



ARMA Response to the NHS 10-Year Plan Consultation

What does your organisation want to see included in the 10-Year Plan and why?

The Arthritis and Musculoskeletal Alliance ([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.

Importance of including musculoskeletal (MSK) conditions in 10-Year Plan

MSK conditions must be included and named as a long-term condition in the 10-Year Plan, underscoring the substantial impact that MSK conditions have on individuals' lives, the NHS and the wider economy.

MSK is long-overdue acknowledgment and equal footing alongside other long-term conditions including mental health conditions.

MSK conditions represent a significant and growing public health challenge affecting approximately a third of the UK population and are a 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 2022-2023¹ and 20% of the population consult their GP annually for MSK problems - making up one in seven GP consultations.²

¹ [The State of Musculoskeletal Health](#)

² [The State of Musculoskeletal Health](#)

The wider economic implications are equally significant. The Darzi report identifies MSK conditions as one of the primary causes of work absence due to ill health in the UK.

MSK conditions are the second most common cause of sickness absence, resulting in 30 million lost workdays annually.³ The cost of lost workdays due to osteoarthritis and rheumatoid arthritis alone is projected to rise to £3.4 billion by 2030.⁴

MSK conditions require greater attention and investment to prevent further strain on the healthcare system and to reduce the number of those economically inactive due to long-term ill health. By addressing MSK health more effectively, more people will be able to live productive, active lives.

Children and young people

Over 230,000 children across England and Scotland have a long term MSK condition and any plan for MSK conditions should include investment in paediatric MSK services, especially in deprived areas, to improve access to care and reduce disruption to education.

During ARMA's recent national inquiry into MSK inequalities⁵ 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 mental health support is limited in their experience.

What are the biggest challenges and enablers to spotting illnesses earlier and tackling causes of ill health?

Prevention

A significant proportion of MSK ill health is preventable and investment in MSK services is needed to support those living with MSK conditions including a focus on prevention, early intervention, and personalised care which are crucial to reduce the economic and healthcare burden.

³ [Why are musculoskeletal conditions the biggest contributor to morbidity? – UK Health Security Agency](#)

⁴ [versus_arthritis_organisational_strategy.pdf](#)

⁵ [Reduce health inequalities in musculoskeletal health | ARMA](#)

Prevention through addressing inequalities

The prevalence and impact of MSK conditions are not experienced equally across the population. Deprivation is a significant driver of inequalities in MSK health. People in deprived areas experience more chronic pain, are more likely to have a long term MSK condition and experience worse clinical outcomes and quality of life. These inequalities can be avoidable through changes in the design and delivery of MSK services, and actions to address wider determinants of health and prevention.

ARMA's Act Now report published in 2024 explores the impact of deprivation on preventable poor MSK health and includes system-wide recommendations to address MSK health inequalities.⁶

Prevention of modifiable risk factors

Some of the most impactful changes that can help with the symptoms of MSK conditions are changes which the person with the MSK condition can make for themselves such as a healthier diet, more physical activity, and less alcohol consumption and smoking. However underlying socio-economic drivers are exacerbating these preventable causes of ill health in more deprived areas. Physical activity is lower in areas of greater deprivation due to cost and time barriers and unhealthy weight is a consistent pattern amongst those who experience food insecurity. Given the strong links between MSK health and healthy weight, action to address poor dietary outcomes and health inequalities must be addressed in the 10-Year Plan.

Addressing population health inequalities and tackling the modifiable risk factors such as obesity and lack of physical activity, is an area where NHS, local and national government, employers and voluntary and community sector all have a role to play. But behaviour change is challenging for anyone with an MSK condition, especially for someone in pain. It is even more difficult for people who lack the psychosocial resources or 'bandwidth' to contemplate it and the money to pay for healthier food options or access to exercise facilities. High levels of support will be needed to make these public health shifts.

ARMA's Act Now report explores modifiable risks of poor MSK health in depth.⁷ The report also makes recommendations to address the issue including the co-production

⁶ [Reduce health inequalities in musculoskeletal health | ARMA](#)

⁷ [ARMA's Act Now report](#)

of services with local communities to understand and overcome the real barriers to change, particularly in deprived areas.

Waiting times for diagnosis and treatment (secondary and tertiary prevention)

People are waiting too long for both diagnosis and a variety of MSK treatments in the NHS.

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. Despite the prevalence of this progressive and painful 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.

Waiting for both diagnosis and treatment has an impact on patients' mental, emotional and physical health.

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. For some MSK conditions delay in accessing effective treatment also increases the risk of permanent damage and disability.

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.

As well as tackling waiting times there is much which can be done to support patients as they wait and prevent further deterioration of their health.

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.

