# THE MUSCULOSKELETAL MAP OF ENGLAND

Evidence of local variation in the quality of NHS musculoskeletal services

Arthritis and Musculoskeletal Alliance

## 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 with live with a musculoskeletal disorder.

ARMA has 34 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
Arthritis Research Campaign (ARC)
BackCare
Birmingham Arthritis Resource Centre
British Chiropractic Association
British Health Professionals in Rheumatology
British Institute of Musculoskeletal Medicine (BIMM)
British Orthopaedic Association
British Osteopathic Association
British Sjogren's Syndrome Association (BSSA)
British Society for Paediatric and Adolescent Rheumatology (BSPAR)
British Society for Rheumatology (BSR)
British Society of Rehabilitation Medicine
Chartered Society of Physiotherapy
Children's Chronic Arthritis Association
COT Specialist Section - Rheumatology
Early Rheumatoid Arthritis Network (ERAN)
Fibromyalgia Association
Lupus UK
MACP
Marfan Association (UK)
McTimoney Chiropractic Association
National Ankylosing Spondylitis Society (NASS)
National Association for the Relief of Paget's Disease
National Osteoporosis Society
National Rheumatoid Arthritis Society (NRAS)
Podiatry Rheumatic Care Association
Primary Care Rheumatology Society
Psoriasis Association
Raynaud's and Scleroderma Association
Rheumatoid Arthritis Surgical Society
RSI Action
Royal College of Nursing Rheumatology Forum
Scleroderma Society
Society for Back Pain Research (SBPR)

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.

The production and distribution of this document has been supported by Roche. Full editorial control rests with the Arthritis and Musculoskeletal Alliance alone.

## Contents

## About these maps

- The purpose of these maps is to demonstrate the local variations in quality of NHS musculoskeletal services which exist in England. The raw data underpinning these maps is appended to this document.

  In highlighting these local variations, ARMA is aiming to highlight the need for clear, national action to improve NHS musculoskeletal services – and ensure that all people living with a musculoskeletal disorder receive the same, high-quality, standard of care wherever they live in the country.

- In order to achieve the national action required, ARMA is calling for:

  - The appointment of a National Clinical Director for musculoskeletal services to provide strategic guidance and to lead and develop new priorities and incentives for musculoskeletal services in the UK.

  - A revised musculoskeletal services strategy, ensuring that there is a clear line of accountability and responsibility within the Department of Health for delivering effective strategies so that patients are provided with the quality of service originally envisaged by the Department of Health in its MSF.

## About musculoskeletal disorders

'Musculoskeletal disorders' is a broad term, encompassing around 200 different problems affecting the muscles, joints and skeleton.[1] Over 9.6 million adults, and around 12,000 children, have a musculoskeletal disorder in England today.[2]

Musculoskeletal disorders are a major area of NHS expenditure, comprising a separate 'programme budget' which – in 2008-09 – consumed £4.2 billion (around £11 million a day). This represents a greater spend than on neurological conditions, blood disorders, and infectious diseases, and is an equivalent level of expenditure to that on respiratory conditions.[3] Expenditure on musculoskeletal disorders (MSDs) has increased rapidly in recent years, and is now the fifth-highest area of NHS spending.[4]

## The recent history of NHS musculoskeletal services

Given the huge cost to society and to the NHS of musculoskeletal disorders, the Department of Health published its musculoskeletal services framework (MSF), *A joint responsibility: doing things differently*, in July 2006. Its development was informed by broad engagement with a huge number of voluntary organisations representing patients, NHS staff (including GPs, consultants, nurses, allied health professionals, commissioners), the independent sector and many professional groups.[5]

The implementation of the vision set out in the MSF has, however, been compromised by three inherent limitations:

- It did not set formal 'standards' for NHS service delivery, which the NHS was required to meet, like the 'National Service Frameworks' which came before it

- It did not set aside any formal funding to develop and improve capacity in musculoskeletal services, with budgets to implement the MSF dependent on what local NHS organisations could find from their already strained resources

- Its implementation was not led by a 'National Clinical Director', unlike many of the other areas of NHS expenditure, such as cancer, diabetes, mental health, neurological conditions, heart disease and stroke, kidney disease, and children and maternity services.[6] Similarly, the commissioning of care for musculoskeletal disorders is not co-ordinated by 'networks', such as the cancer networks who co-ordinate the provision of cancer care

## *Joint Working?* An audit of the implementation of the Department of Health's musculoskeletal services framework

In July 2009, ARMA published *Joint Working? An audit of the implementation of the Department of Health's musculoskeletal services framework,* which examined the progress made by the NHS in implementing the vision set out in *A joint responsibility*. Although the report found areas of encouraging improvement, it identified the following shortcomings in implementation:

- Worrying variations in the amount of funding provided to each person with a musculoskeletal disorder between PCT areas

- Execution of the recommendations made in the MSF in a uniform way across the country has been poor, a fact compounded by the often poor quality of information held by PCTs on the needs of their local populations

- A distinct lack of action on early identification and treatment of musculoskeletal disorders

- Worrying variations across the UK in the number of PCTs making links with Pathways to Work schemes or voluntary and community groups, as a way of empowering people with musculoskeletal disorders and helping them to remain in or return to work

## Continuing evidence of variations in local NHS services

More recent evidence suggest that the problems identified in *Joint working?* still persist, however.

