

Coventry and Warwickshire VTS, CRN West Midlands and Warwick Medical School
‘Primary Care Research and Audit in Coventry and Warwickshire’
11th July 2019

PRESENTER’S DETAILS		
Title (Prof, Dr, Mr, Mrs, Miss) Miss	First Name Leila	Surname Ellis
Place of work/study Warwick Medical School		
PRESENTATION DETAILS (total max 250 words - not including title)		
Co-Authors Miss Jessica Fray	Title of Study Cardiovascular disease risk assessment in patients with rheumatoid arthritis: a closed-loop audit in primary care	
What’s the problem you are tackling? (Background) Rheumatoid arthritis (RA) is linked to significantly higher levels of cardiovascular morbidity and mortality compared to the general population.		
How did/will you do it? (Method) NICE recommends that patients with RA have a holistic annual review to check for development of comorbidities. To reduce CVD risk, all patients with RA should receive lifestyle modification advice and those with a QRISK2 score greater than 10% should be offered a statin. A retrospective analysis of practice records from a Warwickshire-based GP surgery was undertaken to assess adherence to this guidance. Data was initially collected in April 2018 and re-audited in April 2019.		
What did you find? (Results) Improvement was seen in the proportion of patients attending an annual RA review (31/34 in 2018, 28/28 in 2019). However, fewer of those meeting eligibility criteria had a QRISK2 score calculated (5/19 in 2018, 3/15 in 2019). Reassuringly, if assessed, patients were more likely to receive all interventions indicated (0/5 in 2018, 2/3 in 2019). Documentation of prevention measures remains poor. In each year, only 2 patients had a lifestyle modification discussion recorded and, crucially, 12 patients lacked records of any primary or secondary CVD prevention measures.		

Why does this matter? (Conclusion)

Clinical performance is still failing to meet the standards outlined by NICE. Previous recommendations of monitoring annual review due dates and ensuring appropriate management as indicated by QRISK2 score have been beneficial. However, more focus is needed on assessing CVD risk and the delivery of tailored lifestyle advice. It is hoped a pro forma will be designed to prompt clinicians during future annual reviews.