

Improving Lives: The Work, health and Disability Green Paper

Consultation response from the Arthritis and Musculoskeletal Alliance, ARMA, February 2017

Key Points:

- Musculoskeletal conditions are the biggest cause of disability in the UK and the leading cause of people's inability to work and working days lost.
- Many musculoskeletal conditions or their impact on work can be prevented by appropriate organisation of work
- People with musculoskeletal conditions need timely access to person-centred, joined-up diagnosis, intervention, rehabilitation and treatment.
- People with musculoskeletal conditions need support from health and social care and from employers to enable them to return to and remain in work
- Employers need information and support to enable them to make adjustments to assist people to work.
- ARMA has the expertise and is ideally placed to support the Joint Work and Health Unit to address musculoskeletal issues and work.
- Further engagement with ARMA with detailed support from the musculoskeletal community is needed to realise the opportunities that the Green Paper proposes.

1. INTRODUCTION

ARMA is the alliance representing the arthritis and musculoskeletal community in the UK. Our [members](#) include major national patient-led charities, professional bodies and research organisations active in this area, as well as highly regarded patient-led charities focusing on rare and complex musculoskeletal disorders. ARMA has a strategic partnership with NHS England to support the **Musculoskeletal Clinical Network** to improve health services with the overarching aim of ensuring people are enabled to live longer and better.

ARMA supports many of the proposals contained in the Green Paper, and our comments, along with those of ARMA member organisations, will help in developing and refining the government's approach to the important issues the Green Paper seeks to address.

We welcome and endorse the recognition in the Green Paper of the need to address musculoskeletal conditions and work. Musculoskeletal conditions are among the commonest causes of people's inability to work and, as evidenced in the Global Burden of Disease study (2015), musculoskeletal conditions are the single biggest cause of pain and disability in the UK. Less than two-third of working

age people with a musculoskeletal condition are in work. MSK conditions are the leading cause of sickness absence, resulting in 30.6 million working days lost each yearⁱ and one in five visits to the GPⁱⁱ. They are associated with anxiety and depression. The impact of MSK problems on work is predicted to increase and with people working into older ages the impact on work will also increase. We look forward to working with the JWHU and ARMA members to provide more detailed support from the musculoskeletal community to realise the opportunities that the Green Paper proposes.

Responses to Green Paper from ARMA members:

ARMA supports the responses to the Green Paper from our members. Details of ARMA members can be found at <http://arma.uk.net/membership/>.

2. APPROACHES AND COMMITMENTS OUTLINED IN GREEN PAPER TO TACKLING MUSCULOSKELETAL CONDITIONS AND WORK

We endorse the recognition given to musculoskeletal conditions in the Green Paper as a very significant issue for work. Musculoskeletal conditions are the biggest cause of disability and pain in the UK, with less than two-thirds of working age people with a musculoskeletal condition in work. To ensure change for people with musculoskeletal conditions, ARMA strongly supports the following approaches and commitments outlined in the Green Paper:

CARE PLANNING: (para 249). ARMA strongly agrees that it is ‘unacceptable’ that ‘only 12% of people with musculoskeletal conditions had a care plan ... when we know that earlier diagnosis and treatment of musculoskeletal conditions would, in many cases, prevent further deterioration in the condition and enable the individual to stay in work.’

PROVIDING MUSCULOSKELETAL CARE IN LOCAL AREAS: (para 250) [Government is] ‘supportive of new ways of providing musculoskeletal care, which are being developed in a number of local areas. These include physiotherapists working from general practice surgeries and self-referral to musculoskeletal services’.

DEVELOPMENT OF CARE PATHWAYS: As stated in (para 253), ARMA supports this approach: [Government wishes] ‘to trial new kinds of approach for musculoskeletal services so that people’s health and employment needs are met in the best possible way, including the further development of community based pathways and developing better links between treatment and employment support’.

