



# THE MUSCULOSKELETAL MAP OF SCOTLAND

Evidence of local variation in the quality of  
NHS musculoskeletal services in Scotland



## About the Arthritis and Musculoskeletal Alliance

The Arthritis and Musculoskeletal Alliance (ARMA) is the umbrella body providing a collective voice for the arthritis and musculoskeletal community in the UK. ARMA is the umbrella organisation for the UK musculoskeletal community. ARMA is a registered charity No 1108851. Together, ARMA and its member organisations work to improve the quality of life for the 12 million people in the UK who live with a musculoskeletal disorder.

ARMA has 35 member organisations representing a broad range of interests across service user, professional and research groups working in the field of musculoskeletal disorders. Our member organisations are:

Arthritis Care	MACP
Arthritis Research UK	McTimoney Chiropractic Association
BackCare	National Ankylosing Spondylitis Society (NASS)
Birmingham Arthritis Resource Centre	National Association for the Relief of Paget's Disease
British Chiropractic Association	National Rheumatoid Arthritis Society (NRAS)
British Health Professionals in Rheumatology	PMR GCA – UK
British Institute of Musculoskeletal Medicine (BIMM)	PMR GCA - Scotland
British Orthopaedic Association	Podiatry Rheumatic Care Association
British Osteopathic Association	Primary Care Rheumatology Society
British Sjogren's Syndrome Association (BSSA)	Psoriasis Association
British Society for Paediatric and Adolescent Rheumatology (BSPAR)	Psoriasis Scotland Arthritis Link Volunteers
British Society for Rheumatology (BSR)	Rheumatoid Arthritis Surgical Society
British Society of Rehabilitation Medicine	Royal College of Nursing Rheumatology Forum
Chartered Society of Physiotherapy	RSI Action
COT Specialist Section - Rheumatology	Scleroderma Society
Early Rheumatoid Arthritis Network (ERAN)	Scottish Network for Arthritis in Children
Fibro Action	
Fibromyalgia Association	
Lupus UK	

ARMA has a unique approach, bringing its members together to work collaboratively towards common goals and instigate joint initiatives. ARMA does this through a variety of projects and activities.

As an umbrella body, ARMA works with its members to achieve consensus in its campaign and policy work. ARMA has a strong track record of user involvement in all its activities and structures.

Roche and Chugai Pharma UK have funded the support of an agency in the drafting and production of this report and have checked its contents for factual accuracy. Editorial control rests with ARMA

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# 1. Introduction

- The purpose of these maps is to demonstrate the local variations in quality of NHS musculoskeletal services which exist in Scotland. The maps were the result of freedom of information requests submitted by ARMA to the 14 Health Boards in Scotland. The questions, originally submitted to boards in July 2010 are appended to this document.
- ARMA presented the original findings of the research at the Scotland ARMA dinner in February 2011 and since the dinner has requested follow-up information from each board on the findings to confirm the accuracy of the data presented. Since the 2011 dinner NHS Forth Valley has responded to the original request however no other health board has responded to correct or update the enclosed evidence.
- In highlighting these local variations, ARMA is aiming to highlight the need for clear, national action to improve NHS musculoskeletal services in Scotland – and ensure that all people living with a musculoskeletal condition receive the same, high-quality, standard of care wherever they live in the country.

## Key findings

- The following are the key findings from the audit:

There is a postcode lottery of care for those with musculoskeletal conditions in Scotland. Anecdotal evidence received by ARMA from clinicians indicates that there is considerable inequality in the provision of consultant time for rheumatic diseases across different health boards

Whilst patients in some areas have access to integrated, services including Clinical Assessment Treatment Services (CATS) other services are less well developed and co-ordinated

NHS Boards in Scotland do not know how many people with musculoskeletal conditions there are in their area and how much they are spending on treating people with musculoskeletal conditions

Several NHS Boards in Scotland do not include musculoskeletal conditions within their definition of long term conditions and have not mapped their current resources for treating people with musculoskeletal conditions

Several NHS Boards in Scotland have not conducted an audit of outcomes for patients with musculoskeletal conditions. Where audits have been conducted, standard outcome measures have not been used making comparison of outcomes between Boards impossible. In addition anecdotal evidence to ARMA from clinicians has revealed that for some musculoskeletal conditions, such as rheumatoid arthritis there are significantly fewer patients receiving biologic therapies than the numbers who are eligible for them

Many NHS Boards in Scotland use national guidelines delivered by bodies such as NICE, SIGN and QIS to treat people with musculoskeletal conditions but have not undertaken an assessment of the best practice guidelines used by clinicians and health professionals in their area to treat people with musculoskeletal conditions

Many NHS Boards in Scotland provide GPs with training to help them identify and aid patients with rheumatoid arthritis, though the type and scale of training varies significantly between individual Boards and some Boards provide no training at all. Anecdotal evidence from clinicians also raised concerns about the future provision of training for GPs in musculoskeletal conditions in light of service cuts

Many NHS Boards in Scotland have made no assessment of the time it takes for a patient with rheumatoid arthritis to get a follow-up appointment following a referral

A majority of NHS Boards in Scotland surveyed have not carried out an assessment of the capacity and cost of intravenous services in hospital and community settings in their area

The majority of NHS Boards in Scotland do provide information to patients with musculoskeletal conditions to help them self-care, though this varies significantly between individual Boards, from simple leaflets to online resources and portals

There are positive signs of increased integrative working. NHS Boards in Scotland are working with local authorities to deliver integrated falls services, have established partnerships with other government agencies to develop return to work initiatives and are working with charities and voluntary groups to help improve care for patients

## About musculoskeletal conditions

Musculoskeletal conditions is a broad term encompassing around 200 different problems affecting the muscles, joints and skeleton. Musculoskeletal conditions are by far the most prevalent cause of work-related illness in the UK affecting twice as many people as stress. MSDs result in 9.5 million lost working days, and currently cost society £7.4 billion a year<sup>1</sup>.

One in four of all GP consultations in the UK relates to MSD problems<sup>2</sup>. In Scotland back and neck pain are in the top 10 most frequent conditions seen by GPs. 48% of work-related illness in Scotland is of MSD origin<sup>3</sup>.


An audit of the UK Government's musculoskeletal services framework (MSF) in 2009 by ARMA found that implementation of the framework in England had been poor and found worrying disparities of practice between individual Primary Care Trusts<sup>4</sup>.

Given the prevalence and cost of musculoskeletal conditions in Scotland, ARMA sought to repeat the exercise in Scotland by carrying out an audit of musculoskeletal services in the country to get a better understanding of the types of services available to patients.

## The recent history of musculoskeletal services in Scotland

In 2005 the Scottish Government published its strategy for the NHS in Scotland *Delivering for Health* which aimed to provide care which is quicker, more personal and closer to home<sup>5</sup>.

Acknowledging the importance of improving care for people with long term conditions the Scottish Government's *Delivery Framework for Adult Rehabilitation*, published in 2007 sought to focus on the rehabilitation needs of older people, people with long term conditions and vocational rehabilitation and was explicitly linked to existing work streams within the *Delivering for Health* programme including anticipatory care, unscheduled care, planned care, self managed care and the management of all long term conditions.



The framework led to the announcement in 2009 of an allied health professional-led delivery model, and plans to improve data for patients with musculoskeletal conditions with an aim of transforming musculoskeletal services. This will be encapsulated in a forthcoming National Musculoskeletal programme which is currently in development. In addition, Sue Parroy has begun a scoping exercise of musculoskeletal services in Scotland to update her work from 2005 which found disparities in the level of services available for musculoskeletal patients in the country.

