

Rheumatology BULLETIN

www.rcn.org.uk/rheumatology

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RCN Rheumatology Nursing Conference and Exhibition

25-26 January 2010
The Grand Hotel, Brighton

For further info contact the conference organiser at rheumatology@rcn.org.uk

Further information

Contributions for the next edition should be sent to the editor:
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What a conference!

Eileen Pearson, who works at the University Hospital of Leicester, reports on her experience of attending the RCN Rheumatology Nursing Forum Conference in Leeds in January.

I was fortunate in acquiring a bursary to attend the 2009 conference – I fulfilled the criteria of the 'novice rheumatology professional', having joined the Leicester team in June 2008.

Starting off on the right foot

The opening remarks by Forum Chair Susan Oliver couldn't have failed to raise enthusiasm about all the exciting things in the pipeline, and the keynote address by Dr Lesley Kay, a thought-provoking and, at times, humorous presentation, certainly set the conference tone. I particularly liked the idea of prescribing an exercise regime using a Wii Fit programme for patients! 'Aiming for remission' was the key message I took away.

Presentations and workshops a success

The presentations on effective consultations, commissioning and open access Musculoskeletal (MSK) Triage were all interesting and I have already viewed the clinical examination via the Internet, on: www.youtube.com/LSBUOSCE

There was really useful information regarding the results of the forum's nurse survey, the Rheumatology Futures Project and the British Society for Rheumatology (BSR) Update on Biologics Register, which I felt were very relevant in my clinical role.

Throughout the two days I also attended the workshops, which were aimed and pitched at exactly the right level for the novice. Each one was practical, enlightening and provided valuable information for me to take back to my area of work.

Thank you to all involved in the organisation of this event, which ran so smoothly. I look forward to next year with anticipation!

Involved in annual review appointments for patients with inflammatory arthritis?

If so, the forum committee would love to hear from you.

Following the discussion session at the Forum Conference, it was agreed that the committee would look at the issue of annual review for its next project. The most important thing to do initially is to determine a core set of data that fits with the NICE guidance and British Society for Rheumatology (BSR) Standards for the treatment of rheumatoid arthritis (RA) and is practicable to use and audit. If you would like to be involved in this project, or would be happy to submit any documentation you are currently using, please contact Sue Oliver on email: sue@susanoliver.com

Chair receives RCN Fellowship

Congratulations to our Forum Chair Susan Oliver, who was awarded an RCN Fellowship at RCN Congress in May 2009. This award was well deserved for all the hard work that Sue has put into the forum and in supporting the cause of rheumatology nursing locally, nationally and internationally.

Letter from the Chair

Giving thanks where thanks are due ...

SUSAN OLIVER gives an update on the committee's hard work over the year.

Elections on their way

This will probably be my last (or penultimate) newsletter to you all and I am very excited to know that so many of you are interested in putting yourselves forward to be on the steering committee. By the time you receive this you should have heard (via the conference, emails, publications and website news) that several committee members will be stepping down in October now that the RCN reorganisation is nearing completion. The process will start with information going out to everyone about the election for all forum committees. You will have to respond to state you are interested and write a short piece to include in the voting papers. The whole of the RCN Rheumatology Nursing Forum membership will be asked to vote for the members of their choice and the new members will take over in October 2009.

I really would like to encourage people to put themselves forward – we need nurses representing all areas of rheumatology services and areas of speciality, so do go for it!

I feel so very privileged to have been chair of the most wonderful committee – we have had some fun (amongst the pain, angst, deadlines, hard work and juggling of numerous projects – all at the same time) and each of us has taken specific roles within the committee so we can quietly manage certain pieces of work. You will learn a lot! We have all pitched in together on some large projects but also had our own roles to fulfil. I would like to say a very big thanks to each committee member – all personal stars as far as I am concerned – thank you, girls, from the bottom of my heart.