MUSCULOSKELETAL DATA: ARMA agrees as stated in (para 254) ‘There is also a lack of detailed information about what kinds of musculoskeletal services are currently commissioned, and the extent to which the services meet local need.’ We therefore strongly support the commitment that ‘The government will therefore work with NHS England to identify opportunities for regular collection of data about incidence, prevalence, clinical activity and outcomes of musculoskeletal patients and services in England’.

2.1. NEXT STEPS

- **ARMA believes that it is vital that these commitments outlined in the paper are implemented with practical action in these areas.**
- ARMA is ideally placed to support the Joint Work and Health Unit to address musculoskeletal issues and work.
- **ARMA looks forward to working with the DWP, JWHU, and NHS to provide more detailed support from the musculoskeletal community to support the next stages of the programme. The partnership between ARMA and NHS England to deliver a Clinical Network project is an example of the type of practical support we can offer.**

3. RESPONSES TO QUESTIONS IN THE GREEN PAPER:

ARMA has focussed its response to the Green Paper on the questions 12.1 and 12.2 where we feel ARMA can add most value. In addition, there are a number of general points.

3.1. GENERAL POINTS

There is a two-way interface between MSK problems and work. MSK problems may occur if certain risks in the working environment are not recognised and catered for. Additionally, the MSK problems developed outside of work can limit a person's ability to work.

PROMOTING LIFELONG GOOD MUSCULOSKELETAL HEALTH

To tackle MSK problems the health, care and public health systems, and employers and employees need to go beyond reactively tackling musculoskeletal conditions when they arise, to proactively **promoting lifelong good musculoskeletal health**. At every age people should be supported to maintain and improve the health of their joints, bones and muscles. Prompt information, education programmes and physical activity are key to enabling people to live well with a musculoskeletal condition.

PREVENTION

As identified in the Green Paper [para 33], prevention is important. A range of interventions are needed across the health and care systems, with everyone playing a role in prevention.

In brief, ARMA believes that for effective prevention, the following is required:

- **At every age people should be supported to maintain and improve the health of their joints, bones and muscles. Prompt information, education, programmes and physical activity are key to enabling people to live well with a musculoskeletal condition.**
- **For some musculoskeletal conditions, especially inflammatory forms of arthritis, earlier diagnosis, treatment and early intervention are paramount as this can**

prevent further, needless disability, reduce pain intensity and improve quality of life.

- **The sooner a MSK problem is managed, the less likely there will be long term work loss. Management of MSK problems requires a joined-up approach that involves the employee, their healthcare team, and their line manager. The focus must be on helping them to return or stay at work, working within their abilities.**

More detailed information about prevention will be published in an ARMA policy position paper in early 2017 on prevention of musculoskeletal conditions.

3.2. RESPONSES TO QUESTIONS

Question 2.2: What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Given that musculoskeletal conditions are among the leading causes of people's inability to work, it is inevitable that work coaches will be supporting people with a musculoskeletal condition. Training and knowledge for work coaches in musculoskeletal conditions will enable them to provide a person-centred approach with people with a musculoskeletal condition.

There is often co-existence of, and interaction between, mental health conditions and musculoskeletal conditions, for example, musculoskeletal conditions can be associated with anxiety and depression. Thus work coaches must be well prepared so that they can take a whole-person approach with musculoskeletal conditions as well as mental health.

As there are over 200 musculoskeletal conditions, access and linking work coaches to those with expertise and knowledge in musculoskeletal conditions such as appropriate research and patient charities, clinical experts and groups would also be of benefit.

Question 8.2 What expectation should there be on employers to recruit or retain disabled people and people with health conditions?

Employers should:

- Audit the musculoskeletal health needs of their staff;
- Develop a plan to promote musculoskeletal health and reduce risks of musculoskeletal conditions for all their employees;
- Make reasonable adjustments to support employees with musculoskeletal conditions;
- Provide training for line managers.
- Understand the potential effects and limitations of musculoskeletal conditions means that, together with the employee, adjustments can be made to improve outcomes for everybody.

