A review of the quality of care provided to children and young adults with juvenile idiopathic arthritis (JIA)

Information for primary care

Juvenile idiopathic arthritis (JIA) is an autoimmune disease that affects around 12,000 children under 16 years of age in the United Kingdom. It is a chronic disease, and many patients will continue to have JIA into adulthood. JIA causes inflammation, pain and stiffness in joints, and can be debilitating.

Symptoms

- **Painful, swollen or stiff joint(s)**
- **Joint(s) that are warm to touch**
- **Increased tiredness**
- **A fever that keeps returning**
- **A limp but no injury.**

Recommendations and key information relevant to primary care

Raise awareness of JIA and its symptoms with those who might see patients

JIA is not a commonly seen condition in primary care; therefore, it is important to raise awareness of this condition.

JIA is often diagnosed relatively late; this is due to a combination of factors, including delayed recognition in primary care and general paediatric or orthopaedic services. If the diagnosis is suspected, all children should see a paediatric rheumatologist; this may be a direct or indirect referral via general paediatrics, depending on local pathways.

In children presenting with a fever primary care clinicians should consider JIA as one of the possible differential diagnoses

Primary care clinicians need to be aware of ongoing care after diagnosis including holistic support such as access to therapies, medication and blood test monitoring, possible long-term complications, and information and support for young people families

Streamline your local referral pathway, with clear timelines for patients with suspected JIA

It is recommended by NHS England specialist services quality dashboards that patients should be seen within ten weeks of onset of symptoms and within four weeks of referral.

Where pathways allow refer patients with suspected JIA directly to tertiary paediatric rheumatology. If referral to general paediatrics is the only pathway available clinical concern of JIA should be clearly stated.

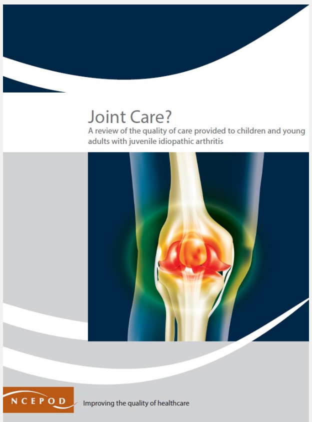
A pre-populated referral form or template could ensure the sharing of results and highlight if the hospital team would like any investigations arranged.

Primary care clinicians are strongly encouraged to use **NHS Advice & Guidance** with their local paediatric rheumatology or general paediatric colleagues to discuss children with possible JIA and be guided on the referral process.

Advice and support

Information on JIA can be found at the following links and shared with colleagues

- **www.thinkjia.org**, includes checklists for primary care clinicians and video guidance
- **www.versusarthritis.org/about-arthritis/healthcare-professionals/**
- **www.pmmonline.org/page-1617**
- **Getting it Right First Time** - paediatric rheumatology report should be reviewed and GIRFT should also be followed for guidance on pathways and waiting times in their Further Faster handbook
- **Red Whale** - For further information on JIA and referral



Joint Care?

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