



The Arthritis and Musculoskeletal Alliance (ARMA)

ARMA is the alliance providing a collective voice for the arthritis and musculoskeletal (MSK) community in the UK. We have 40 member organisations, representing the breadth of MSK ranging from specialised support groups for rare diseases to major research charities and national professional bodies.

MSK Conditions in the UK

Musculoskeletal (MSK) conditions represent a significant and growing public health challenge affecting approximately a third of the UK population and they are the leading cause of years lived with a disability.

These conditions impose a substantial burden on the NHS, accounting for the third-largest programme budget at £6.3 billion in 2022-2023 and 20% of the population consult their GP annually for MSK problems - making up one in seven GP consultations.

The wider economic implications are equally significant. MSK conditions are the second most common cause of sickness absence, resulting in 30 million lost workdays annually. The cost of lost workdays due to osteoarthritis and rheumatoid arthritis alone is projected to rise to £3.4 billion by 2030. Additionally, osteoporotic fractures affect 81,000 working individuals each year, with a third being forced out of the workforce altogether. Supporting individuals with MSK conditions and preventing these conditions from becoming acute is crucial to reducing this economic strain.

As the population ages and people live and work longer, the health and economic consequences of MSK conditions are set to increase.

ARMA and its members has set out below what we believe to be strategic priorities for the new government to mitigate the impact of MSK conditions, ensuring a healthier population and a stronger economy.

Publication of the Major Conditions Strategy

The inclusion of MSK conditions in the interim report of the Major Conditions Strategy represents a significant advancement in public health policy. This recognition underscores the substantial impact MSK conditions have on individuals' lives, the NHS and the wider economy. MSK is the leading cause of years lived with disability in the UK, and its acknowledgment alongside major conditions like cancer and mental health positions MSK on a long-overdue and equal footing with other major health concerns.

The Strategy's emphasis on prevention, personalised care, community-based treatments, and the integration of physical and mental health care is particularly welcomed by all living with

and working to support those with MSK conditions. Moreover, it highlights the prevalence of comorbidities and the socioeconomic factors influencing these conditions, stressing the need for comprehensive, long-term management.

We know that achieving meaningful change requires a concerted effort from all stakeholders and it is imperative that Integrated Care Systems incorporate MSK priorities into joint forward plans and integrated care strategies. The cross-cutting, multi-condition approach of the Strategy is a vital tool for driving this change.

We would like to see the publication of the Major Conditions Strategy at the earliest opportunity so that no time is lost improving diagnosis and treatment of MSK conditions and implementing a holistic approach to managing multiple conditions.

Reduce Waiting Times for Diagnosis and Treatment

We all know that people are waiting too long for a variety of MSK treatment in the NHS and welcome the new Government's commitment to drive down waiting times and get patients diagnosed earlier.

Some patients with MSK conditions such as osteoarthritis will require joint replacement surgery. In England many MSK patients are currently waiting for this treatment as part of the largest speciality waiting list, Trauma and Orthopaedic treatment, which has over 857,000 people with 6% waiting over a year for treatment in 2023.

Across a range of MSK conditions there is evidence of significant delays to diagnosis which continues to result in avoidable morbidity and mortality. Currently 1 in 200 adults in the UK live with axial SpA (AS), a painful and progressive form of inflammatory arthritis. Despite the prevalence and seriousness of the condition, and the significant impact delay in diagnosis can have, it takes an average of 8.5-year for a patient to be diagnosed with AS. Other conditions face similar delays with Lupus taking an average of 6.4 years and Ehlers-Danlos an estimated 10 years to diagnose.

Although some of the delay can be attributed to patients not reporting symptoms to their GP, the largest delays occur within the healthcare system. These include GPs not referring patients to rheumatology, referral letters to GPs from osteopaths and chiropractors not being actioned, and a lack of understanding among radiologists and other specialties.

As with all conditions, rapid diagnosis is key to effective medical care and treatment. A delayed diagnosis can mean having to live with prolonged pain and with the untreated disease progressively worsening or causing irreversible damage.

For some MSK conditions such as Lupus, delay in accessing effective treatment also increases the risk of permanent organ damage, disability and even death. Across a range of less

common MSK conditions, delays to diagnosis result in avoidable costs to the NHS and costs to the economy through lost productivity.

Waiting for both diagnosis and treatment has an impact on patients' mental, emotional and physical health. As well as tackling waiting times there is much which can be done to support patients and provide them with information as they wait.

By the time they appear on the official waiting lists, patients may have been waiting for GP appointments, community MSK appointments and often several cycles of tests and results if living with a condition with delayed diagnosis rates. To a patient, this is all waiting. To the NHS this may be a series of waiting times starting and stopping, or not count as waiting at all.

