

# Geographical variations in delivery of intravenous treatments for ANCA-associated vasculitis

Warren James, Avril Nicoll, Louise Locock, Lorraine Harper, Mark A Little,  
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## OBJECTIVE

To evaluate access to IV treatment for AAV across the UK and Ireland



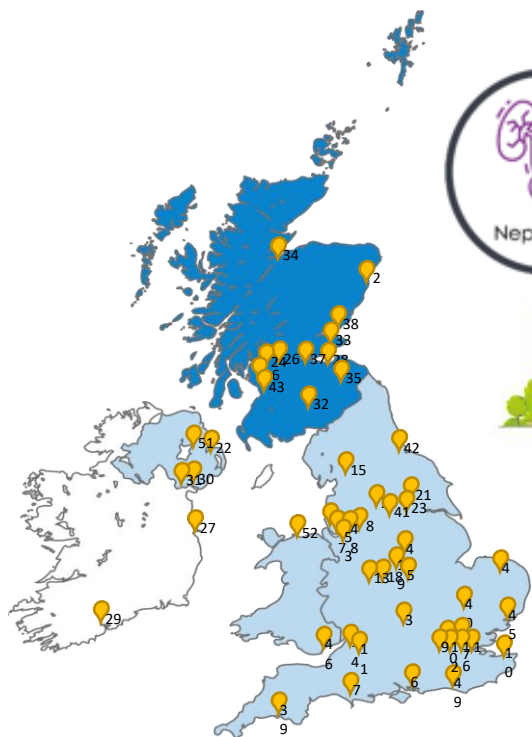
## BACKGROUND

Timely access to intravenous (IV) immunosuppressant therapy is essential to effectively manage ANCA-associated vasculitis (AAV), however, significant variations in care and outcomes exist across centres



## METHODS

- **Survey** of 87 UK and Ireland Vasculitis Society registered centres and 11 Scottish health boards (Nov 2020 and June 2021)
- **Service case studies** (interviews with a range of healthcare professionals, and national leaders across UK) and **interviews with patients** with systemic vasculitis



Nephrology



Rheumatology



Specialist Centre



District General Hospital

### Provider survey

59 responses from 51 Trusts/Health Boards in Scotland (n=11), England (n=33), Wales (n=2) and Ireland (n=5)

### Case study interviews

67

63 hours

### Interviews with patients

32

60 hours

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## RESULTS



- Waiting times for urgent access to IV treatments varied across the UK (fig 1). **70%** of services in **Scotland** and **88%** in **England** were able to access to **urgent IV treatment within one week** but arranging this was often described as a **'nightmare'**
- Services **accessed IV treatments in different ways** (fig 2)
- **18%** of services reported **waiting times  $\geq 7$  days**, and of those 67% accessed IV treatments via shared use of a day-case facility

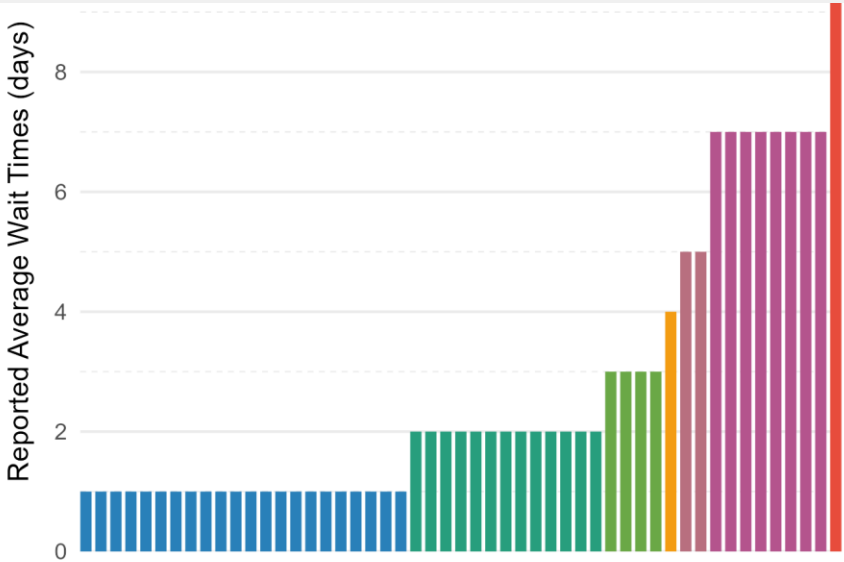


Figure 1. Average wait times for urgent IV treatment for AAV

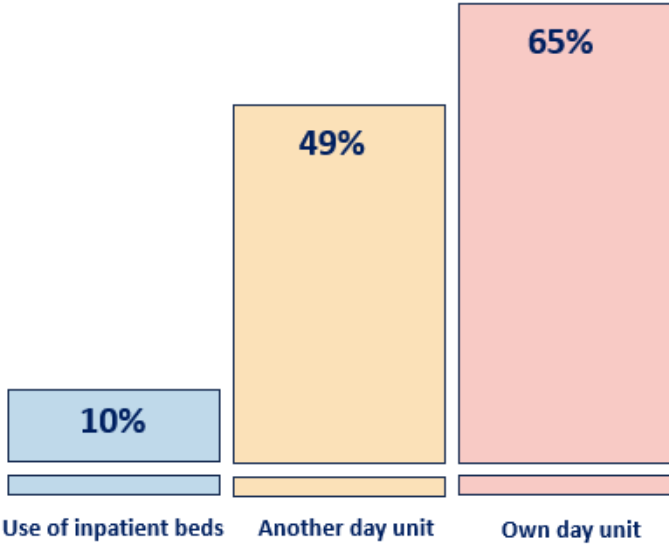


Figure 2. Means of accessing IV treatment for AAV

➤ **A complex interaction of local factors** influenced ability to deliver IV treatments

- prescribing challenges
- staff training, competencies, and supervision
- availability of slots and staff
- competition with other services
- lack of awareness of importance of timely treatment

- **Day-case nurses with knowledge of vasculitis** were a valuable source of advice and support for patients
- Access impacted **choice of therapy** and contributed to **treatment delays**

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## CONCLUSION

Vasculitis service providers identified timely access to cytotoxic and biologic therapy as a key service priority to improve care

1

Organisations should ensure access to **urgent IV treatment for AAV within 7 days** and provision of appropriately trained staff

2

**National training modules for non-cancer chemotherapy** could facilitate equitable access to training

3

Where treatment is delivered via other units, **greater awareness of AAV** would help provision of information and support for patients



*Vasculitis Outcomes In relation to Care Experiences Study*

**VERSUS  
ARTHRITIS**

