



ACCESS TO TNF- α INHIBITORS FOR ADULTS WITH RHEUMATOID ARTHRITIS

A Report by the British Society for Rheumatology and the Arthritis & Musculoskeletal Alliance

Introduction

In March 2002, NICE approved the use of TNF- α inhibitors for people with severe rheumatoid arthritis (RA) who had failed existing treatments. Since then, three studies conducted by Arthritis and Musculoskeletal Alliance (ARMA) and the British Society for Rheumatology (BSR) have demonstrated that there are persistent problems in obtaining access to this treatment for a significant number of people who meet the strict eligibility criteria and would benefit from it. This is despite the Department of Health issuing directions in December 2001 to place statutory obligations on the NHS to provide appropriate funding for recommended treatments within three months of NICE guidance being issued.

This third and most recent study was conducted in spring 2006, following a meeting with Jane Kennedy MP, Health Minister responsible for NICE at the time. She requested an up-to-date picture of whether implementation of NICE's guidance had improved and, if problems remained, what the main barriers were to implementation.

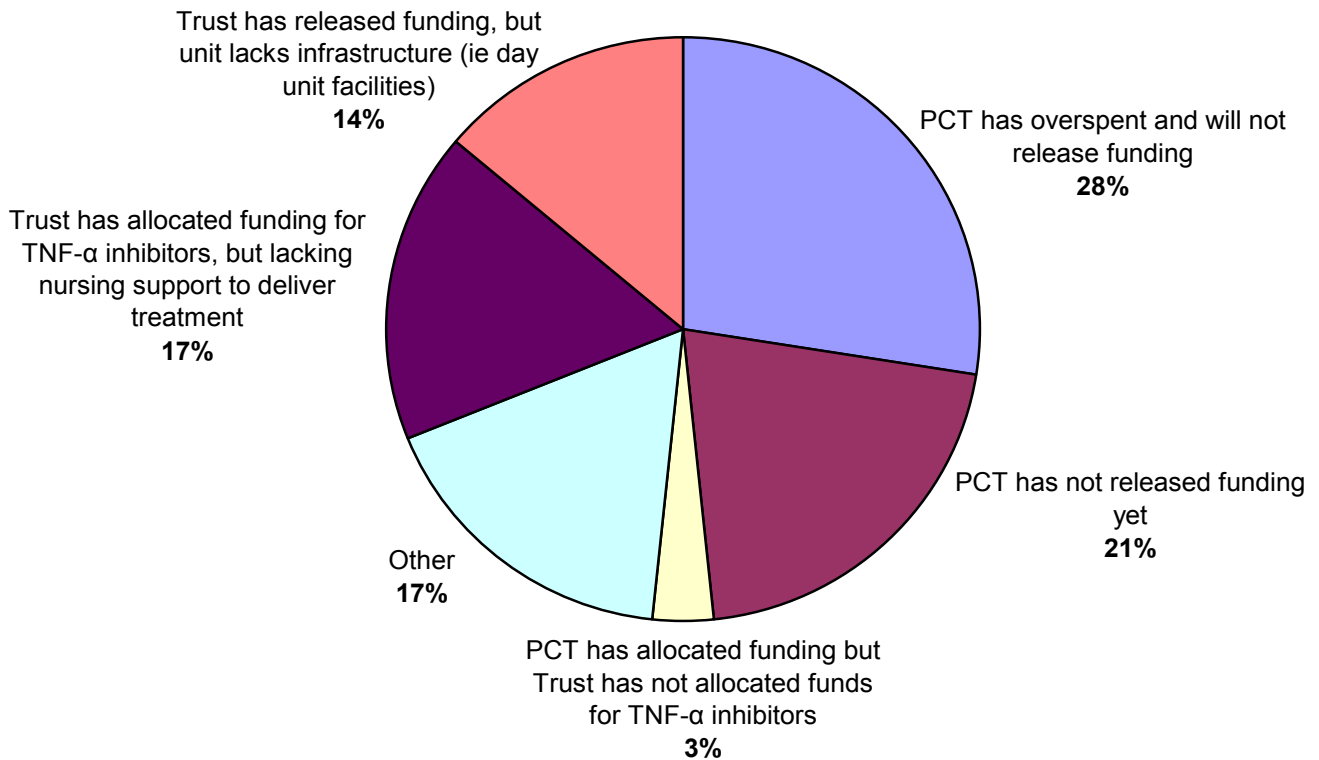
Summary of Key Findings

- 4 years on from NICE's original decision, people with rheumatoid arthritis are still being affected by post-code prescribing.
- 20% of rheumatology units contacted stated that they were unable to prescribe TNF- α inhibitors to every rheumatoid arthritis patient they identified as being eligible in accordance with NICE guidance.
- In those units that were unable to prescribe TNF- α inhibitors to every RA patient they identified as being eligible, waiting lists ranged from 10 to 126 patients.
- 15% of units stated that a cap had been imposed on the number of RA patients for whom they could prescribe TNF- α inhibitors. In some units funding was only available for 10 patients. In units where there was no cap; as many as 500 patients were being prescribed TNF- α inhibitors.
- The top three barriers to prescribing TNF- α inhibitors were cited as:
 - PCT has overspent and will not release funding – 28%;
 - PCT has not released funding yet – 21%; and
 - Trust has allocated funding for TNF- α inhibitors, but is lacking nursing support to deliver treatment – 17%.

