

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Indicators for the NICE menu for the QOF

Indicator area: Rheumatoid arthritis

Indicator: NM55

Date: August 2016

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The practice can produce a register of all patients aged 16 years and over with rheumatoid arthritis

Introduction

Rheumatoid arthritis is an inflammatory disease which largely affects synovial joints, which are lined with a specialised tissue called synovium. It typically affects the small joints of the hands and the feet, and usually both sides equally and symmetrically, although any synovial joint can be affected. It is a systemic disease and so can affect the whole body, including the heart, lungs and eyes.

Rationale

An accurate register is a prerequisite to ensuring proactive engagement with patients with a defined condition.

- The small joints of the hands or feet are affected.
- More than one joint is affected.
- There has been a delay of 3 months or longer between the onset of symptoms and seeking medical advice.

Early identification of recent-onset rheumatoid arthritis is important because long-term outcomes are improved if disease modifying antirheumatic drugs (DMARDs) treatment is started within 3 months of the onset of symptoms.

The rheumatoid arthritis register should include people 16 years and over with established and recent-onset disease, and in whom there is a definite diagnosis of rheumatoid arthritis, irrespective of evidence of positive serology and current disease activity status. The register is restricted to patients 16 years and over, to conform to international standards for differentiating rheumatoid arthritis from juvenile idiopathic arthritis.

The register should also include patients with inactive rheumatoid arthritis. There are 3 potential groups of patients whose disease may be referred to as inactive:

- Patients who are being treated, and whose disease is in remission.
- Patients who are not receiving treatment for rheumatoid arthritis but have evidence of past disease, for example, joint deformities. This type of rheumatoid arthritis is sometimes known as 'burnt out' rheumatoid arthritis. These patients should be on the register as they remain at risk of the systemic effects of rheumatoid arthritis.
- Patients who are not receiving treatment for rheumatoid arthritis who have no evidence of past disease but there is doubt about their diagnosis. The GP may wish to request erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), rheumatoid factor and hand X-ray to determine the accuracy of the diagnosis. Inaccurate diagnoses can be removed from the patient's medical record thus removing them from the register.

Source guidance and recommendations

[Rheumatoid arthritis: the management of rheumatoid arthritis in adults](#), NICE clinical guideline 79 (2009)

Register so not based on a specific recommendation

Reporting and verification

The practice reports the number of patients on its rheumatoid arthritis register and the number of patients with rheumatoid arthritis as a proportion of total list size.

Further information

This is NICE indicator guidance for QOF, which is part of the NICE menu of indicators. This document does not represent formal NICE guidance. The NICE menu of indicators for QOF is available online at:

<https://www.nice.org.uk/Standards-and-Indicators/index>