All patients must also have access to rehab to support their recovery to help with managing their long-term conditions and to end the systemic health inequities driven by lack of access to vital rehab services. Without adequate access to rehabilitation,

MSK conditions can worsen to the point where more pressure is piled onto local health systems and other services.

Access to supported self-management

Provision of good quality, supported self-management is an enabler to addressing poor MSK health.

The 10-Year Plan should include a plan for all patients to have access to quality intensive and tailored supported self-management tools to ensuring that they can gain the confidence to manage their conditions and not deteriorate further.

This provision of self-management should be timely, as access to quality supported self-management is particularly important for some MSK conditions such as inflammatory conditions as resources at an early stage can help avoid the need for referral to secondary care. The supported self-management should always be tailored to patients taking into account their physical and mental needs, their condition and treatment pathways.

ARMA's inquiry into MSK inequalities heard evidence from clinicians and patient organisations on the importance of quality, tailored, supported self-management in addressing poor MSK health and inequities.⁸

Supporting healthy, independent lives

There is a high prevalence of MSK conditions among the working-age population with MSK conditions remaining the second most common diagnosis on fit notes written by GPs in England, from September 2022 to September 2023.

In addition to working age onset of MSK conditions, it is estimated that 10,000 children under 16 years old have been diagnosed with juvenile idiopathic arthritis, which leads to people entering the labour market already having a significant MSK condition.

Remaining in work is important for both physical and mental wellbeing and evidence shows that people with MSK conditions want to work but require more help and support to make this possible.

Both NHS and employers have a significant role to play in supporting people with MSK conditions to remain in employment and should be aligned on how to best support staff in the prevention, early identification, management and role adaptation for people affected by MSK conditions.

⁸ [ARMA MSK inequalities inquiry oral evidence](#)

Employers should receive health guidance on offering flexible working arrangements to accommodate the fluctuating nature of some MSK conditions and the need for time off to attend routine and emergency medical appointments and self-management.

Appropriate mental health support should also be a consideration. Often MSK conditions and pain have an impact on mental health and we know that patients often do not receive the mental and emotional support they need to continue in employment.

Employees living with MSK conditions should also be supported by both employers and health professionals to develop a work plan that fully supports continued participation in work.

What are the biggest challenges and enablers to move care from hospitals to communities?

Funding for community MSK services

Many community MSK services are doing an important and effective job at supporting people to manage their long-term MSK conditions every day.

Despite their immense value, community MSK services have been chronically underfunded.

ARMA's Act Now report on MSK Inequalities⁹ spotlights evidence heard from several community MSK services.

The report highlights the impact that several community MSK services have had when they have been innovative in their service design and delivery. The case studies in the report show how community services can embed in communities, gain the trust of underserved populations who most need support and develop shared ownership of services through co-production. These services have tailored their offer to suit local neighbourhood needs and the place-based barriers, including deprivation, to engaging with health services. Crucially, these services are supporting people to manage their MSK conditions who would otherwise fall through the cracks.

It is critical that both short-term and long-term funding is dedicated to increasing the proportion of NHS spend on MSK community services and prevention.

⁹ [ARMA's Act Now report on MSK Inequalities](#)

Local MSK leadership and prioritisation

Many MSK conditions can be diagnosed and managed in the community but a lack of MSK leadership and MSK prioritisation at ICB level is a barrier in shifting to community care.

Given the integral role of commissioned community MSK services in local health systems, in 2024, ARMA conducted a review by sending Freedom of Information (FOI) requests to all 42 ICBs in England. The aim was to assess their leadership and strategic priorities for MSK services.

Key findings of the report concluded that nearly one in four ICBs reported having no designated MSK lead and almost one in four ICBs were unable to outline their priorities for MSK services.¹⁰

The report reveals that many ICBs are not giving MSK the attention required to comply with their statutory duties and essential for understanding the effectiveness of current MSK services, ensuring equitable access, and improving outcomes for all populations, including children and young people with MSK conditions.

This report highlights the work still needed to integrate MSK health into the strategic planning of every ICB. With the right focus and leadership, ICBs can significantly improve the quality and accessibility of community MSK services, ultimately benefiting the millions of people across England living with an MSK condition.

Integration of community MSK services

The needs of local populations should also be better understood to commission and deliver community services which genuinely reach and serve the community.

Community MSK services need to be integrated with neighbourhood teams. MSK services are increasingly reaching out to local communities to address inequalities, something which is also a role for neighbourhood teams. However, ARMA's FOI request report showed that many systems place MSK in planned care, and so focus on hospitals. This means that they are being overlooked by the developing neighbourhood approach. The lack of inclusion of MSK in the neighbourhood teams will be a barrier to delivering good community support in MSK, which should join up with, or be delivered through, the neighbourhood teams.

