

# Rheumatology rapid access and treatment service – improving patient care holistically

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## To cite this article:

Deepa Iyer, Richard Hull. Rheumatology Rapid Access and Treatment Service – Improving Patient Care Holistically. *Science Journal of Clinical Medicine*. Vol. 1, No. 1, 2012, pp. 1-3. doi: 10.11648/j.sjcm.20120101.11

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**Abstract:** Objective: Various rheumatological conditions can present with different degrees of severity at any point in their course. It is extremely important for such patients to be monitored regularly and to feel reassured that they are able to access the specialist services for flare ups and concerns. The aim of this project was to evaluate the outcome of the Rapid Access and Treatment Service for Rheumatology patients in our institution, over a period of 1 month. Method: We studied the patient records for all patients who were seen in the Rapid Access and Treatment Service in the Rheumatology Department, in the month of January. The referral process and the management offered at the clinic were reviewed. Re-attendances were also recorded. Results: 51 patients were seen over 18 days in the month of January. 11 New patients with 40 follow up/ known rheumatological diagnosis patients were reviewed. 1 patient needed admission into the hospital, while 8 needed IM Depo injections. 3 needed IV Methyl prednisolone infusions and the remaining needed either their steroid dose reviewing or other procedures. Conclusion: The efficacy of this service was proven with patient satisfaction and reduction in hospital admission rates. This system works very well in our Department and establishing such a system throughout the NHS, might enhance patient care, reduce worsening of flare ups, thus reducing hospital admissions and allow patients to experience a personalised specialty service. Key messages: 1. Reduced hospital admission rates due to prompt treatment of acute rheumatological problems. 2. Improved patient satisfaction and reduction in worsening of flare ups. 3. Improved doctor – patient relationship with effective holistic care.

**Keywords:** Rheumatology, Rapid access, Treatment

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## 1. Introduction

Rheumatoid arthritis forms one of the most common forms of arthritis in UK, affecting around 20,000 people per year (1). It affects women more than men. It has a variable and unpredictable course but for a significant number of patients it is a severe disease resulting in persistent pain and stiffness, progressive joint destruction, functional decline and premature mortality (3).

There are over 400,000 people with rheumatoid arthritis (RA) in the UK. Although this makes it a common disorder, there are numerous other conditions ahead of it in terms of numbers, and indeed as causes of excess mortality (5).

Rheumatoid arthritis (RA) is an inflammatory disease that exerts its greatest impact on those joints of the body that are lined with synovium. It typically affects the small joints of the hands and the feet, and usually both sides equally in a symmetrical distribution, though any synovial

joint can be affected. In patients with established and aggressive disease, most joints will be affected over time (5). It is one of the commonest causes for severe symmetrical, deforming polyarthropathy.

Osteoarthritis is the most common disease of the joints, and one of the most widespread of all chronic diseases (4). More than 6 million people in the UK have painful osteoarthritis in one or both knees (1).

All sero positive and sero negative arthritides can have flare ups and are regularly reviewed by the Rheumatologists for consideration of appropriate therapy.

The other conditions commonly seen as urgent referrals by the Rheumatologists are Vasculitic disorders like Systemic Lupus erythematosus, Systemic vasculitis, Poly-myalgia Rheumatica, Giant cell arteritis, etc.

It is very commonly observed that the various rheumatological conditions can have flare ups to varying degrees, some resolving spontaneously, and some needing a specialist input with modifying medications or introducing new

drugs or even inpatient admissions in certain circumstances.

The introduction of a Rapid Access and Treatment Service for patients suffering with various Rheumatological conditions, proved to be an efficient and patient centred approach to reducing the rates of hospital admissions and meticulously managing flare ups in an appropriate fashion.

There is evidence that better value for money could be achieved by providing more rapid treatment for people with early onset rheumatoid arthritis. Well documented evidence exists for patients who self referred with symptoms, benefitting from the acute management of the problems, hence preventing worsening of conditions or hospital admissions(2). It could improve patients' quality of life and deliver productivity gains for the economy(6).