- In January 2010, the latest programme budgeting data were published by the Department of Health – and indicated continuing variations in expenditure on musculoskeletal disorders between PCTs (see figures 1 and 2)

- In February 2010 a Public Accounts Committee investigation into services for the musculoskeletal disorder rheumatoid arthritis found that people are not being diagnosed or treated quickly enough, and services are still not as coordinated as they should be[7]

- Progress in reducing waiting times in orthopaedic services – which are relied upon by many people with musculoskeletal disorders – continues to be slow: the latest available figures (from December 2009) suggest that more than one in ten patients in the 'trauma and orthopaedics' specialty requiring hospital treatment are still not being treated within the 18 week waiting time target[8]

**These maps publish for the first time the evidence of local variations which still persist in NHS musculoskeletal services in England. The raw data used to produce them is appended to this document, broken down by local area.**

To address the variations these maps expose, ARMA is calling for:

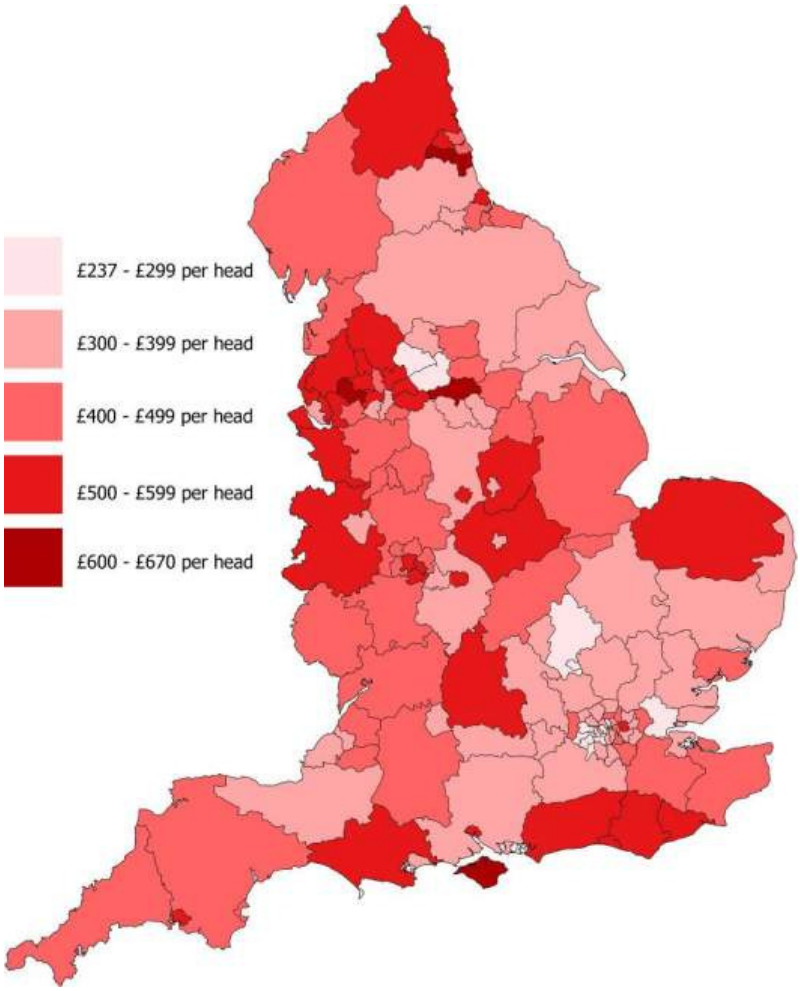
- The appointment of a National Clinical Director for musculoskeletal services to provide strategic guidance and to lead and develop new priorities and incentives for musculoskeletal services in the UK.

- A revised musculoskeletal services strategy, ensuring that there is a clear line of accountability and responsibility within the Department of Health for delivering effective strategies so that patients are provided with the quality of service originally envisaged by the Department of Health in its MSF.

The importance of such national action has been recognised by NHS Chief Executive Sir David Nicholson, who said in his evidence to the Public Accounts Committee:[9]

*"This is not an issue about huge amounts of extra resource. This is about organisation, management, planning and execution… That is why it is so important we set national benchmarks and set out our expectations."*

## Figure 1: Variations in spend by Primary Care Trust

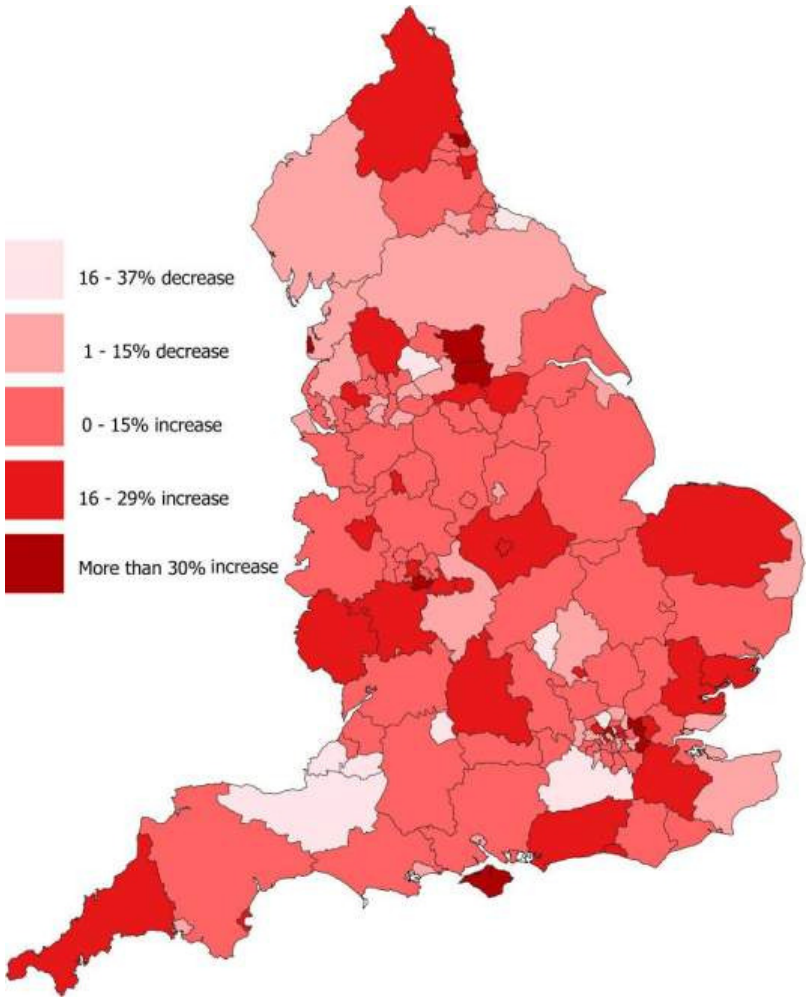



- PCTs have responsibility for commissioning health services for their local population and are legal holders of the NHS budget. They use this budget to commission services based on an assessment of the needs of the local population. Some variation in spending between different geographic areas can therefore be expected.