Understanding the potential effects and limitations of musculoskeletal conditions means that, together with the employee, adjustments can be made to improve outcomes for everybody. It is essential that employers are provided with the information required to enable them to do this. Public Health England, Business in the Community and ARMA are developing a Musculoskeletal Toolkit for employers which is being developed with key stakeholders in the employer community. This gives practical information about how to make adjustments to the work environment, such as open communication and flexible working.

OPEN COMMUNICATION

A positive culture needs to be developed so that conversations regarding MSK health can take place freely and help find solutions. This means tackling the stigma related to adjustments an employee may need and improving the general understanding related to MSK problems throughout the workforce. It means ensuring the employee is able to get their MSK problem managed promptly and effectively. An open, positive culture should be central to employers' approach to MSK problems. A workplace with a positive culture enables an employee to look after their own MSK health, receive early treatment and support, and continue to work even if they have some limitations. Importantly, it enables open conversations and avoids employees feeling isolated and worried about their physical and mental health.

Case Study: Open Communication

'Toolbox Talks' are an example of a sector specific strategy to encourage conversations around reducing risks in the working environment. The construction industry encourages employees – at all levels – to come together as they usually do during their breaks and separate some time for health and safety conversations. Concerns can be easily raised and discussed. Conversations in the workplace around general MSK health, existing MSK problems and risks to MSK health can be discussed in a similar way. Please see how this scheme was implemented in the construction industry: <http://www.hse.gov.uk/construction/resources/toolboxtalks.htm>

FLEXIBILITY

There is existing legislationⁱⁱⁱ that enables employees to request flexible working. However, ARMA members report that this is not resulting in the necessary flexibility for many people with MSK conditions to remain in work. There needs to be more awareness of the requirement, and the practical ways in which employers can incorporate flexibility into the working environment for people with a musculoskeletal condition.

OCCUPATIONAL HEALTH

Employers should also ensure people get access to occupational health provision which incorporates musculoskeletal health expertise. This will require Occupational Health providers to ensure that they have access to sufficient MSK expertise.

INFORMATION CAMPAIGNS

Information campaigns to employers should include musculoskeletal health and include examples of employees with musculoskeletal conditions, as well as the legal obligations including equality and accident prevention. Information campaigns are also an ideal way to inform employers of the existence of the Employers' toolkit referred to above.

ACCESS TO WORK

The **Access to Work** scheme should be supported by a greater than real terms increase in funding. The Department of Work and Pensions should ensure that both employees and employers are aware of Access to Work and understand the type of adaptations for people with musculoskeletal conditions which the scheme may be able to fund.

Question 12.1: How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?

EARLY INTERVENTION

Early-intervention is an approach which offers a real opportunity to ensure any MSK problem that affects work is managed promptly and effectively, restoring function, so people can return to work. While the principle of early intervention is widely accepted, there are barriers to early intervention delivery in practice. Understanding these barriers and developing mechanisms to overcome them is essential. This requires:

- Early access to an integrated medical and multidisciplinary workforce in primary and secondary care who are trained in musculoskeletal conditions and early intervention and equipped to identify, treat and/or refer MSK conditions and manage them promptly and accurately. First line professionals also require the right competencies to ensure prompt access to appropriate treatment. The ARMA/NHS England Clinical Network project seeks to establish these competencies.
- **High-quality care pathways** and patient journeys (see below);
- **Employers** should look for ways to increase the speed of referral and to understand that staff should be seen quickly when a problem has been identified – early intervention means they are less likely to develop a more serious condition and they are less likely to need time off work. An open and positive culture, as discussed above, will assist with this.

