

Why an MSK strategy is needed

The NHS 10-Year and the Elective Care Reform plans are welcome news for all living with MSK and other long-term conditions who are in desperate need of reform towards a healthcare system which understands and meets their needs.

MSK conditions are a group of conditions that affect the bones, joints, muscles and spine, and are a common cause of severe long-term pain and physical disability.

There are 3 groups of MSK conditions:

- Inflammatory conditions, for example, rheumatoid arthritis.
- Conditions of MSK pain, for example, osteoarthritis and back pain.
- Osteoporosis and fragility fractures.

MSK remains a significant health issue for both adults and children affecting over 20 million people in the UK. With a growing and ageing population and the increasing presence of preventable risk factors, the burden of MSK health in the UK is likely to grow and cannot be underestimated.

A 10-Year Plan should be underpinned by an MSK strategy ensuring that MSK conditions are given the profile they need in terms of recognising the impact of MSK conditions on people's lives, the NHS and the economy.

To recognise and address the prevalence and impact of MSK health

MSK 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.¹

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. The cost of lost workdays due to osteoarthritis and rheumatoid arthritis alone is projected to rise to £3.4 billion by 2030.²

¹ https://www.versusarthritis.org/media/tffdkiax/va_state-of-msk-report-nov2024-1.pdf

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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 2023.³

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 arthritis⁴, which leads to people entering the labour market already having a significant MSK condition which may have negatively impacted their education.

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.

MSK conditions require a strategy to progress this 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. An MSK strategy addressing MSK health more effectively will mean more people will be able to live productive, active lives for longer.

To support an integrated approach for managing multiple conditions

An increasing number of us live with one or more long-term conditions. Many will have at least one MSK condition that causes loss of independence, pain and prevents work and economic activity.

Half of people with a heart or lung condition have musculoskeletal disorders and many people living with painful MSK conditions experience poor mental health.

Increased integration is necessary to meet the challenge of a growing population with a prevalence of increasing co-morbidities. An integrated approach, prioritising MSK conditions to restore independence and movement has been shown to have benefits for other conditions such as mental health, cardiovascular disease, diabetes, respiratory conditions, etc.

³ https://www.versusarthritis.org/media/tffdkiax/va_state-of-msk-report-nov2024-1.pdf

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To drive local MSK leadership and prioritisation

A national MSK strategy is crucial to ensure that MSK is integrated into local strategic planning to improve the quality and accessibility of MSK services, ultimately benefiting the millions of people across England living with an MSK condition.

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.

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.

An MSK strategy will hold local health systems to account for prioritising MSK and help health systems plan services for future demographic changes and to respond to opportunities.

To address 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.

Embedding MSK health in local strategic health plans and prioritising MSK in local interventions are steps crucial to tackling deprivation. An MSK strategy will help to ensure

that ICSs and the organisations within them maximise the opportunities to tackle MSK inequalities in their local areas where they exist.

An opportunity to better utilise and expand the MSK workforce

A multidisciplinary, diverse and dynamic NHS workforce will be key to supporting people to have good MSK health by working with and across boundaries and along pathways based upon the needs of the person.

People with serious MSK conditions needing diagnosis and treatment by rheumatology and elective care services are waiting too long. The same is true for community MSK services and treatment.

Yet there is a breadth of healthcare professionals specialising in MSK health and available to support MSK services. Expansion of the work force and inclusion of allied professionals and other therapists with the skills and knowledge to be part of a multi-disciplinary team, but who are currently being underutilised, to assist in the delivery of a national MSK strategy would provide better patient outcomes, relieve waiting time pressures and generate significant cost saving for the NHS.

To successfully implement the 10-Year Plan across MSK services

Navigating MSK care and services can be complex, particularly for patients with co-morbidities who require access to healthcare across the NHS. Many also have an ongoing need for long-term supported self-management. Integrating these services for millions of service users while implementing the 3 shifts of the 10-Year Plan will be a significant challenge.

An MSK strategy will play a crucial role in driving the transition from hospital to community-based care while addressing the long-term needs of patients with MSK conditions.

Putting an MSK strategy in place to underpin these shifts acknowledges that without these essential components, long-term MSK conditions may worsen, placing greater strain on local health systems and other services.

MSK care is complex and spans primary, community and secondary care, and needs a personalised and biopsychosocial approach. Addressing MSK improvement in silos - a community initiative here, elective care recovery over there, means the full benefits of improvement cannot be delivered. We need ICBs to support a joined up strategic approach. The MSK strategy can support them to do this well.