- As the above map shows, however, the average spend in each PCT in England in 2008-9 ranged from £670 per head in Ashton, Leigh and Wigan PCT to just £237 in Ealing PCT.

- These variations point to a worrying trend. It is likely that a significant part of this variation is accounted for by the differences in the ways that PCTs conduct their needs assessments and collect information about their local populations. This may mean that PCTs are underestimating the number of people with musculoskeletal disorders in their local area, and spend less than they should do accordingly, impeding the uniformity of and equality of access to services.

## Figure 2: Spending increases and decreases between 2007-08 and 2008-09, broken down by Primary Care Trust



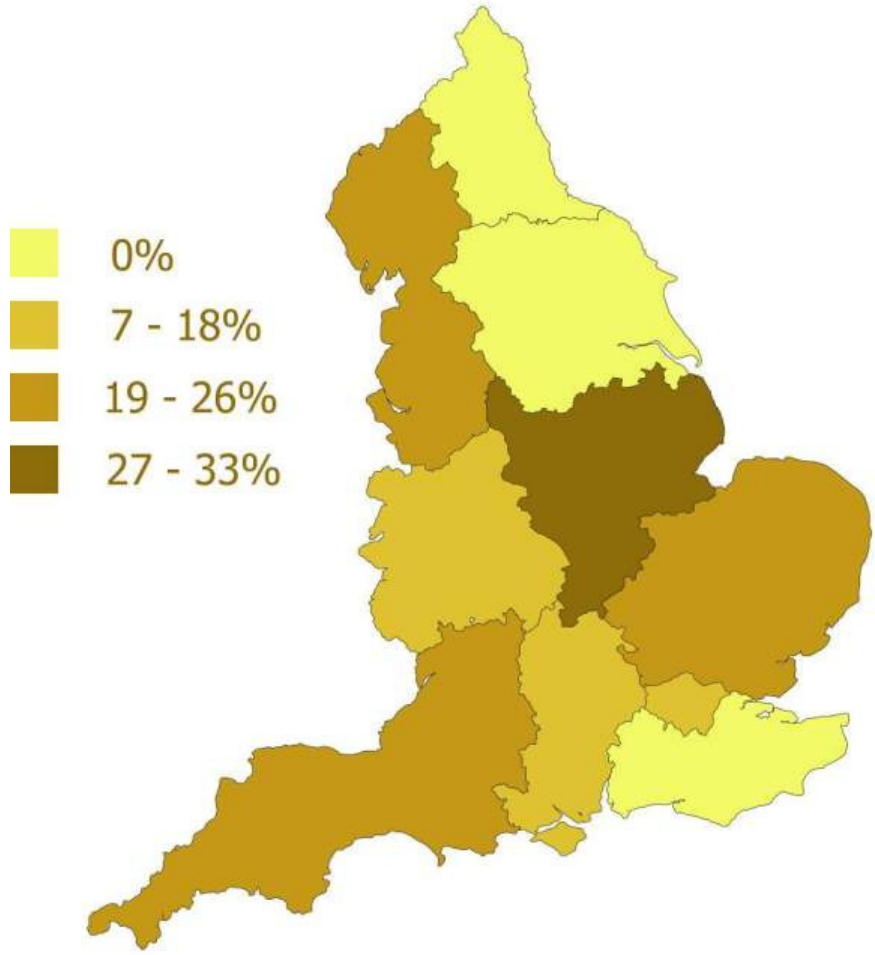

- The map above, showing the percentage change in programme budget spend on musculoskeletal services between 2007-8 and 2008-9, suggests that spending is becoming increasingly divergent, rather than more uniform across the country.

- A number of Primary Care Trusts have increased the funding allocated to musculoskeletal service by upward of 30 per cent, whilst others have decreased their spending by the same amount.

- Blackpool PCT saw the highest spending increase over the period – an increase of 62 per cent in one year. In contrast to this, Milton Keynes PCT cut its spending on musculoskeletal services by 37 per cent.

- Neither the inefficient spending associated with huge increases, nor widespread cuts to musculoskeletal services budgets are likely to improve the standards of care available to patients with these disorders, and will further impede the uniformity of and equality of access to services.

## Figure 3: Percentage of PCTs confirming that they have mapped the resources for patients with musculoskeletal disorders, broken down by Strategic Health Authority

