

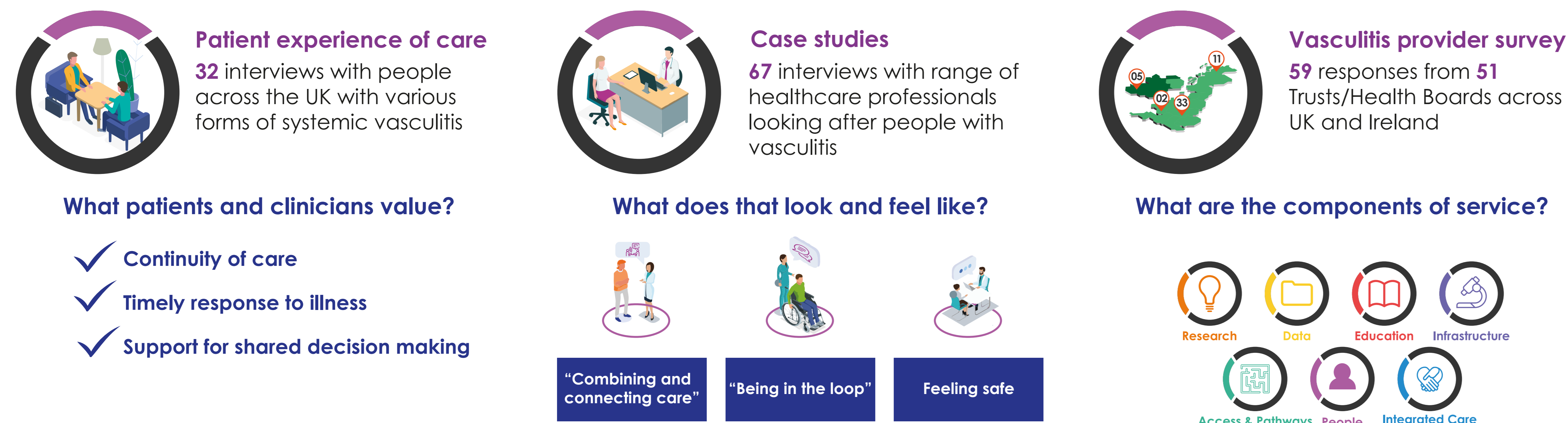
People with **systemic vasculitis** struggle to navigate healthcare systems designed to manage more common conditions. Whilst there is an **international drive to reconfigure services** to better meet patient needs, there is **limited evidence** to inform effective care delivery and support implementation across services.

We identified **key service components** underpinning good care

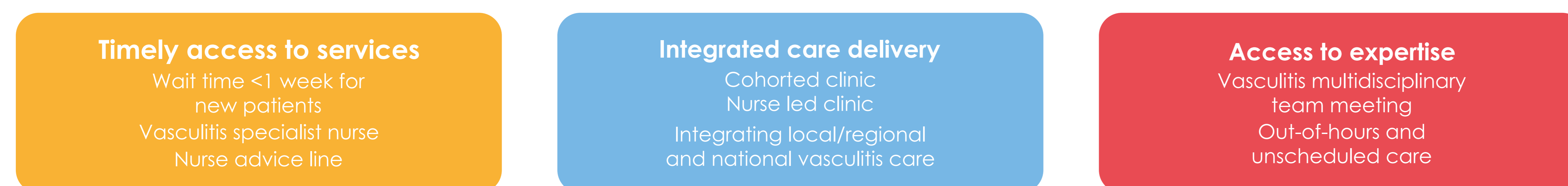
We explored the **link between key service components and individual health outcomes**

We examined **barriers and facilitators** to implementing service components in practice

