



Report to:	Health and Care Jersey Advisory Board		
Report title:	Rheumatology service: update on clinical audits and service improvements		
Date of Meeting:	30 January 2025	Agenda Item:	12b

Executive Lead:	Claire Thompson, Chief Operating Officer – Acute Services
Report Author:	Medical Services Care Group

Purpose of Report:	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>
	This paper provides the Board with an update on the service improvements undertaken by the rheumatology service.			
Summary of Key Messages:	The key messages arising from this report are:			
	<p>Progress continues to be made on the improvements identified and agreed in the Rheumatology department.</p> <p>All 'immediate' recommendations had been completed before the January 2024 Advisory Board meeting. As of 6th January 2025, 12 of the RCP recommendations have been fully implemented, and a further five are significantly developed and nearing completion.</p>			
Recommendations:	The Board is asked to note the report.			

Link to Jersey Care Commission (JCC) Domain:		Link to Board Assurance Framework (BAF):	
Safe	√	SR 1 – Quality and Safety	√
Effective	√	SR 2 – Patient Experience	√
Caring	√	SR 3 – Operational Performance (Access)	
Responsive	√	SR 4 – People and Culture	
Well Led	√	SR 5 – Finance	

Boards / Committees / Groups where this report has been discussed previously:		
Meeting	Date	Outcome
Change Programme Board	8 January 2025	Progress noted. Remaining actions are longer term so reporting frequency reduced to ensure updates are meaningful.
Quality, Safety and Improvement Committee	29 January 2025	A verbal update will be provided at the HCJ Advisory Board meeting 30 January 2025.

List of Appendices:
Nil

MAIN REPORT



A report was presented to the HCS Advisory Board on 25 January 2024, outlining the recommendations from the Invited Review of Rheumatology undertaken by the Royal College of Physicians (RCP). The report outlined progress and outcomes of the clinical audits and reviews of patients who had been prescribed 'biologics', those prescribed 'DMARDS' and/or steroids, outpatients, and inpatients. The report noted that a review of deceased patients was planned, that Duty of Candour would be enacted for patients in accordance with HCS policy, and that the Law Officers' Department (LOD) were considering medico-legal recourse.

This report provides an update on the service improvements undertaken by the rheumatology service.

Rheumatology service improvements

Progress continues to be made on the improvements identified and agreed in the Rheumatology department. All 'immediate' recommendations had been completed before the January 2024 Advisory Board meeting. As of 6th January 2025, 12 of the RCP recommendations have been fully implemented, and a further five are significantly developed and nearing completion.

Of note, since the January Advisory Board meeting, the Biologics Pharmacist has begun work and is reviewing prescribing practice and implementing improved governance. Evidence-based pathways, holistic working and a multidisciplinary team approach have all been adopted – including improved access to physiotherapy and podiatry for Rheumatology patients, and wellbeing support available as required. Links with UK hospitals (Sandwell and West Birmingham NHS Trust) are strengthened; a Shared Care Agreement has been developed for Primary Care; job plans are complete and professional development is supported; and progress is being made to enrol Jersey into national audits.

There are a total of 17 actions, 12 have been completed and 5 are ongoing have been put in table format, rag rated with actions attached to them.

Recommendation	Update	RAG
Appoint consultants on the specialist register	Dr Sofia Tosounidou commenced as Head of Rheumatology in July 2023. Dr Tosounidou is on the Specialist Register for Rheumatology and General Internal Medicine (GIM). Complete	
Appoint to a second consultant post of at least 0.8 FTE, should be added to the establishment and recruited.	This is being considered at budget setting as growth, recent demand and capacity analyses does not indicate 0.8FTE is required, budget for 2025 has built in additional funds to run 'catch up' clinics 4x a year to maintain waiting lists. - Complete	
Recruitment of Biologic Pharmacist and Specialist Nurse	Commenced in February and April 2024 respectively. Clear, visible leadership in the team – Complete and moved to BAU	
Contemporary MDT	Improved MDT working relationship with other services including Jersey Talking Therapies and other wellbeing services as part of treatment – Complete and moved to BAU	
Introduce job plans for Rheumatology consultants and clinical nurse specialists	All staff have a job plan in place - Complete These are reviewed through the clinic builds supported by the waiting list manager. 7 Nurse led clinics are now part of the job plan.	