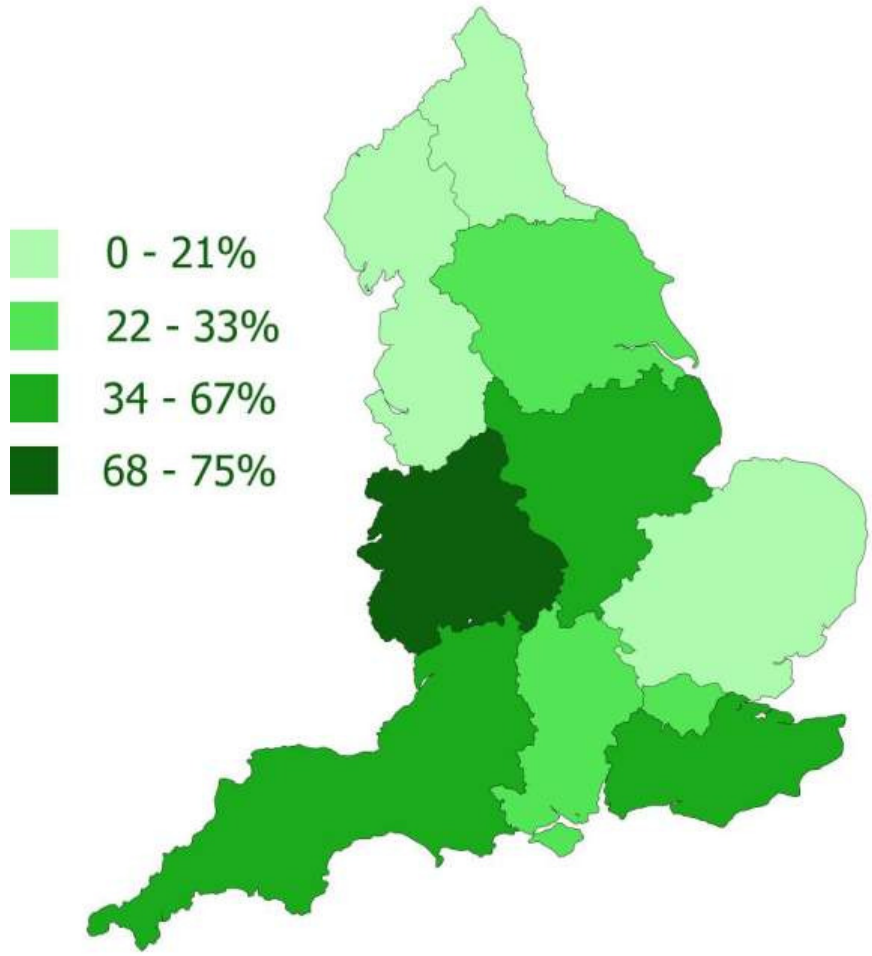



- One reason for the patchy implementation of the government's musculoskeletal services framework is that many Primary Care Trusts (PCTs) are commissioning musculoskeletal services without first collecting sufficient information to make an accurate assessment of the needs of their local population.

- As a result of the Local Government and Public Involvement in Health ACT 2007, all PCTs should now be conducting reviews to map the use of current resources routinely. However, the vast majority are not – the fact that the highest percentage of PCTs in a Strategic Health Authority (the East Midlands) to have mapped resources is still only 33% is deeply concerning.

- Indeed, as the map above shows, none of the PCTs in the North East, Yorkshire and the Humber and South East Coast Strategic Health Authorities had done so.

## Figure 4: Percentage of PCTs confirming that they have audited the outcomes of patients with musculoskeletal disorders, broken down by Strategic Health Authority

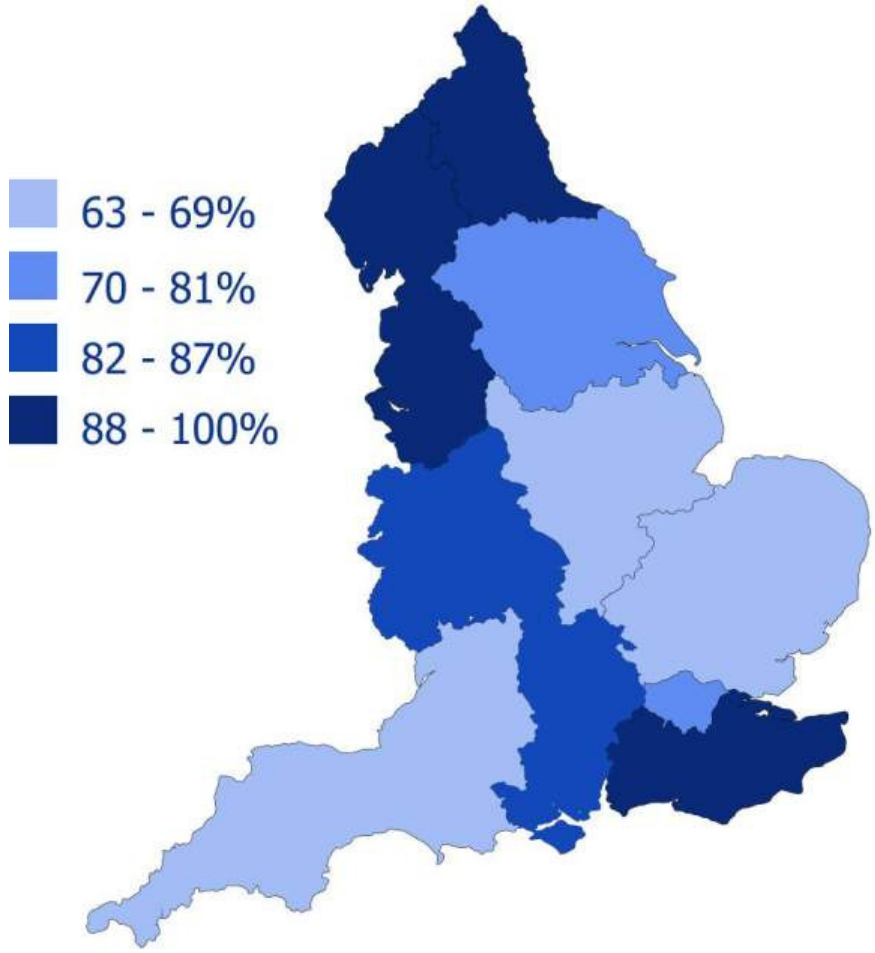



- The government's musculoskeletal services framework highlighted the need for PCTs to *"agree outcomes measures, referring to agreed protocols and standards of care"*, noting that these should include *"patient satisfaction measures"*.

- However, there are widespread discrepancies around the country amongst PCTs which actually audit services against these outcomes – with the East of England and North West performing the worst and the West Midlands performing the best.

- A continuing lack of understanding and collection of appropriate outcome measures , the commissioning of musculoskeletal services is unlikely to reflect the needs of local populations.