## 2. Method

Medical records for the patients seen as a part of the Rapid Access and Treatment Service in the Department of Rheumatology in our institution were reviewed.

We looked at the clinic notes, identifying new patients from patients with known diagnoses. The referral, presentation and management plans, along with follow up arrangements were noted. The incidence of re-attendances were recorded.

Patients could either get in touch via the helpline or could visit their GP who can then refer to the service.

## 3. Results

Total number of patients: 51

Number of days RATS Clinic conducted in 1 month: 18

All patients were seen within 5 – 7 days of referral.

## 4. Discussion

The Rapid Access and Treatment Service for Rheumatology patients provide an excellent timely service, catering to a variety of patients in different stages of their flare ups or concerns. It has proven to be an effective and appropriate management strategy for acute problems in the different rheumatological conditions.

Hospital admissions are reduced owing to the fact that acute problems are effectively managed as and when recognised. This not only helps address acute problems, but also allows for planning follow up appointments.

Patients have reported on previous occasions, how much they valued the service and appreciated the promptness of reviewing them on an urgent basis. This has helped improve our clinic appointments and has helped to avoid unnecessary follow up appointments for those who are asymptomatic or without significant pathology.

It is highly important to ensure a good pathway for referral and to organise for these patients to be seen as soon as possible to help in either making a diagnosis or preventing a worsening flare up in their disease. Patients can be referred by their GP's or other medical teams. Some patients

with known rheumatological diagnoses can get in touch with the service via the 24hr helpline.

Patients are seen in 1 – 7 days of referral, following an effective triaging system by Trained Specialist Nurses. Patients will be reviewed by either the Nurse Specialist or by a Registrar or Consultant, depending on new or known patients, and also depending on their complexity. (Tables 1 and 2).

*Table 1. Number of patients seen.*

Sex	Age > 60 yrs	Age < 60 yrs
Male	6	8
Female	24	13

*Number of new patients: 11*

*Number of patients with known Rheumatological diagnosis: 40.*

*Table 2. Referral source.*

Referral source	Males	Females
A&E	0	2
GP	2	7
Helpline	6	17
Rheum Consultants	3	5
Rheum SpR's	3	5
Other medical teams	0	1

*New Patients referred by GP: 9*

*New patients referred by A&E: 1*

*New patients referred by other medical teams: 1*

*No of patients seen by CNS:25*

*No of patients seen by SpR: 26*

Records must be maintained for audit purposes to emphasise that hospital admissions are minimised and an effective holistic service is being provided.

All patients need to be given access to a 24hr helpline number and direct access to their respective Consultant's secretaries in case of emergencies or urgent advice.

Since the inception of this service, the workload on Medical Admission units with Rheumatological flare ups has come down significantly. As these patients are seen fairly quickly, the service makes sure that management and follow up plans are in place, thus avoiding hospital admissions. (Tables 3, 4 and 5)

In conclusion, the Rapid Access and Treatment Service provided by the Rheumatology Department in our institution have been complimented on various occasions and have helped tremendously in providing patient centred holistic care. From reducing the rates of hospital admissions to developing an effective integrated care, we have established a personalised approach to patients thus enabling a

good team-patient relationship.

**Table 3. Diagnosis.**

Diagnosis	Male	Female
Probable GCA	1	6
Probable Gout	1	1
RA	0	5
RA flare	4	8
PMR	0	4
PSA	2	2
OA	0	3
Others	6	8

**Table 4. Management.**

Management	Number
Admission to hospital	1
IM Depo injection	8
IV Methyl prednisolone infusion	3
Referred for Temporal Artery Biopsy	3
Joint injection +/- aspiration	4
Steroid doses / DMARDs adjusted	4
Discharged	3
No treatment offered/ Reassurance	25

**Table 5. Follow up arrangements.**

Follow up	Number
In 2 – 3 weeks	11
In 1 – 2 months	9
In 3 – 4 months	7
> 4 months	11
Discharged	3
Admitted/ Inpatients	2
Other	8

*Number of patients who re-attended: 3.*

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