Pennine MSK Rheumatoid Arthritis Care Pathway

Refer to Pennine MSK Partnership for urgent specialist review if persistent synovitis of undetermined cause involving small joints of the hands or feet/ more than one joint is affected
http://eng.mapofmedicine.com/evidence/map/rheumatoid_arthritis1.html

Nurse led triage for review by GPwSI/ Consultant Nurse within 3/52
Musculoskeletal examination & any outstanding investigations:
- FBC, ESR, U&Es, LFTs, RF, ANA (consider anti-CCP if RF -ve)
- XRxs chest, hands & feet; Ultrasound if indicated
- Review analgesia/ use of NSAIDs
- IM/ IA/J/ oral corticosteroids as appropriate
- Commence Methotrexate or Sulfasalazine as soon as possible unless contraindicated or Hydroxychloroquine if mild / palindromic disease according to treatment protocol
- Invite to participate in National Early Inflammatory Arthritis Audit

Review by rheumatologist within 2/52 if RA suspected
- Baseline disease activity assessment (DAS)
- IM/ IA/J/ oral corticosteroids according to PGDs
- Information regarding diagnosis & treatment route

Consultant review
(or Independent Nurse Prescriber if appropriate)
if DAS > 3.2 despite optimal treatment or if DAS >5.1 & eligible for a biologic drug or side effects/ intolerance to treatment or extra-articular disease/co-morbidities detected

Nurse led care if RA confirmed
- Patient education
- Shared clinical decision-making via combination treatment protocols
- Shared care monitoring with GP according to DMARD protocols
- DMARD initiations as recommended by a prescriber
- Dose titration according to nurse led dose titration protocols
- IM/ IA/J/ oral corticosteroids according to PGDs
- Offer review 4-6 weekly until DAS <3.2 or disease well controlled (< 3 swollen joints)
- If DAS < 3.2, review 3-6 monthly
- If disease stable for 12 months, annual review as per NICE guidance
https://www.nice.org.uk/guidance/ng100/chapter/Recommendations

- Ongoing support for self care
  - Advice line access
  - Social prescribing referrals e.g. Early Help; NRAS; Working Well programme; OCL; Smoking cessation service; Mind

Consider dose tapering or stopping drugs in a step down strategy for patients in remission or low disease activity

Referral to orthopaedic surgeon
if irreversible damage unresponsive to conservative treatment

Ongoing support for self care
- Advice line access
- Social prescribing referrals e.g. Early Help; NRAS; Working Well programme; OCL; Smoking cessation service; Mind

MDT referrals as appropriate
e.g. OT; physiotherapy; podiatry; psychology; social work; dietician