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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:

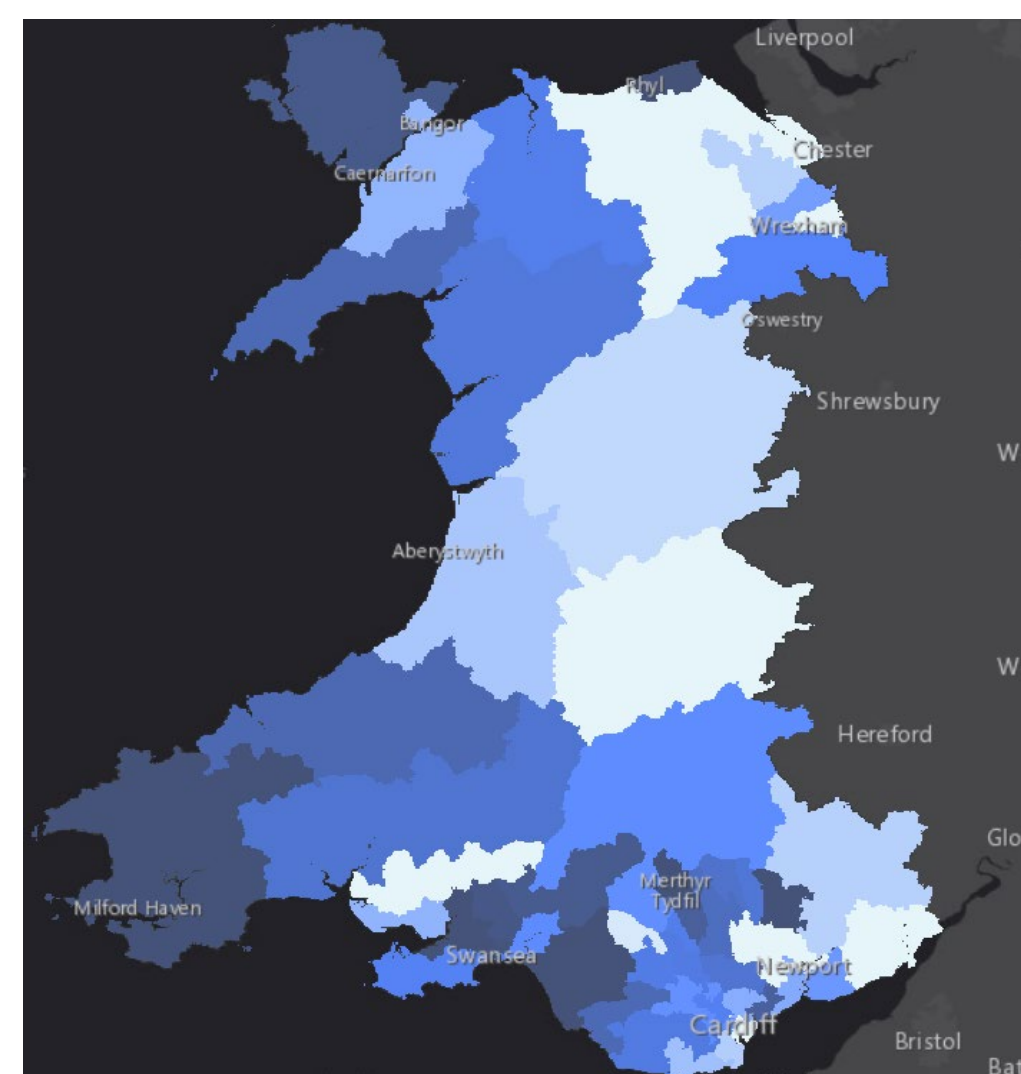


### What are our key achievements and lessons learned?

#### ✓ **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**



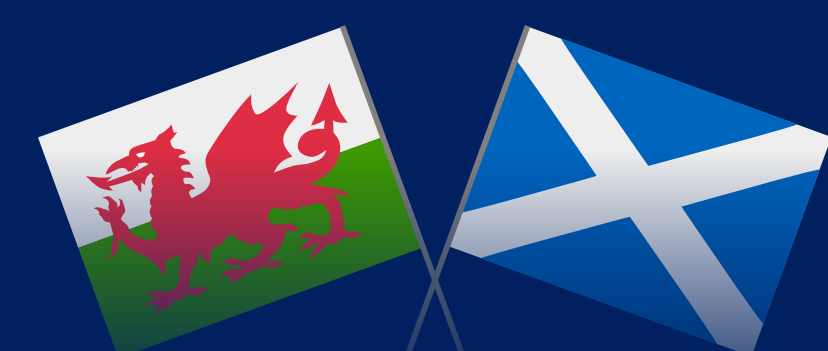
For example, we mapped the number of people with OA, IA and RAIRDs in each health board and primary care cluster in Wales; prevalence of RMDs in relation to area-based measures of deprivation; and in working age populations and those over 65 years to help better target support.

#### ✓ **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