IDENTIFYING KEY COMPONENTS OF GOOD CARE

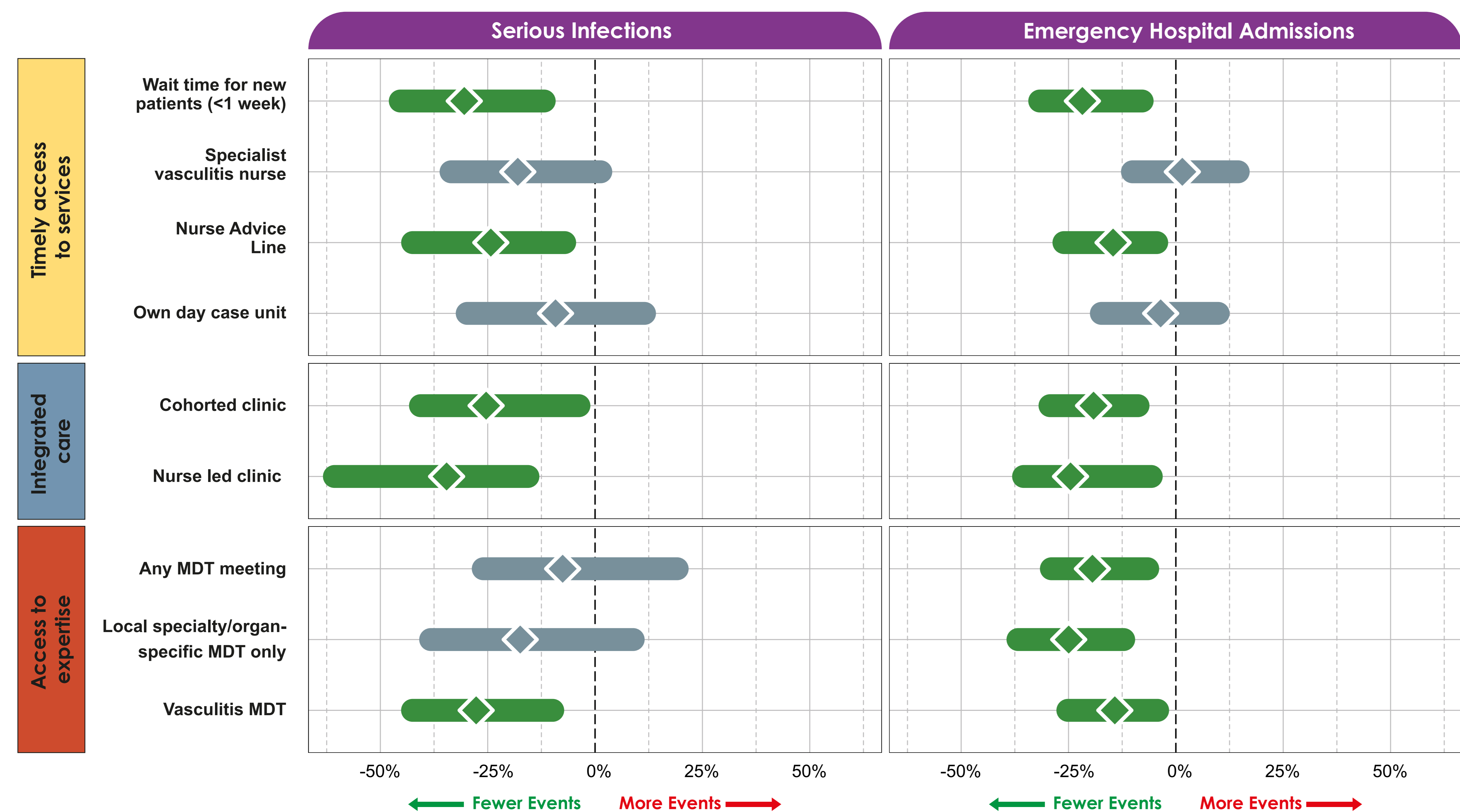


Key components of service that facilitate good care

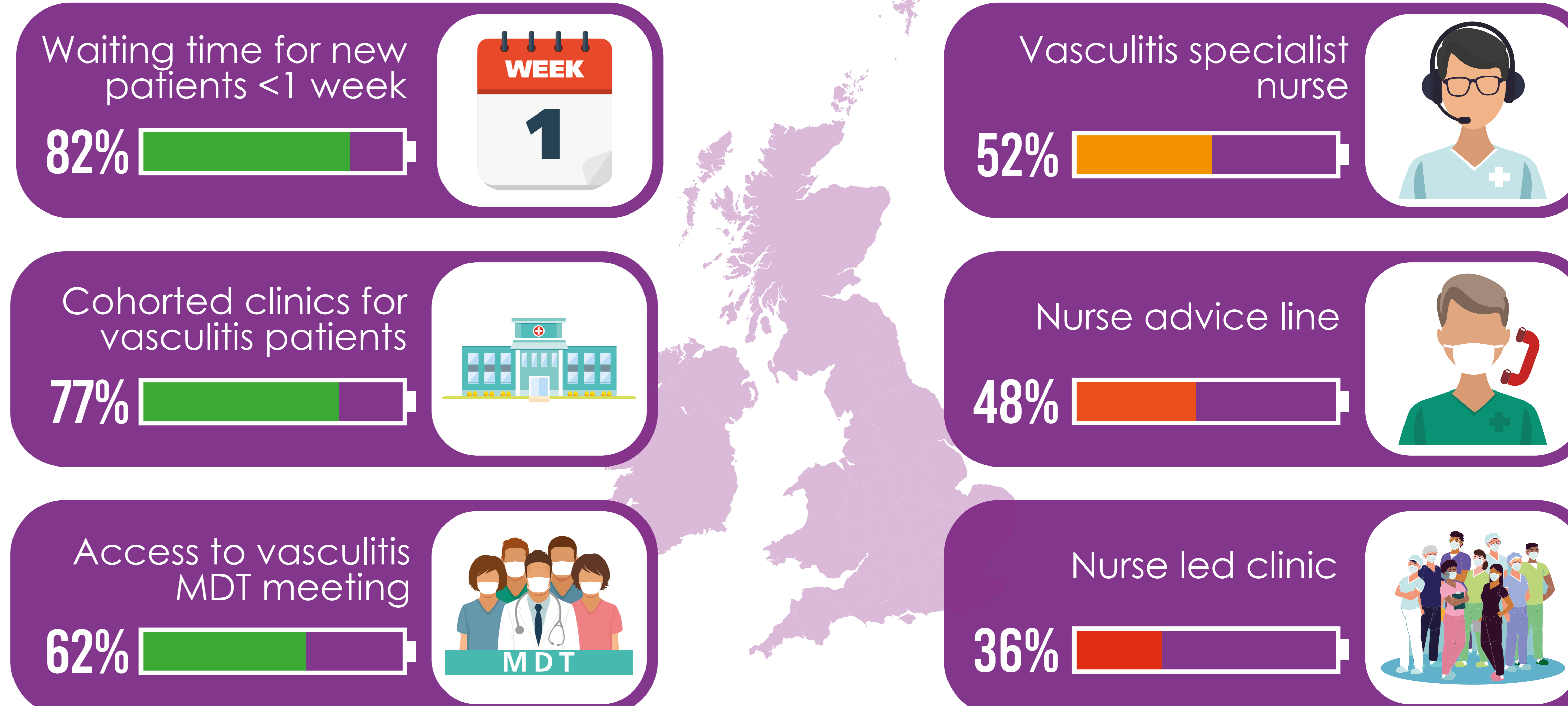


ASSOCIATION WITH HEALTH OUTCOMES

Key service components (rapid access, cohorted clinics, nurse advice line and vasculitis MDT meetings) were associated with fewer serious infections and hospital admissions*