<p>Review processes for personal and professional development of all staff</p>	<ul style="list-style-type: none"> - The Head of Rheumatology has had an annual appraisal - Monthly educational sessions (remotely) run by the Rheumatology Department at Sandwell and West Birmingham NHS Trust (SWBH) - Weekly MDT meetings are a key element of professional learning and development - Training and teaching will have a 6 monthly review cycle as part of BAU - Complete 	
<p>Embed MDT working into everyday practice and establish links with a mainland modern rheumatology centre</p>	<p>The Rheumatology Department Multi-disciplinary Team (MDT) is now held regularly – Complete and moved to BAU Links with Sandwell and West Birmingham NHS Trust (SWBH) have been established and attended once a week.</p>	
<p>Develop clear musculoskeletal pathways and SOPs, which include access to physiotherapy and pain services</p>	<ul style="list-style-type: none"> - A rolling programme of pathway and SOP development has commenced - A Rheumatology helpline has been established- complete - A dedicated Connective Tissue Disorder (CTD) clinic has been established to manage patients with complex systemic autoimmune diseases. This has been incorporated into the HCS Electronic Patient Record system- complete - A virtual combined Interstitial Lung Disease (ILD) clinic has been established- the consultant has an honorary contract with SWBH and joins their MDT weekly- complete - The development of departmental protocol and treatment pathways for Rheumatoid Arthritis (RA), Psoriatic Arthritis (PsA) and Ankylosing Spondylitis (AS) going through ratification- ongoing 	
<p>Service should adopt a more holistic approach with the involvement of therapies</p>	<ul style="list-style-type: none"> - Productive collaborative working is ongoing with the Physiotherapy department and Pain Clinic to standardise the referral pathway - A referral pathway for Early Inflammatory Arthritis (EIA) - A Giant Cell Arteritis (GCA) pathway - Professional development opportunities for the team are being looked at. 	
<p>Review the arrangements for the prescribing of biologics; incorporate processes for challenge and be more proactive in providing regular updates on rheumatology prescribing</p>	<ul style="list-style-type: none"> - An improved Pharmacy procedure has been approved and implemented, and the Biologic Pharmacist is an integral part of the MDT, with a key role in both challenging prescribing and in understanding and communicating the usage and cost of biologic drugs - The 'Blueteq' High-Cost Drug System was planned to be introduced in early 2024 no date has been given to date. It will allow monitoring and prescribing of high-cost medicines and is designed to improve clinical and financial governance - Whilst budget was approved for 2024, there is no agreed license from 2025. Due to capacity issues in the Digital Services, implementation was deprioritised to 'below the line'. Work continues with relevant partners to look at funding implementation 	
<p>Improve data collection and analysis in relation to dispensing</p>	<ul style="list-style-type: none"> - Electronic Prescribing and Medicines Administration (EPMA) was introduced in Rheumatology in July 2023 	



<p>rheumatological medications to assure patient safety prior to dispensing medication, maintain a record of the biologic therapy dispensed for audit purposes.</p>	<ul style="list-style-type: none"> - Record keeping, data collection and analysis for biologic medications is the responsibility of the Biologic Pharmacist, who commenced in February 2024 - The biologic pharmacist clinically reviews patients' medication, to assure compliance with medicines management policies, current legislation and local, regional or national standards and guidance (including NICE). – Completed and moved to BAU 	
<p>Hold a clinical governance meeting at least quarterly, including complaints, concerns, incidents, activity, staffing issues, audits and use of biologics. Document attendees and discussions, and report into the HCS clinical governance structure</p>	<p>Monthly governance meetings now in place that feed into the Care Group governance meetings – Completed and moved to BAU</p>	
<p>Regularly audit biologic therapies prescribing</p>	<ul style="list-style-type: none"> - Electronic Prescribing and Medicines Administration (EPMA) was introduced in Rheumatology in July 2023 - Record keeping, data collection and analysis for biologic medications is the responsibility of the Biologic Pharmacist, who commenced in February 2024 - The biologic pharmacist clinically reviews patients' medication, to assure compliance with medicines management policies, current legislation and local, regional or national standards and guidance (including NICE). – Completed and moved to BAU 	
<p>Foster relationships between primary and secondary care to develop more robust monitoring and develop shared care guidelines</p>	<ul style="list-style-type: none"> - Shared Care Agreements (SCA) for prescribing and monitoring of all disease modifying drugs commonly used in rheumatology, dermatology, gastroenterology, and renal medicine developed. These have been discussed and agreed with the Primary Care Body - The Head of Rheumatology is developing the referral pathway for Early Inflammatory Arthritis (EIA) clinics - A dedicated email address has been set up for GPs, to improve the speed of communication - Completed 	
<p>Develop close links with other NHS rheumatology services to enable forums for sharing best practice, and overall providing learning opportunities for the whole team</p>	<ul style="list-style-type: none"> - Dr Sofia Tosounidou continues to take active role in delivering and attending the monthly educational sessions (remotely) run by the Rheumatology Department at Sandwell and West Birmingham NHS Trust (SWBH); she also delivers educational sessions to help with professional development of the rheumatology Specialist Registrar and colleagues in the UK 	
<p>Support electronic prescribing and monitoring systems</p>	<ul style="list-style-type: none"> - EPMA has also been implemented in the majority of outpatient clinic areas, and more than 85% of outpatient prescriptions are now written electronically - Whilst budget was approved for 2024, there is no agreed budget for the license from 2025 	
<p>Enrol in a regular rolling audit programme to provide reassurance about the activity and outcomes for patients and</p>	<ul style="list-style-type: none"> - The HCS Audit Manager is actively involved in planning for Rheumatology audits (The National Early Inflammatory Arthritis audit) NEIA - The NEIA generates service-level data across England and Wales, benchmarked to regional and national 	



<p>the use of expensive resources such as biologic therapies</p>	<p>comparators against NICE Quality Standard 33 and other key metrics</p> <ul style="list-style-type: none">- Data is collected for patients with a diagnosis of Early Inflammatory Arthritis (EIA) across 12 months, assessing waiting times, time to treatment, clinical response to treatment and patient-reported outcomes will be shared into service and care group- The EIA referral pathways were presented to GPs in March 2024 and the early inflammatory arthritis EIA clinics have been introduced- The Head of Rheumatology and HCS Audit Manager are in discussions with the BSR with the aim of overcoming the challenges of enrolling in the audit whilst not being part of the NHS- The Biologic Pharmacist and Specialist Nurse are now also enrolling patients in biologics and biosimilar registries	
---	---	--

END OF REPORT