

Specialised Rheumatology (Paediatric) Quality Dashboard 2017/18

Indicator Reference Number	Domain	Theme	Measure	Rationale	Name of Indicator/Description	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Target	Interpretation Guidance	Notes_1	Reporting Periods			
															Q1	Q2	Q3	Q4
PRH01	Domain 4: Ensuring that people have a positive experience of care.	Clinical Process	Patient Education	Children with established rheumatic diseases (and their carers) should be counselled by a Paediatric Clinical Nurse Specialist (or other designated member of the MDT before starting treatment with a DMARD or Biologic.	Proportion of children counselled by a Paediatric Clinical Nurse Specialist (or other designated member of the MDT before starting treatment with a DMARD or Biologic agent.	Of those in the denominator, the number of children counselled by a Paediatric Clinical Nurse Specialist (or other designated member of the MDT) before starting treatment with a DMARD or Biologic agent.	Total number of children of any age who started treatment with a DMARD or Biologic agent within the reporting period.	Quarterly	Quarterly	Provider Organisations to submit data to the SSQD web portal. (Local Trust Data)	Provider Organisations to submit data to the SSQD web portal. (Local Trust Data)		Higher is better	DMARDS -Methotrexate, Leflunamide, Sulphasalazine, Mycophenolate mofetil. Biologics - Etanercept, Adalimumab, Infliximab, Anakinra, Tocilizumab, Abatacept, Rituximab.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
PRH02	Domain 4: Ensuring that people have a positive experience of care.	Clinical Process	Access to dedicated paediatric rheumatology clinics	Children with Juvenile Idiopathic Arthritis (JIA) should have access to a dedicated paediatric rheumatology clinic* for all follow-up appointments.	Proportion of patients with JIA seen at dedicated paediatric rheumatology clinic.	Of those in the denominator, the number of children seen in a dedicated paediatric rheumatology clinic.	Total number of rheumatology appointments for children with JIA in outpatients.	Quarterly	Quarterly	Provider Organisations to submit data to the SSQD web portal. (Local Trust Data)	Provider Organisations to submit data to the SSQD web portal. (Local Trust Data)		Higher is better	* A dedicated paediatric rheumatology clinic includes access to a full MDT, as defined by BSPAR.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
PRH03	Domain 4: Ensuring that people have a positive experience of care.	Clinical Process	Timely access to specialist service (newly-diagnosed)	Children with Juvenile Idiopathic Arthritis should have access to a specialist paediatric rheumatology service from new diagnosis.	Mean time (in days) for children with JIA to appointment in a specialist paediatric rheumatology.	Of those in the denominator, the sum total of days for all patients from time referral received to time patient seen at specialist centre	Total number of children with newly-diagnosed JIA.	Quarterly	Quarterly	Provider Organisations to submit data to the SSQD web portal. (Local Trust Data)	Provider Organisations to submit data to the SSQD web portal. (Local Trust Data)		Lower is better	Applies to referrals received by fax, email, or letter (not telephone).	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
PRH04	Domain 4: Ensuring that people have a positive experience of care.	Clinical Process	Timely access to specialist treatments	Children with Juvenile Idiopathic Arthritis who need to have intra-articular steroid injections should wait no longer than 4 weeks, and have them done on a Paediatric General Anaesthetic list.	Mean time (in days) to dedicated Paediatric GA list from date of decision to treat.	Of those in the denominator, the sum total of time waited (in days) from decision to treat to treatment on dedicated Paediatric GA list.	Number of children with JIA who receive Intra-Articular steroid injections under General Anaesthesia.	Quarterly	Quarterly	Provider Organisations to submit data to the SSQD web portal. (Local Trust Data)	Provider Organisations to submit data to the SSQD web portal. (Local Trust Data)		Lower is better		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
PRH05	Domain 4: Ensuring that people have a positive experience of care.	Clinical Process	Timely access to Uveitis screening	Children with Juvenile Idiopathic Arthritis should have access to Uveitis screening within 6 weeks of diagnosis.	Mean time (in days) to booked appointment to start Uveitis screening with an appropriate paediatric ophthalmic specialist.	Of those in the denominator, the sum total of days to a booked appointment to start uveitis screening with an appropriate paediatric ophthalmic specialist.	Total number of children with newly-diagnosed JIA.	Quarterly	Quarterly	Provider Organisations to submit data to the SSQD web portal. (Local Trust Data)	Provider Organisations to submit data to the SSQD web portal. (Local Trust Data)		Lower is better	Provider organisations are required to detail reasons if the value being submitted for this denominator is different to the value being submitted for the denominator for PRH03.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18

Data collection has been approved by the Review of Central Returns - ROCR
ROCR/OR/2230/001MAND