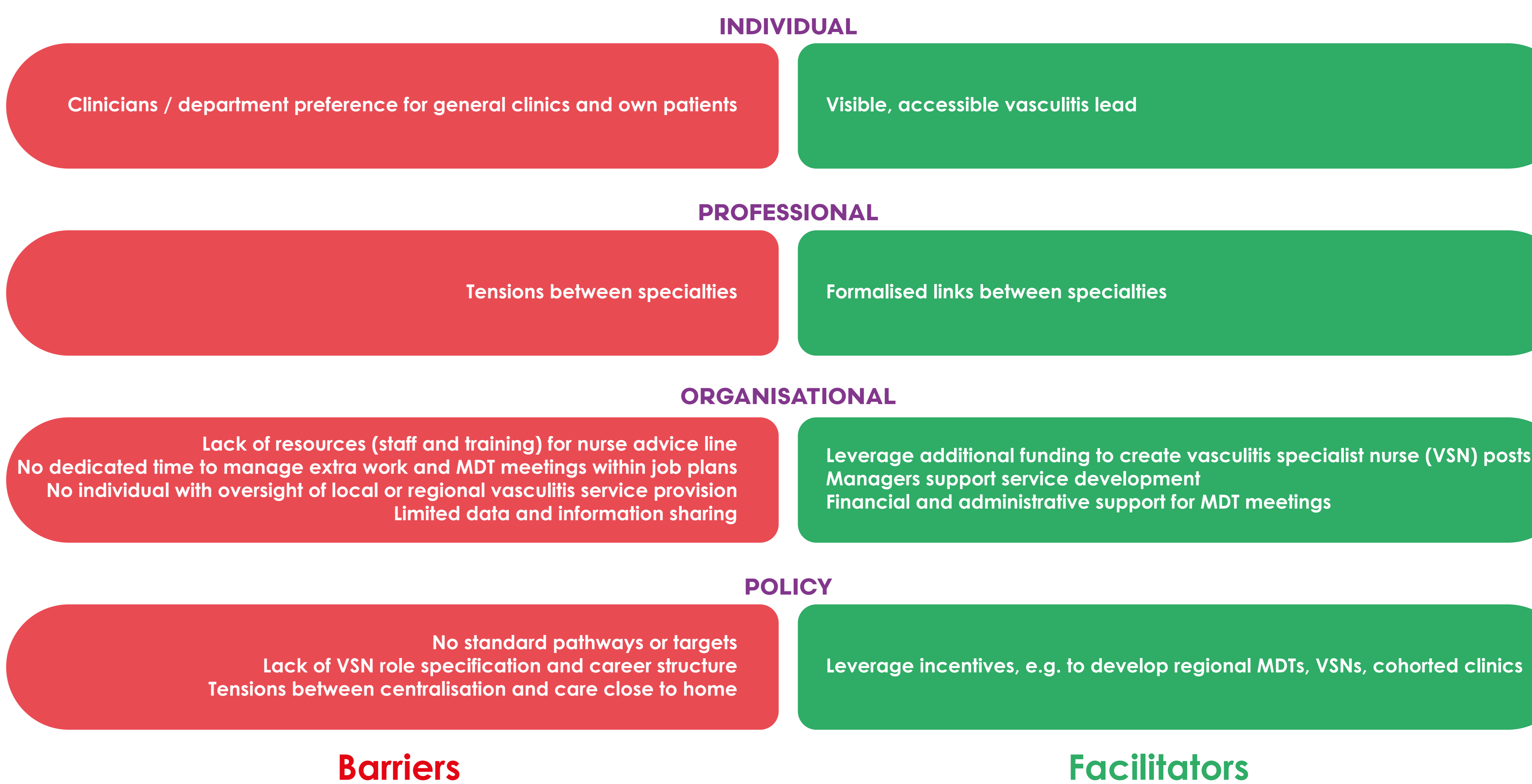


ACCESS TO KEY SERVICE COMPONENTS IN UK & IRELAND



IMPLEMENTATION CHALLENGES

Barriers and facilitators to implementing key service components



SUMMARY

- We have identified **key service components** associated with improved **clinical outcomes** and **healthcare use** in an exemplar group of rare autoimmune conditions
- Access to key service components is variable**, particularly access to **nurse-led care** and **specialist MDT meetings**
- We have provided insights to **support implementation of integrated care delivery at individual, professional, organisational and policy level** across diverse healthcare contexts
- Findings have been used to develop **recommendations** to support delivery of **effective, equitable person-centred services and support** for people living with systemic vasculitis, which are likely **applicable to other rare autoimmune rheumatic conditions**