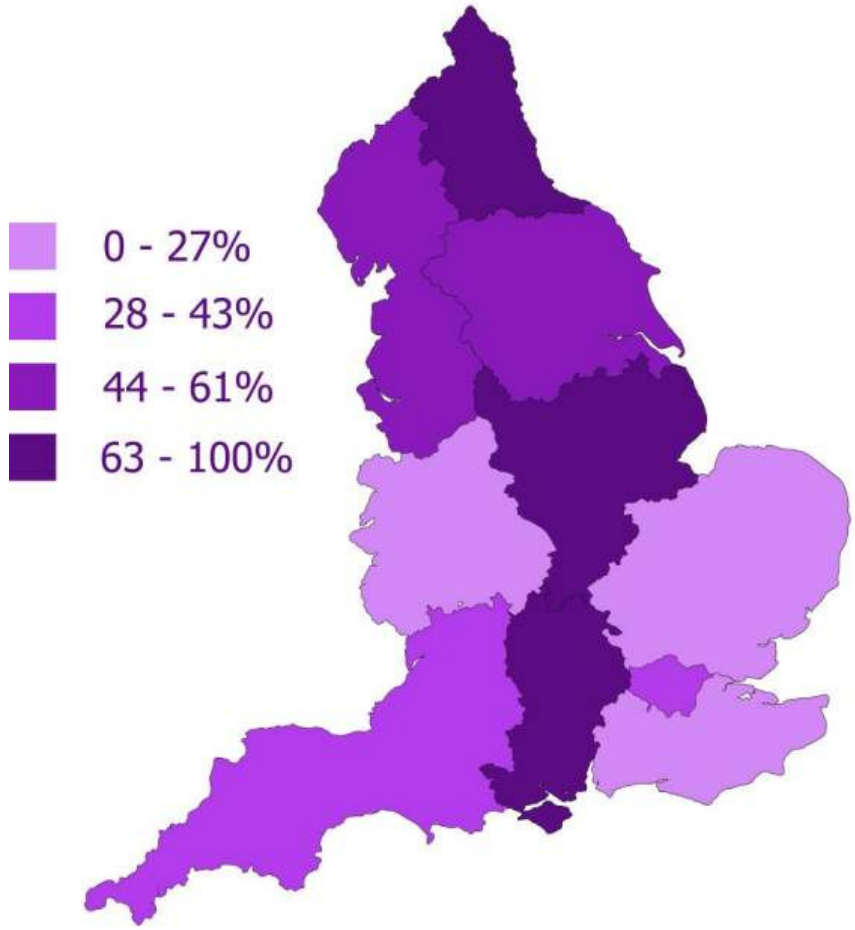
## Figure 5: Percentage of PCTs confirming that they do have a CATS service, broken down by Strategic Health Authority




- In order to ensure integrated input from a coherent and specialist team for treating patients with musculoskeletal disorders, the MSF recommended a model of services delivery which utilized 'clinical assessment and treatment services (CATS)'. The development of these multidisciplinary services – which could be located in clinical settings, communities or both – was described as the 'keystone' of the MSF.

- However, despite this assertion, the implementation of CATS across the country has not been as widespread as might have been expected. As the map above shows, despite some pockets of good practice, there are still worrying variations across the country, with less than two thirds of PCTS in some Strategic Health Authorities having a dedicated CATs service.

## Figure 6: Percentage of PCTs confirming that they have made links with pathways to work schemes, broken down by Strategic Health Authority

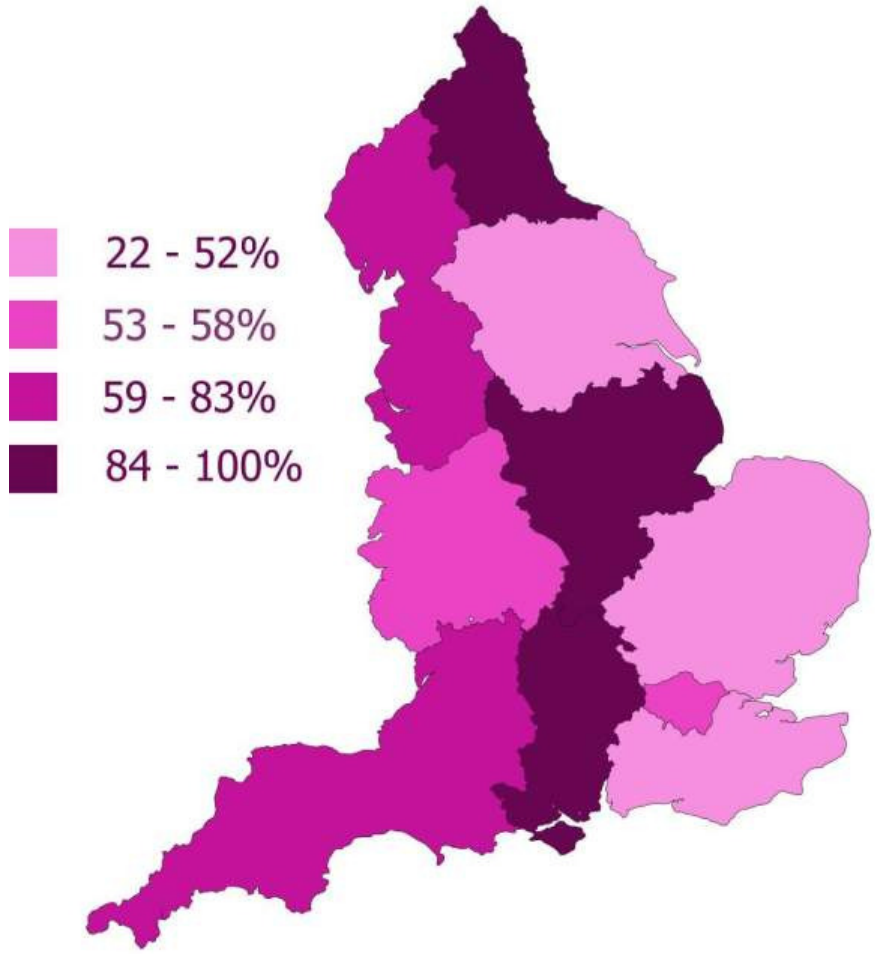



- In addition to the direct costs of the treatment and management of musculoskeletal disorders to the NHS, the payment of incapacity benefits for those forced to leave work, the loss of skilled and experienced members of the workforce and the psychological and emotional impact of being out of work all have a significant impact.

- In order to strengthen the likelihood of people with musculoskeletal disorders returning to work, the MSF recommended that PCTs make links with the Department for Work and Pensions' Pathways to Work programmes, which were made available to everyone claiming incapacity benefits and Employment and Support allowance across the country from April 2008.

- However, as the map above demonstrates, there remains a worrying variation in the number of PCTs that have made links with their local schemes. Whilst 100 per cent of PCTs in the North East SHA have put in place programmes to help patients back to work, fewer than a quarter of PCTs in the East of England, West Midlands and South East Coast SHAs have done so.

## Figure 7: Percentage of PCTs confirming that they work with voluntary and community groups, broken down by Strategic Health Authority




- The musculoskeletal services framework noted the important role played by the third sector in giving patients greater guidance on how to manage their long-term conditions through the use of self-care networks and local health partnerships.