All of the reasons cited are shown in diagram one.

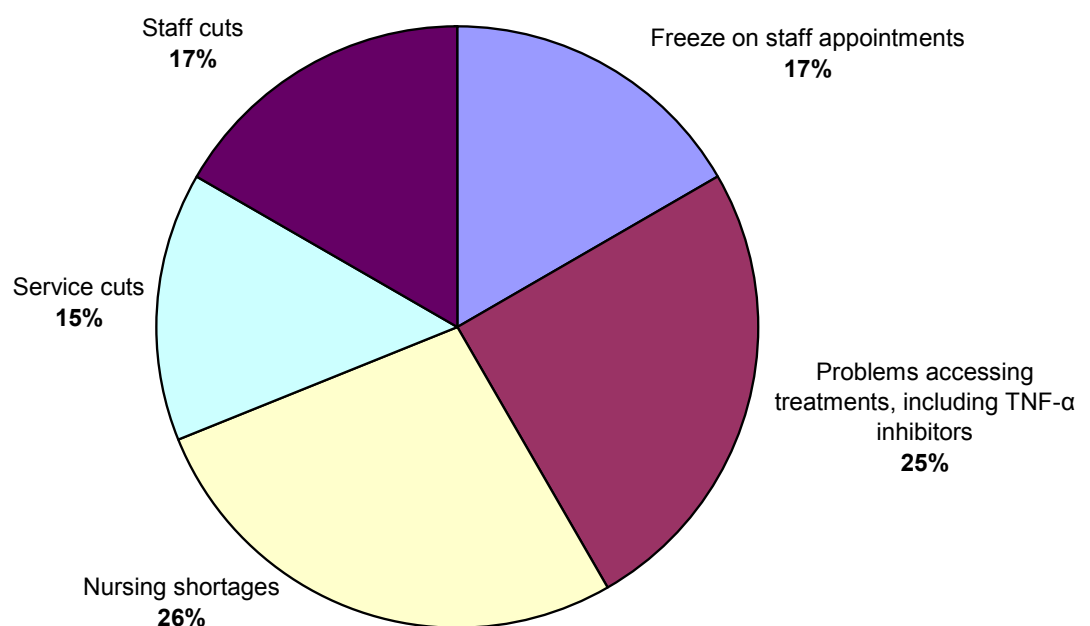
- Of those units citing barriers; 73% did not think that the barrier would be removed in the next three months.

Diagram one – barriers to prescribing TNF- α inhibitors



- Half of respondents stated that in managing its financial situation in recent months, their hospital trust had imposed measures that had significantly affected their unit. The main impacts can be seen below in diagram two.

Diagram two – financial management measures affecting rheumatology units.



About the Survey:

- The survey took place between April and June 2006. Of 106 UK rheumatology units contacted, 81 took part, representing a response rate of 76%. The vast majority of respondents were from England and Wales, where NICE guidance is binding.
- Rheumatologists were asked whether they could prescribe anti-TNF α therapy for people with RA in accordance with NICE's guidance to every patient they identified. Where they were not able to do so, they were asked to identify the main barrier.
- They were also asked whether their hospital trust have imposed any measures affecting their rheumatology unit in managing their financial situation in recent months.
- The survey was commissioned by the ARMA (Arthritis & Musculoskeletal Alliance) and the BSR (British Society for Rheumatology). The research was carried out with support from Schering-Plough Ltd in the form of a secondment to ARMA & BSR's office. This work was guided by strict data protocols.
- This data is presented to the best of our knowledge as at June 2006.

Notes:

- Rheumatoid arthritis (RA) is a serious and debilitating condition, affecting people of all ages. It is estimated that around 370,000 adults are affected by the condition in the UK.
- Around 5-10% of these have a very severe form of the disease which does not respond to conventional treatments. Severe RA can shorten life expectancy by around ten years and commonly leaves people severely disabled and in extreme pain.
- TNF- α inhibitors are clinically and cost-effective treatments for people with severe RA who have failed conventional treatments and consultant rheumatologists recommend its use in this group.
- NICE is currently reviewing original guidance on use of TNF- α inhibitors for RA (this time including adalimumab).
- ARMA (the Arthritis & Musculoskeletal Alliance) is the UK umbrella body for the arthritis & musculoskeletal condition community. ARMA brings together over 30 user, health professional and research organisations, including Arthritis Care, the Arthritis Research Campaign (arc), British Society for Rheumatology (BSR), the National Rheumatoid Arthritis Society (NRAS) and the Royal College of Nursing Rheumatology Policy & Practice Group.
- The British Society for Rheumatology (BSR) is a medical society committed to advancing knowledge and practice in the field of rheumatology. They aim to improve awareness and understanding of arthritis and other musculoskeletal conditions and work at national and local level to promote high quality standards of care for people with these conditions.