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Key finding

We have combined administrative health data with lived experience to create interactive tools to support service planning for people with RMDs

Supporting delivery of rheumatic and musculoskeletal services to meet the needs of local populations

Why does this matter?

It is hard to effectively plan local services for people with rheumatic and musculoskeletal disorders (RMDs) because:

- Planning tools commonly estimate geographical prevalence using data from other populations
- Some conditions are looked after mainly in primary care, others in specialist services
- Evidence on patient priorities for care is focused on symptoms as opposed to components of service

What did we do?

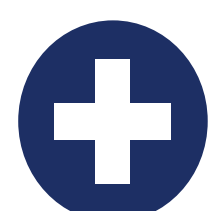
We used administrative health data from primary and secondary care, a survey and interviews to:



Measure **prevalence** of osteoarthritis (OA), inflammatory arthritis (IA) and rare rheumatic disorders (RAIRDs) across geographical areas in **Wales** and **Scotland**



Develop a series of **interactive maps** to help inform local, regional and national service planning



Explore **patient priorities for care** across a range of different RMDs

Further details about the RHEUMAPS study and outputs (including reports and interactive maps) can be found here:

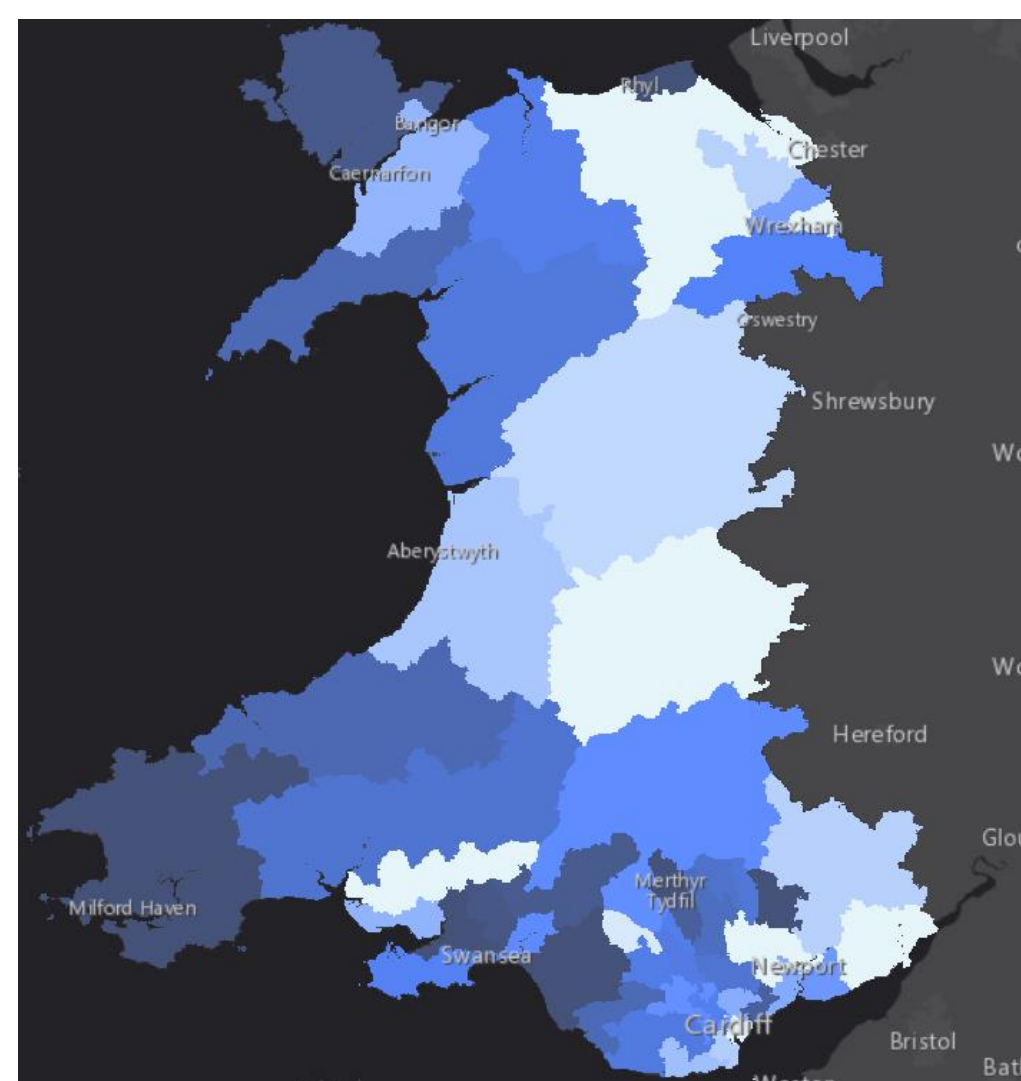


What are our key achievements and lessons learned?

✓ **Creation of an integrated data platform**

We created RMD datasets including primary and hospital-based care covering 85% of the population of Wales and > 50% of the population across five health boards in Scotland.

✓ **Methods to replicate the data platform in real time with interactive outputs to inform service delivery**



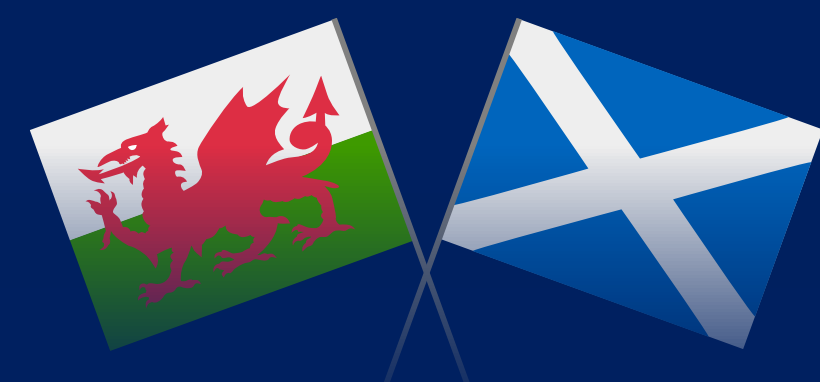
For example, we mapped the number of people with OA, IA and RAIRDs in each health board and primary care cluster in Wales; prevalence of RMDs in relation to area-based measures of deprivation; and in working age populations and those over 65 years to help better target support.

✓ **Identified areas where patient care can be improved**

Younger adults, those with **non-inflammatory conditions**, and **out of work due to illness** were more likely to be dissatisfied with services. Key gaps were **lack of signposting to resources**, difficulty accessing care due to **caring responsibilities** and **lack of work support**.

What is the impact of our findings?

- ✓ Support to enable **better and sustainable use of national health data** to inform **service planning and evaluation** across a **broad range of RMDs**
- ✓ Creation of **interactive outputs** to inform **local, regional and national service planning**



Population
Workforce
Services
Individuals