- It noted that these groups can help to educate and inform patients and help them to stay as healthy as possible and to reduce the risks of developing further problems. Indeed, working with voluntary and community groups is not only a recommendation in the MSF but a statutory requirement as set out in the Local Government and Public Involvement in Health Act – all PCTs are now obliged to work with these groups in the development of their local area agreements.

- However, despite this obligation, the map above demonstrates that the implementation of these arrangements is by no means universal, with as few as 22 per cent of PCTs in Yorkshire and the Humber SHA confirming that they have these linkages in place.

## Recommendations for action

- The findings of this research indicate that the government's musculoskeletal services framework (MSF) has been poorly implemented in some areas around the country. Whilst there are pockets of good practice, the implementation of key parts of the MSF remains variable, leading to uneven standards of treatment and care.

- These findings are disappointing. The original MSF offers a consensus-led vision of how musculoskeletal services should be configured and delivered around the country, but the execution of this vision has been inadequate, partially due to a lack of strategic direction and oversight from the Department of Health.

- The rising burden of musculoskeletal disorders over the coming years underlines the importance of investing in services to ensure that the vision set out by the MSF can be fully realised.

**The Arthritis and Musculoskeletal Alliance is therefore calling for the following:**

- The appointment of a National Clinical Director for musculoskeletal services to provide strategic guidance and to lead and develop new priorities and incentives for musculoskeletal services in the UK.

- A revised musculoskeletal services strategy, ensuring that there is a clear line of accountability and responsibility within the Department of Health for delivering effective strategies so that patients are provided with the quality of service originally envisaged by the Department of Health in its MSF.

**Estimated expenditure on musculoskeletal disorders per person with a musculoskeletal disorder in 2008-09**

*Source: Programme budgeting data 2008-09*

| PRIMARY CARE TRUST | |
|---|---|
| Ashton, Leigh and Wigan PCT | £670 |
| Barking and Dagenham PCT | £379 |
| Barnet PCT | £348 |
| Barnsley PCT | £656 |
| Bassetlaw PCT | £476 |
| Bath and North East Somerset PCT | £424 |
| Bedfordshire PCT | £294 |
| Berkshire East PCT | £330 |
| Berkshire West PCT | £392 |
| Bexley Care Trust | £301 |
| Birmingham East and North PCT | £472 |
| Blackburn with Darwen PCT | £547 |
| Blackpool PCT | £495 |
| Bolton PCT | £523 |
| Bournemouth and Poole PCT | £366 |
| Bradford and Airedale PCT | £333 |
| Brent Teaching PCT | £322 |
| Brighton and Hove City PCT | £510 |
| Bristol PCT | £380 |
| Bromley PCT | £416 |
| Buckinghamshire PCT | £350 |
| Bury PCT | £452 |
| Calderdale PCT | £237 |
| Cambridgeshire PCT | £335 |
| Camden PCT | £301 |
| Central and Eastern Cheshire PCT | £471 |
| Central Lancashire PCT | £522 |
| City and Hackney Teaching PCT | £326 |
| Cornwall and Isles Of Scilly PCT | £467 |
| County Durham PCT | £389 |
| Coventry Teaching PCT | £535 |
| Croydon PCT | £349 |
| Cumbria PCT | £452 |
| Darlington PCT | £323 |
| Derby City PCT | £508 |
| Derbyshire County PCT | £388 |
| Devon PCT | £473 |
| Doncaster PCT | £410 |
| Dorset PCT | £510 |
| Dudley PCT | £449 |
| Ealing PCT | £237 |
| East and North Hertfordshire PCT | £356 |
| East Lancashire PCT | £552 |

| | |
|---|---|
| East Riding Of Yorkshire PCT | £356 |
| East Sussex Downs and Weald PCT | £576 |
| Eastern and Coastal Kent PCT | £475 |
| Enfield PCT | £337 |
| Gateshead PCT | £657 |
| Gloucestershire PCT | £435 |
| Great Yarmouth and Waveney PCT | £351 |
| Greenwich Teaching PCT | £356 |
| Halton and St Helens PCT | £508 |
| Hammersmith and Fulham PCT | £237 |
| Hampshire PCT | £369 |
| Haringey Teaching PCT | £422 |
| Harrow PCT | £397 |
| Hartlepool PCT | £559 |
| Hastings and Rother PCT | £554 |
| Havering PCT | £419 |
| Heart of Birmingham Teaching PCT | £575 |
| Herefordshire PCT | £493 |
| Heywood, Middleton and Rochdale PCT | £507 |
| Hillingdon PCT | £420 |
| Hounslow PCT | £262 |
| Hull PCT | £360 |
| Isle of Wight NHS PCT | £620 |
| Islington PCT | £289 |
| Kensington and Chelsea PCT | £306 |
| Kingston PCT | £299 |
| Kirklees PCT | £299 |
| Knowsley PCT | £518 |
| Lambeth PCT | £346 |
| Leeds PCT | £437 |
| Leicester City PCT | £378 |
| Leicestershire County and Rutland PCT | £509 |
| Lewisham PCT | £400 |
| Lincolnshire PCT | £468 |
| Liverpool PCT | £376 |
| Luton PCT | £292 |
| Manchester PCT | £390 |
| Medway PCT | £390 |
| Mid Essex PCT | £335 |
| Middlesbrough PCT | £475 |
| Milton Keynes PCT | £343 |
| Newcastle PCT | £509 |
| Newham PCT | £550 |
| Norfolk PCT | £500 |
| North East Essex PCT | £358 |
| North East Lincolnshire Care Trust | £372 |
| North Lancashire PCT | £496 |
| North Lincolnshire PCT | £349 |
| North Somerset PCT | £390 |
| North Staffordshire PCT | £442 |