## Recommendations

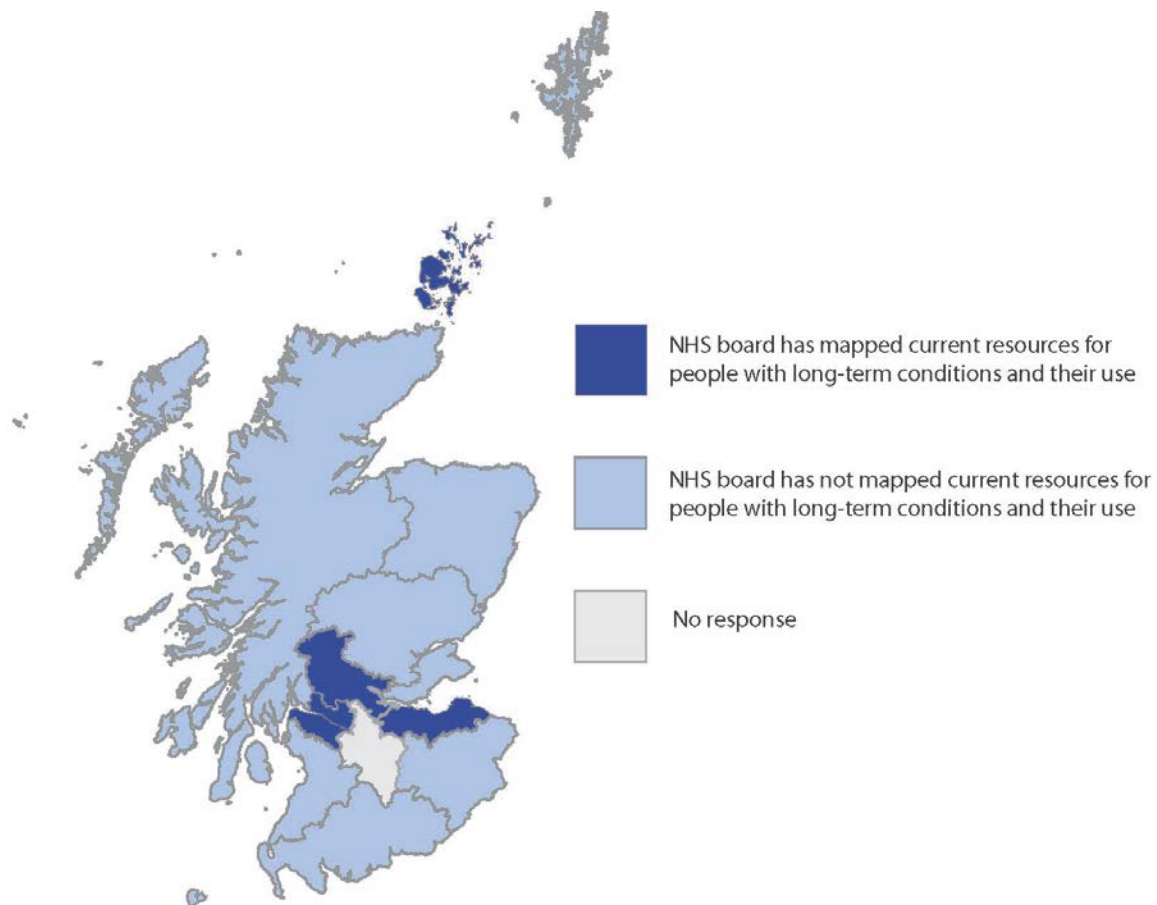
This report is designed to support this work and displays the evidence of local variations which still persist in NHS musculoskeletal services in Scotland.

In order to address these variations and improve musculoskeletal services nationally, ARMA is calling for NHS Boards in Scotland to:

- Map those with long term conditions in their area so they have a better understanding of what resources are needed to treat people with musculoskeletal conditions
- Hold a central list of long term conditions which should include musculoskeletal conditions
- Conduct an audit of outcomes for people with musculoskeletal conditions
- Undertake an assessment of the capacity and cost of intravenous services in both a hospital and community setting
- Provide education for GPs to help them both diagnose and provide support for patients with rheumatoid arthritis
- Conduct an audit of their CATS services and its benefit to patients
- Continue to work with local return to work initiatives to help those with musculoskeletal conditions return to work and voluntary and community organisations to support patients with musculoskeletal problems
- Provide information for patients with musculoskeletal conditions to help them self-care
- Follow best practice guidelines in the treatment of patients with musculoskeletal conditions and carry out a local audit to ensure that this is the case
- Assess the average waiting time for a follow-up appointment for patients with rheumatoid arthritis

## 2. Variation of resources

Figure 1: map showing which NHS Boards in Scotland have mapped current resources for people with long term conditions and their use



- Six boards admitted that they had not mapped current resources for people with long term conditions, whilst four others admitted to mapping some elements either locally or through participation in national audits, but none of these was comprehensive. NHS Grampian, for example said that it had mapped only high volume conditions.
- Four boards had completed maps looking at current resources for people with long term conditions. NHS Orkney said that it has mapped resources for people with long term conditions through the 'Integrated Resources Framework.' NHS Greater Glasgow and Clyde said that it was currently in the process of completing a map of current resources for people with long term conditions, NHS Lothian said that resource mapping was carried out and NHS Forth Valley said that it mapped resources through development of its long term conditions toolkit.
- By not properly mapping resources for people with long term conditions, there is a concern that NHS Boards in Scotland may not be aware of the extent of the problem of long term conditions in their area and not allocate resources appropriately, impacting patient care and affecting patient outcomes.



- In addition none of the boards who responded to the audit could provide a figure for the number of people in their area with musculoskeletal conditions.

- Examples of the replies received in response to this question included:

*"Numbers are collected from various sources and would require a number of various extracts"* (NHS Ayrshire and Arran)

*"NHS Orkney's data systems do not collate these statistics and it is therefore currently not possible to provide a response"* (NHS Orkney)

- Further, none of the boards who responded to the Freedom of Information request could say how much money they had spent on treating musculoskeletal conditions over the last three years.

- Examples of the replies received included:

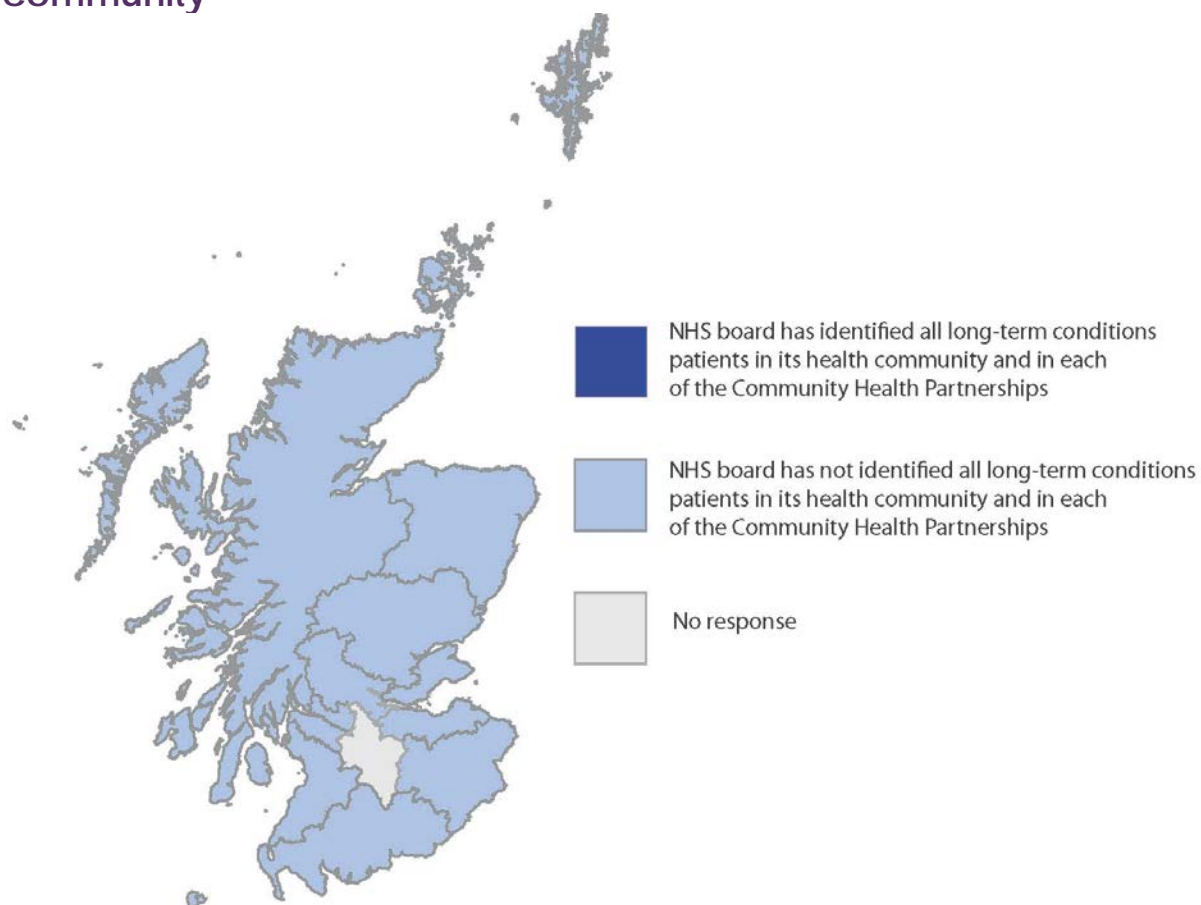
*"We do not have the information recorded in this form or broken down by condition."* (NHS Highland)

*"It is not possible to identify the cost and provision of one specific disease area or by diagnosis because of the range of services involved and the different types of treatment which may be provided to any one individual patient."* (NHS Borders)

- It is concerning that NHS Boards in Scotland do not know how many people in their area have musculoskeletal conditions. Boards who do not know how many patients have musculoskeletal conditions in their area are unlikely to be able to allocate resources and care for patients with musculoskeletal conditions appropriately.
- Given the current difficult fiscal position facing health services, the failure to know the amount spent on musculoskeletal conditions by NHS Boards in Scotland and the number of patients with musculoskeletal conditions in their area may lead to efficiency savings in musculoskeletal services being made without due consideration of how much is already being spent, the needs of the local population or overall savings that can be achieved through effective treatment of musculoskeletal conditions.

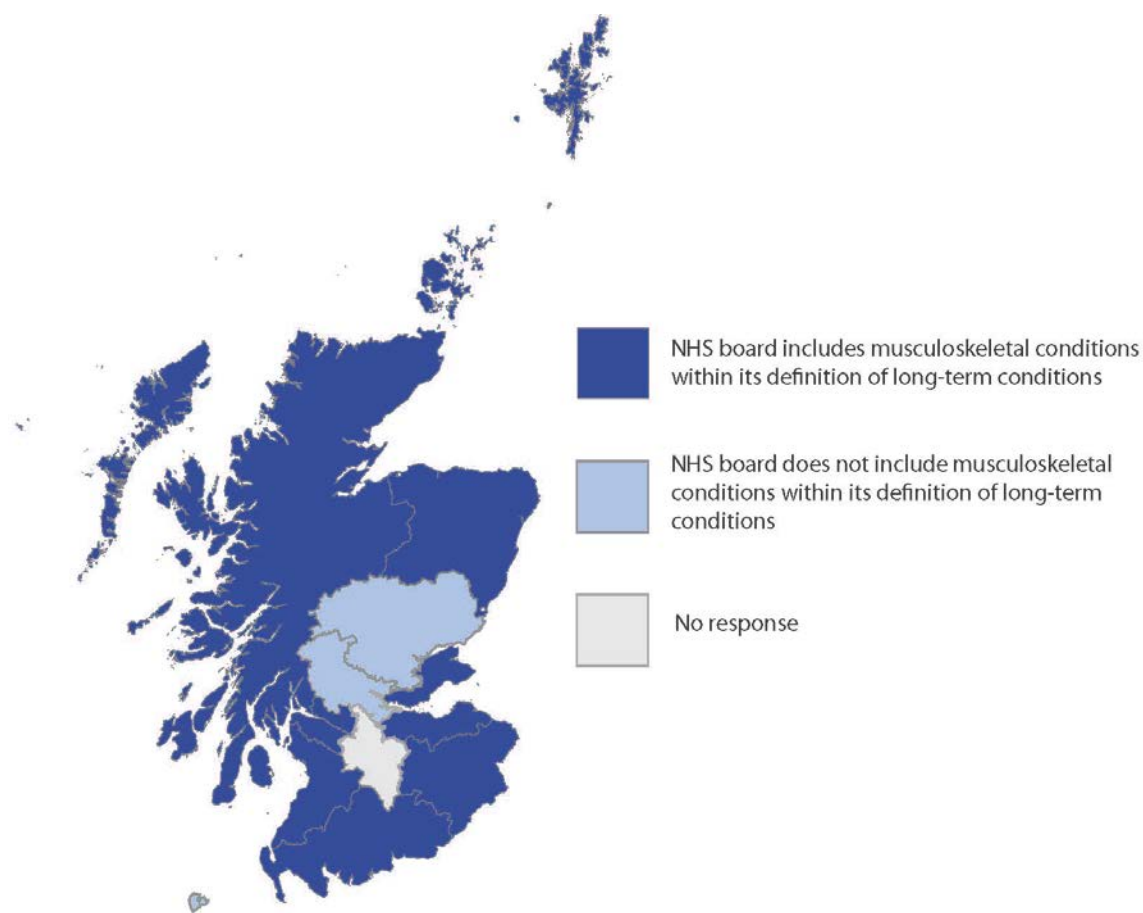
### 3. Conducting needs assessments

Figure 2: map showing which NHS Boards in Scotland have identified all long term conditions patients in their health community