PATIENT JOURNEYS AND CARE PATHWAYS

- Current **care pathways** are reactive, acting when a problem arises. What is required to improve support for people with musculoskeletal conditions, is a more proactive, preventative care pathway. A **care pathway** is needed that supports a high quality, person-centred, preventative, timely and joined-up, seamless journey across the whole healthcare system, making optimum use of the skills of the multi-disciplinary and medical team, enabling people to self-manage their musculoskeletal conditions; and increase awareness of what can be achieved. A good care pathway is underpinned by good communication throughout and sharing of information across teams and care settings.
- One in five visits to the GP is for a musculoskeletal condition. Remodelling of the patient journey in primary care has been shown to be effective. For example, self-referral to services such as physiotherapy allows patients to access services directly without having to see their GP or anyone else first. Self-referral to services such as physiotherapy is 25% cheaper to the NHS than a GP referral and has been fully evaluated and recommended by NICE. This enables patients with MSK symptoms to opt to see a physiotherapist instead of the GP to assess, diagnose, advise and provide exercises and, when needed, carry out further investigations and refer on.
- Within the care pathway, it is important for people to get the service they need, including timely access to surgery where needed, to support return to work.
- **ARMA has a strategic partnership with NHS England to support the MSK Clinical network**
The multi-faceted and complex nature of musculoskeletal conditions – many professions, diverse patients, and over 200 conditions – means that designing and delivering sustainable service improvements necessarily involves ensuring the inclusion of diverse MSK professions, practitioners and patients. Networks are ideally placed to tackle systemic and complex problems faced by commissioners, providers and regulators, as well as frontline staff and service users. Networks contribute to healthcare improvement by providing a forum for experimentation and creating knowledge, exchanging information and spreading good practice.

REHABILITATION AND RETURN TO WORK

Rehabilitation enables an employee to return to the workplace as soon as possible and fulfil their potential despite an on-going MSK problem. The patient journey and care pathway, as detailed above, plays an important part in rehabilitation and return to work and medical and multidisciplinary professionals should have conversations with patients about return to work early in the pathway.

Where a person's treatment has involved surgery, they often receive intensive rehabilitation in hospital and just after discharge, but then experience long delays in receiving rehabilitation once they get home. While patients wait, their recovery is halted and can reverse. To maximise independence and reduce disability, rehabilitation needs to continue from hospital to home, be easy to refer back in to and rooted in the community.

Employers have a role in rehabilitation, talking to employees openly so that the workplace and work requirements can be adjusted and adapted as required. Employers also need to extend flexibility to their employees to allow for fluctuation in musculoskeletal conditions. Please see out responses to Questions 11.3 and 11.4 regarding Fitnotes, which have a role to play in supporting return to work and enabling employers to provide the necessary support.

While a return to work is desirable, it must be recognised that many MSK conditions are progressive and debilitating, so this is not always possible. In this respect a recognition of the important role that disability benefits play in allowing people with such conditions to live a fulfilling life is necessary. Rehabilitation is also important for this group of people and they need to have conversations about what will enable them to live fulfilling lives.

DATA

- High quality data on musculoskeletal conditions is essential to guide service provision. Data areas include assessing the needs of the local population, activity of local health services and outcomes delivered by health care.
- An analysis of Joint Strategic Needs Assessments, which provide an overview of the health and wellbeing needs of the local population, by Arthritis Research UK^{iv} shows that one in four do not mention arthritis, musculoskeletal conditions or osteoarthritis. JSNAs should incorporate a section on musculoskeletal conditions and work, and include timeframes for data collection.
- Currently, the tools used to measure musculoskeletal outcomes vary between different healthcare settings and conditions. There is a pressing need for a unified system of measuring outcomes that can be applied throughout the care process for patients with different musculoskeletal conditions. The **MSK-Healthcare Questionnaire^v** is a short questionnaire that allows people with conditions such as arthritis or back pain to report their symptoms and quality of life in a standardised manner and it includes a question around work. The questionnaire was developed by Arthritis Research UK's Primary Care Centre at Keele University in collaboration with the University of Oxford and in partnership with people with arthritis. Used consistently across the NHS it would be a valuable tool to understand and improve the quality of services provided to people with arthritis.
- Data is also needed by employers to influence them in implementing ways of promoting musculoskeletal health and preventing work loss due to musculoskeletal conditions.

