ICB APPROACH TO MUSCULOSKELETAL SERVICES WITHIN THEIR AREA

ARMA ANALYSIS OF JOINT FORWARD PLANS

March 2025

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Introduction

In December 2024/January 2025 ARMA obtained the Joint Forward Plans of every Integrated Care Board (ICB). We analysed these for the content related to musculoskeletal (MSK) services/conditions and to chronic/persistent pain. UCB Pharma have provided funding for this initiative. UCB has not influenced or been involved in development of the content of the initiative.

Summary

One in three ICBs make no meaningful reference to MSK, rheumatology or orthopaedics in their plans. Only one in five is taking a strategic system wide approach to delivery of MSK. Only one in five have any stated outcomes for the services they commission and only one in six have a target.

Two thirds of ICBs make no meaningful reference to chronic pain services in their Joint Forward Plan and only one in six have any indication of the outcomes they expect those services to deliver.

MSK is the leading cause of years lived with disability and one of the two leading causes of people being unable to work due to ill health. MSK cuts across primary, community and several secondary care specialties. ICB spend on these services is significant. MSK conditions represent a high proportion of people waiting for treatment, particularly in community services. Given its impact and cost to individuals, the NHS and the economy, and the level of spend each ICB makes in commissioning MSK services, the failure to take a strategic approach to this commissioning and to identify outcomes is concerning.

Key messages

- **Too many ICB Joint Forward Plans give insufficient attention to MSK and chronic pain given the prevalence and cost of commissioning these services.**

- **Few of those with plans to develop MSK and/or pain services gave any indication of the intended outcomes of these services.**

- **Secondary care dominates the plans, despite the importance of community services to people with MSK conditions/chronic pain.**

- **Only three of the plans refer to rheumatology.**

- **Almost all references to self-management appear to be only the introduction of an app. Whilst helpful to some, an app alone cannot meet population need for self-management support.**

- **Almost 75% of ICBs referencing work on MSK services appeared to be doing this without a focus on integration.**

Recommendations

All ICBs should ensure that a strategic, cross system approach is taken to delivering and improving MSK services. This should ensure appropriate join up of primary, secondary and community services covering all ages. This should be reflected in the Joint Forward Plan.

All ICBs should ensure that they are clear on the outcomes they wish to achieve from the services they commission. Outcomes should include patient outcomes and ideally population health outcomes. They should also include targets.

1. Joint Forward Plans

Although these are required to be published on their websites, the ease of finding them varies and in one case we had to contact the ICB to ask for a copy because we could not find it on their website. We carried out a quantitative and qualitative analysis of the content of the plans related to musculoskeletal (MSK) and chronic pain. Some ICBs had updated their plans in 2024. In other cases, only the 2023 version was available, or no significant changes had been made.

The purpose of Joint Forward Plans

All ICBs and their partner Trusts are required to prepare a Joint Forward Plan. Systems have flexibility in the scope and style of the plan. However, as a minimum, the plan should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs. They are encouraged to develop a plan that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners.

They must be reviewed each year, and either updated or confirmed as being maintained.

2. References to MSK and pain in the plans

We identified the number of references to musculoskeletal/MSK/orthopaedics /rheumatology and pain in each Joint Forward Plan. For pain we excluded references to cancer pain, acute pain management in hospital and breast pain. This is a crude measure of the seriousness with which MSK and pain are taken in the plans. Two of those make just one reference to state that MSK is a significant cause of ill health and disability in the population without giving any indication of how the ICB plans to address this need. Two of the references to pain recognise the high incidence or desire for support but without any plans to address this. Those with higher numbers of references are likely to include more detail on action to be taken.

Number of references	MSK*	Pain
None	12	25
1 - 5	19	12
6 - 10	6	2
11 - 15	1	2
16+	4	1

* Including rheumatology and orthopaedics. Three ICBs referenced orthopaedics but not MSK. 15 referenced MSK but not orthopaedics. Only three referenced rheumatology.

