

# Rheumatoid Arthritis Register

Spring newsletter 2015



## Rheumatology 2015

28-30 April | Manchester, UK

It's conference time again and we are looking forward to a warm welcome in Manchester, the home of the BSRBR-RA. The registers team are busy preparing for this event and will be on the BSR stand to help you with any registers queries.

- Come to the "BSR Biologics Registers" session on Tuesday the 28th from 13.00 to 14.00 to hear the latest news from the RA and AS registers (and a free lunch).
- Visit us on the BSR stand (no. 37) where the registers team will be available to answer any AS or RA register questions. We'll also be giving away pens, post-its and chocolates, so come and chat to us, we'd love to meet you all.

## Biosimilars join the BSRBR-RA

**BSR are pleased to announce that we are now recruiting cohorts of patients taking the two new biosimilar drugs of infliximab.**

The introduction of biosimilars has the potential to provide patients with access to a wider range of more cost effective treatments. However their introduction also comes with a degree of uncertainty. BSR recommend that we monitor their use in the real world to gather more data. More information from:

- ⇒ BSRBR-RA biosimilars sheet
- ⇒ BSR position statement

[www.rheumatology.org.uk/biosimilars](http://www.rheumatology.org.uk/biosimilars)

## RCN & BSR joint rheumatology conference

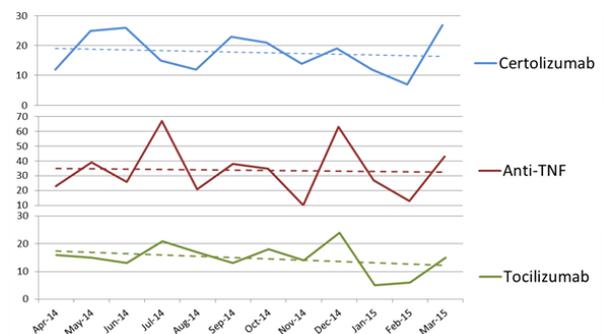
The BSRBR was pleased to be at this interesting event recently in Birmingham. The RA team presented a poster on pregnancy outcomes. It was great to meet so many recruiters on the stand and to discuss their experiences of the RA register.



Authors Ursula Pattinson and Yvonne King (facing) admiring their poster

## Recruitment Update

Recruitment was up in March and we hope that this improvement will continue, because we had a slow start to year, with recruitment in January and February 2015 lower than our normal high standards. We encourage everyone to keep recruiting their RA patients, why not start a virtual clinic to streamline your service? (PTO)



BSRBR-RA recruitment by cohort

## Best recruiter prizes

We have launched an annual recruitment competition, with prizes for the highest recruiting teams, to be awarded at the AGM during Rheumatology 2015.

The 2015 competition has begun, and the results will be announced at Rheumatology 2016, good luck!

Rheumatoid Arthritis Register Now Recruiting: 2015		
Biologic naïve	{	Enbrel: Etanercept Humira: Adalimumab Remicade: Infliximab
1st or 2nd line therapy	{	Remsima / Inflectra: Infliximab Cimzia: Certolizumab Roactemra: Tocilizumab
Email: <a href="mailto:biologics.register@manchester.ac.uk">biologics.register@manchester.ac.uk</a>		

## Contact us

If you have any question or comments about the study please do not hesitate to contact the project team.

Email: [biologics.register@manchester.ac.uk](mailto:biologics.register@manchester.ac.uk) Tel: 0161 275 7390/1652

Web: [www.inflammation-repair.manchester.ac.uk/Musculoskeletal/research/CfE/pharmacoepidemiology/bsrbr](http://www.inflammation-repair.manchester.ac.uk/Musculoskeletal/research/CfE/pharmacoepidemiology/bsrbr)

# Establishing a Virtual Biologics Clinic

Spring newsletter 2015



**Do you want to increase your recruitment rates? Improve the delivery time of medication? Free up some of your time? We met with Sister Melissa Aris, the nurse representative on the BSR Biologics Registers steering committee, who told us how she achieved all of these things by establishing a 'virtual biologics clinic' (VBC) at Manchester Royal Infirmary.**

Melissa is the departmental manager for the Kellgren Centre for Rheumatology at Manchester Royal Infirmary (MRI), which sees 8,500 patients and employs 6 consultants. With 2.6 nurses working in the department, time was at a premium and issues were arising in the way that biologic therapy was being delivered once the decision to prescribe had been made.

Melissa and the team at the MRI wanted to address these problems to improve treatment initiation, standardise pre-biologic screening, support clinical research effectively and also to realise cost efficiencies that could be made. They saw a way to improve all of these areas by setting up a 'Virtual Biologics Clinic'.

## What is a virtual biologics clinic?

A multi-disciplinary team, comprising of a specialist nurse, consultant, pharmacist, research nurse and administrator, was established to meet weekly for an hour to review the information for up to ten patients who had been put forward for biologic therapy by their consultant.

In advance of the meeting, the administrator gathers test results, prepares prescription and registration data and liaises with the contracts department re: the funding source of biologic treatment. Each patient is sorted in a 'traffic light' system, where green indicates that all the required information has been collected, whereas red indicates that there is still some information outstanding.

At the meeting, the 'green' patients are checked to make sure that the test results are there and pathway is adhered to. The prescriptions are completed and signed, patient education group session booked, database updated, GP letter sent and follow up appointments arranged. All patients are also considered to see if they are eligible to participate in any research studies.

Recruitment to research studies has doubled in the first year following the introduction of the VBC at the MRI, and this has certainly been noticed in recruitment to the BSRBR-RA, where the MRI regularly receives a 'recruiter of the month' award.

The VBC has revolutionised the way that patients initially receive biologic therapy, and the team recently won the Central Manchester University Hospitals NHS Foundation Trust Virtual Clinic Award in 2015 for their work.



Members of the virtual biologics clinic group Vanessa Reid (pharmacist) and Neil Wall (biologics coordinator), with their award for best virtual clinic.

## We should do this!

Melissa proposes that this system could be set up at any other centre across any speciality, and is more than happy to speak with people if they would like to visit her at the clinic to find out more. She can be contacted at [melissa.aris@cmft.nhs.uk](mailto:melissa.aris@cmft.nhs.uk).

## Issues faced:

- ⇒ Patients experienced treatment delays
- ⇒ Nurses were spending a lot of time on administration
- ⇒ Clinic capacity worsening
- ⇒ Opportunity to participate in research was sometimes missed
- ⇒ Variation from the NICE GMMMG harmonised pathway

## What are the benefits?

- ⇒ Improved delivery time of medication.
- ⇒ Frees up nurse time (approximately 6 hours of increased capacity in nurse-led clinics per week)
- ⇒ NICE and GMMMG guidelines adhered to.
- ⇒ Accurate and consistent data input on to the database.
- ⇒ Cost effectiveness
- ⇒ Gold standard patient education delivered in group sessions rather than 1 to 1.
- ⇒ Increase in patients recruited for research studies.