

## The Arthritis and Musculoskeletal Alliance General Election 2015 Manifesto

*N.B. This document has been produced primarily for the approach of the 2015 General Election and so recommendations concerning health and social care specifically relate to England and the English NHS, in light of the full devolution of health and social care in the UK.*

### About arthritis and musculoskeletal conditions

Musculoskeletal (MSK) conditions are conditions of the joints, bones and muscles, which also include rarer autoimmune diseases and back pain. There are more than 200 MSK conditions<sup>1</sup>.

#### Musculoskeletal conditions:

- Affect more than 10 million adults and around 12,000 children in the UK<sup>1</sup>.
- Account for up to 30% of GP visits in England<sup>2</sup>.
- The single biggest cause of the growing burden of disability in the UK. Much of this is avoidable disability<sup>3</sup>.
- Mental health and MSK conditions account for over half the overall burden of disability in the UK<sup>4</sup>.
- Have an enormous impact on the quality of life of millions of people<sup>5</sup>.
- Are associated with a large number of co-morbidities, including diabetes, depression and obesity<sup>5</sup>.
- Account for more than £5 billion of NHS spending per year<sup>2</sup>.

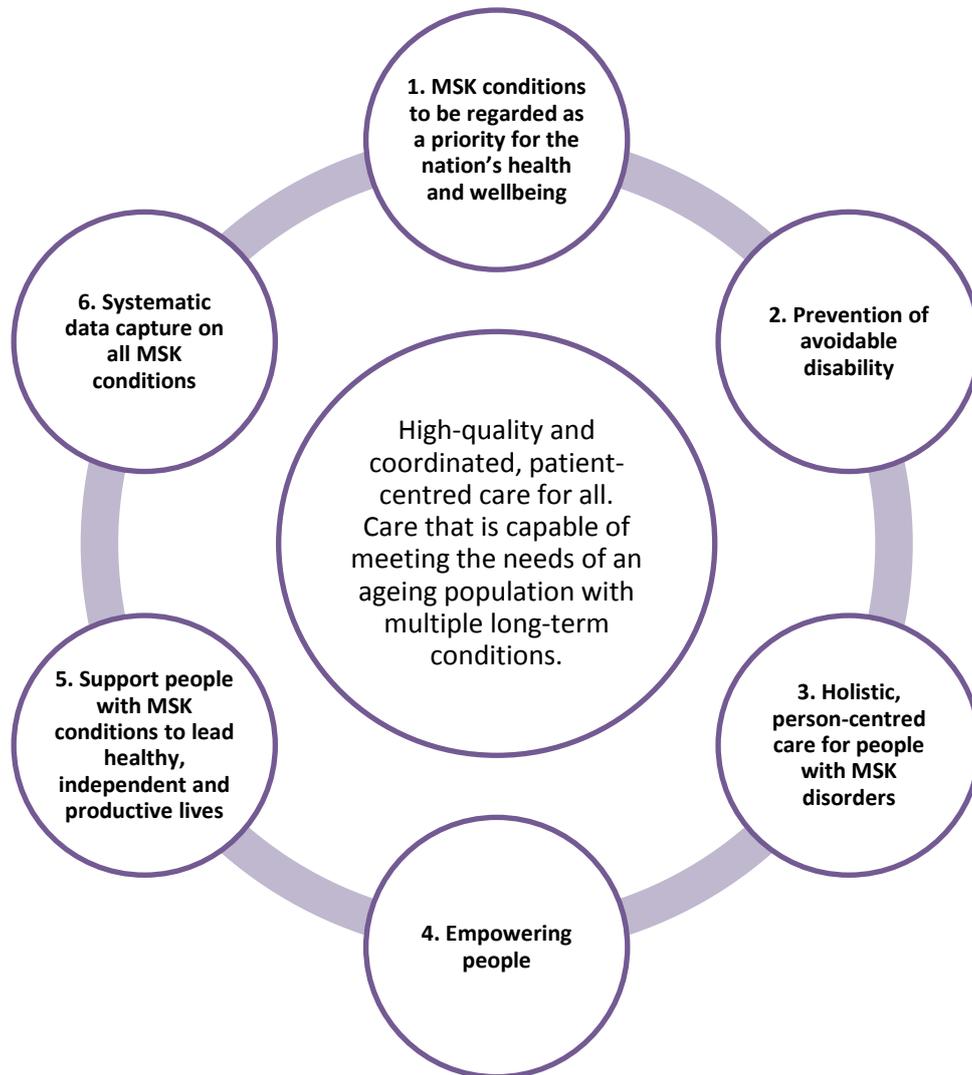
As the UK population ages and the number of people living with multiple long-term conditions grows<sup>6</sup>, the burden of MSK conditions is set to increase. The number of referrals for orthopaedics is typically rising by 7-8% per annum, for instance<sup>7</sup>. Yet MSK conditions remain chronically under-prioritised in the NHS.