¹⁰ [ICB Approach to MSK Services – ARMA Report](#)

Understanding local communities

Offering MSK services in the community can be an enabler to improving access for people living in areas of deprivation. ARMA carried out the first national MSK inequalities inquiry which reported in March 2024 with the publication of the [Act Now Report on MSK Inequalities](#).

Our report highlights the real impact of deprivation on those living with MSK conditions. People in deprived areas develop MSK conditions earlier than those in less deprived areas and are more likely to have multiple conditions and therefore to be clinically complex.

With sufficient commitment and focus, the Act Now report shows there is a real opportunity for community services to push the dial back in the right direction.

The report highlights case studies from innovative leaders of MSK services identifying the inclusion health groups in their area and developing a tailored offer for these groups including flexible drop-in services and partnerships with voluntary or community organisations. Without effective engagement, some groups including people living in deprived areas or people experiencing homelessness will be under-served by community MSK services.

Essential enablers in shifting towards MSK community services that serve the entire population are a genuine commitment to collaboration and communication and integration of diverse lived experience perspectives at every level of decision-making which respects their knowledge of what works for them.

Integrating community care

It should be recognised that not all MSK care can be delivered outside of a hospital. A number of people with MSK conditions require timely referrals including to orthopaedic, rheumatology, spinal or other services to enable best outcomes. Most community MSK services have a triage function to support referrals as well as delivering therapies and rehabilitation. However, community MSK waiting lists are rising due to increasing demand as well as workforce supply issues. The 10-Year Plan should include a commitment to lowering community MSK service waiting lists. Consideration must be given to workforce planning to ensure that people are not left to deteriorate on lengthy waiting lists and missing an opportunity for necessary referrals, using a broad range of MSK professionals so that they are multi-disciplinary MSK services, not physiotherapy services. This could also include expanding the number of FCPs with a plan for better making the best use of skillsets and better integration of the role. There is also a need for clear pathways for every MSK condition

with collaboration across primary, secondary and community care to implement and optimise timely referrals.

What are the biggest challenges and enablers to making better use of technology in health and care?

Improved data collection

To understand population health needs and plan for addressing the scale and impact of MSK conditions and improve services and outcomes, high-quality MSK data is needed.

As local health systems carry out their role in planning MSK services to meet local need, it is important that they have continued access to high quality datasets essential to informing work on MSK health promotion and prevention, as well as for the improvements and delivery of MSK health and care services.

A lack of high-quality data about MSK conditions in the NHS within health and care services is a barrier to making the best use of technology to inform decision making.

It is important to measure outcomes in the areas that matter to patients. The impact of MSK conditions is predominantly on morbidity rather than mortality, so that patient reported outcomes are the important metric.

Additionally, much of the care is delivered in primary and community care settings, where data collection and extraction are less robust than inpatient care.

Cumulatively, these risk inequity and missed opportunities to improve the quality of musculoskeletal health and care services. A commitment to funding an audit of community MSK services would be one enabler in this area.

Data sharing

Improving access to patient records across health and social care is particularly important for MSK patients who are often living with multiple long-term conditions.

Four out of five people with osteoarthritis have at least one other long-term condition such as hypertension, cardiovascular disease or a mental health condition. Among people over 45 years of age who report living with a major long-term condition, more than 3 out of 10 also have an MSK condition.¹¹

¹¹ [Musculoskeletal health: applying All Our Health - GOV.UK](#)

Each year, millions of patients in England attend two or more different hospital trusts. Most of the pairs of trusts that commonly share patients do not use the same record systems. The problems are exacerbated by the lack of access that primary care and community providers have to this information. If GPs cannot access hospital records this is blocking access to treatment and continuity of care for MSK patients.

People living with MSK conditions are accessing the health service over long periods of time in a number of different settings. The 10-Year Plan should include a commitment to overcome current data sharing limitations ending the need for patients to provide the same information to different health and care professionals repeatedly, with the associated risks of forgetting something vital.

In addition, allowing patients to access to their own information in an accessible way can improve their ability to manage their own care and recovery.

Having a comprehensive overview of a patient's records improves health and care providers' understanding of a patient and enables clinicians to better provide personalised care.

Digital divide

Technology has the potential to empower people with MSK conditions when employed equitably, for example it can be used to support some patients with their treatment needs, reducing the need to travel.

However, ARMA's MSK inequalities inquiry, which reported with the publication of the Act Now Report on MSK Inequalities, heard concerns around the NHS moving towards 'digital by default' since the pandemic, during which the 'digital divide' widened.

Low household income is the second biggest predictor of digital exclusion after age, and 47% of people who are offline are living in a low-income household. Due to a combination of digital exclusion and low health literacy, individuals with MSK conditions living in areas of deprivation may need support to access digital resources.

The NHS 10-Year Plan is an opportunity to ensure that where digital resources, tools or appointments are provided by a service, an alternative means of access must always be available for those who cannot easily access digital resources or appointments.