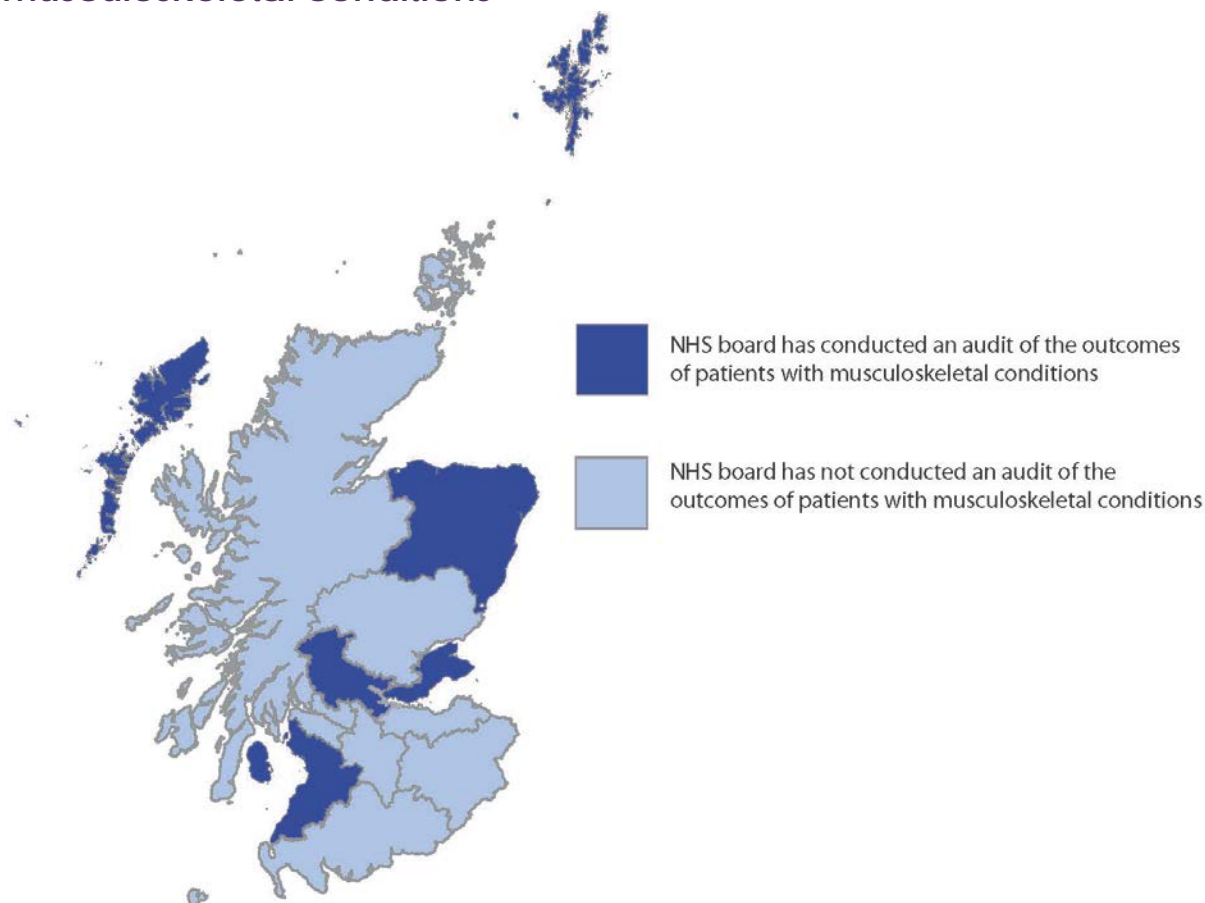
- None of the boards who replied said they had identified all people with long term conditions in their area. Thirteen boards who responded said that they were able to identify a number of people with long term conditions in their area through existing registers, such as GP registries. NHS Lanarkshire did not respond to the question.
- Whilst it is certainly positive that boards are able to collate a significant amount of useful information on those suffering with long term conditions through those accessing healthcare services, there is a concern that there may be a 'hidden' element of those suffering with long term conditions who are not accessing primary or secondary services and are self managing their condition. In addition some boards admit that GP registries may not accurately capture all information relating to patients with musculoskeletal conditions, potentially exacerbating the number of unidentified patients with musculoskeletal conditions in Scotland.

Figure 3: map showing which NHS Boards in Scotland include musculoskeletal conditions within their definition of long-term conditions



- Ten of the Boards who replied to the audit said that they did include musculoskeletal conditions within their definition of long term conditions. Five of these said they included some conditions but not necessarily all, whilst four boards, could not confirm that they included musculoskeletal conditions in its definition of long term conditions.
- NHS Ayrshire and Arran listed the conditions it classifies as long term conditions as:  
*"Long term conditions recognised in NHS Ayrshire and Arran are asthma, arthritis, alzheimer's, cancer, CHD, COPS, CLD, dementia, diabetes, epilepsy, heart failure, MS, osteoporosis, Parkinson's, renal failure, rheumatoid arthritis and stroke."* (NHS Ayrshire and Arran)
- It is concerning that many NHS Boards in Scotland do not hold a central list of long term conditions and that of those that do some do not include musculoskeletal conditions within their definition of such conditions. All boards should be encouraged to hold a central list of long term conditions and musculoskeletal conditions should be included in this list.

Figure 4: map showing which NHS Boards in Scotland have conducted an audit of the outcomes of patients with musculoskeletal conditions



- Eight Boards said that they had not carried out an audit of outcomes for all patients with musculoskeletal conditions. Six Boards said that they had conducted audits of the outcomes of patients with musculoskeletal conditions. Four Boards said that they had participated in national audits on outcomes for patients with musculoskeletal conditions whilst NHS Fife said it was in the middle of conducting an audit, which it would repeat in six months time.
- In light of this variety of auditing, there are no standard outcome measures for musculoskeletal conditions across different health boards, making any comparison of outcomes between boards impossible.
- All NHS Boards in Scotland should have in place mechanisms to audit outcomes for patients with musculoskeletal conditions so that areas with poor outcomes can be identified and addressed. Further, measures should be introduced to standardise outcome measures between boards so that performance on outcomes between them can be properly benchmarked and standards of care can subsequently be improved.