Trish Cornell

Where would we have been without Trish's red-hot financial and organisational skills – especially when it came to the rigours of managing the conference logistics and budget and the funding for awards as well as reviewing our forum funds to ensure

we squeezed the maximum out of each penny. Trish has also worked alongside Kate and me on all the NICE work.

Maureen Cox ...

... who has quietly battled with the newsletter and always made sure we get maximum space and information. Maureen has also undertaken a great deal of work with the Arthritis and Musculoskeletal Alliance (ARMA) and, like all of us, operated the forum's stand and other busy jobs at conferences. Maureen will be continuing her term of office on the committee.

Sheena Hennell

Sheena was our lead on nurse prescribing and also sat on the NICE RA management guidelines for the forum. She has been like Dawn – involved in quite a few projects, including the nurse survey that will be published in June. Despite numerous job challenges and changes in roles, Sheena has hung on in there and now has great expertise in primary care commissioning – a great asset that can be further mined as she is likely to be staying on the committee until her term of office ends next year.

Dawn Homer

Dawn has worked to fill in lots of the roles we have asked her to do along the way – but her main role has been to manage the membership list and the email communication. I think she does a brilliant job and never forgets how much the members need someone who is going to give them a quick response.

Kate Gadsby ...

... was given the enormously frustrating role of trying to get our section of the website up and running. This has been despite a number of challenges, including Kate having to have major surgery – and yet she somehow never seemed to be off work for long! Personally I am very impressed with Kate's ability to always be able to knock up a superb G&T for everyone

☪ You are all doing a great job – don't hide your light under a bushel! ... thank you all for making the forum what it is. ☪

at times of greatest need! The website has recently made a big leap in its development (still much to do though), but do have a peek at the new resources, which include additional documents to support the publication of the updated biologics document (to be published in the next month or two) – www.rcn.org.uk/publications

Elaine Wylie

Elaine has also had to cope with job changes but, despite this, she has battled on with ensuring the devolved nations are represented and we have greater involvement from our devolved members – and yes – still much more to do!

Work done so far

I also wanted to set out a small flavour of the work we have undertaken in the last year:

Pandora

This pilot project for all nurses in rheumatology (see article, page five) is particularly for nurses working at a clinical nurse specialist (CNS) or consultant nurse role (validated in CNS work). This project will enable you to have activity data relating specifically to what you do – but at the same time give us anonymised national data on the role to show how effective we are. Go to the website if you wish to join (free to all forum members) – www.rcn.org.uk – the recruitment form is on the left-hand column of the page.

Biologics document updated

This should be published shortly after you receive this newsletter, with lots of

resources on the website to support local implementation and documentation.

Nurse survey

Thank you for all of those who completed this national survey to explore activity, competencies and productivity. A similar survey will be published on allied health care professionals' workload. We hope this document will be of value to you at local level, demonstrating the value of your work.

Awards

It is the sixth year of running a Pfizer Award for a nurse to attend the American College of Rheumatology (ACR) national meeting in USA – and we have had many stunning entries. We have also been able to continue the Arthritis Research Campaign (ARC) Silver Medal Award – again, something we value greatly. The big and wonderful surprise was finally getting a rheumatology Nursing Standard Award category – do make sure you go for these things. You are all doing a great job – don't hide your light under a bushel!

NICE

We have been involved in so many NICE appraisals I have lost count, but we have raised key issues about not only disease areas (rheumatoid arthritis, osteoarthritis, osteoporosis, etc) but also drug therapies – anti-TNF, B cell depletion and much more for different disease areas.

This is a rather long newsletter but I feel that it is important to tell you more about each of us and what we have set out to achieve. The RCN in the last few years has faced many challenges and it has given us a bit of bumpy ride whilst we have all had to work on the vision of what the RCN is. To me, the RCN provides the vital insurance and trade union support that all nurses need but, much much more importantly, it provides a real and strong professional front that is relevant to nursing – and with forums, that front has a unique specialist focus. I am so proud to have had the opportunity to work within the forum and would like to thank you all for making the forum what it is, too! I am also really humbled and delighted to have been awarded an RCN Fellowship, which I received at RCN Congress in May.

