ARMA core offer for musculoskeletal conditions and pain

This document sets out what the Arthritis and Musculoskeletal Alliance (ARMA) believes should be available in every area for people living with long term pain. Most of this provision needs to be delivered locally as close as possible to people. We believe that every local health body[1] should have a plan for how this will be delivered. Production of this guide was joint funded by ARMA and Pfizer Limited.

In 2017 the Health Survey for England included questions on chronic pain. 34% of adults in England reported experiencing chronic pain. 5.5 million people (12%) are affected by high-impact pain (moderate to severely disabling pain), preventing them from enjoying social, family and recreational activities, and from working, including carrying out household tasks. Not all of this pain is musculoskeletal, but in the Health Survey for England data, 84% of those experiencing chronic pain reported that at least some of their pain is in their neck or shoulder, back, limbs or extremities, which are all sites where pain is most likely to be musculoskeletal. Osteoarthritis and back pain alone are associated with over half of all chronic pain.

It's also important to acknowledge that the prevalence and impact of chronic is not experienced equally across the population. Chronic pain is strongly linked to deprivation, is more prevalent in women, and disproportionately affects some minority ethnic groups. In England, 41% people who live in the most deprived fifth of society report chronic pain compared to 30% in the least deprived quintile. 44% of Black people have chronic pain, compared with 34% of white, 35% Asian, 34% mixed/multiple ethnicities, and 26% any other ethnic background. Not only are women more likely to have chronic pain than men of the same age, but women also report more high-impact pain than men. 14% of women have high-impact chronic pain compared to 9% of men.

Those who live with musculoskeletal pain may have conditions which, if treated, will provide a good chance of being pain free. For others, long term pain is likely to be a feature of their condition. It is important to ensure that people can access both effective treatments for painful conditions and good quality

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[1] Throughout this document we use the term “local health body” to mean ICS, Health Board or Health and Social Care Trust.

pain services and self-management support for those living with long term pain. This document covers both aspects. Chronic primary pain, which has no clear underlying condition or where the impact of pain is out of proportion to any observable injury or disease, includes fibromyalgia and primary MSK pain. It is important that people with chronic primary pain can access appropriate treatment and management options in line with NICE guidance.

Children and young people can experience chronic pain and develop painful MSK conditions. Services for children and young people are usually commissioned separately but it is vital that they are made available and that primary care services are aware of what is available and how to refer.

This document aims to help those developing local services to understand the core offer needed to deliver evidence based, cost effective services for people living with chronic pain, and to signpost towards information and support available to help those looking to improve services.

The document sets out a core offer in four areas:

- Underpinning framework
- Treatment for underlying conditions
- Services for people living with chronic pain
- Prevention and inequalities

Underpinning framework

Every local health body should address the following:

Area	Detail	Resources
Understanding of local need	Local pain service provision should be based on population need. Local health bodies should assess population needs in relation to pain and include measures to meet these needs within their plans. This assessment should include children and young people's needs.	Back pain is included in the MSK Fingertips data https://fingertips.phe.org.uk/profile/msk More general local pain data is difficult to access. Chronic pain in adults 2017 from Public Health England indicates demographic factors that increase likelihood of experiencing pain. Chronic pain in England: Unseen, unequal, unfair from Versus Arthritis sets out the key findings along with a series of recommendations.
Workforce	A biopsychosocial approach to pain requires availability of a multi-disciplinary workforce. Planning should include an assessment of availability and need for a range of professionals including psychologists, pain medicine specialists, specialist MSK professionals, paediatric specialists, and professionals with an expertise in physical activity and long-term conditions.	Given the workforce challenges faced by primary and community care, effective and appropriate use of the full range of professionals including pain medicine specialists, GPs, physiotherapists, chiropractors, osteopaths, dieticians, podiatrists, sport therapists, sport and exercise physicians, pharmacists, sport rehabilitation therapists, occupational therapists, specialist nurses, social prescribers, mental health professionals including IAPT. It also includes Level 4 personal trainers who can offer strength and conditioning programmes. Some of these professionals may be working in gyms and leisure clubs or private practice but are part of the available workforce to be used appropriately.
Support for Primary Care	The report "Chronic Pain – This is how it feels" showed how many GPs struggle to know how best to support people living with pain. Primary care staff should have access to multi-disciplinary support to know how best to manage complex patients. Improved access to services	Chronic Pain: This is How it Feels Exploring Chronic Pain Services and Management – A Patient and HCP Perspective The ECHO pain project in Canada provides support with managing chronic pain.