The plans varied in length, and it could be argued that those which are very short are top level plans and could not be expected to mention specific conditions. However, there was little correlation between the length of the plan and number of references to MSK.

3. Outcomes and targets

Only six ICBs had an indication of the outcomes and targets they aimed to achieve for MSK. Only two identified outcomes for pain. Some identified more than one.

. Only three of these could be considered targets in that they were measurable with target dates:

• Reduce the harm from opioid medicines by reducing high dose prescribing for non-cancer pain by 50% by March 2024.

• Reduce the waiting list for community MSK and physiotherapy by 20% by March 2024.

• Reduce expenditure on MSK by £15 million per year by April 2025.

<u>The outcomes identified were:</u>

• Reduce the percentage of people reporting a long term MSK problem

• Reduce work related absences from an MSK condition

• Increase the self-reported rate of good health linked to long term MSK conditions

• Improve PROMS for MSK

• Reduce avoidable referrals to MSK

• Improve the health and wellbeing of the population with particular reference to five conditions one of which is MSK

• Reduce the impact of chronic pain and the impact it has on mental health.

• Reduce use of opioids in long term chronic pain

This means that for MSK, 13 ICBs had no reference to MSK and a further 22 included some reference to MSK/orthopaedics but without indicating the intended outcomes of commissioning.

25 ICBs had no reference to chronic pain and a further 15 included some reference but without indicating the intended outcomes of commissioning.

4. The MSK content of the plans

Of those ICBs including reference to MSK in their plans, content was analysed according to themes.

	Number of ICBs
Secondary care	17
Pathways	12
Personalisation	10
Community services	8
Waiting	8
Self-referral	7
Additional orthopaedic capacity	7
Digital	7
Other	11 *

* Of the 11 categorised as "other", six were references to incidence of MSK being high or increasing, particular groups with high rates of MSK. The others were diagnostics, reduced bed days for hip fractures, measuring outcomes, providing alternative services in MSK, the need to support staff around their MSK conditions and orthopaedic workforce.

Secondary care

The domination of attention on secondary care is unsurprising, given the focus of NHS England on this. The majority of this was on orthopaedics, which again is unsurprising given the NHS England and Government focus on elective waiting lists and the GIRFT programme on orthopaedics. However, this is out of proportion to the numbers of people with MSK conditions who will need secondary care treatment. Community services should receive equal attention as the majority of people with an MSK condition will need community services and many will never need secondary treatment for their MSK. It will be interesting to see if this balance changes with the introduction of a GIRFT programme for community MSK, which began in December 2024.

Only three ICBs made specific reference to rheumatology:

- Increasing medical FTEs (full time equivalents) in rheumatology.

- improvements in quality of care, reduce unwarranted variation between providers, address inequalities in access and improve resilience and efficiency means continuing joint work on [various specialties including rheumatology] and developing a methodology for clinical service improvement across providers.

- Transform our community models in areas such as rheumatology so that people can be treated in different ways or prevent them from becoming ill and needing treatment.

Pathways

Twelve ICBs referred to pathways, for instance to improving MSK pathways, referral pathways, or standardising pathways. One referred to including the independent sector. One to preventative pathways and one to coproducing new pathways. One included a recognition of comorbidities, a welcome reflection of the fact that many people with MSK conditions have other long term conditions and often experience their care and treatment as siloed and disjointed. One referred to community pathways only.

Waiting

Eight ICBs referred to waiting. Two of the references were to reducing waiting times. One merely referenced the lengthy waits in orthopaedics. The others were measures to support people while waiting, including community MSK days, exercise classes and more general references to unspecified support.

Personalisation

Ten ICBs referred to themes we classified as personalisation: coproduction (4), shared decision making (1), self-management (7). It was concerning that five of the references to self-management only involved a self-management app. Whilst many people will benefit from a self-management app others will require more intensive or different forms of self-management support.

Digital

Six of the ICBs referencing digital in the context of MSK services were using a self-management app. One of these felt that the app would be useful much earlier in the pathway, so it was now available through direct referral by a GP. One ICB was also looking at use of a digital platform to improve data sharing and referral assessments. One was using digital for shared waiting lists between hospitals.