A poster of distinction

Congratulations to JOYCE JOHNSTON and SHEELAGH McKIMM, winners of the RCN Rheumatology Nursing Forum Conference Poster Prize for their work on 'Self administration of methotrexate at home'. Here is the winning abstract.

Background

Subcutaneous (s/c) methotrexate provides an alternative means of administering methotrexate for oral non-responders. The pre-filled, pre-dosed syringe was licensed for use in inflammatory arthritis in May 2006. S/c methotrexate was already being administered in a hospital setting on a weekly basis, but not in pre-filled syringes. The rheumatology department in the Ulster Hospital introduced a new service empowering patients to self-administer s/c methotrexate in the community. Data was collected using a postal questionnaire.

Method

The aim of this audit was to gauge user satisfaction with the following aspects of the care and service provided:

- information
- injection of s/c methotrexate

- equipment
- overall satisfaction.

We reviewed a cohort of patients converted to self-inject methotrexate from July 2006–July 2007. The patients were sent a questionnaire on patient satisfaction.

Results

The outcome was very positive. Patients rated benefits as excellent. Positive comments included not having to attend hospital on a weekly basis, reduction in side effects as well as satisfaction with written and verbal information received and with back-up contact with nurses and pharmacist. Negative comment was in regard to the size of the sharps box.

Reference

- Johnston, Joyce and McKimm, Sheelagh (2004) *Administering subcutaneous methotrexate for inflammatory arthritis – RCN Guidance for Nurses*, RCN, London.

The RCN Silver Medal Award goes to ...



RCN Silver Medal Award winner Mwidimi Ndosu receiving award from Mike Patnick of ARC

Congratulations to Mwidimi Ndosu from Leeds on being awarded the RCN Silver Medal at the British Society for Rheumatology (BSR) Annual Conference in May 2009 for his work on validation of the Educational Needs Assessment Tool (ENAT). This tool enables patients to identify their educational needs more effectively and helps practitioners to systematically identify and plan educational interventions that are relevant, timely and meaningful to patients. More on this will follow in the autumn newsletter. The submission date is 31 October every year – so please start thinking now what you can submit for this year, particularly for anyone who is currently studying for a degree or masters module. The prize is £1,000 to spend on what you like and a solid silver medal! Please email me on trish.cornell@poole.nhs.uk for further details and the submission pack.

Important news on the Forum Transition Project

RCN forums are groups of RCN members working in a similar nursing specialty or with like interests.

RCN forums:

- provide networking opportunities
- help members enhance their practice knowledge and skills
- provide an expert resource
- support RCN Council
- shape, drive and develop nursing practice
- identify and support nurse leaders in their field
- influence current and future health and social policy in the UK and beyond.

In 2008, RCN Council decided that RCN forums should be streamlined to create 41 stronger, more fit-for-purpose forums. They will have a revised governance structure and will be supported with new online systems to help them meet the challenges of the 21st century.

The Rheumatology Nursing Forum remains the same during the transition, but there will be changes to how your forum works and how it communicates with you, the members. You can find more detail on the forums website, at: www.rcn.org.uk/forums

Thousands of RCN members throughout the UK already work together in forums to develop and improve nursing care in a range of settings and they remain an essential part of RCN membership. By joining an RCN forum you will be kept up to date by email with the latest developments in your key field of interest. There are also online communities in different specialisms and interests – see www.rcn.org.uk/communities for further information.

Don't forget to update your details at www.rcn.org.uk/myrcn and give us your email address to ensure you continue to receive information and updates from your new forum.

Don't miss out! E-news on the way ...

From October 2009, all RCN forum newsletters are going to be emailed to members rather than posted. The content of your newsletter from the world of rheumatology nursing will be just as good if not better as we will be able to include additional information and link directly to useful resources.

A significant number of you have already opted into the electronic versions of the forum newsletters and we aim to continue to enhance our communications with you.

