

At the **AAV Patient Summit 2024**, held in Amersfoort, The Netherlands, there was a clear consensus amongst the 30 representatives (including people living with vasculitis, doctors, and nurses) from 11 countries across Europe, that specialist nurses are essential to improving vasculitis care. The benefits of specialist nurses included supporting timely access to care, coordinating care across different specialties and the wider multidisciplinary team, and addressing the physical, psychological, and social needs of patients. However, implementation of specialist nurse roles varied considerably across countries, with barriers such as lack of funding, training, and differences in healthcare infrastructure and culture.

Until very recently, there was also a gap in evidence that specialist nurse roles improve health outcomes. However, the **VOICES study**, funded by Versus Arthritis, and led by the University of Aberdeen, UK, provides new evidence on key parts of healthcare services that improve experiences of care *and* individual health outcomes for people living with vasculitis.

VOICES is the first study to show that nurse-led components in care (including nurse-led clinics and nurse advice lines) are associated with significant improvements in health outcomes, including fewer serious infections and emergency hospital admissions. Other important components of care include specialist vasculitis review within 7 days for people with new suspected ANCA-vasculitis, which was associated with fewer serious infections, hospital admissions and reduced mortality. Access to specialist vasculitis MDT meetings and cohorted clinics (where people with vasculitis are grouped together and seen in a dedicated clinic) were also associated with fewer serious infections and emergency hospital admissions.

#### **Reflections and future directions**

Based on the discussions at the summit and the evidence from the VOICES study, we propose the following strategies to enhance and expand the specialist nurse role:

- **Local adaptation:** solutions must align with national healthcare systems. For example, leveraging systemic autoimmune disease expertise where vasculitis-focused roles aren't feasible.
- **Training and certification:** development of universal post-graduate training programs and mentorship opportunities for nurses.
- **Funding advocacy:** supporting local, regional and national change by demonstrating the cost-effectiveness of nurse-led services using tools like those being developed by the VOICES team.
- **Patient involvement:** Include patients in service design to ensure care is patient-centred and responsive to real-world needs.

#### **A call to action**

With compelling evidence from the VOICES study and unified international support, now is the time to advocate for vasculitis service development. By prioritising the training and incorporation of specialist nurses, we can achieve better outcomes for people living with vasculitis patients worldwide.

#### **Learn more**

Further information is available at [Vasculitis Outcomes In relation to Care ExperienceS \(VOICES\) | The Institute of Applied Health Sciences | The University of Aberdeen](#).