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 or there has been a delay from onset of symptoms => 3 months https://www.nice.org.uk/guidance/ng100/chapter/Recommendations#referral-from-primary-care

Triage for review by GPwSI/ Consultant Rheumatologist within 3/52
Musculoskeletal examination & any outstanding investigations:
FBC, ESR, U&Es, LFTs, RF, ANA (consider anti-CCP if RF -ve)
XRs chest, hands & feet; US only if synovitis =<1 joint & sub-clinical disease suspected
Review analgesia/ use of NSAIDs
IM/ IAJ/ oral corticosteroids as appropriate
Commence Methotrexate or Sulfasalazine as soon as possible unless contraindicated or Hydroxychloroquine if mild / palindromic disease
Invite to participate in National Early Inflammatory Arthritis Audit

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

Consultant or Independent nurse prescriber review
if DAS > 3.2 despite optimal treatment or if side effects / intolerance or extra-articular disease/co-morbidities detected

Undertake biologic screening & refer virtual biologics clinic
if DAS >5.1 & failed combination therapy

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

Nurse led care if RA confirmed
Patient education
Shared clinical decision-making
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/ IAJ/ 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
Including assessment of disease progression (DAS53, x-rays hands & feet for progression or ultrasound if indicated), MSKHQ, cardiovascular risk (Eular guidelines); osteoporosis screen (FRAX); identify depression

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

Referral to orthopaedic surgeon
if irreversible damage unresponsive to conservative treatment