To receive your electronic newsletter, simply go to www.rcn.org.uk/myrcn and check we have a current email address for you.

Don't forget that you can also check out the latest information and updates by going to your online community at www.rcn.org.uk/rheumatology

RA care – project update

SUSAN OLIVER reports.

The Rheumatology Futures Project Group, jointly chaired by Ailsa Bosworth of the National Rheumatoid Arthritis Society (NRAS) and myself, commissioned a study from the King's Fund and York Health Economics on rheumatoid arthritis (RA) care. The result – the King's Fund report, *Perceptions of patients and professionals on rheumatoid arthritis care* – was published in January 2009. We have posted the information about the report, with access to pdf versions of the report and supporting evidence, at: https://www.rcn.org.uk/development/communities/specialisms/rheumatology/news_stories/the_rcn_rheumatology_nursing_forum_is_a_partner_in_a_major_new_report

The report has been frequently cited and, although I might be biased, it does provide some important insights into the patient's perspective of their care. For example, in this report, 90 per cent of patients who had been diagnosed three years or more had experienced flares. Also, 80 per cent of those interviewed had been offered an appointment with a nurse specialist.

Pathway commissioned

As a result of this work, the Rheumatology Futures Project Group commissioned further work to develop an inflammatory arthritis (IA) commissioning pathway, a vital tool in gaining interest from commissioners. These flow charts, supported by additional detailed information, provide the details that the commissioner needs to know to commission the entire patient pathway of care for inflammatory arthritis.

By the time you read this, it will be complete and we hope it will be fully endorsed by the Department of Health (DH) and be ready to be posted on the 18-week website. It will help in negotiating services locally and hopefully it will provide a good example for other conditions to have similar commissioning pathways. The 18-week website and the Map of Medicine are both vital in outlining what we should be delivering to the patient with IA. Map of Medicine is also prepared in a patient-friendly format on NHS Choices website so the patients can get an idea of what they should expect.

Further information

- Map of Medicine – http://healthguides.mapofmedicine.com/choices/map/rheumatoid_arthritis1.html
- 18-week website – www.18weeks.nhs.uk
- NHS Choices – www.nhs.uk

Pandora – go on, open the box!

Do you have problems letting your managers know what you do? Would you like to have demonstrable documentation of your work and help the RCN to identify the varied aspects of the clinical nurse specialist (CNS) role? If the answer to these questions is 'Yes', then Pandora may be the answer. KATE GADSBY, Clinical Educator, Derby Hospitals NHS Trust, reports on her experience of using Pandora.

Accounting for what we do

Working as a nurse specialist it is often very difficult to articulate and quantify what you actually do in terms of activity and quality, not to mention the emotional component. All too often, managers don't understand what the CNS role involves and, in some cases, when things are tight on the wards, they have been asking CNSs to leave their day-to-day work to help out on the wards. This obviously has made many of us feel undervalued and misunderstood. Management sees nurse specialists as an expensive resource and increasingly we need to be able to defend our roles.

Now there is a way of doing this. In response to concerns noted above and raised by forum members, the Rheumatology Nursing Forum has negotiated access to the use of Pandora and is looking for 200

rheumatology nurses to use it over the next year.

What is it?

Pandora is a revolutionary database that collects data on your activity and analyses it. It aims to illustrate to all the diversity of our roles. All you need to do is input what you have done for three days every month (that isn't even a day a week!). As a result, it will give you enough data for an analysis after three months. You will have access to all the data you input.

The programme logs individual actions rather than consultations – this is in order to capture the complexity of some of our work. It is very easy to use – even I can do it! I have used it and found that, for an extra half hour of work, you can effectively show managers what you do. For more information or to sign up, visit the RCN forum website: www.rcn.org.uk/rheumatology

New booklets for people with established RA

The National Rheumatoid Arthritis Society (NRAS) proudly launched its newest information booklet at the British Society for Rheumatology (BSR) Conference in Glasgow earlier this year. Entitled, *Managing well – living with rheumatoid arthritis*, it is predominantly aimed at persons with established disease, by focusing on ways to help self-manage rheumatoid arthritis (RA) more effectively so that the patients stay in control rather than having the disease control them.