	(see below) requires that primary care staff have good knowledge of what is available and how to refer.	https://uhn.echoontario.ca/chronic-pain-opioid-stewardship/ Explain Pain A book designed to assist a variety of health professionals in explaining pain to people living with chronic pain.
Work and education	For most people with chronic pain, good work is beneficial. All clinicians should discuss work with patients and the fit note should be used as a tool to enable people to return to work with adjustments. Clinicians working with children and young people should discuss the impact of their pain on their education.	Talking Work: A guide for doctors discussing work and work modifications with patients.

Treatment for underlying conditions

Everyone with a treatable MSK conditions should be able to access:

What	**Detail**	**Resources**
Access to evidence based treatments	Those for whom effective treatment is available should be able to access this in a timely manner in line with NICE guidance. There should be no restrictions that are not clinically driven, (such as BMI thresholds, smoking restrictions, or excessively high pain thresholds for joint replacement surgery), as these result in delays in accessing effective treatment and increase the risk of poor outcomes and long term pain.	NICE guidance for people age 16+ on: low back pain and sciatica, rheumatoid arthritis, osteoarthritis, spondyloarthritis, Chronic pain.
Reducing delays in diagnosis	Many people with MSK conditions have experienced significant delays in getting a diagnosis. For instance, Axial Spondyloarthritis diagnosis takes an average of 8 years. The resultant delays in accessing treatment lead to impaired spinal mobility and poorer treatment response.	A list of the key resources to support early identification in primary care Guidance on Urgent and Emergency Musculoskeletal Conditions Requiring Onward Referral

	These delays could be reduced through a combination of increased public awareness of symptoms, better recognition and referral in primary care, better identification in secondary care and better diagnosis. Addressing this requires awareness amongst primary and some secondary care referrers, appropriate pathways in place and effective diagnostic and rheumatology services.	National Axial Spondyloarthritis Society Gold Standard Time to Diagnosis Programme makes specific recommendations to reduce time to diagnosis of AS from over 8 years to just one. The GIRFT rheumatology report outlines recommendations for improving rheumatology services. The Best MSK Health Collaborative provides recommended pathways for many of the conditions experiencing delays in diagnosis.
Secondary prevention	There are a number of evidence based interventions which can support people with pain to manage their condition and avoid the need for invasive treatment such as surgery. These are best delivered in community rather than medical settings. Provision of these services needs to be funded/commissioned as a core NHS service.	ESCAPE-Pain is a group rehabilitation programme for people with chronic joint pain. ESCAPE-pain offers two programmes, one for chronic hip and knee pain and one for chronic back pain. Good Boost uses digital technology to deliver affordable and accessible therapeutic exercise programmes for musculoskeletal (MSK) conditions.

Services for people living with chronic pain

Every local health body should have a plan to ensure that the following are available to meet population need:

What	**Detail**	**Resources**
Assessment of chronic pain	Recommendations in the NICE guideline on chronic pain for patient-centred assessment, thinking about possible causes, talking about pain, providing advice and information, developing a care and support plan and flare-ups should be followed.	Chronic pain (primary and secondary) – using NICE guidelines for assessment and management is a helpful summary of how to use the various NICE guidelines relevant to managing chronic pain. NICE guidance Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain

