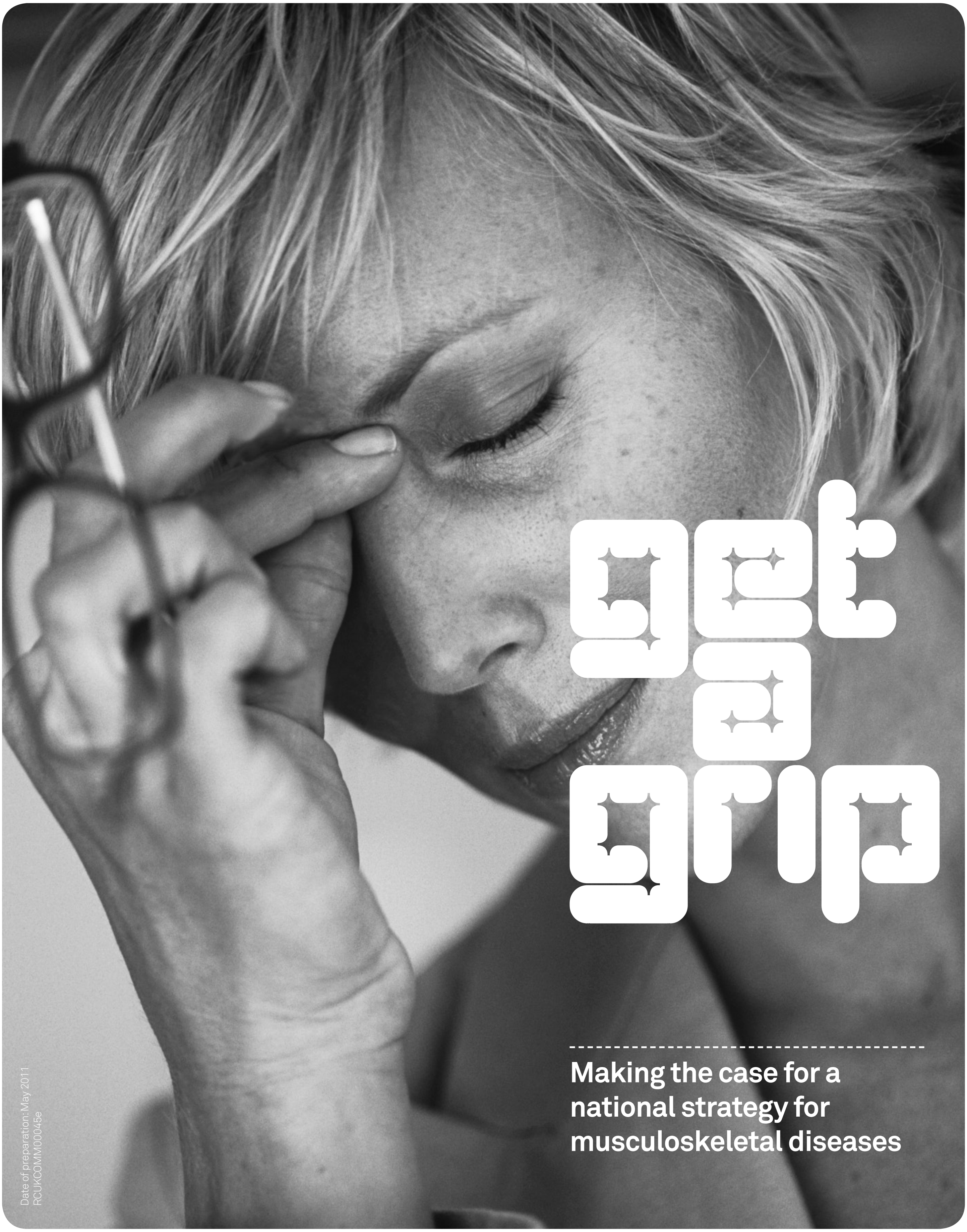

# get a grip

## Making the case for a national strategy for musculoskeletal diseases

Date of preparation: May 2011
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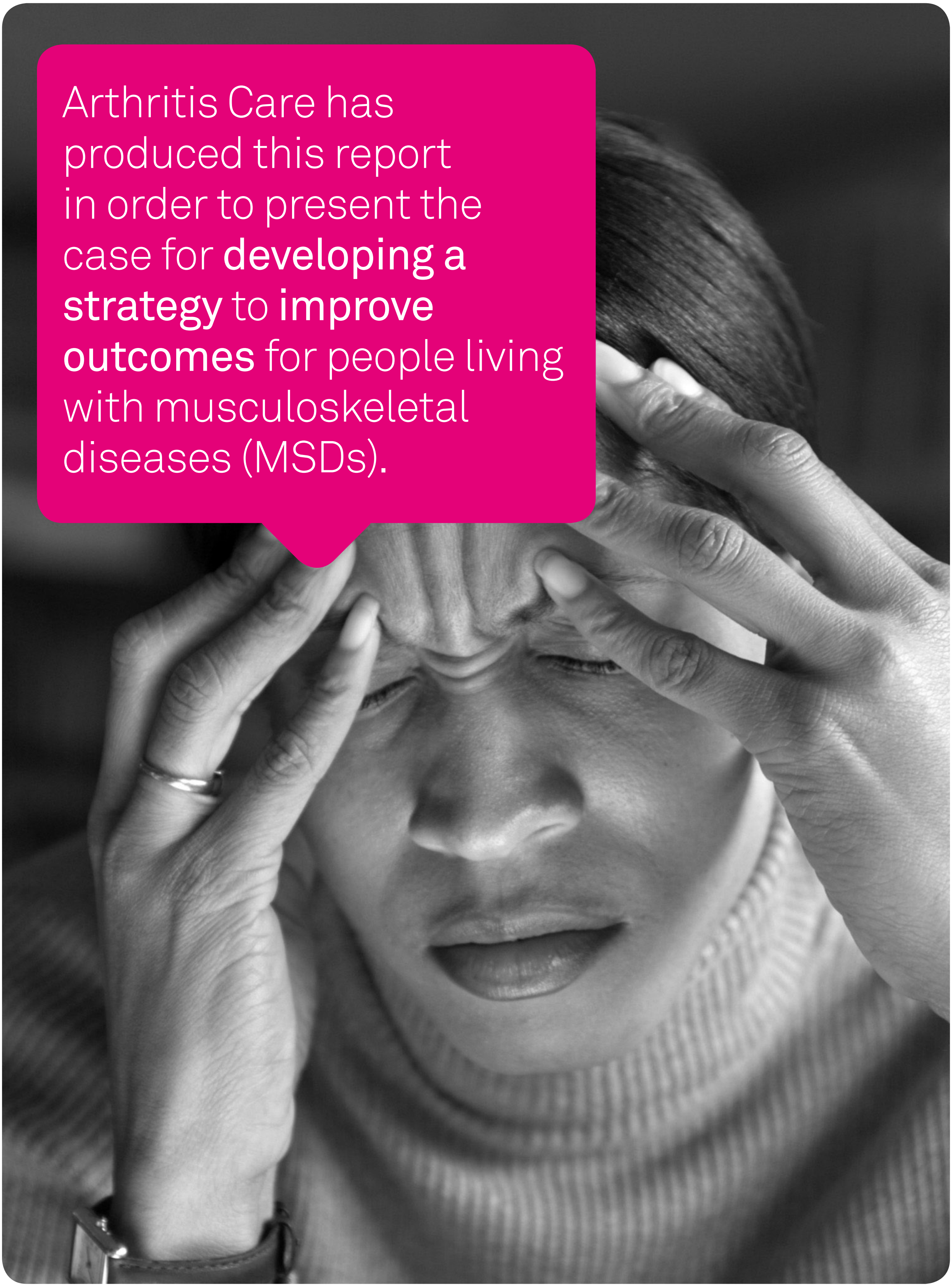
ARTHRITIS CARE
Empowering people with arthritis.

This report has been produced by Arthritis Care and is supported by the European League Against Rheumatism (EULAR)

The development and printing of this report was sponsored by Roche Products Ltd and Chugai Pharma UK Ltd.



Arthritis Care has produced this report in order to present the case for **developing a strategy** to **improve outcomes** for people living with musculoskeletal diseases (MSDs).

## 200

MSDs encompass around **200** different problems affecting the muscles, joints and skeleton.[1]

## 70%

MSDs have a major impact on the lives of patients. Pain is the commonest symptom. A recent survey by Arthritis Care found that **70%** of people with arthritis **live with pain every day**. **32%** described their pain as often **unbearable** which frequently stops them doing daily activities.[2]

## 4.8

MSDs are a major area of NHS expenditure, costing the NHS around **£4.76 billion** per year – that's around **£13 million** a day.[5]

Expenditure on MSDs has increased rapidly – **51.6%** in the last six years. It is now the fourth-highest area of NHS spending.[5]

**Early diagnosis is essential** to avoid damage and disability. While medical treatment is important, there is much patients can do themselves to take control.