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|---|---|
| North Tees PCT | £472 |
| North Tyneside PCT | £490 |
| North Yorkshire and York PCT | £372 |
| Northamptonshire PCT | £411 |
| Northumberland Care Trust | £501 |
| Nottingham City PCT | £371 |
| Nottinghamshire County PCT | £586 |
| Oldham PCT | £504 |
| Oxfordshire PCT | £510 |
| Peterborough PCT | £446 |
| Plymouth Teaching PCT | £556 |
| Portsmouth City Teaching PCT | £332 |
| Redbridge PCT | £359 |
| Redcar and Cleveland PCT | £447 |
| Richmond and Twickenham PCT | £258 |
| Rotherham PCT | £389 |
| Salford PCT | £528 |
| Sandwell PCT | £509 |
| Sefton PCT | £502 |
| Sheffield PCT | £381 |
| Shropshire County PCT | £501 |
| Solihull Care Trust | £340 |
| Somerset PCT | £372 |
| South Birmingham PCT | £530 |
| South East Essex PCT | £328 |
| South Gloucestershire PCT | £438 |
| South Staffordshire PCT | £417 |
| South Tyneside PCT | £496 |
| South West Essex PCT | £286 |
| Southampton City PCT | £514 |
| Southwark PCT | £317 |
| Stockport PCT | £436 |
| Stoke On Trent PCT | £456 |
| Suffolk PCT | £340 |
| Sunderland Teaching PCT | £631 |
| Surrey PCT | £358 |
| Sutton and Merton PCT | £385 |
| Swindon PCT | £332 |
| Tameside and Glossop PCT | £507 |
| Telford and Wrekin PCT | £381 |
| Torbay Care Trust | £477 |
| Tower Hamlets PCT | £471 |
| Trafford PCT | £398 |
| Wakefield District PCT | £436 |
| Walsall Teaching PCT | £494 |
| Waltham Forest PCT | £425 |
| Wandsworth PCT | £281 |
| Warrington PCT | £449 |
| Warwickshire PCT | £382 |
| West Essex PCT | £426 |

| | |
|---|---|
| West Hertfordshire PCT | £311 |
| West Kent PCT | £410 |
| West Sussex PCT | £533 |
| Western Cheshire PCT | £562 |
| Westminster PCT | £238 |
| Wiltshire PCT | £477 |
| Wirral PCT | £547 |
| Wolverhampton City PCT | £488 |
| Worcestershire PCT | £435 |

**Percentage increase in spending on musculoskeletal disorders per person with a musculoskeletal disorder from 2007-08 to 2008-09**
*Source: Programme budgeting data 2008-09*

| **PRIMARY CARE TRUST** | |
|---|---|
| Ashton, Leigh and Wigan PCT | 16% |
| Barking and Dagenham PCT | 40% |
| Barnet PCT | -17% |
| Barnsley PCT | 17% |
| Bassetlaw PCT | 14% |
| Bath and North East Somerset PCT | -24% |
| Bedfordshire PCT | -2% |
| Berkshire East PCT | 6% |
| Berkshire West PCT | 5% |
| Bexley Care Trust | 43% |
| Birmingham East and North PCT | 5% |
| Blackburn with Darwen PCT | 7% |
| Blackpool PCT | 62% |
| Bolton PCT | 8% |
| Bournemouth and Poole PCT | -7% |
| Bradford and Airedale PCT | 12% |
| Brent Teaching PCT | 29% |
| Brighton and Hove City PCT | 29% |
| Bristol PCT | 3% |
| Bromley PCT | 5% |
| Buckinghamshire PCT | 4% |
| Bury PCT | 8% |
| Calderdale PCT | -25% |
| Cambridgeshire PCT | 0% |
| Camden PCT | 48% |
| Central and Eastern Cheshire PCT | 3% |
| Central Lancashire PCT | -1% |
| City and Hackney Teaching PCT | 25% |
| Cornwall and Isles Of Scilly PCT | 21% |
| County Durham PCT | 10% |
| Coventry Teaching PCT | 24% |
| Croydon PCT | 7% |

| | |
|---|---|
| Cumbria PCT | -9% |
| Darlington PCT | -10% |
| Derby City PCT | 5% |
| Derbyshire County PCT | 6% |
| Devon PCT | 2% |
| Doncaster PCT | 19% |
| Dorset PCT | 15% |
| Dudley PCT | 3% |
| Ealing PCT | -6% |
| East and North Hertfordshire PCT | 7% |
| East Lancashire PCT | 29% |
| East Riding Of Yorkshire PCT | 7% |
| East Sussex Downs and Weald PCT | 11% |
| Eastern and Coastal Kent PCT | -6% |
| Enfield PCT | -8% |
| Gateshead PCT | 4% |
| Gloucestershire PCT | 2% |
| Great Yarmouth and Waveney PCT | -8% |
| Greenwich Teaching PCT | -1% |
| Halton and St Helens PCT | 13% |
| Hammersmith and Fulham PCT | -4% |
| Hampshire PCT | 1% |
| Haringey Teaching PCT | 9% |
| Harrow PCT | 4% |
| Hartlepool PCT | 9% |
| Hastings and Rother PCT | 1% |
| Havering PCT | 23% |
| Heart of Birmingham Teaching PCT | 8% |
| Herefordshire PCT | 20% |
| Heywood, Middleton and Rochdale PCT | 14% |
| Hillingdon PCT | -8% |
| Hounslow PCT | 6% |
| Hull PCT | 5% |
| Isle of Wight NHS PCT | 53% |
| Islington PCT | -3% |
| Kensington and Chelsea PCT | 16% |
| Kingston PCT | -9% |
| Kirklees PCT | -3% |
| Knowsley PCT | -2% |
| Lambeth PCT | 1% |
| Leeds PCT | 40% |
| Leicester City PCT | 25% |
| Leicestershire County and Rutland PCT | 20% |
| Lewisham PCT | 3% |
| Lincolnshire PCT | 8% |
| Liverpool PCT | 8% |
| Luton PCT | 17% |
| Manchester PCT | 12% |
| Medway PCT | 12% |
| Mid Essex PCT | 16% |