		Both apply to 16+
Self-management support	Everyone with chronic pain should be given access to information, support and appropriate programmes to enable them to better understand and manage their condition. Whilst some people may be able to benefit from on-line programmes and education, others will need this support through community pain services, primary care, social prescribing, health coaching. Self-management support needs to be personalised, based on conversations about the impact pain is having on the person's life and what matters to them. Those with high impact chronic pain should be offered the opportunity to create a personalised care and support plan.	The Pain Toolkit Links for people living with pain Flippin' Pain a campaign to change the way we think about, talk about and treat persistent pain. Includes on line resources for people living with persistent pain. NHSX MSK Digital Playbook: Promoting good MSK health and wellbeing Managing your bone, joint or muscle pain links to a range of MSK self-management resources. Many MSK patient and pain organisations have resources for self-management – see below. To support shared decision making: Musculoskeletal Decision Support Tools
Peer support	Everyone should have access to peer support, with a choice of virtual and in person groups. In the case of children and young people, parents and siblings may also benefit from peer support. Local systems need to support these groups as needed, which may include funding, access to meeting spaces or staff time.	In 2020 the Camden MSK Group moved on-line. This resource explains how they did it and the outcomes. Many MSK patient and pain organisations provide local groups and on-line forums for peer support – see below.

	Everyone should be signposted to appropriate voluntary organisations and patient groups both national and local.	
Community pain services	People should be able to access biopsychosocial multi-disciplinary community-based pain services. These need to be available in sufficient quantity to enable access with short waiting times to all those who need them. They should include a range of offers depending on the level of need of the person and the complexity of their specific circumstances. Emphasis should be on health coaching and self-management support approaches which will avoid over-medicalising. Services should be integrated, meaning organised in a way that makes engagement easy for the person living with pain and avoid requiring people to manage a plethora of different professionals' input into their care.	
Evidence based interventions	Local health bodies should ensure that sufficient services are available to offer support in line with NICE guidelines.	NICE guidance Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain for guidance on assessing pain and managing chronic primary pain. For pain that is secondary to common MSK conditions refer to the relevant NICE guidance. Including: low back pain and sciatica, rheumatoid arthritis, osteoarthritis, spondyloarthritis.
IAPT	All IAPT long term conditions services should offer the IAPT pain pathway.	Webinar: IAPT and psychological support for people with MSK conditions.
Physical activity	Physical activity is beneficial in managing and preventing chronic pain. Some people may need access to specifically tailored support or resources to become more active.	We are Undefeatable is a campaign to help people managing long term health conditions, including MSK conditions, to be more active.

		There is a Facebook group for parkrunners affected by arthritis and MSK conditions. Moving Medicine provides clinicians and allied health professionals with accessible, evidence based, condition specific information to help give advice on physical activity at all stages of treatment pathways, including options for one minute or longer conversations. Patient organisations' on-line activity resources: Arthritis Action Seated exercises Versus Arthritis Let's Move with Leon
Social prescribing	Social prescribing services should have staff with an understanding of pain and how social prescribing can benefit people who live with pain.	
Safe prescribing	For clinicians to have conversations with people living with pain about prescribing, non-medical alternatives need to be available. People already taking medication should not have medication withdrawn without support and alternative services. Reducing or stopping medication should be a shared decision.	
Networked services	A range of options should be available so that people living with pain can access the services that will benefit them in the way that works for them (in person and virtual options).	

	Services should not be conceived as a "pathway" which one moves along in steps, rather, there should be a network of services and support which can be accessed as needed on the basis of shared decision making.	
Patient organisations	There are many patient organisations offering a range of support from local groups, helplines, self-management programmes and on-line resources. Every patient should be signposted to the patient organisations relevant to their condition.	Arthritis Action – local groups, self-management resources https://www.arthritisaction.org.uk/ Ehlers Danlos Support UK – helpline and support groups http://www.ehlers-danlos.org/ Fibromyalgia Action UK – helpline and support groups http://www.fmauk.org/ Hypermobility Syndrome Association – helpline and support groups https://www.hypermobility.org/ National Axial Spondyloarthritis Society have local support groups and a national helpline. http://www.nass.co.uk/ National Rheumatoid Arthritis Society have a helpline, local groups and a self-management support programme. https://www.nras.org.uk/ Psoriasis Association (including psoriatic arthritis) – helpline and online forums. https://www.psoriasis-association.org.uk/ Royal Osteoporosis Society - support groups and a helpline https://theros.org.uk/ Scleroderma and Raynaud's UK – helpline, support groups and online information resources. http://www.sruk.co.uk/

