

# Preventing blindness by fast-tracking suspected Giant Cell Arteritis patients to immediate treatment

## Southend University Hospital NHS Trust



### SUMMARY

The **fast-track pathway** (FTP) at the Southend University Hospital NHS Trust has significantly reduced the number of patients suffering sight-loss as an avoidable complication of giant cell arteritis (GCA). Furthermore, the service is cost-saving, results in an increased patient quality of life, and successfully reduces the time to diagnosis in line with established clinical guidelines.

### THE CHALLENGE

- Giant cell arteritis (GCA) is one of the most common types of vasculitis and can result in irreversible sight loss in up to 25% of cases.<sup>1</sup> Sight loss can manifest over the course of only a few days, therefore the prompt treatment and referral of suspected cases are essential to prevent such debilitating complications from occurring.
- However, there are significant barriers to realising fast and effective treatment of GCA in clinical practice due to delayed referrals (resulting from a failure to recognise symptoms or to understand the urgency of making the referral itself) and confusion around the many referral routes available.

## 9%

Proportion of patients suffering from sight loss dropped significantly from 37% to 9% when the FTP was introduced

## 79%

79% of patients ultimately diagnosed with GCA seen within one working day

## £400

An average cost-saving of £400 per patient is realised with the FTP

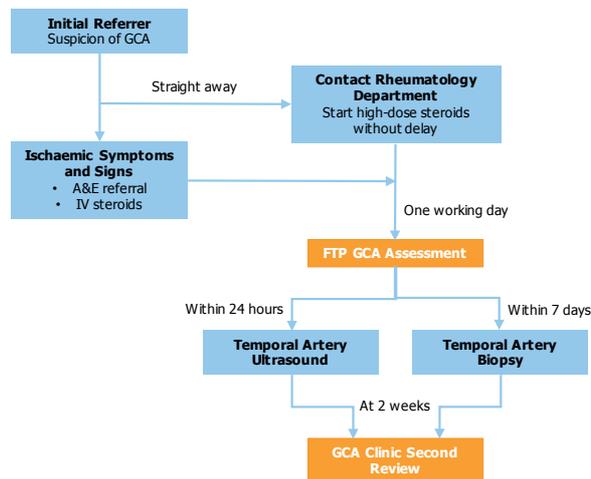
### THE SOLUTION

- Southend University Hospital NHS Trust have developed and pioneered a FTP to ensure a rapid specialist review and initiation of treatment for suspected GCA cases, and to improve public and professional awareness of GCA.

- This is well-aligned with BSR GCA guidelines which highlight the importance of prompt assessment, to not only secure the diagnosis, but also to prevent unnecessary long term treatment.<sup>2</sup>

### SERVICE PATHWAY / DIAGRAM

- The FTP is focused on primary care and Accident & Emergency (A&E) as these are the services that regularly receive GCA referrals.
- **Patients with features of GCA without ischaemic symptoms:** referrer starts high-dose steroids and contacts the rheumatology team for review in the GCA clinic within one working day. Diagnostic tests typically follow within one week.
- **Patients with features of GCA and ischaemic symptoms:** referred to A&E for assessment, receiving advice from both Ophthalmology and Rheumatology specialties. After exclusion of other serious pathology, the patient receives steroidal treatment followed by further diagnostic tests. All patients are then reviewed two weeks following initial assessment.
- To improve awareness, the FTP is publicised to GPs with reminders every 3 months through regular 'time-to-learn' sessions, and to patients via newsletters, meetings and advice lines run by the PMRGCAUK charity.



## SERVICE PERFORMANCE AND OUTCOMES

- On introduction of the FTP, the proportion of patients suffering from **sight loss dropped significantly from 37% to 9%** when compared with the conventional pathway.<sup>3</sup>
- A reduction in the time from referral to rheumatology review was likely a major driving force behind the improved clinical outcomes observed, with **79% of patients ultimately diagnosed with GCA seen within one working day**.<sup>3</sup>
- Patients referred using the FTP were diagnosed 2–3 days sooner than those in the conventional pathway, limiting exposure to precautionary high-dose steroids associated with debilitating side-effects.<sup>3</sup>

## FINANCIAL PERFORMANCE AND OUTCOMES

- Implementation of the FTP was associated with cost-savings to the Trust, with a reduction in the average overall cost of diagnosing and treating a patient with suspected GCA from £2.6k to £2.2k per patient.
- In a cost-effectiveness analysis to compare the FTP with the conventional pathway, patients gained on average 2.6 quality-adjusted life years (QALYs) by avoiding the complication of sight loss. This, coupled with the reduced financial impact, resulted in FTP dominating the conventional pathway (–£840 per QALY).

## PATIENT FOCUS AND SATISFACTION

- Clearly defined referral pathways and well-coordinated teams ensure that care is patient-centred.
- Public education initiatives have been undertaken to improve awareness including through PMRGCAUK, Fight for Sight and ARMA.

“ ” **GCA is an emergency because of the high risk of ischaemic vascular complications, such as blindness... fast-track strategies should be implemented for early diagnosis and therapy of GCA, and education of primary care practitioners as well as public awareness [campaigns] enable earlier recognition of GCA symptoms.**

Professor Bhaskar Dasgupta, Rheumatologist

Stanley was 73 when he went to his GP suffering from transient headaches, night sweats and blurred vision in his right eye. The FTP allowed the GP to identify Stanley's symptoms as a potential GCA and quickly arrange a consultation with an ophthalmologist. Stanley was treated with high dose steroids prior to confirmation of his diagnosis and his symptoms showed significant improvement within one day. Stanley has now made a full recovery from his visual symptoms and is back to playing golf, feeling as well as he has in a long time.

## COMMISSIONING IMPLICATIONS

The Southend University Hospital NHS Trust is an example of commissioning best practice in rheumatology and meets a number of priorities for commissioners, clinicians and patients:

- **Secondary prevention** (King's Fund 2013 Commissioning Priority<sup>4</sup>) – the FTP demonstrates a significant improvement in the number of patients who suffer sight-loss as a result of an avoidable complication of GCA.
- **Care co-ordination through integrated health and social care teams** (King's Fund 2013 Commissioning Priority<sup>4</sup>) – improved communications between primary and secondary care ensure patients are referred quickly and appropriately.
- **Effective medicines management** (King's Fund 2013 Commissioning Priority<sup>4</sup>) – through timely referral and diagnosis, patients avoid unnecessary side-effects of high-dose steroids.
- **Managing urgent and emergency activity** (King's Fund 2013 Commissioning Priority<sup>4</sup>) – through working closely with GPs and committing to advancing the education around GCA, referrals into secondary care are more streamlined and appropriate. Furthermore, the FTP allows early diagnosis of serious non GCA pathology that may mimic GCA

This service is therefore an outstanding best practice model for the diagnosis and treatment of patients with suspected GCA. Implementation of the FTP has demonstrated that outcomes can be improved while reducing costs and adhering to clinical guidelines.

## REFERENCES

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