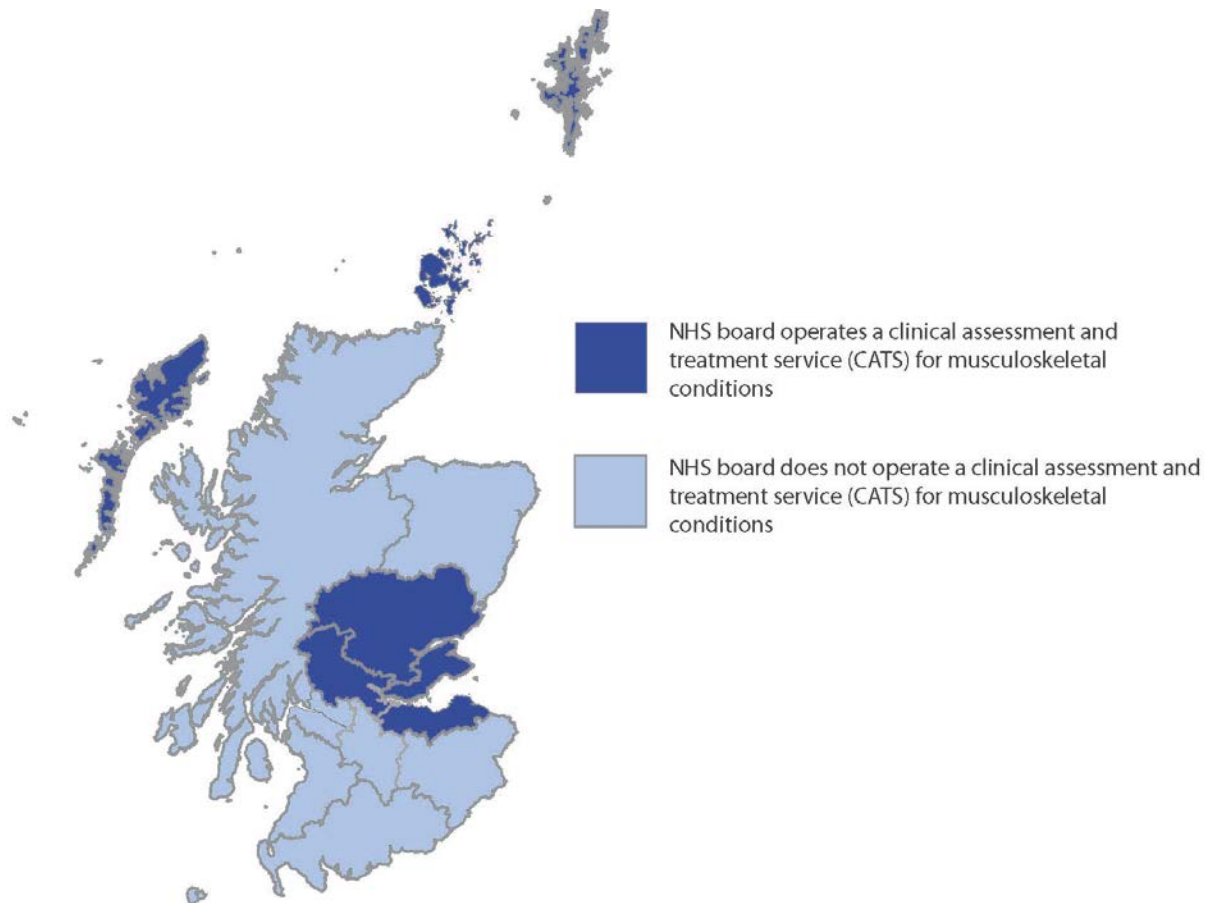






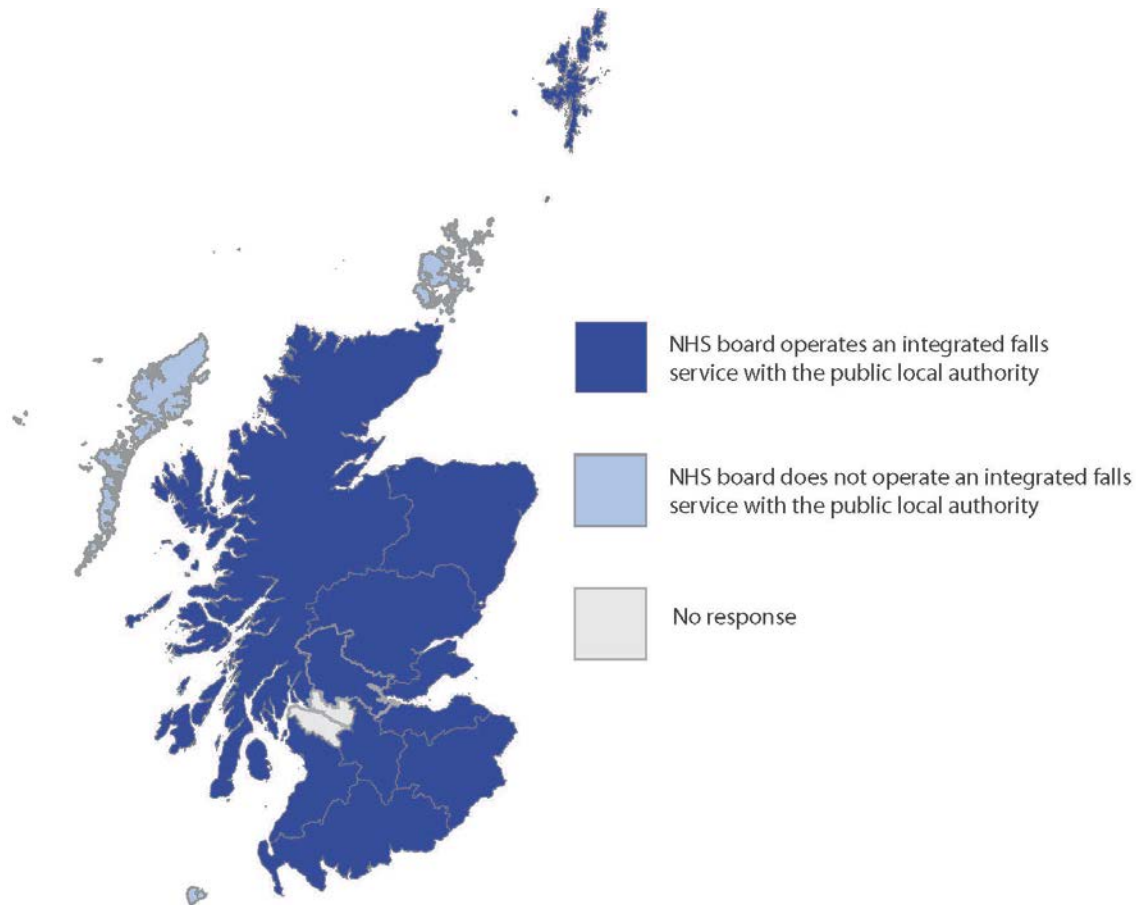
## 4. Integration of services

Figure 7: map showing the number of Scottish Health Boards operating a clinical assessment and treatment service (CATS)



- Seven boards who responded to the audit said that they ran a CATS service, whilst seven said that they did not. NHS Tayside and NHS Fife both run their services in primary care, whilst NHS Orkney and NHS Shetland run their services in both a primary and acute setting. NHS Western Isles said that it ran a CATS service but did not stipulate where it was located. NHS Lanarkshire, whilst not having a CATS service, does have a pathway for patients with musculoskeletal conditions.
- In addition nine of the Boards who replied said that they ran a local pain management service. Three (NHS Highland, NHS Greater Glasgow and Clyde and NHS Ayrshire and Arran) said that they did not run such a service. NHS Dumfries and Galloway and NHS Lanarkshire did not address the question in their replies.
- CATS, give patients greater choice about when and where they are treated, providing convenient, easy to access diagnostic, assessment and treatment services. Whilst positively seven of the boards who responded to the audit are operating such a service, more boards should make moves towards implementing them to help improve patient care and outcomes for those with musculoskeletal conditions.