Also launched is a patient information leaflet, 'Know your DAS', developed in conjunction with leading rheumatology experts, to help people with RA track their disease and take a more proactive role in their disease management.

To request copies, telephone: **0800 2987560**
or visit: www.rheumatoid.org.uk

Rheumatology Conference Bursaries 2010

We will have two bursaries to give away for attendance at next years conference – these include the overnight package of registration and 1 nights accommodation. We're currently awaiting confirmation of dates (late January) and venue (probably Brighton). Please apply to trish.cornell@poole.nhs.uk with 200 words on why you would like to attend by 31st August 2009.

Pfizer Award

2009

Good news!

You may be able to go to the American College of Rheumatology (ACR) Meeting in Philadelphia this autumn after all – yes, despite the challenges we are all having with funding for educational events.

Go to our website page to have a look at the 8th year of our Pfizer Award. All you need to do is write a short report on something you are proud of in the work you do to improve care for patients with rheumatological conditions.

We need you to blow your trumpet – let everyone know what you are doing – so we can all learn from your examples and your organisation can realise what a star you are! It doesn't have to be rocket science – just show the real value of nursing care and you could receive a grant to attend the meeting. All those people who submitted for the *Nursing Standard* Rheumatology Nurse award could also submit for this one – unless previously submitted. For further information visit the resources page of the forum website: www.rcn.org.uk/rheumatology

DATE FOR YOUR DIARY

An update on Sjogrens syndrome

Saturday 12 September 2009
09.30–16.30

Cost for Nurses £30

Education centre
Mile End Hospital
London E1 4DG

For more details contact:
BSSA, PO Box 15040,
Birmingham B31 3DP
Telephone 0121 455 6532
www.bassa.uk.net

A truly inspiring visit – ACR Conference

LYNDA GETTINGS, Clinical Nurse Specialist Lead in Rheumatology at the University Hospital of North Durham, has won the RCN Pfizer Award, which allowed her to attend the 72nd American College of Rheumatology (ACR) Annual Scientific Conference, held October 2008, in San Francisco, USA. Here, she reports on her experience.

Psychological care and maintaining patients' health and well-being is an area of my work which I am very passionate about and it was this conviction that drove and motivated me to share this work and which also diminished any fear or concern regarding the award process.

Applying for the RCN Pfizer Award meant a visit to RCN headquarters in Cavendish Square, London, to present my work on cognitive behavioural therapy for rheumatology patients, at the end of August 2008. It was, surprisingly, a very enjoyable day. Every member of the RCN judges' panel made me feel welcome, valued and clearly had a very real interest and genuine understanding of the work to be presented, all of which put me immediately at ease. This was an experience that I would whole-heartedly recommend to all rheumatology clinical nurse specialists who endeavour to make a difference to their patients' lives in routine practice. For me, it has been a positive and exciting opportunity to share my work nationally and internationally.

As with many things American, the conference was on a vast scale and far more extensive than any other I have attended; I was there for five days and just trying to plan out one day was a mammoth task because of the enormous choice of lectures, posters, symposiums and workshops, some of which were combined. One had to take time into consideration in order to get from one session to the next, depending on its location.

Making connections and sharing ideas

Part of my networking strategy at the conference, which often occurred in coffee and lunch breaks or waiting in queues in between sessions, involved discussing political and working environments for rheumatology teams with American rheumatology consultants and clinical nurse specialist colleagues. It was obvious that our US colleagues have clear and decisive business and financial strategies and are very naturally expert at counting what they do, from counting how many patients are seen, to the number of patient encounters and types of treatment utilised.