### The biggest “wins” for health and social care

MSK conditions represent an area where many of the biggest wins lie for both health and social care. Their cost, impact, prevalence and degree of co-morbidity makes these conditions an important “entry point” for effectively tackling wider priorities, particularly in public health. They also provide an opportunity for achieving effective person-centred, coordinated care for people with long-term conditions.

In most cases, relatively simple interventions can achieve big gains across the board: many of the risk factors for MSK conditions, such as lack of physical activity, obesity, poor nutrition and workplace injury, are amenable to public health interventions<sup>3</sup>. There is considerable scope for health and social care services to be redesigned to support people with MSK conditions to self-manage their condition and prevent disability, and be enabled to be active and independent in the workplace and community<sup>1</sup>. This redesign would substantially impact upon the economic burden of long-term conditions: management of these conditions account for 70% of all the health and social care budget in England, which is the greatest burden the NHS is facing<sup>6</sup>.

## ARMA'S 6-point plan for improving population health



### Key Principles

Underpinning the specific interventions which can deliver these “wins” are several key principles, which we call on all political parties to explicitly commit themselves to ahead of the General Election:

#### Health is a human right

- The NHS to remain at all times **free at the point of need**, delivering high-quality and coordinated, patient-centred care for all, in line with the **NHS Constitution**.
- The progressive reduction of **health inequalities** and social isolation

#### Invest in integrated, patient-centred care

- Provide **real-terms increase in funding for the NHS**: Health and social care need sufficient resourcing to be able to meet the needs of today and tomorrow, and to deliver genuinely integrated, patient-centred care. Current levels of resourcing are inadequate and the funding gap in the NHS in particular will not be filled via “efficiency savings” alone.
- The **full integration of health and social care** as a longer-term objective.

## 1. MSK conditions to be regarded as a priority for the nation's health and wellbeing

### → A Strategic Clinical Network (SCN) for MSK conditions in England

There is no SCN for MSK conditions, despite this being a condition area where “large-scale change is required across very complex pathways involving many professional groups and organisations”, and where “a co-ordinated, combined improvement approach is needed to overcome certain healthcare challenges”<sup>8</sup>. An MSK SCN will bring together healthcare professionals to improve health outcomes, address integration, ensure better coordination and transform care for people with painful conditions<sup>9</sup>. ARMA works closely with the National Clinical Director for MSK conditions to ensure this happens, but this requires central resourcing.

### → MSK conditions to be highlighted in all national strategies or frameworks that focus on long-term conditions.

Given the enormous prevalence, impact and cost of MSK conditions, any national document providing strategic guidance on long-term conditions must take full account of, and *explicitly recognise*, the enormous burden of MSK conditions and the interventions which can help to reduce this, including the role of the third sector.

### → Outcome measures which are fit for “purpose”.

There are insufficient outcome measures, incentives or levers in key indicator sets (such as the CCG OIS and NICE Quality Standards) to direct or encourage health professionals to take due account of the healthcare needs of people with MSK conditions, particularly in primary care for inflammatory forms of MSK conditions. The NICE Rheumatoid Arthritis (RA) Quality Standard and the NHS England CCG Outcomes Indicator Set demonstrate an acknowledgement of the growing national burden of MSK conditions. More however, needs to be done to cater for the increasing prevalence of these conditions.

## 2. Prevention of avoidable disability

### → All primary care professionals to be sufficiently trained on MSK conditions to ensure early diagnosis and intervention.

There is significant evidence that the recognition and understanding of inflammatory forms of arthritis is inadequate, particularly in primary care. For instance, the first 3 months following symptom onset of rheumatoid arthritis (RA) is critical: for these patients, accessing specialist treatment within this time could see a 4% improvement in quality of life over the first 5 years and could lead to remission or a low disease activity state, along with a reduction in mortality<sup>10</sup>.

### → Rehabilitation, reablement and self-management to become a core element of health and care services in the community, including following discharge from secondary care.

Reablement improves outcomes, restores people's ability to perform usual activities, improves their perceived quality of life and is cost-effective<sup>11</sup>. Fracture Liaison Services demonstrate that they reduce the risk of secondary fractures. This is because FLS patients are more likely to receive assessment and treatment of osteoporosis. Yet only 42% of healthcare organisations in the UK currently have this service<sup>12</sup>. Up to a third of patients diagnosed with RA are not referred to physiotherapy in the community, a third wait over a year, and just one in ten wait less than one month<sup>13</sup>.

Measures aimed at supporting independence are paramount to preventing deterioration in function, but cuts to Local Authority budgets and *de facto* cuts to health budgets have resulted in increasingly restricted access to community-based services, and ultimately risk increasing the overall health and social care bill by not addressing problems early enough. This has also impacted on self-management, despite priority given to it in the NHS England Mandate. The Government should ensure these services are adequately resourced.

