**FOI Ref: 6060**

**Category(ies): Clinical – Service Activity**

**Subject: Systemic lupus**

**Date Received: 18/10/2021**

|  |  |
| --- | --- |
| **Your request:** | **Our response:** |
| **Question 1**  What guidelines or protocols do you refer to regarding the management of patients with:   1. Systemic lupus erythematosus (SLE) 2. Lupus nephritis (LN) | BSR  EULAR  ACR |
| **Question 2**  Please detail the number of patients that were admitted as an inpatient or day case in the last 12 months for the following primary diagnosis: | |  |  | | --- | --- | |  | **Diagnosis (ICD10 code)** | | **Patient number and care setting** | **Systemic lupus erythematosus with organ or system involvement (M321)** | | **Inpatient admission** | There were no patients admitted with a  primary diagnosis of M321 in the last 12 months. | | **Day case** | 0 | |  |  | |
| **Question 3** Do you refer patients within the ICD10 code M321 to another Trust?  If you answered ‘Yes’, please detail which Trusts you refer patients to. | Yes – Sheffield Teaching Hospitals |
| **Question 4**  Is there a specific clinic for LN patients at your Trust? | **No** |
| **Question 5**  Please complete the number of patients prescribed with the following products in the last 12 months within the ICD10 code Systemic lupus erythematosus with organ or system involvement(M321):  **Response**  As no patients were admitted with a primary diagnosis code of M321 within the last 12 months no patients will meet this criteria | |  |  | | --- | --- | |  | **Diagnosis (ICD10 code**) | | **Product** | **Systemic lupus erythematosus with organ or system involvement (M321)** | | **Azathioprine** |  | | **Belimumab** |  | | **Ciclosporin** |  | | **Cyclophosphamide** |  | | **Mycophenolate mofetil** |  | | **Oral tacrolimus** |  | |
| **Question 6**  Has a shared care agreement/arrangement been established between your institution and primary care for the treatment of lupus nephritis?  If you answered ‘Yes’, which of the following medicines can be prescribed within the shared care agreement? | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Azathioprine** | **Ciclosporin** | **Cyclophosphamide** | **Mycophenolate mofetil (MMF)** | **Oral tacrolimus** | | **Yes/**No |  |  |  |  |  |   No |
| **Question 7**  Has a shared care agreement/arrangement been established between your institution and a tertiary centre for the treatment of lupus nephritis? If so, please specify what medicines can be prescribed in secondary care within these shared care agreements. | No |
| **Question 8**  What is the name of your local integrated care system? | South Yorkshire and Bassetlaw Integrated Care System |
| **Question 9**  For the LN patient pathway, is care commissioned by:  **Response:**  **Not applicable** | |  |  |  |  | | --- | --- | --- | --- | |  | **Activity** | **Block contract** | **Blended payment** | | **Yes** |  |  |  | | **No** |  |  |  | |