This certainly inspired me to ensure that I accounted for as much of my 'countable' workload as possible, including advice



Golden Gate Bridge

line contacts in our department. By collating advice line data (already collected) and making a concerted effort to work very closely with the directorate and financial leads as well as our primary care trust (PCT), our rheumatology department is now recognised for significant financial income for this rheumatology service. We now all have the opportunity to utilise the Pandora database to support and highlight the work we currently do and have it accounted for, which is clearly essential in our current working environments (see page five for more on Pandora).

Networking at the ACR conference was not just on an informal basis. There was a very well-organised Association of Rheumatology Health Professionals (ARHP) networking session with colleagues from the UK, Europe and the USA and the opportunity to share models of working and metrics outcome data with fellow clinical nurse specialists. It also offered the chance to catch up with UK colleagues to discuss how to manage current political NHS changes, which was both enlightening and helpful.

Session topics

I chose to attend sessions from which I felt the Durham team would benefit and where information would update services in our department. This included sessions on 'Immunisations in the immuno-suppressed host', a keynote lecture on pain

6 *Every member of the RCN judges' panel made me feel welcome ... your every educational need was catered for.*

management; 'What's new in osteoarthritis'; and an update on 'What's new and noteworthy in 2008 – a review of rheumatology research'. Additionally, I attended presentations that enhanced my interests in psycho-social care and, in particular, I found 'Sex, rheumatology disease and ageing – challenges of a lifetime' useful for supporting patients and managing these issues, particularly as this is a source of high anxiety and depression that needs to be addressed.

There was a series of sessions addressing fatigue, tiredness and sleep management in various conditions, which was very useful, given the common nature of the symptoms and negative impact they have on a patient's disease and well-being. I very much enjoy a challenge, too, and attended sessions where the subject was absolutely new to me ... including presentations that addressed 'Gout and crystal arthropathies' and 'Overuse tendinopathies – pathophysiology, assessment and management'.

Beyond the sessions

One of the most useful aspects of the conference, where much information was collated on a given topic, was the pre-planned poster tours. Here you could book a place in advance after choosing a topic area from a set choice; these varied on a daily basis. At a designated time and place in the poster hall, an eminent speaker would take you on a pre-arranged tour, in a group of twelve, of appropriate posters for your chosen subject.

This was really helpful as you could easily be swamped amongst the many thousands of posters available to view in the vast halls. Fortunately, headphones were supplied and you could hear discussions with the speaker and the authors of the work presented as well as questions and comments from the delegates in your group. This was particularly useful as the tour group negotiated the crowds of viewing delegates.

Often, sessions of personal interest overlapped but, of course, your every educational need was catered for. Some of these sessions were accessible in your hotel room and screened via the conference centre to your television later in the evening. The ACR also supplied each delegate with a CD-rom to access ACR and ARHP abstracts as well as the technical ability to download presentations via the web after the conference had closed, which could be done locally in your rheumatology department. This is an excellent way for the whole team to link in and share the latest research-based information.

For many reasons, attending this conference in the USA was wonderful – and surreal, too – because the psychological care I offer to my patients is simply part of what I do. To be whisked off to San Francisco for doing my job still fills me with amazement. I felt privileged to represent clinical nurse specialists and the University Hospital of North Durham Rheumatology Department at such a prestigious event. The whole experience has been fantastic and I highly recommend it.



COURSES

Rheumatology: disease processes, treatment and care

This 20-credit level 3 module is offered by the University of Leeds.

This course is suitable for all health professionals who care for patients suffering from a rheumatic disease. The module can be taken as part of a degree course or as a stand-alone module.

It has three main components:

- the disease processes underpinning the rheumatic diseases, ranging from inflammatory arthritis in adults and children to the spondyloarthropathies and connective tissue diseases
- the nature and type of therapeutic intervention in rheumatology, including the contribution of the multidisciplinary team
- the psychosocial aspects of rheumatology care and the effects on patients and their families.

The module commences in September 2009 and completes in May 2010. It is free to all NHS employees working in the Yorkshire and Humber Strategic Health Authority.