A commitment to communication and support should be in place for all MSK patients who are at risk of both mental and physical health deterioration while facing long and painful waits. Providing patients with information on what is happening, confirmation on how long they might have to wait and what to do if their symptoms get worse is crucial to improving patient experience.

We would also like to see all patients have access to quality intensive and tailored supported self-management tools to ensuring that while waiting for MSK treatment they can gain the confidence to manage their conditions and not deteriorate further.

100% Coverage of Fracture Liaison Services

We welcome the Government's commitment to 100% coverage for Fracture Liaison Services (FLS) and hope to see coverage expanded to every Integrated Care Board at the earliest opportunity.

Osteoporosis causes bones to weaken and break more easily, affecting half of women over 50 and a fifth of men. Fractures caused by osteoporosis can lead to life-long disability, but early diagnosis and access to care can prevent fractures and allow people to enjoy better health for longer.

The burden of preventable fractures on the NHS is vast. 1m acute hospital bed days are taken up by hip fracture patients and £2bn is spent annually on hip fracture care. Yet half of hip fracture patients had a previous fracture that could have flagged them as being at risk if identified.

Much of this impact on services and patients' health and wellbeing could be avoided if everyone had access to FLS, which identifies people aged 50 and older who have had a 'fragility fracture', with the aim of reducing their risk of further fractures.

Scotland and Northern Ireland have 100% FLS coverage and the Welsh Government recently committed to delivering 100% FLS coverage in 2024. Despite this progress currently only half (51%) of NHS trusts have a FLS.

This means 90,000 people are missing out on vital osteoporosis treatment and at risk of further fractures simply because of where they live.

FLS is a cost-effective model. The Royal Osteoporosis Society estimate that for every £1 spend on FLS, £3.26 is saved by the NHS and if everyone in England had access to an effective FLS, 74,000 fractures would be prevented, including 31,000 hip fractures, over five years. This would save the NHS £665m and release 750,000 bed days.

Improved Access MSK Services for Young People

Over 230,000 children across England and Scotland have a long term MSK condition and we are concerned about the issues they face accessing MSK services and support.

During ARMA's recent national inquiry into MSK inequalities we heard evidence of the chronic lack of access and long journeys to developmentally appropriate care for young people including commissioned rheumatology services, paediatric occupational therapy services and diagnosis and treatment of some conditions. Young people living with MSK conditions also reported that appropriate social support (such as peer support) and psychological support is limited.

During the inquiry the transition from child to adult MSK services was also an area of concern, with young people falling between the cracks at this point and missing out on 12-18 months of care.

Young people with MSK conditions from areas of deprivation have the same trouble as adults keeping appointments due to issues around their carer's employment, access to transport and cost issues. Furthermore, unlike adults who can get time off work, children and young people are sometimes penalised if they miss school. Our Inquiry heard that lack of understanding in schools of MSK conditions in young people and a focus on attendance leads to some children being 'judged' for missing education for multiple appointments for therapies on top of hospital appointments – including physical therapy, occupational therapy and psychological support.

As a priority, the Government should consider the distribution of MSK services for children and young people and locate paediatric MSK rehabilitation hubs in areas of deprivation to aid access to care. There is a real opportunity to improve the lives and educational attainment of children living with MSK conditions by providing paediatric therapies through local rehabilitation hubs rather than in tertiary centres to reduce the amount of time children spend out of education.

ARMA Members

Arthritis Action	National Axial Spondyloarthritis Society
BackCare	National Rheumatoid Arthritis Society & JIA
BASEM	National Spine Network
BASRat	Orthopaedic Research UK
British Chiropractic Association	Pain Concern
British Dietetic Association	Physio First
British Orthopaedic Association	Physiotherapy Pain Association (PPA)
British Society of Physical & Rehabilitation Medicine	Podiatry Rheumatic Care Association
Chartered Society of Physiotherapy	Primary Care Rheumatology Musculoskeletal Medicine Society
CCAA Kids with Arthritis	Psoriasis Association
Cornwall Arthritis Trust	Rheumatology Pharmacists UK
Ehlers Danlos Support UK	Royal College of Chiropractors
Faculty of Sport and Exercise Medicine (UK)	Royal College of Nursing Rheumatology Forum
Fibromyalgia Action UK	Royal Osteoporosis Society
Gloucestershire Arthritis Trust	Scleroderma and Raynaud's UK
Hypermobility Syndrome Association	Society of Musculoskeletal Medicine (SOMM)
Institute of Osteopathy	The Society of Sports Therapists
LUPUS UK	UK Gout Society
McTimoney Chiropractic Association (MCA)	Versus Arthritis
Musculoskeletal Association of Chartered Physiotherapists	