O20 NATIONAL VARIATION IN THE COMPOSITION OF RHEUMATOLOGY MULTIDISCIPLINARY TEAMS

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Background: A multidisciplinary team (MDT), as defined by the Department of Health in 2014, is composed of members from different health care professions with specialized skills and expertise. Multidisciplinary work is often considered to represent best clinical practice and current National Institute for Health and Care Excellence (NICE) guidance promotes access to a range of health professionals for the care of patients with rheumatic conditions. However, within the clinical speciality of rheumatology, the evidence available to support multidisciplinary work is limited and conflicting. Previous systematic reviews regarding the efficacy of MDTs in rheumatology have produced conflicting results and demonstrated that there is insufficient evidence for its effectiveness and no consensus regarding composition or setting. Thus overall evidence evaluating the clinical impact or effectiveness of MDTs is lacking. Further, the current state of, or variations in, MDT configurations and their availability across the UK is unclear. The aim of this audit was to determine the provision of UK rheumatology MDTs compared with recommended staffing availability standards.
Methods: Rheumatology departments in England and Wales were invited to participate in a national audit commissioned by the Healthcare Quality Improvement Partnership and administered in collaboration with the British Society for Rheumatology, from which the organisational questions were extracted for the purposes of this work. Departments in Scotland and Northern Ireland completed the audit separately with the same organizational questions. The combined responses from all departments were analysed descriptively to investigate variations in MDT provision. The audit standard of a full complement of MDT membership was defined as having dedicated access to medical, nursing, physiotherapy, occupational therapy and podiatry staff.
Results: A total of 164 departments contributed to this analysis. Access to rheumatologist, nursing, physiotherapy, occupational therapy or podiatry services was reported by 164/164 (100%), 162/164 (99%), 120/164 (73%), 123/164 (75%) and 79/164 (48%) departments, respectively. There was considerable regional variation in access to the wider professional mix, with Northern Ireland having overall greater MDT access and London having the least. Access to the full complement of named MDT members was offered in 28/164 (19%) departments.
Conclusion: Nationally the majority of departments did not provide the full complement of multidisciplinary care to patients. There is a high degree of regional variation in the provision of rheumatology MDT care across the UK. More research is required to determine the effectiveness and optimal configuration of MDTs in rheumatology.
Disclosure statement: P.A. was the former DeputyCEO & Director of Operations & Programmes for the British Society for Rheumatology. A.R. is the Head of Research for the British Society for Rheumatology. L.C. has received research funding from a National Institute for Health Research Clinicial Lectureship. All other authors have declared no conflicts of interest.