→ **An increase in exercise prescriptions/weight reduction programmes**

Increased exercise prescriptions, combined with better investment in services and greater levels of physical activity among the public, will help more patients achieve a full and long-lasting recovery. People with MSK conditions tend to be less active and consequently are at an increased risk of developing a host of negative health outcomes<sup>19</sup>. These risks can be significantly reduced through exercise, which in turn will diminish the pain associated with MSK conditions or prevent the disorder altogether: up to half of all knee osteoarthritis is preventable by weight reduction<sup>14</sup>. Health and care services must be better integrated to support people with MSK conditions to improve their mobility and be physically active.

### 3. Holistic, person-centred care

→ **All people with an MSK condition to be offered a care and support plan.**

The NHS England Mandate states that everyone with a long term condition will be offered a personalised care and support plan by April 2015. People with MSK conditions require a range of services, therapies and support to maintain a good quality of life. Care delivered using an integrated care planning approach within multidisciplinary teams puts people with MSK conditions at the centre of all decisions about their health and wellbeing. In-line with the approach set out in the National Voices guide, care and support planning also provides a mechanism to ensure that these discussions start from the perspective of what matters to the person<sup>15</sup>. Currently only 18% of people with osteoarthritis have a plan, despite NICE guidelines recommending that everyone with osteoarthritis should<sup>16</sup>.

Integrated care pathways are central to providing coordinated, patient-centred care and need to be accompanied by effective treatment and referral guidelines to ensure that patients receive the right care in the right place at the right time, and to get interventions right first time. Complications following orthopaedic surgery are costly to patients and the NHS, with infections costing up to £70,000 to treat. If the lowest infection rate of 0.2% was achieved across England, this would generate significant savings to the NHS.<sup>17</sup>

→ **Everyone with an MSK condition to have equal access to the best available treatment**

Access to appropriate drugs is an exceedingly important component for successful treatment and management of inflammatory forms of MSK conditions; however, the regime governing the use of drugs remains rigid and stringent compared to other countries in Europe. NICE medical guidelines they are not always implemented because clinicians are not provided with sufficient freedom to prescribe based on individual patient needs<sup>18</sup>.

### 4. Empowering people

→ **Health professionals to signpost people with MSK conditions to voluntary organisations for additional information and support.**

Voluntary or “patient” organisations play a unique and important role in empowering people with MSK conditions to take control of their conditions and to make informed choices about their care. They provide information and support, including peer support and structured self-management, and can be an invaluable resource for people living with these conditions, as well as health and social care professionals. A patient with the skills and knowledge to manage their condition is likely to engage successfully with health advice, thereby reducing their care needs<sup>19</sup> - a process sometimes referred to as ‘patient activation’<sup>20</sup>.

## 5. Healthy, independent and productive lives

### → A comprehensive, cross-government strategy and programme for health and work

MSK conditions are the biggest cause of long-term sickness absence from work in the UK, accounting for 7.6 million working days lost each year<sup>21</sup>. A recent survey by NHS Employers identified that supporting employees to gain rapid access to treatment enabled them to get back to work quicker and improved long term prospects for health and wellbeing<sup>22</sup>. This is, however, not seen as a strategic priority because workplace health does not fall under the responsibility of a single government department. A cross-government strategy, with a comprehensive work programme, should be produced, as called for by the [Fit for Work UK coalition](#), and in line with the [ARMA Work Charter](#).

### → A disability benefits system that is fair, transparent and equitable

MSK conditions account for the largest number of disability benefits claims, together with mental health (27%)<sup>23</sup>. The [Disability Benefits Consortium](#) (DBC) and its member organisations have captured significant evidence that demonstrates how the changes to the Work Capability Assessment and Disability Living Allowance (now Personal Independence Payments) has resulted in flawed and often unfair restrictions to benefits. They have also demonstrated that they provide inadequate support to return to work, impeding on the livelihoods and quality of life of disabled people, including those with MSK conditions. Appeals to Employment Support Allowance decisions amounted to over £26 million in 2010/11. The disability benefits system must be reoriented to ensure that it is fair, transparent and equitable, in line with the [objectives](#) of the DBC.

## 6. Systematic data on all MSK conditions

### → More and improved data on MSK conditions to be systematically captured and used across the health service.

A key element of delivering ground-breaking research is using data to understand the safety and impact of different treatments for people with arthritis. However there is minimal data on the care of people with arthritis - thereby limiting our understanding. Improved collection and use of patient data should be maximised and good governance ensured. Additionally, there are currently no outcome measures for MSK conditions, meaning that opportunities to improve care and services are missed.

### The Arthritis and Musculoskeletal Alliance

The Arthritis and Musculoskeletal Alliance (ARMA) is the umbrella body for the arthritis and musculoskeletal community in the UK, and our mission is to transform the quality of life of people with musculoskeletal conditions.

We have 40 member organisations, ranging from specialised support groups for rare diseases to major research charities and national professional bodies.

For more information visit [www.arma.uk.net](http://www.arma.uk.net), or email [projects@arma.uk.net](mailto:projects@arma.uk.net).

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