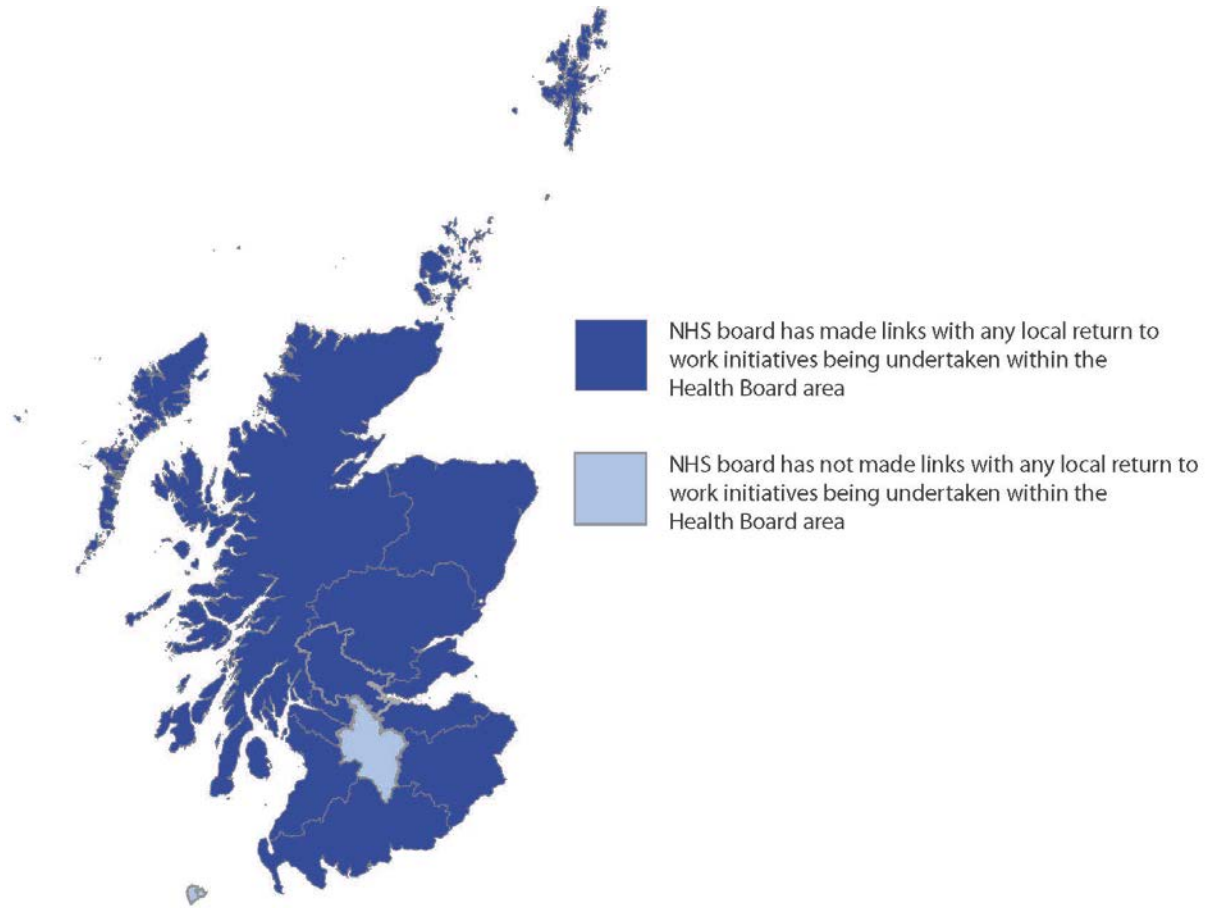
Figure 8: map showing the number of Scottish Health Boards operating an integrated falls service with the local authority



- All NHS Boards who replied to the Freedom of Information request confirmed that they did run a falls service, though only eleven could confirm that the service was integrated with the local authority.
- NHS Orkney and NHS Western Isles confirmed that their falls services were not integrated. NHS Greater Glasgow and Clyde did not answer the question.
- It is welcome that the majority of boards who responded to the audit could confirm that their falls service was integrated with the local authority. People who suffer from falls regularly need access to both health and social care services and ensuring integration between the two services is vital to helping them get access to the care and support they need. Further feedback from boards indicates that many are not having dedicated, specialist falls services, but rather ensuring that effective falls and fracture prevention and management is core business for assessment and rehabilitation services within a comprehensive care pathway.

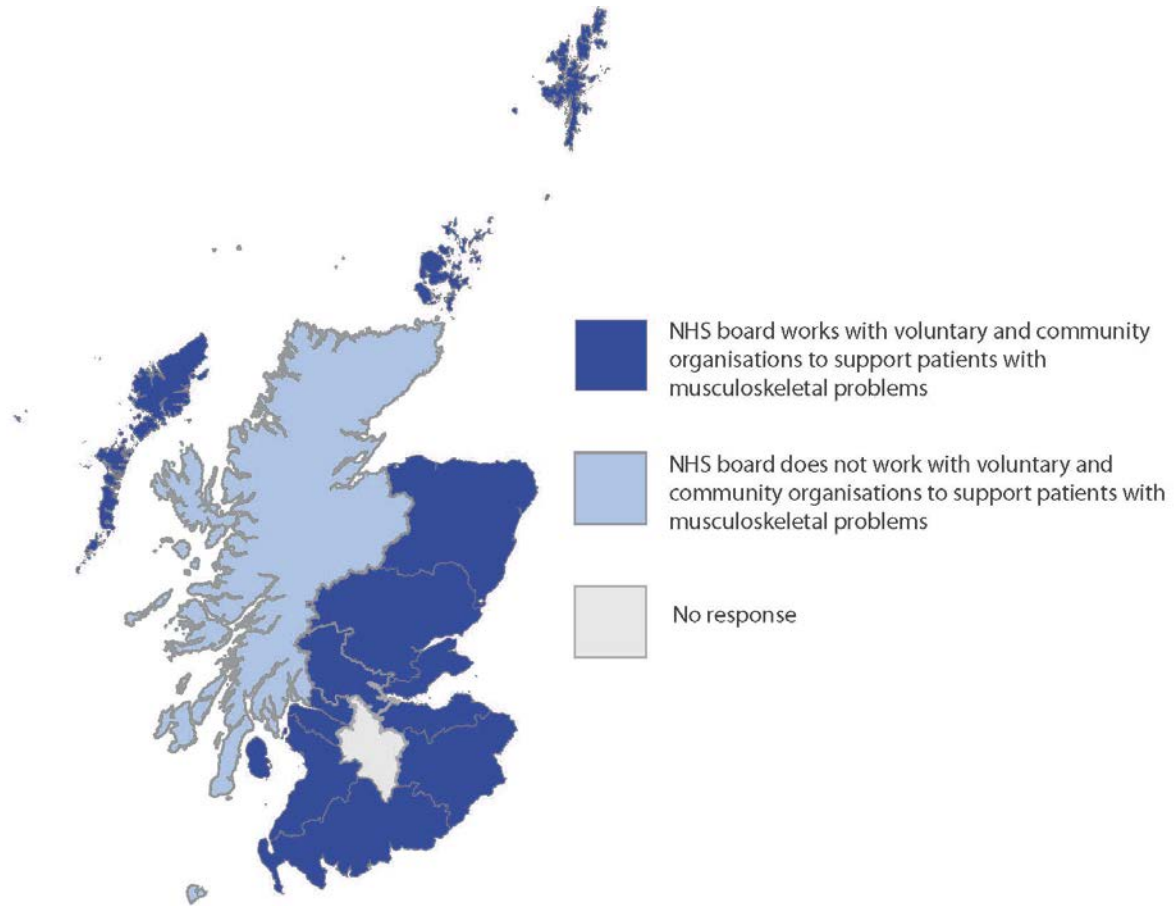


Figure 9: map showing which NHS Boards in Scotland have made links with local return to work initiatives being undertaken within their area



- Thirteen of the Boards who responded to the audit said that they had made links with local return to work initiatives. Many of these included partnerships with Job Centre Plus and work with the Condition Management Programme. Others included participation in national pilot schemes and work with local small and medium sized businesses.
- NHS Ayrshire and Arran for example said:  
*" We are currently working with Job Centre Plus and the Condition Management Programme. They are actively involved in the development of our Self Management strategy and action plan." (NHS Ayrshire and Arran)*
- In some cases people suffering with musculoskeletal conditions have to give up employment, so it is very welcome that the majority of Boards who responded to the audit have schemes in place to help people with a range of conditions to return to work, benefiting both the patient and the local community more broadly. It will also be important for an audit of the effectiveness of these schemes to be conducted to see which are delivering the greatest successes. Such schemes should continue and be built upon in the future.

