. Therefore, there is a need for regular monitoring to determine disease status, assess severity, efficacy and toxicity of drug therapy and identify co-morbidities or complications.

Patients with satisfactorily controlled established disease require review appointments for on-going drug monitoring, additional visits for disease flares and rapid access to specialist care. RA and its treatment can also have a negative effect upon a patient's quality of life. It is recommended that the following aspects of care are reviewed regularly.

- Disease activity and damage, which may include requesting CRP,ESR and FBC;
- Monitoring of DMARD's as recommended in A&A protocols-Blood tests include FBC;U&E;LFT; urinalysis for some drugs **Follow link below**

  http://athena/pcdev/pccontracts/QOF%20%20Enhanced%20Services%20Library/DMARDS(b).doc
- The need for secondary care referral for review of drug therapy and/or surgery;
- The effect the disease is having on activities of daily living, eg. employment, education, home circumstances etc;

- Assessment of CV risk including BP, smoking history and lipids. Annual ASSIGN risk score and Disease Modifying Treatment Drug review appointment.
  (RA suffers have a similar CV risk as Type 2 Diabetes patients)

- Assessment of Osteoporosis risk

- Assessment of Depression risk

Resources for Staff and or Patients

- Access to online resources including:

  Arthritis Research UK - http://www.arthritisresearchuk.org/
  Patient information - http://www.arthritisresearchuk.org/
  General Practice Notebook - http://www.gpnotebook.co.uk/homepage.cfm

Staff involved and training required

- Trained clinicians, and HCA guided by appropriate protocols and assessment templates

Advertising of service to patients

- Practice Website: Barns Medical Practice

APPENDIX 1- Health Care Assistant protocol

REFERENCES

SIGN Guideline 123 Rheumatoid Arthritis

https://cks.nice.org.uk/rheumatoid-arthritis

http://athena/pcdev/pccontracts/QOF%20%20Enhanced%20Services%20Library/DMARDS(b).doc

APPENDIX 1

Protocol for Rheumatoid Arthritis (RA) Management by Health Care Assistants

DATE CREATED 2/02/2015

UPDATED 15/1/2020

REVIEW DATE 15/1/2022

PURPOSE OF PROTOCOL

To enable suitably trained Health Care Practitioner (HCP) working for or on behalf of BARNS MEDICAL PRACTICE who have undertaken relevant training (as outlined below), to regularly review a patient's annually as a duty delegated by the General Practitioner or a registered nurse. The results of the screening visit are then examined / assessed by a GP or nurse with a special interest in the condition and any changes to management will be communicated following the initial visit and often by telephone.

AIM

To monitor diagnosed RA patients

To report and act on changes in overall condition

To ensure no deterioration in condition

To offer continuing health promotion advice and prevent further complications

AUTHORITY TO PROCEED

In accordance with HCA code of conduct (Scottish Gov., 2009) and with the training and skills listed below.

TRAINING + SKILLS

- Completion of HCP induction training course on the management of RA and its complications.
- Completion of period of supervised practice and completion of assessment of competence
- Training and competence in the correct procedure for onward referral or management of any concerning features on the day of review.
- Appropriate anatomy and physiology knowledge
- Access to and knowledge of relevant guidance/ protocols re. RA
- Demonstration of competence in relation to this delegated duty within the PDP and appraisal

ELIGIBILITY CRITERIA

INCLUSION/EXCLUSIONS

All patients who have RA and have been stabilised on treatment and are attending for annual review or regular monitoring as invited by BARNS MEDICAL PRACTICE .

ADMINISTRATION PROTOCOL

Patients will be advised to attend for regular DMARD checks once stabilised on medication.

CLINIC PROTOCOL

1. A 10-minute appointment will be offered.
2. Consultation will be carried out in privacy of a consulting room.
3. Computerised notes will be made available.
4. The appropriate template will be completed annually.

Assessment

- Smoking status, refer to smoking cessation clinic if smoker
- Diet (weight, height, BMI), low fat diet
- Exercise
- Medications
- Alcohol consumption
- Discuss salt intake
- Offer lifestyle advice including fall and fracture risk

Vital signs

- Blood pressure < 140/80

Blood monitoring

- U&E ;LFT; FBC; --in accordance to DMARD protocol
- Annual Glucose; 5 yearly Lipids
- ESR/CRP-if condition more active than usual

Urine testing

In accordance with DMARD protocol

Outcome

1. If RA well controlled and patient happy – monitor bloods in accordance to DMARD protocol .
2. If RA not well controlled or any other complications – to be seen by GP.

Record Keeping

The Long Term Condition Review Template, within the Vision computerised record will be completed with regard to RA

Audit

Health Care Assistants will be expected to participate in audit in relation to patient outcomes and the development of this role.

Management of Significant Event

Any significant event which occurs during a RA consultation must be reported to the Practice Manager / General Practitioner or the Registered Nurse / Manager and the incident reported via the Barns Medical Practice significant event document.

REFERENCES

SIGN Guideline 123 Rheumatoid Arthritis

Patient.co.uk-Rheumatoid Arthritis

http://athena/pcdev/pccontracts/QOF%20%20Enhanced%20Services%20Library/DMARDS(b).doc