

# Policy Paper

## Work and Musculoskeletal Health



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ARMA is the umbrella organisation for the UK musculoskeletal community. Our member organisations are:

Acupuncture Association of Chartered Physiotherapists (AACP)	Institute of Osteopathy (iO)
Arthritis Action	Lupus UK
Arthritis Care	Musculoskeletal Association of Chartered Physiotherapists (MACP)
Arthritis Research UK (AR UK)	Myositis UK
BackCare	National Ankylosing Spondylitis Society (NASS)
British Acupuncture Council (BAC)	National Osteoporosis Society (NOS)
British Association of Sport & Exercise Medicine (BASEM)	National Rheumatoid Arthritis Society (NRAS)
British Chiropractic Association (BCA)	Podiatry Rheumatic Care Association (PRCA)
British Medical Acupuncture Society (BMAS)	Polymyalgia Rheumatica & Giant Cell Arteritis UK (PMRGCA UK)
British Orthopaedic Association (BOA)	Primary Care Rheumatology Society (PCRS)
British Society for Rheumatology (BSR)	Repetitive Strain Injury (RSI) Action
British Society of Rehabilitation Medicine (BSRM)	Royal College of Chiropractors (RCC)
Chartered Society of Physiotherapy (CSP)	Royal College of Nursing (RCN) Rheumatology Forum
College of Occupational Therapists (CoT)	Scleroderma & Raynaud's UK (SRUK)
College of Podiatry (COP)	The Society of Musculoskeletal Medicine (SOMM)
Ehlers-Danlos Support UK (EDS UK)	UK Gout Society
Faculty of Sport & Exercise Medicine (FSEM)	
Fibromyalgia Action UK (FMA UK)	
Hypermobility Syndromes Association (HMSA) UK	

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The contents of this document and further resources including contact details for our member organisations and further information about our work are available on the ARMA website at [www.arma.uk.net](http://www.arma.uk.net).

# Work and Musculoskeletal Health

## In brief:

**Work is important to people with arthritis and other musculoskeletal conditions. Most want to work, and can do with the right support. Together, we have an opportunity to inform national policy and public health programmes and ensure that people with musculoskeletal conditions get the support they need to remain in, or return to work.**

## The facts

While many people with arthritis and other musculoskeletal conditions want to work, the reality is that having a musculoskeletal condition can make working life hard.<sup>i</sup>

At a national level, the need to address musculoskeletal conditions in a work context is clear. Less than two thirds of working-age people with a musculoskeletal condition are in work and these conditions are the leading cause of sickness absence, resulting in around 30.6 million days lost each year in the UK.<sup>ii</sup>

In public health terms, the workplace is an important setting in which to promote health improvement - for both musculoskeletal and overall health, including mental health. Almost three quarters of working-age adults across the UK are in work, and they spend on average a third of their waking hours in the workplace.<sup>iii</sup> Good quality work has a beneficial impact on health. However, employers of all sizes and sectors must do more to improve awareness of musculoskeletal health, make appropriate adjustments and challenge stigma in the workplace. Public Health England (PHE) have included support for the implementation and quality assurance of the Workplace Wellbeing Charter in their 2016-7 planning.<sup>iv</sup>

ARMA, the Arthritis and Musculoskeletal Alliance, has a longstanding interest in workplace health and published the 'Charter for work for people affected by musculoskeletal disorders in the UK' in 2009.<sup>v</sup>

## Vision

Our vision is: **to close the disability employment gap for people with arthritis and other musculoskeletal conditions, reduce sickness absence due to musculoskeletal problems and improve musculoskeletal health in the workplace.**

## Resources

Collectively, the musculoskeletal community 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. Some ARMA members also provide self-management courses and local support which includes content on work alongside other issues. Others work with providers to provide direct return to work support (e.g. Ehlers-Danlos Support UK work with START Ability Services).<sup>vi</sup>

### Patient and employer resources include:

- o 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>
- o 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>
- o National Ankylosing Spondylitis Society Guide to managing your AS at work <http://nass.co.uk/about-as/living-well-with-as/work/>
- o Arthritis Care resources on managing arthritis at work: <https://www.arthritiscare.org.uk/managing-arthritis/work>
- o Ehler-Danlos Research UK <http://www.ehlers-danlos.org/patient-support/employment-advice/>
- o Lupus UK: I want to work <http://www.lupusuk.org.uk/working-with-lupus/>
- o National Osteoporosis Society: Information and video content in Life with Osteoporosis report. <https://www.nos.org.uk/life-with-osteoporosis>

### Key message

The general themes of messaging across the ARMA community can be summarised below.