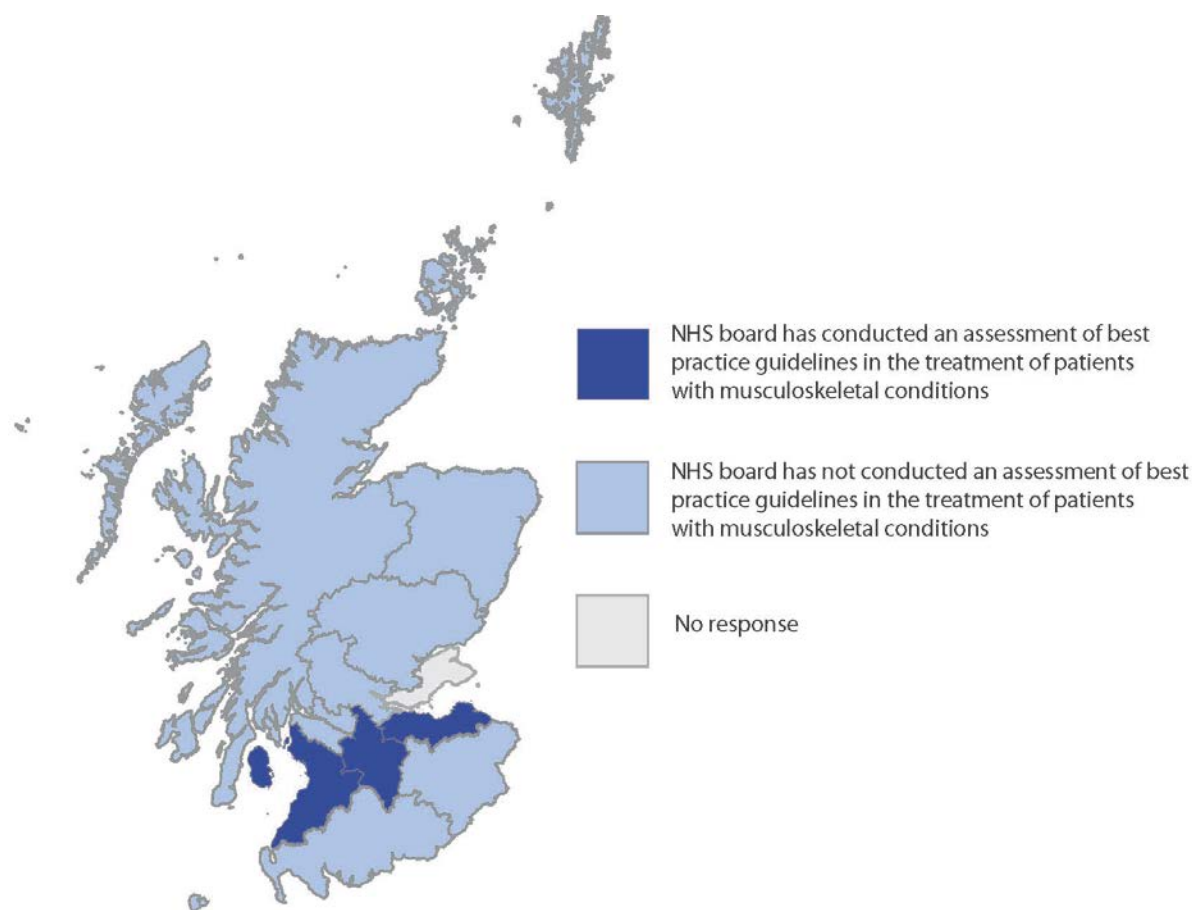
**Figure 10: map showing which NHS Boards in Scotland work with voluntary and community organisations to support patients with musculoskeletal problems**



- Twelve of the Boards who replied to the freedom of information request said that they did work with voluntary and community organisations to support patients with musculoskeletal problems. The organisations listed included a broad range including a number of ARMA members such as Arthritis Care. NHS Highland said that it did work with a number of voluntary organisations but none exclusively to support patients with musculoskeletal problems.
- It is very encouraging that NHS Boards in Scotland are working with voluntary and community organisations to help deliver musculoskeletal services. Voluntary and community organisations are well placed to help deliver advice and services to people with musculoskeletal conditions and such relationships between the boards and voluntary and community groups are likely to have a beneficial impact on patient care.
- All NHS Boards in Scotland should develop relationships with voluntary and community organisations to support patients with musculoskeletal problems.

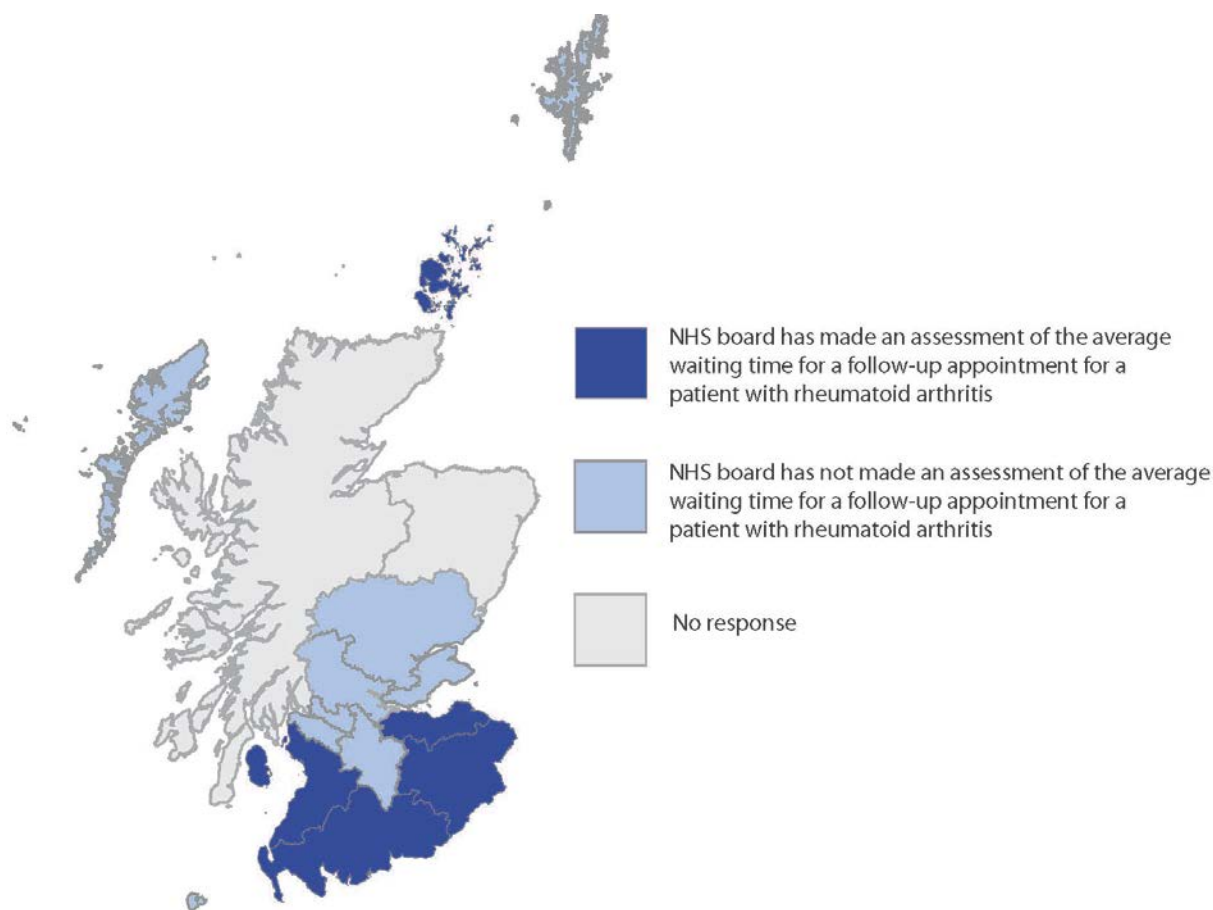


Figure 12: map showing which NHS Boards in Scotland have conducted an assessment of best practice guidelines in the treatment of patients with musculoskeletal conditions



- The Boards who responded to the audit used a wide variety of guidelines when treating people with musculoskeletal conditions. National guidelines, such as those issued by NICE, SIGN and QIS were regularly cited as being important to providing patients with musculoskeletal conditions with appropriate care.
- NHS Lanarkshire was the only board to have undertaken its own comprehensive review of all guidelines for treating patients with musculoskeletal conditions. NHS Ayrshire and Arran and NHS Lothian were in the process of conducting formal assessments at the time of answering the FOI request.
- Whilst it is encouraging that many NHS Boards in Scotland, are following national guidance when treating people with musculoskeletal conditions, the picture of which guidelines are in use varies dramatically between boards. This variety has the potential to lead to differences in the way patients with musculoskeletal conditions are treated in different areas of the country. All boards should carry out an audit of current best practice guidelines for treating people with musculoskeletal conditions.

