Policy Position Paper

Supported Self-Management for People with Arthritis and Musculoskeletal Conditions

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ARMA is an alliance of charities, health professions and research organisations for the musculoskeletal community. Our member organisations are:

Arthritis Action
Arthritis Care
Arthritis Research UK (AR UK)
BackCare
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British Association of Sport & Exercise Medicine (BASEM)
British Chiropractic Association (BCA)
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Supported Self-Management for People with Arthritis and Musculoskeletal Conditions

Background:

Musculoskeletal conditions now account for the largest cause of disabity in the United Kingdom and globally. In the UK, 15 million people have a long-term condition and they have the greatest healthcare needs of the population and their treatment and care absorbs 70% of acute and primary care budgets in England[1]. Research suggests that supported self-management can improve people's quality of life and clinical outcomes[2].

The musculoskeletal community shares a vision that people with arthritis and musculoskeletal conditions should be supported to self-manage and take a proactive role in their health to live well and independently, feeling confident and in control of their condition.

Over one out of every five visits to a GP is for muscle or joint problems[3]. Musculoskeletal conditions affect most individuals at some point in their lives; many of these people typically re-present to GPs, which is neither time or cost-effective[4].

What is supported self-management?

There are several definitions of supported self-management ranging from 1) a portfolio of strategies, techniques and tools to help patients choose healthy behaviours, to 2) a collaborative partnership between the patient and the care-giver (de Silva 2011).

For this paper, supported self-management is defined as when health professionals, teams and services (both within and beyond the NHS) work in ways that ensure that people with long-term conditions have the knowledge, skills, confidence and support they need to manage their condition(s) effectively in the context of their everyday life. [5]

There is sometimes confusion about the difference between self-management and self-care. Self-care involves the things people do to protect their health and manage their illness[6]. The Department of Health defined self-care as: 'The actions people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital[7].'

It is sometimes thought that supported self-management is simply information provision, such as a leaflet, but this alone is unlikely to motivate behaviour change[8].

There are a broad range of supported self-management or self-care techniques such as referrals to third sector services, mentoring, peer support, access to publications, helplines, apps, training and signposting, exercise, improving diet, losing weight and using techniques to manage pain[9].