5. The pain content of the plans

	Number of ICBs
New/improved pain services	6
Waiting	2
Self-management	1
Medicines optimisation	1
Other	5 *

* Included one reference to the high incidence of back and neck pain and one to the desire of the population to have more support for self-management of pain. In neither of these cases was there an indication of how these needs would be met. The others included reducing avoidable referrals, reducing opioid use and using students in delivery.

New/improved services

Six ICBs referred to plans to improve pain services. Many of these proposals talk about system wide approaches, integration and commissioning a comprehensive pain service. One specifically addresses inequalities, particularly working with the voluntary sector and outreach to the black community. Two others also mention equalities. One ICB plans to test new pain services with specific groups (those whose pain is impacting their mental health and specific age groups).

Self-management

Only one ICB specifically referenced self-management and this ICB also notes that this has been added in response to the issue being raised by citizens. However, some of those planning new services will include self-management as part of that service.

6. System working

In total, eight of the ICBs (almost 1 in 5) showed some evidence of taking a system wide approach to addressing MSK services. This included an MSK Network, system transformation programme, collaboration across the system. This is important as one of the frustrations of those working to improve MSK services is the lack of a joined up, system wide, strategic approach. Enabling this is one important role for ICBs. The total ICB spend on commissioning MSK services will be significant. The only way this spend can be effective and efficient is for the different parts of the system to work together. It is concerning, therefore, that almost 75% of ICBs referencing work on MSK services appeared to be doing this without a focus on integration.

7. Legal duties of ICBs

NHS England guidance sets out what the legal duties of ICBs mean for the content of a Joint Forward Plan. Some of those which are relevant to the results in this report are:

Describing the health services for which the ICB proposes to make arrangements

Given the extent of MSK services commissioned by ICBs, that so many ICBs fail to mention this at all in their plans is concerning.

Duty to promote integration

Some ICBs listed four or five initiatives related to MSK with no indication of any join up or co-ordination of these various changes. It is not possible to promote integration if different MSK services are commissioned, planned and delivered from different providers working in silos.

Duty to improve quality of services. Quality priorities should go beyond performance metrics and look at outcomes and preventing ill-health and use the Core20PLUS5 approach to ensure inequalities are considered

The fact that only one in five ICBs have any stated outcomes related to MSK services means that this requirement is not being met by the majority. Very few explicitly addressed inequalities in their MSK priorities.

Duty to involve the public

Several of the ICB reports gave information about public responses related to MSK or pain. In some cases, no indication was given as to how this feedback was going to be addressed or any explanation of why this could not be done. We would not consider this to constitute meaningful involvement of the public.

Addressing the particular needs of children and young persons

There was only one reference to children and young people in relation to MSK or pain. This was a reference to waiting times for children's orthopaedics. Whilst the numbers of children with MSK conditions is lower than for adults, this makes it more important to ensure appropriate services are commissioned as the lower numbers makes this more challenging. Pain services also need to pay attention to how children and young people experiencing chronic pain can receive an age appropriate service.

8. Conclusion

One in three ICBs have no meaningful content related to MSK, rheumatology or orthopaedics in their plans. Given the prevalence and burden of MSK in the population and the level of spend on MSK this seems to be a failure to adequately meet the legal duties of ICBs as set out in the guidance on Joint Forward Plans. Only one in five is taking a strategic system wide approach to delivery of MSK services. Only one in five have any stated outcomes for the services they commission and only one in six have a target.

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9. Recommendations

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About ARMA

The Arthritis and Musculoskeletal Alliance (ARMA) exists to improve MSK services. We are a membership organisation which brings together patient, research and healthcare professional organisations working in MSK health. Working together as an alliance we have a powerful voice to influence policy and improve standards of care across the UK.

ARMA Members

Arthritis Action
BackCare
British Association of Sport and Exercise Medicine
British Association of Sport Rehabilitators
British Chiropractic Association
British Dietetic Association
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