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|---|---|
| Middlesbrough PCT | -1% |
| Milton Keynes PCT | -37% |
| Newcastle PCT | 8% |
| Newham PCT | 5% |
| Norfolk PCT | 16% |
| North East Essex PCT | -6% |
| North East Lincolnshire Care Trust | -4% |
| North Lancashire PCT | -1% |
| North Lincolnshire PCT | 0% |
| North Somerset PCT | -22% |
| North Staffordshire PCT | 7% |
| North Tees PCT | 0% |
| North Tyneside PCT | 43% |
| North Yorkshire and York PCT | -2% |
| Northamptonshire PCT | 1% |
| Northumberland Care Trust | 20% |
| Nottingham City PCT | -9% |
| Nottinghamshire County PCT | 14% |
| Oldham PCT | -15% |
| Oxfordshire PCT | 17% |
| Peterborough PCT | 3% |
| Plymouth Teaching PCT | -1% |
| Portsmouth City Teaching PCT | 4% |
| Redbridge PCT | 34% |
| Redcar and Cleveland PCT | -16% |
| Richmond and Twickenham PCT | 2% |
| Rotherham PCT | 0% |
| Salford PCT | -1% |
| Sandwell PCT | 18% |
| Sefton PCT | 1% |
| Sheffield PCT | 7% |
| Shropshire County PCT | 14% |
| Solihull Care Trust | 18% |
| Somerset PCT | -36% |
| South Birmingham PCT | 37% |
| South East Essex PCT | 16% |
| South Gloucestershire PCT | 4% |
| South Staffordshire PCT | 12% |
| South Tyneside PCT | 10% |
| South West Essex PCT | 8% |
| Southampton City PCT | -11% |
| Southwark PCT | -3% |
| Stockport PCT | -9% |
| Stoke On Trent PCT | 22% |
| Suffolk PCT | 10% |
| Sunderland Teaching PCT | 27% |
| Surrey PCT | -19% |
| Sutton and Merton PCT | 1% |
| Swindon PCT | -26% |
| Tameside and Glossop PCT | 7% |

| | |
|---|---|
| Telford and Wrekin PCT | 18% |
| Torbay Care Trust | 27% |
| Tower Hamlets PCT | 18% |
| Trafford PCT | -13% |
| Wakefield District PCT | 45% |
| Walsall Teaching PCT | 13% |
| Waltham Forest PCT | -4% |
| Wandsworth PCT | 7% |
| Warrington PCT | 3% |
| Warwickshire PCT | -9% |
| West Essex PCT | 13% |
| West Hertfordshire PCT | 3% |
| West Kent PCT | 18% |
| West Sussex PCT | 28% |
| Western Cheshire PCT | 10% |
| Westminster PCT | -4% |
| Wiltshire PCT | 15% |
| Wirral PCT | -7% |
| Wolverhampton City PCT | 6% |
| Worcestershire PCT | 17% |

**Percentage of PCTs confirming that they have mapped the resources of patients with musculoskeletal disorders**
*Source: FOI responses received by ARMA to inform 'ARMA, Joint working?, July 2009*

| **SHA** | |
|---|---|
| London | 7% |
| East of England | 25% |
| Yorkshire and the Humber | 0% |
| South Central | 17% |
| West Midlands | 18% |
| East Midlands | 33% |
| South East Coast | 0% |
| South West | 25% |
| North East | 0% |
| North West | 25% |
| | |
| **ENGLAND** | **16%** |

**Percentage of PCTs confirming that they have audited the outcomes of patients with musculoskeletal disorders**
*Source: FOI responses received by ARMA to inform 'ARMA, Joint working?, July 2009*

| SHA | |
|---|---|
| London | 29% |
| East of England | 13% |
| Yorkshire and the Humber | 33% |
| South Central | 33% |
| West Midlands | 75% |
| East Midlands | 67% |
| South East Coast | 67% |
| South West | 64% |
| North East | 0% |
| North West | 18% |
| | |
| **ENGLAND** | **40%** |

**Percentage PCT confirming that they do have a CATS service**
*Source: FOI responses received by ARMA to inform 'ARMA, Joint working?, July 2009*

| SHA | |
|---|---|
| London | 75% |
| East of England | 63% |
| Yorkshire and the Humber | 78% |
| South Central | 83% |
| West Midlands | 83% |
| East Midlands | 67% |
| South East Coast | 100% |
| South West | 64% |
| North East | 100% |
| North West | 88% |
| | |
| **ENGLAND** | **79%** |

**Percentage of PCTs confirming that they have made links with pathways to work schemes**
*Source: FOI responses received by ARMA to inform 'ARMA, Joint working?, July 2009*

| SHA | |
|---|---|
| London | 38% |
| East of England | 25% |
| Yorkshire and the Humber | 56% |
| South Central | 33% |
| West Midlands | 17% |
| East Midlands | 71% |
| South East Coast | 17% |
| South West | 64% |
| North East | 100% |
| North West | 47% |
| | |
| **ENGLAND** | **43%** |

**Percentage of PCTs confirming that they work with voluntary and community groups**
*Source: FOI responses received by ARMA to inform 'ARMA, Joint working?, July 2009*

| SHA | |
|---|---|
| London | 56% |
| East of England | 38% |
| Yorkshire and the Humber | 22% |
| South Central | 83% |
| West Midlands | 55% |
| East Midlands | 86% |
| South East Coast | 50% |
| South West | 82% |
| North East | 100% |
| North West | 59% |
| | |
| **ENGLAND** | **60%** |

[1] Department of Health, A joint responsibility: doing it differently – the musculoskeletal services framework, 12 July 2006

[2] Department of Health, A joint responsibility: doing it differently – the musculoskeletal services framework, 12 July 2006

[3] Department of Health, Programme Budgeting Data 2008-09, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_111236.pdf

[4] Ibid.

[5] Department of Health, A joint responsibility: doing it differently – the musculoskeletal services framework, 12 July 2006

[6] Department of Health, National clinical directors, accessed 21 May 2009; available here: http://www.dh.gov.uk/en/Aboutus/MinistersandDepartmentLeaders/Nationalclinicaldirectors/DH_18

[7] Public Accounts Committee, Services for people with rheumatoid arthritis, 23 February 2010; available here: http://www.parliament.the-stationery-office.co.uk/pa/cm200910/cmselect/cmpubacc/46/46.pdf

[8] Department of Health, 18 weeks referral to treatment statistics (December 2009), 18 February 2010; available here: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_112602.xls

[9] Public Accounts Committee, Services for people with rheumatoid arthritis, 23 February 2010; available here: http://www.parliament.the-stationery-office.co.uk/pa/cm200910/cmselect/cmpubacc/46/46.pdf