Background: Transparency and evidence of quality care is increasingly needed in the changing National Health Service (NHS). Clinical commissioning groups demand that the work done is financially and clinically effective with patient experience an important outcome measure. NHS reforms as set out in the King’s Fund highlight the need for better measurement of health improvement on a daily basis. When a local patient support group donated a sum of money to our department in July 2014, the importance of putting this money towards lasting improvements in patient care seemed paramount. Tablet devices are being used in rheumatology departments to facilitate data collection. Completing paper questionnaires and performing scores are time-consuming and add to the paperwork burden. We have developed, in conjunction with 3s Reporting Ltd (an NHS owned innovation company), a web based survey software platform for patients and clinical teams. This will enable patients and staff to record data on any fixed or mobile device.

Methods: The web based questionnaire provides secure patient identifiable outcomes. Patients will be asked to complete standardized and validated questions of the Stanford HAQ and the Work and Productivity Activity Index (WPAI). Relevant patients groups are asked to fill in disease specific outcome measures. Rheumatoid patients are asked to complete a 28 joint count and a visual analogue scale (VAS). PsA patients are asked to complete a 68/66 joint count and Dermatology Quality of Life Index (DLQI) and patients with AS are asked to complete the Bath AS Disease Activity (BASDAI) score and Functional Index (BASFI) score. Outcome measures will be automatically calculated and available for use in the consultation. The satisfaction questionnaire is modelled on the Commissioning for Quality in Rheumatoid Arthritis patient-reported experience measures, to help standardize data collection.

Results: Data collection takes place in the outpatient waiting room; results are available for use during the consultation. Satisfaction data are collected post consultation providing ongoing real time feedback about patient experiences. Data will be available on a continually updated web based dashboard. Data analysis will enable patient experiences to be reviewed departmentally and by clinician/nurse between any chosen dates.

Conclusion: The use of tablets and this innovative secure web based survey system will facilitate accurate data capture on outcome measures and patient-reported experience measures. Access to these data will be invaluable for future commissioning discussions and driving forward patient care. The survey can be adapted and developed by the user. We intend, with the British Society for Rheumatology’s permission, to perform the Healthcare Quality Improvement Partnership audit using this system. Finally continual patient experience data will provide clinical staff with more relevant insight to their clinical care. It is our intention for this superior method to replace the current Patient 360 required every five years for revalidation.

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