#### Overarching message:

- Many people with arthritis or a musculoskeletal condition want to work, and can do with the right support.

#### Messages for those with a musculoskeletal condition:

- Having a musculoskeletal condition doesn't mean you have to stop working
- The right kind of work can be good for you. You might need to change the way you work or the type of work you do.
- You should:
  - ① Know your rights around health at work
  - ② Talk to your employer
  - ③ Get the support you need.

#### Messages for employers:

- Musculoskeletal conditions are a major cause of sickness absence. No matter what size or type of business you have, you need to be aware of the musculoskeletal health needs of your staff and take action to support musculoskeletal health in your workplace.
- You should:
  - ① Audit the musculoskeletal health needs of your staff;
  - ② Develop a plan to promote musculoskeletal health of all your employees;
  - ③ Make reasonable adjustments to support employees with musculoskeletal conditions;
  - ④ Provide training for your line managers.
- Understanding the potential effects and limitations of musculoskeletal conditions means that, together with the employee, adjustments can be made to improve outcomes for everybody.

#### Message for policy-makers and politicians

- Less than two thirds of working-age people with a musculoskeletal condition are in work and these conditions are now the leading cause of sickness absence, resulting in around 30.6 million days lost each year.
- Government should ensure that the needs of people with arthritis and musculoskeletal conditions are recognised and addressed through the Government's Command Paper on Disability Employment and the activities of the Government's Joint Work and Health Unit.

[More detailed policy recommendations are in next the box].

## Recommendation for policy makers

### *Supporting people with musculoskeletal conditions to stay in work*

1. The **Access to Work** scheme should be supported by a greater than real terms increase in funding. The Department of Work and Pensions should undertake immediate and ongoing promotion of Access to Work to target people with musculoskeletal conditions.
2. HM Treasury should introduce fiscal incentives to encourage employers of all sizes to provide **workplace health and well-being initiatives targeting and promoting musculoskeletal health**, such as early referral and rehabilitation.
3. Public Health England should ensure that a musculoskeletal component is added the **Workforce and Well-being Charter** within 2016–7, and should allocate resource to implement the Charter, raising awareness among employers of their mandatory duties and of best practice.

### *Supporting people with musculoskeletal conditions to return to work*

4. The future **Health and Work Programme** should provide services appropriate for people with musculoskeletal conditions and complex co-morbidities, and should be designed with input from professionals with expertise in these conditions. If Work Choice is not maintained as a separate specialist disability employment programme, the new Health and Work Programme must provide comparable, or better, support for people with additional needs arising from their health or disability.

### *Innovation and data*

5. The Joint Work and Health Unit's **Work and Health Innovation Fund** should be used to pilot interventions to support people with musculoskeletal conditions to return to work, and to prevent work loss related to musculoskeletal conditions. This should include interventions targeted towards prevention, short-term absence (e.g. early-intervention clinics) and long-term absence (e.g. Individual Placement and Support (IPS)). All studies should include health-economic evaluation and scalability and should be robustly evaluated by a national expert panel and academic peer review.
6. **Work status should be systematically recorded in health records**, including for people with musculoskeletal conditions. Work should be routinely considered as a clinical outcome and systematically included as a health outcome measure for people with long-term conditions in all national and local outcomes frameworks.

### Useful documents and resources

In addition to the resources highlighted in section 4:

- ARMA [useful resources](#) webpage
- Arthritis Research UK (2016); Working with Arthritis
- Chartered Society of Physiotherapy: Physiotherapy Works evidence briefings for MSK, Occupational Health and Fit for Work <http://www.csp.org.uk/professional-union/practice/your-business/evidence-base/physiotherapy-works>
- National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis from the British Society of Rheumatology – the audit findings underline the importance of early intervention in order to keep people in work. The audit can be accessed here: [http://www.rheumatology.org.uk/resources/audits/annual\\_report/second\\_annual\\_report.aspx](http://www.rheumatology.org.uk/resources/audits/annual_report/second_annual_report.aspx)
- National Rheumatoid Arthritis Society: I want to work survey: <http://www.nras.org.uk/publications/i-want-to-work-survey> and <http://www.nras.org.uk/publications/scottish-work-survey>

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## References

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- i Arthritis Research UK (2016). Working with arthritis.
- ii 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.
- iii Public Health England (July 2015). Who we are and what we do: Annual Plan 2015/16.
- iv <https://www.gov.uk/government/publications/public-health-england-strategic-plan>
- v ARMA (2009), Charter for work for people affected by musculoskeletal disorders in the UK
- vi <http://www.ehlers-danlos.org/patient-support/employment-advice/>





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