**Figure 13: map showing which NHS Boards in Scotland have made an assessment of the average waiting time for a follow-up appointment for a patient with rheumatoid arthritis**



- Five boards said that they had carried out an assessment of the average waiting time for a follow-up appointment for a patient with rheumatoid arthritis. NHS Orkney said that a follow-up appointment would occur within six and twelve months, NHS Borders said that all patients with rheumatoid arthritis enter a nurse led drug escalation protocol and are seen by a nurse specialist every 4 to 6 weeks until remission is achieved and are then seen by the consultant after 12 months as a matter of routine. NHS Ayrshire and Arran said that a follow-up referral would happen within five and eight months, though given that most therapies will provide a response within 1-3 months there is a concern that such a timeframe is too long. NHS Shetland said that it had made no formal assessment but as there was no backlog of appointments the patient would be seen as soon as a consultant specifies. NHS Dumfries and Galloway said that it did monitor such appointments, adding that 'all return appointments are currently managed within the timeframes set for review.'
- Seven boards had made no assessment, whilst two others did not address the question in their answer to the request. All NHS boards in Scotland should ensure that they carry out an assessment of the average waiting time for a follow-up appointment for a patient with rheumatoid arthritis. Patients diagnosed with rheumatoid arthritis should be seen regularly following initial diagnosis to ensure that their condition is not deteriorating and that they can be advised on how to manage their condition. This regular contact



with health professionals will lead to earlier interventions and reductions in emergency admissions for people with the condition.

## Recommendations for action

- The findings of this research indicate that whilst pockets of good practice in the delivery of musculoskeletal services exist in Scotland, standards of care do vary greatly between Boards leading to uneven standards of treatment and care.
- These findings are disappointing and the rising burden of musculoskeletal disorders over the coming years underlines the importance of investing in services to ensure that improvements in patient care can be fully realised.

**The Arthritis and Musculoskeletal Alliance is therefore calling for NHS Boards in Scotland to:**

- Map those with long term conditions in their area so they have a better understanding of what resources are needed to treat people with musculoskeletal conditions
- Hold a central list of long term conditions which should include musculoskeletal conditions
- Conduct an audit of outcomes for people with musculoskeletal conditions
- Undertake an assessment of the capacity and cost of intravenous services in both a hospital and community setting
- Provide education for GPs to help them both diagnose and provide support for patients with rheumatoid arthritis
- Conduct an audit of their CATS services and its benefit to patients
- Continue to work with local return to work initiatives to help those with musculoskeletal conditions return to work and voluntary and community organisations to support patients with musculoskeletal problems
- Provide information for patients with musculoskeletal conditions to help them self-care
- Follow best practice guidelines in the treatment of patients with musculoskeletal conditions and carry out a local audit to ensure that this is the case
- Assess the average waiting time for a follow-up appointment for patients with rheumatoid arthritis



## Appendix

Below is the freedom of information request sent by ARMA to NHS Boards in Scotland.

Freedom of Information Officer  
Xx NHS Board  
Address

DATE

Dear Sir/Madam

Freedom of Information Act requests

I wish to make a series of separate requests under the Freedom of Information Act. For convenience, I am including them in the same email. Please:

#1 Please confirm or deny that your NHS board operates a clinical assessment and treatment service (CATS) for musculoskeletal services.

If confirmed:

#1a Please state whether it is located in primary or acute care.

#1b Please list the job titles of its staff

#1c Please confirm or deny that your NHS operates a local pain management service

#1d Please confirm or deny if it is fully integrated with the local pain management service

#1e Please supply any agreed referral processes for musculoskeletal conditions

#2 Please confirm or deny that your NHS board operates an integrated falls service with your public local authority.

#3 Please confirm or deny that your NHS board has identified all long-term conditions patients in your health community and in each of the Community Health Partnerships.

#4 Please confirm or deny that your NHS Board includes musculoskeletal conditions within its definition of long-term conditions

#5 Please supply a list of all the specific conditions which are included in your NHS board's list of long-term conditions.

#6 Please state the total number of patients (a) with long-term conditions and (b) with musculoskeletal conditions in your NHS board area.

#7 Please confirm or deny that your NHS board has conducted an audit of the outcomes of patients with musculoskeletal conditions.

#8 Please list the outcome indicators you use to conduct the audit of the outcomes of patients with musculoskeletal conditions.

#9 Please list your overall expenditure on problems of the musculoskeletal system in each of the last three financial years, broken down by expenditure on each specific musculoskeletal condition.

#10 Please confirm or deny that your NHS board has mapped current resources for people with long-term conditions and their use.

#10a If confirmed, please supply details of the audit.

#11 Please confirm or deny that your NHS board works with voluntary and community organisations to support patients with musculoskeletal problems.

#11a If confirmed, please list the groups with which your NHS board works.

#12 Please confirm or deny that your NHS Board provides information to patients on musculoskeletal conditions to support self-care.

#12a If confirmed, please supply this information.

#13 Please confirm or deny that your NHS board has made links with any local return to work initiatives being undertaken within your Health Board area.

#13a If confirmed, please supply this information

#14 Please list the total number of rheumatologists in your NHS board area in each of the last three years.

#15 Please confirm or deny that your NHS board provides education for GPs about how to manage patients with suspected rheumatoid arthritis.

#15a If confirmed, please supply details.

#16 Please confirm or deny that your NHS board has made any assessment of the (i) capacity and (ii) cost of intravenous services in (a) hospital and (b) community settings in your NHS board area.

#16a If confirmed, please supply details.

#17 Please confirm or deny that your NHS Board has made an assessment of the average waiting time for a follow-up appointment for a patient with rheumatoid arthritis.

#17a If confirmed, please supply details.

#18 Please supply a list of all clinical guidelines and protocols clinicians and healthcare professionals are expected to follow when treating people with musculoskeletal conditions in your NHS Board area.

#19 Please confirm or deny that your NHS Board has conducted an assessment of best practice guidelines in the treatment of patients with musculoskeletal conditions.

#19a If confirmed, please supply details.



## References

- <sup>1</sup> Work Foundation, *Fit for work musculoskeletal disorders and labour market participation*, September 2007
- <sup>2</sup> Joint Effects, *The Impact of Allied Health Professionals on orthopaedic and musculoskeletal service change in Scotland*, Sue Parroy, 2005, page 11
- <sup>3</sup> Joint Effects, *The Impact of Allied Health Professionals on orthopaedic and musculoskeletal service change in Scotland*, Sue Parroy, 2005, page 11
- <sup>4</sup> ARMA, *Joint Working?*, June 2009
- <sup>5</sup> Scottish Government, *Delivering for Health*, 2005