8.3

Over **8.3 million** adults, and around 10,000 children, have an MSD in England today.[1,3,4]

The **cost of treating people** with MSDs is greater than treating people with **neurological conditions**, **blood disorders**, **infectious diseases** and **respiratory conditions**.[5]

The most common conditions that have **limited people's daily activities** are MSDs followed by heart and respiratory conditions.[6]

30%

It is estimated that up to **30%** of all **GP consultations** are due to **MSDs**.[1]

> ‘Despite its significant health impact, musculoskeletal services have **never been a priority** for NHS improvement.’
>
> *Professor Paul Emery, EULAR President and Rheumatology Professor at Leeds University*

> ‘The **8.3 million people** in England with a musculoskeletal condition are being **deprived of the best care** for their condition due to the **lack of an MSD national strategy.**’
>
> *Neil Betteridge, Chief Executive of Arthritis Care*

Despite publishing a *musculoskeletal services framework (MSF), A Joint Responsibility: doing things differently*, in July 2006,[1] successive governments have failed to implement the framework's vision for musculoskeletal services.

- No formal 'standards' for NHS service delivery have been set, which the NHS should be required to meet.
- No formal funding was set aside to develop and improve capacity in musculoskeletal services, with budgets to implement the MSF dependent on what local NHS organisations could find from their already strained resources.
- In addition, and unlike many of the other areas of NHS expenditure, such as cancer, diabetes, mental health, neurological conditions, heart disease and stroke, kidney disease, and children and maternity services, no 'National Clinical Director' has been appointed to lead the implementation of the service reform.
- The framework does, however, specifically mention the need for services to support self-care. A self-management approach is advocated by Arthritis Care which provides supported self-management through workshops, helplines and high quality information. A national strategy will help ensure a holistic approach to patient needs.

> 'All that is required is the political will to give **people living with MSDs similar priority** as those with cancer or mental health problems.'
>
> ***Neil Betteridge,***
> ***Chief Executive of Arthritis Care***

# **Variation** in services

There are *worrying* variations in the amount of funding provided to each person with an MSD between PCT areas.

> ‘Despite various strategies to promote patient engagement, patients and carers remain poorly engaged in making decisions about their own health. Effectively engaging and involving people with MSDs in decisions about their care, and about the design and commissioning of services, is crucial in delivering high-quality, patient-centred care.’
>
> ***Professor Paul Emery, EULAR President and Rheumatology Professor at Leeds University***

- Services often fail to identify and treat MSDs at an early stage, where their effects are more manageable. For example, people with rheumatoid arthritis are seen an average of four times before they are referred to a specialist for diagnosis.[7]
- Current arthritis services do not provide swift access to essential specialities such as orthopaedics; nearly 20% of orthopaedic patients are not seen within the 18 week waiting target.[8]
- Services have failed to implement the recommendations made in the MSF in a uniform way across the country.

variation

# **Why a musculoskeletal strategy is needed:** an opportunity to improve outcomes

Opportunities to *improve outcomes* for people with MSDs must be sought under the context of the current debate about the NHS.

However, capitalising on opportunities will require national leadership: health services are not used to prioritising musculoskeletal services and, without support, they are less likely to be able to apply the reforms in such a way that will benefit patients. The current pattern of service failure will be repeated and an invaluable opportunity to improve the quality of services will be missed.

Arthritis Care is, therefore, calling for the development of a programme-level strategy to improve outcomes from musculoskeletal conditions. This will best map on to NHS administrative processes and will ensure that the reforms are applied at the most appropriate scale for them to be of relevance to commissioners and providers of NHS services.

why?

‘The strategy to **improve outcomes** is not about spending more money, nor about setting out top down instructions on how services should be organised. A national strategy for MSDs would set out the framework for how services could be **liberated** to **focus on improving outcomes** and **controlling costs** and how commissioners could be supported in exercising strong oversight to ensure that **patients receive the services they most need.**’

*Neil Betteridge,*
*Chief Executive of Arthritis Care*

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ARTHRITIS CARE

Empowering people with arthritis.

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