



Resource

# The National Early Inflammatory Arthritis Audit (NEIAA)

The National Early Inflammatory Arthritis Audit (NEIAA) aims to improve the quality of care for people living with inflammatory arthritis, collecting information on all new patients over the age of 16 in specialist rheumatology departments in England and Wales.

[Print](#)

Commissioned by the Healthcare Quality Improvement Partnership as part of the National Clinical Audit Programme, the NEIAA is carried by the British Society for Rheumatology with support from King's College London and Netsolving.

[Web link](#)

## [Annual Report | National Early Inflammatory Arthritis Audit \(NEIAA\)](#)

[Check out the 12-month NEIAA report that was published in October 2019 on the BSR website.](#)

[Web link](#)

## [Second Annual Report | National Early Inflammatory Arthritis Audit \(NEIAA\)](#)

[Check out the NEIAA Patient and Public Second Annual Report that was published in January 2021.](#)

NRAS has been involved in working with the BSR on this and the previous audit, and one of our valued volunteers is Chair of the Patient Working Group on the audit working closely with the audit team at the BSR. We have always been extremely supportive of these audits as they have brought about quality improvement in services, such as new early inflammatory arthritis clinics being established and in improving referral times from GP to specialist care, time to being seen in rheumatology and getting starting on DMARDs, in line with the NICE Quality Standards in RA. The current audit also collects data as to whether rheumatology units are conducting annual reviews at 12 months following diagnosis and what is being measured at annual review, in line with the NICE RA Guideline NG100 and Quality Standard in RA QS33 which recommends:

Offer all adults with RA, including those who have achieved the treatment target, an annual review to:

- assess disease activity and damage, and measure functional ability (using, for example, the

#### Health Assessment Questionnaire [HAQ])

- check for the development of comorbidities, such as hypertension, ischaemic heart disease, osteoporosis and depression
- assess symptoms that suggest complications, such as vasculitis and disease of the cervical spine, lung or eyes
- organise appropriate cross referral within the multidisciplinary team • assess the need for referral for surgery (see section 1.10)
- assess the effect the disease is having on a person's life. Follow recommendation 1.2.1 if the target is not maintained. [2009, amended 2020]

In the event that you have not had an annual review in line with the above in the last 12 months, which might be possible this year due to COVID interrupting normal service delivery, you should ensure that you ask about annual review at your next clinic appointment. These reviews are particularly important in order to pick up on development of any comorbidities (conditions other than your RA, including anxiety and depression).

[Web link](#)

#### [BSR – National Early Inflammatory Arthritis Audit \(NEIAA\)](#)

[The NEIA audit aims to improve the quality of care for people living with inflammatory arthritis, collecting information on all new patients over the age of 16 in specialist rheumatology departments in England and Wales.](#)

[Web link](#)

#### [NICE – RA Guideline NG100](#)

[NG100 is a guideline that covers diagnosing and managing rheumatoid arthritis. It aims to improve the quality of life by ensuring that people with RA have the right treatment to slow the progression of their condition and control their symptoms](#)

[Web link](#)

#### [NICE – Quality Standard QS33](#)

[QS33 covers assessing, diagnosing and managing RA in over 16s. It describes high-quality care in priority areas for improvement.](#)