Question 12.2 How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

The voluntary and community sector has a major role to play in supporting people to understand the services they can access and in supporting them to understand and manage their own conditions. Collectively, ARMA members produce a significant number of resources to support people with

musculoskeletal conditions to stay in work and provide needed information for employers. The resources include booklets, videos, on-line information and helplines. Information can be found at www.arma.uk.net/members.

PATIENT AND EMPLOYER RESOURCES INCLUDE:

- Arthritis Research UK: <http://www.arthritisresearchuk.org/arthritis-information/arthritis-and-daily-life/work-and-arthritis.aspx>; <http://www.arthritisresearchuk.org/arthritis-information/conditions/rheumatoid-arthritis/self-help/work.aspx>
- Arthritis Care resources on managing arthritis at work: <https://www.arthritiscare.org.uk/managing-arthritis/work>
- Ehler-Danlos Research UK <http://www.ehlers-danlos.org/patient-support/employment-advice/>
- Lupus UK: *I want to work* <http://www.lupusuk.org.uk/working-with-lupus/>
- National Ankylosing Spondylitis Society *Guide to managing your AS at work* <http://nass.co.uk/about-as/living-well-with-as/work/>
- National Osteoporosis Society: Information and video content in *Life with Osteoporosis* report. <https://www.nos.org.uk/life-with-osteoporosis>
- National Rheumatoid Arthritis Society: *I want to work* booklet: <http://www.nras.org.uk/data/files/Publications/I%20Want%20to%20Work.pdf> and *When an Employee has Rheumatoid Arthritis* booklet: <http://www.nras.org.uk/data/files/Publications/When%20an%20Employee%20has%20Rheumatoid%20Arthritis.pdf>

A report from the Work Foundation^{vi} indicates that social prescribing can play a role in improving people's health and wellbeing by helping them achieve their aspirations around work and, in turn, contributing to closing the disability employment gap. 70% of Social Prescribing Network members surveyed reported that employability and work-related outcomes should be a key part of social prescribing services.

Primary Care should understand what voluntary and patient support groups and information are available locally. Primary care practitioners could 'prescribe' approved patient support groups and voluntary organisations at diagnosis as these patient support groups have some excellent resources and can be a valuable aid to employers and employees.

Question 11.3 Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification?

ARMA strongly supports the proposal in the Green Paper to extend the issuing of fit notes to other professionals including physiotherapists and podiatrists. Allowing other healthcare professionals such as physiotherapists to issue fit notes would save both patients and doctor's time and ease the strain on general practice. It would enable patients to be assessed and advised by the appropriate professional at an earlier stage allowing them to begin their rehabilitation more quickly and enable better advice to employers

11.4 Turning to the fit note certificate itself, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?

The Fit note should include 'Working with reasonable adjustments', and say what support is available to employers to enable this. The Fit Note is an ideal place to make the employer aware of the Musculoskeletal Toolkit referred to above.

ⁱ Department of Work and Pensions (Feb 2015). Labour Force Survey analysis of disabled people by region and main health problem; Office of National Statistics (2014). Full Report: Sickness Absence in the Labour Market, February 2014.

ⁱⁱ Arthritis Research UK (2016). *Working with arthritis*.

ⁱⁱⁱ Equality Act 2010: <https://www.gov.uk/guidance/equality-act-2010-guidance>; Understand your obligations and definitions of different types of disability, guidance provided by The Equality and Human Rights Commission (EHRC): <https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-employers>; Health and Safety Act 1974: <http://www.hse.gov.uk/legislation/hswa.htm>

^{iv} A Fair Assessment? Musculoskeletal conditions: The need for local prioritisation, Arthritis Research UK, February 2015

^v See <http://www.arthritisresearchuk.org/policy-and-public-affairs/policy-priorities-and-projects/musculoskeletal-health-services/musculoskeletal-health-questionnaire.aspx>

^{vi} Social Prescribing, A Pathway to Work, 2017. http://www.theworkfoundation.com/wp-content/uploads/2017/02/412_Social_prescribing.pdf