		UK Gout Society – on-line information http://www.ukgoutsociety.org/ Versus Arthritis – helpline, on-line chat bot (available to answer common questions 24/7) and local groups and services. https://www.versusarthritis.org/ CCAA (Kids with Arthritis) supports children, young people and their families. https://www.ccaa.org.uk/

Prevention and inequalities

Much of the pain of MSK conditions is preventable. Experience of chronic pain is unequal. It is higher in women, in black ethnic groups and in deprived areas. Every local health body should have a plan to address health inequalities and prevention.

What	Detail	Resources
Equality of outcomes	Local health bodies should have an understanding of inequalities in incidence of chronic pain within their area and the social determinants contributing to this. Each local health body's plan should include measures to ensure that people living in those areas most affected have access to appropriate services in a way which is accessible to them.	PHE report Chronic pain in adults 2017 Versus Arthritis report Chronic pain in England: Unseen, unequal, unfair
Prevention	Physical activity both helps prevent and reduce MSK pain. Local health bodies should have an understanding of physical activity levels of the population in their area and interventions which could help increase this. A strong public health approach is needed to address chronic pain and its underlying drivers. Health promotion and protection activities that are focused on addressing	https://www.gov.uk/government/publications/active-travel-a-briefing-for-local-authorities Health matters: physical activity - prevention and management of long-term conditions guidance Productive healthy ageing and musculoskeletal (MSK) health guidance

	issues such as activity, mental health and obesity, all of which are significant drivers of ill health, are key to helping prevent and delay the progression of chronic pain at a population level.	PHE Adult Obesity guidelines PHE Childhood obesity guidelines NICE obesity prevention guidance NHS tiered weight management pathway 10Today ten-minute routines for older people broadcast on the radio and available online. Screening tools such as StartBack can be used to identify people at risk of developing chronic pain.

About the Arthritis and Musculoskeletal Alliance (ARMA)

ARMA brings together professional and patient organisations working in MSK to influence policy and practice for better MSK health and services. Our vision for MSK health is that the MSK health of the population is promoted throughout life and that everyone with MSK conditions receives appropriate, high-quality interventions to promote their health and well–being in a timely manner. We work to raise MSK higher up the health agenda and provide webinars, resources and a monthly e-newsletter to support professionals to improve services.

Our members:
Arthritis Action
Back Care
British Association of Sport and Exercise Medicine (BASEM)
British Association of Sports Rehabilitation and Training
British Chiropractic Association
British Dietetic Association
British Orthopaedic Association
British Society of Rehabilitation Medicine
CCAA Kids with Arthritis
Chartered Society of Physiotherapy
Ehlers-Danlos Support UK
Faculty of Sport and Exercise Medicine
Fibromyalgia Action UK
Hypermobility Syndrome Association
The Institute of Osteopathy
McTimoney Chiropractic Association
Musculoskeletal Association Chartered Physiotherapists
National Axial Spondyloarthritis Society
National Rheumatoid Arthritis Society & JIA
Physio First
Physiotherapy Pain Association
Podiatry Rheumatic Care Association
Primary Care Rheumatology Musculoskeletal Medicine Society
Psoriasis Association
Rheumatology Pharmacists UK
Royal College of Chiropractors
Royal College of Nursing - Rheumatology Forum
Royal College of Podiatry
Royal Osteoporosis Society
Scleroderma and Raynaud's UK
Society of Musculoskeletal Medicine
The Society of Sport Therapists
UK Gout Society
Versus Arthritis

For further information please visit: arma.uk.net

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