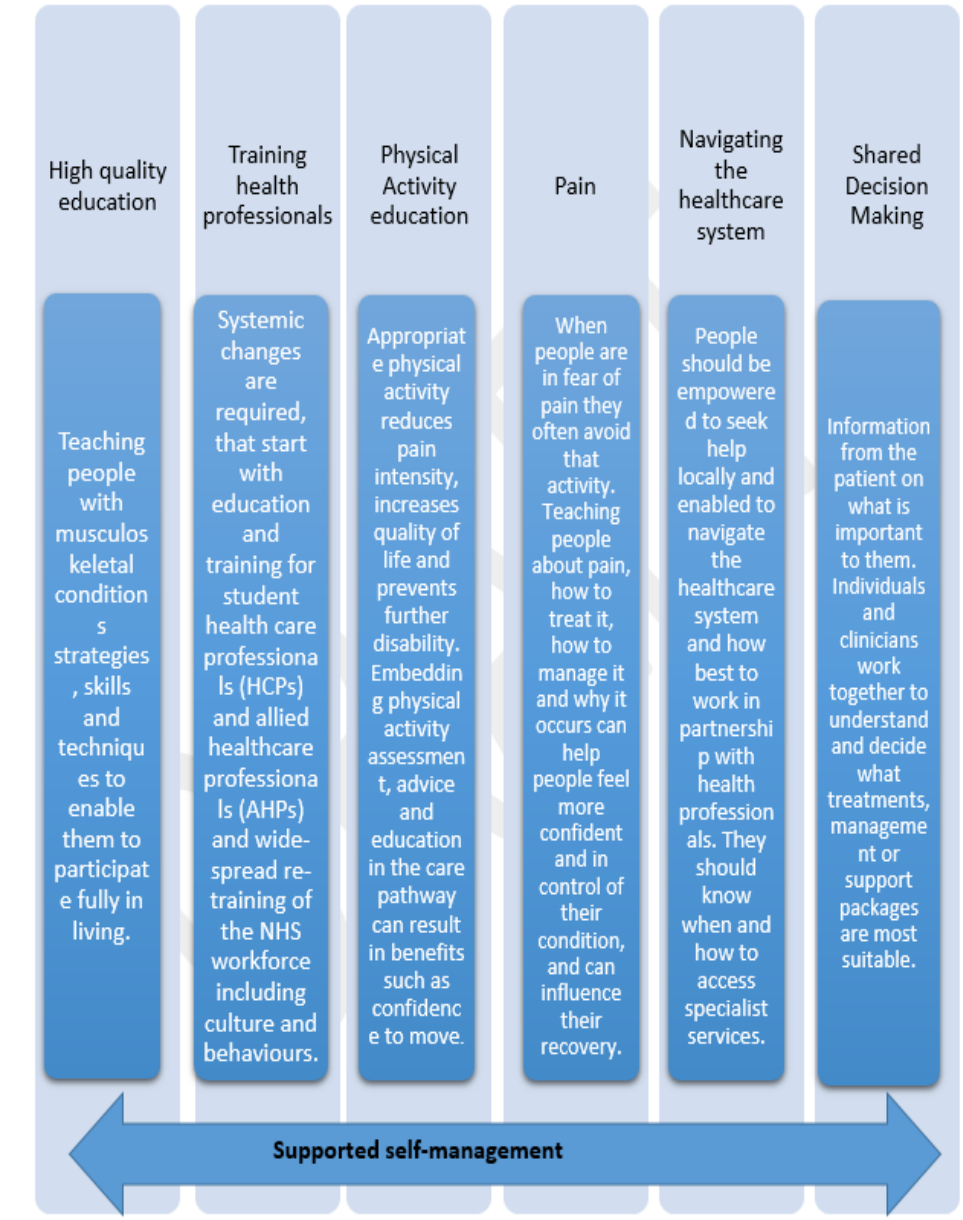
Patient activation is another term used in this context. It describes the knowledge, skills and confidence a person has in managing their own health and care. NHS England says patient activation underpins an asset-based approach that supports people to develop their capability to manage their own health and care by giving them information they can understand and act on, and providing them with support that is tailored to their needs. Patient activation is a broader and more general concept, reflecting attitudes and approaches to self-management and engagement with health and healthcare, rather than being tied to specific behaviours.

There are different approaches to supported self-management, such as condition specific and generic, with varied outcomes. No single approach to supported self-management will be suitable for all people. The diagram opposite outlines some of the multi-faceted elements for supported self-management.

Key Points

Mainstreaming supported self-management: To fully realise the potential benefits, supported self-management should be fully integrated with clinical care pathways. No single supported self-management intervention on its own is fully effective if they are isolated from the mainstream healthcare services[10]. Thus, supported self-management requires a whole system approach, with improved access to support.

Access to supported self-management: People with musculoskeletal conditions can play a pivotal role in managing their condition, however, many people are simply unaware of the difference they can make in managing their condition. A survey of over 2,000 people with arthritis found that **only nine**



Supported self-management for musculoskeletal conditions

There are multi-faceted elements of supported self-management for musculoskeletal conditions

per cent of people with arthritis have had training on how to manage their condition[11].

Research in the West Country and Sussex, in which that the National Rheumatoid Arthritis Society has been involved in, reaching patients with rheumatoid arthritis and other musculoskeletal diseases, illustrates very clearly that most are still not offered any form of supported self-management (and have no formal care plans). This is likely to be a widespread experience.

Timeliness of access to quality supported self-management is particularly important for some musculoskeletal conditions such as inflammatory conditions.

Providing supported self-management resources at an early stage can help avoid the need for referral to secondary care with its associated higher costs. Multidisciplinary team members working in primary care GP practices have been shown to increase the number of patients who are able to self-manage effectively thus preventing the time people are off sick and preventing problems becoming chronic and long-lasting[12].

Supported self-management tailored to the patient: The supported self-management most useful to patients should be tailored to them always - physically, mentally and emotionally - and follow their actual disease and treatment pathways, with all their biopsychosocial aspects addressed. There should be agreement with the patient the appropriate `whole person' goals and then plan and commit to a series of actions aimed at achieving those, ensuring the full multidisciplinary team is signed-up and supportive.

Investment in supported self-management: The NHS is currently operating under severe financial pressure. Focusing on yearly NHS budget challenges is counter-intuitive and risks missing the real essence of the task facing the NHS, which is about getting better value from the NHS budget. Supported self-management for musculoskeletal conditions is often seen as a luxury add-on and so has been underfunded – or ignored. With little investment at the outset, and the drive for short-term financial savings, the benefits of supported self-management will not be achieved. Minimal investment, such as a leaflet or information provision, is unlikely to be sufficient to motivate behaviour change. Proactive strategies work best, with interventions that actively target behaviour change and self-efficacy[13]. There are models of supported self-management that have historically had greater and more long-standing investment, such as diabetes, with improved outcomes and health behaviours. Long-term conditions have not benefited from such a longer-term approach. However, the scale and burden of long-term conditions warrants a longer-term approach.

Change in thinking, attitudes and approach to investment in supported self-management for musculoskeletal conditions is needed if benefits are to be realised.

Joined-up approach to supported self-management over the life-course of a person: As a minimum, supported self-management should respond to variations in condition, life stage, general and health literacy, and address specifics such as poor health beliefs and behaviours. Systemic changes are required to make this happen: the starting point for supported self-management is in public health and investing in primary prevention, self-care, symptom awareness messaging before a long-term condition develops. A key point is at diagnosis, where there is the opportunity for supported self-management for every person, for example, information and guidance on what is to come and support available. At every contact with a health care professional in the care pathway there is opportunity for support and reinforcement and signposting to resources outside the formal NHS pathway.

The care plan should in include regular reviews of supported self-management**.**

Evaluation of what works: It is important to continually evaluate what works with relevant data and measures on supported self-management.

Why have supported self-management for musculoskeletal conditions:

The extent and impact of musculoskeletal conditions on the UK population: About 15 million people in the UK have a long-term condition and they have the greatest healthcare needs of the population and their treatment and care absorbs 70% of acute and primary care budgets in England. Musculoskeletal conditions are the biggest cause of disability in the UK. Musculoskeletal conditions are a major cause of sickness at work. One in five visits to a GP are for a musculoskeletal condition. Clearly the burden of musculoskeletal conditions on society is great.

The Five Year Forward View (FYFV) published by NHS England notes that 'long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the longer term rather than providing single, unconnected "episodes" of care.' The ambition under the FYFV by 2020 is to help make the NHS the best in the world at supporting people with long term health conditions live healthily and independently, with better control over the care they receive.

Supported self-management works – it improves outcomes and quality of life:

Cochrane reviews on self-management support for musculoskeletal conditions found evidence of reduced hospital admissions, improved clinical outcomes and increased quality of life and well-being. Studies show supported self-management can substantially affect individuals' health related quality of life and the physical, psychological and social impact of chronic health conditions. At the population level, these interventions could have a considerable public health effect due to the potential scalability of the interventions, the relative low cost to implement them, wide application across various settings and audiences, and the capacity to reach large numbers of people.

There is emerging evidence that those interventions that specifically aim to increase people's levels of self-efficacy or activation are more likely to produce positive outcomes in terms of behaviour change and health outcomes.

For people with arthritis, self-management education is associated with significant improvements in self-efficacy and quality of life measures.

The coordinated and systematic implementation of self-management support interventions across the health system could help to improve people's self-management efforts and their quality of life, and may contribute to a more efficient use of healthcare resources.

The evidence identifies the importance of patients as partners in their own care and the importance of personalised care planning supported by information, education, community support and technology as critical elements of helping people to cope with managing a long-term health condition.

Recommendations for policy-makers:

1. National, local government and STPs should considerably increase access to supported self-management.

2. National and local government and NHS should mainstream supported self-management, fully integrating self-management across the care pathway with a whole system approach, joining up public health prevention/messaging and clinical care.

3. Prompt supported self-management education should be provided to enable people to live well with a musculoskeletal condition. This should include signposting to relevant patient advocacy groups.

4. Access to supported self-management must be widened if we are to realise the benefits for musculoskeletal disorders.

5. Investment over a longer period is needed in supported self-management for musculoskeletal conditions if the benefits are to be realised.

References

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