For further details, please contact Dr Jill Firth on telephone: 0113 343 7972, or email; j.firth@leeds.ac.uk. For application information, contact: Admissions, Access and Marketing Unit, School of Healthcare Studies, The University of Leeds, telephone: **0113 343 1455**, email: admissions@healthcare.leeds.ac.uk

Intra-articular and soft tissue joint injection

Cannock Chase Hospital, in collaboration with Staffordshire University, will commence this course in September 2009.

Content will include:

- anatomy, physiotherapy and pathology of joints
- physical examination of the joint
- pharmacology of therapeutic agents used in intra-articular injections
- indications/contra-indications of intra-articular injection
- injection techniques
- professional accountability.

For further details, contact Julie Gair at Staffordshire University, telephone: **01785 353675**.

RHEUMATOID ARTHRITIS NEWS

Guidance from NICE

The latest NICE guidance on rheumatoid arthritis in adults (no. 79) was released in February 2009. It is written in two parts: one part for health professionals; the other part a separate booklet written specifically for patients. For more information or to access the documents, visit: www.nice.org.uk

Rheumatoid arthritis – national clinical guideline for management and treatment in adults

Developed by the National Collaborating Centre for Chronic Conditions at the Royal College of Physicians (RCP)

This guideline covers the management of people with RA all the way through the disease process – from early identification to severe disease. Increasing evidence has supported the need for early recognition of RA, aggressive drug intervention for active disease, and close monitoring of disease control. The guideline provides a single useful and accessible reference for promoting a consistent high quality of care and improved quality of life for people with RA.

To order, contact: Publications Department, RCP, 11 St Andrews Place, Regent's Park, London, NW1 4LE, fax: 020 7486 5425, or visit: www.rcplondon.ac.uk/pubs

A book with heart ...

Another Alice: an inspiring true story of a young woman's battle to overcome rheumatoid arthritis, by Alice Peterson

ISBN 978-184831-041-4.



Love, lust, boys and shopping – the main worries of a teenage girl? Not for 18-year-old Alice Peterson, who, at the height of her youth and an extremely promising tennis career, was diagnosed with rheumatoid arthritis.

This is the awe-inspiring true story from bestselling novelist Alice Peterson who describes her unique experience of

living with rheumatoid arthritis (RA), showing how Alice learnt to live with what quickly turned from the odd ache and pain, to a very aggressive form of the illness.

Simultaneously heart-breaking and laugh-out-loud funny, this book is the story of how, armed with humour and courage, Alice left behind a world she loved to overcome the pain of a degenerative illness and rediscover a new path in life. This is a story of friendship, family, growing up and the desire to be 'normal' but above all, it celebrates the power of the human spirit.

TNF appraisal news

Dr ELISABETH GEORGE, Associate Director – Appraisals, NICE, writes.

Many of you will have heard of the decision by NICE to reassess the sequential use of anti-TNF alpha inhibitors. This is a copy of the letter received by the forum setting out the details of the NICE appraisal consultation document for 'Adalimumab, etanercept and infliximab for the treatment of rheumatoid arthritis after failure of a previous TNF-alpha inhibitor'.

'Further to our letter to you of 20 November 2008 with the appeal panel decision, I can confirm that the Department of Health and the Institute have agreed that a new referral is not required to restart the above appraisal, because sequential use of these drugs is covered within the remit for the original appraisal.

The Institute has decided that a new appraisal of the above TNF-alpha inhibitors should be scheduled into the work programme and combined with a review of technology appraisal guidance 126 (rituximab) and 141 (abatacept). These reviews will therefore be brought forward, so that a multiple technology appraisal can be carried out on the use of adalimumab, etanercept, infliximab, abatacept and rituximab for rheumatoid arthritis after the failure of a TNF inhibitor.

We will issue a draft scope for consultation in the next few weeks.

If you have any queries regarding this appraisal, please contact the Project Manager, Jeremy Powell on email: jeremy.powell@nice.org.uk



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Tel: 0845 772 6100 Website: www.rcn.org.uk

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The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies