



A musculoskeletal perspective on Advancing our health: prevention in the 2020s A response from ARMA

The Arthritis and Musculoskeletal Alliance (ARMA) and our members welcome the high profile given to musculoskeletal (MSK) health in the Green Paper. Over 18 million people live with a musculoskeletal condition in the UK, more than the numbers with diabetes, heart disease and COPD combined. Musculoskeletal health is a fundamental building block of health. Poor MSK health results in pain, lack of mobility, poor manual dexterity and in some cases falls and fractures. It can lead to isolation, loneliness, loss of employment, depression and anxiety. Maintaining independence and a healthy lifestyle depends on good MSK health, and appropriate support with any existing MSK conditions. As the underpinning factor in healthy living, MSK health should be a priority in any prevention strategy.

The following responses to the questions posed in the Green Paper is the consensus view of MSK patient and professional groups, under the umbrella of the Arthritis and Musculoskeletal Alliance (ARMA). Some ARMA members will also be submitting their own organisational responses to the consultation.

Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups?

The incidence of both musculoskeletal conditions and chronic pain is higher in poorer communities. Prevention measures therefore need to be targeted to these communities, delivered in a way which recognises the barriers people may face to accessing them, (e.g. high numbers of people with low levels of literacy in English, people in jobs which allow little flexibility to access services, high levels of anxiety and depression which affect motivation).

Local authorities in these areas require sufficient funding for adequate social care support as people are less likely to be able to afford to fund their own support, and sufficient funding for public health to address the barriers outlined above. Health information and support provided by third sector organisations is essential in addressing the barriers faced by these particular groups of people. Local authorities need to support such groups and signpost patients to them.

Adequate pain and mental health services are essential, including community based and peer support, IAPT, and access to integrated secondary pain services for those with high levels of need. There should be adequate community, peer support and IAPT services to enable people to access these quickly, which will reduce the need for more intensive support. People's social situation and the psychological impact of this will be a major factor in their experience of pain and treatments that don't recognise this are unlikely to be effective. Services therefore need to take an integrated biopsychosocial approach.

Do you have any ideas for how the NHS Health Checks programme could be improved?

We would like to see discussion of musculoskeletal health and of physical activity (based on the new Chief Medical Officer's guidelines) in the checks. Delivering the check in mid-life is an ideal time to encourage behaviour changes which will lead to a healthier later life. Being physically active improves musculoskeletal health, for instance, and smoking cessation support can drastically reduce the onset of inflammatory conditions such as rheumatoid arthritis. Asking about early signs of musculoskeletal pain could ensure that people understand that much of this is preventable, and the benefits of early diagnosis for disease progression. This would encourage people to make changes which will benefit them throughout their adult lives potentially ensuring they are able to stay working for longer, and active into older age.

Musculoskeletal health is a building block of physical and mental health. The ability to move is important for daily activity. The manual dexterity to prepare food is critical to maintaining a healthy diet and avoiding the development of malnutrition, which in turn increases risk of falls and frailty. The depression and anxiety associated with chronic pain make healthy lifestyles more difficult to maintain. Therefore, anything which can be done to keep people active and able to move pain free will also assist in reducing conditions such as heart disease, stroke, and diabetes. Early conversations, with staff skilled in motivational interviewing will help to ensure people take action early, and enable referral to appropriate treatment, services or support.

How else can we help people reach and stay at a healthier weight?

Being both under- and over-weight are significant risk factors for MSK conditions. Obesity puts pressure on joints and increases the risk of joint pain. Equally losing weight can alleviate existing joint pain. Malnutrition and being underweight increase the risk of frailty, falls and fractures.

Effective weight management support should be available to everyone and people should be referred to them before their weight has a significant impact on joint pain. Support needs to take account of individual reasons for weight gain and barriers to maintaining a healthy diet and activity level. Effective weight management programmes, in line with NICE guidance and at every tier, should be available. These need to address the psychological, behavioural and social factors that affect body weight. Those with an existing MSK condition should also be referred to an appropriate patient organisation for peer support.

Older people at risk of malnutrition and those with gastrointestinal symptoms associated with connective tissue disorders should have access to dietetic support.

CCGs should not restrict access to joint replacement surgery on grounds of BMI. Such policies are not supported by NICE guidance. There is no evidence that restricting access encourages people to lose weight. There is evidence that hip replacement surgery not only improves quality of life but is also associated with increased life expectancy, compared to people of similar age and sex. (Do Patients Live Longer After THA and Is the Relative Survival Diagnosis-specific? Clinical Orthopaedics and Related Research, 2018)

Have you got examples or ideas that would help people to do more strength and balance exercises?

Falls prevention is an important area and requires interventions on several levels. Firstly, encouraging people to remain active and not reduce their activity levels as they grow older. This will include signposting to community activities and for those with existing MSK conditions, patient organisations who support activity in their members. Signposting people with any long term condition to appropriate support and information on safe exercising in relation to their condition should be key in every health consultation.

Secondly, sufficient falls prevention programmes should be commissioned for those identified as at risk of falling. These should be in line with *Strength and balance quality markers: supporting improvement*, published July 19, produced by Public Health England and the National Falls Prevention Coordination Group (NFPCG).

The impact of falls is greatest when they result in a fracture. One of the most effective ways to prevent fractures is a Fracture Liaison Services (FLS) which aims to reduce the risk of subsequent fragility fractures by systematically identifying, assessing, treating and referring to appropriate services all eligible patients aged 50 and over who have suffered a fragility fracture. Per 300,000 population, an effective FLS will prevent around 250 fragility fractures over 5 years, with total expected local savings to the NHS and social care estimated at £2.1 million over 5 years for a service cost of around £640,000, a net benefit of £1.46 million.

The most recent estimate is that 95 FLS are commissioned meaning that over half of CCGs do not commission one.

There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

Pain, mental health and disability are strongly linked, so not recognising or treating one can impact the others greatly. Depression and anxiety make self-management of MSK conditions more difficult. Addressing the mental health impact of MSK conditions should therefore be an integral part of managing the condition. The following would help address this:

- All clinicians working with MSK conditions to be trained in mental health, confident to ask all patients about psychological wellbeing and able to understand the biopsychosocial approach to MSK conditions.
- Every area to have access to a range of community and secondary mental health support for people with MSK conditions and biopsychosocial pain services. This needs to include peer support through patient organisations, social prescribing, community groups, IAPT and secondary care services.
- Where patients are predominantly managed in secondary care, these services should be able to make referrals direct to mental health support without the need for the patient to go back to their GP.

- IAPT- MSK/Pain should be available in every CCG. The key competencies and approach for IAPT MSK/Pain are already established but very few CCGs currently offer the service. The prevalence of MSK conditions and the extent of co-morbid mental health conditions, means that rolling out IAPT-MSK for every area would have a significant preventative impact.

Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

Many people with MSK conditions will have regular contact with community pharmacy. This makes pharmacies an ideal place to make patients aware of the services available in the community or online and ensure that people are in contact with relevant patient groups locally and national. Pharmacists also have opportunities to ‘make every contact count’ in promoting preventative actions such as physical activity or maintaining healthy weight as part of their advice and support.

Pharmacies are also ideally placed to identify the red flags that may signify the onset of various MSK conditions. This could provide an opportunity to encourage early intervention leading to improved outcomes due to early diagnosis, which can have a significant impact on prognosis for many conditions such as rheumatoid arthritis and ankylosing spondylitis.

What would you like to see included in a call for evidence on musculoskeletal (MSK) health?

There is a significant body of evidence around musculoskeletal health and what works in prevention and treatment. What is lacking is not evidence but understanding of why this evidence is not acted upon. We believe that a call for evidence around how best to spread examples of good practice could be useful. The focus should be on collating evidence from employers as to what is most effective in supporting them to act. However, its impact will be dependent on the development of programmes to support spread of effective initiatives and use of evidence by clinicians and employers in practice. We therefore believe that the call for evidence should be rapid exercise. The MSK expert reference group should also make recommendations on how to act on that evidence for all stakeholders identified in the Musculoskeletal health: 5 year prevention strategic framework published by Public Health England, NHS England and Versus Arthritis to ensure that the evidence is acted on locally.

What could the government do to help people live more healthily:

In homes and neighbourhoods

- Local authorities should adopt a health in all policies approach with an explicit inclusion of musculoskeletal health and physical activity.
- The impact of housing and the built environment on MSK health is significant. Physical activity should be built into every local environment including access to safe open spaces and leisure facilities.
- Social care commissioning should include requirements for enabling physical activity as part of care packages, especially in care homes. This will require adequate funding for social care.
- Availability of accessible housing, as well as suitable aids and adaptations can enable people to live independently in their own home for longer and return home sooner after a hospital

admission. The report from Versus Arthritis *Adapted homes, empowered lives: A report on home aids and adaptations* indicates how this can be improved.

- Availability for short term home help for those recovering from surgery who require help while rehabilitating but not indefinitely. This will allow quicker discharge from hospitals and speed the recovery time for the individual.

When going somewhere

Health in all policies should apply to all transport decisions to encourage active travel. It includes building walking and cycling into transport policies and the design of urban areas. For example, ensuring that people can find somewhere to sit if they need to rest will increase the ability of people with MSK conditions to walk rather than using a car, bus or dial a ride service for short journeys. This should be in line with NICE guideline [NG90] Physical activity and the environment.

Public awareness that not all disabilities are visible would encourage people with hidden disabilities to use public transport. Disabled parking bays and permits should be more accessible.

In workplaces

Good work is known to be beneficial to health, including MSK health. Keeping people in work should be a priority as it is more difficult to get back into employment once a person has fallen out of work. Key priorities for MSK work and health are:

- The NHS needs to ensure rapid diagnosis and access to appropriate treatment through commissioning effective MSK pathways to ensure rapid access to the correct advice and/or treatment.
- Access to good advice on remaining in, or returning to, work through better use of fit notes, AHP advisory fit notes and access to occupational therapy. Healthcare professionals need support to understand what adjustments will enable a person to remain in work.
- Better understanding by employers of how to support and manage staff with long term MSK conditions. Employers need support to understand how to make adjustments to working arrangements, permanently or temporarily, to enable people to remain in work. Improved training and signposting for line managers to the resources that are readily available via third sector organisations.
- Job Centre staff and work coaches need a good understanding of MSK health and prevention in order to ensure they give accurate messages about the benefits of work and useful practical advice about adjustments.

In communities

As part of their health in all policies approach, every local area authority should aim to develop MSK friendly communities. This should include active travel, accessible leisure services, housing and planning.

It also needs to include community development to enable effective social prescribing particularly in areas of deprivation. This will range from ensuring safe facilities for groups to meet to funding for local voluntary organisations to ensure they are able to support local people. Social prescribing reinforces messages about de-medicalising common MSK conditions, and empowering patients to self-manage. Patient support organisations play a key role in this; attending a local support group or being able to

contact a helpline make a significant difference to people's knowledge and confidence to manage their conditions. Supporting patient groups is a cost-effective way to provide peer support.

Lessons should be learned from examples of social prescribing which has been effective, such as in Rotherham, where funding for voluntary and community groups was part of the process ensuring that link workers had a range of options to offer. These options must include groups suitable for people with MSK conditions and chronic pain.

What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

Early intervention to promote MSK health.

Please expand on the reasons for your choice

MSK health underpins all other physical and mental health and the ability to lead a fulfilling life, connected to family and community. Promoting good MSK primary and secondary prevention, particularly physical activity, as well as early access to effective treatment, would have a significant benefit on the general health of the older population, and their ability to volunteer and remain engaged.

Delivering this requires a range of good quality MSK services, including community physiotherapy, podiatry, rehabilitation and pharmacies. Access to joint replacement surgery when needed is vitally important and access to these should be in line with NICE guidelines. Services should be commissioned in clear pathways understood by the local system so that patients can easily be directed to the right place first time.

What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3

- Leisure services – to ensure they are accessible and supportive of people with MSK conditions
- Transport – promoting and supporting active travel
- Housing – accessible housing, in areas that encourage active travel, with access to affordable healthy food.

How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?

- Ensure that all social environments are accessible, including parks, community centres, leisure services. Where these are not controlled by the local authority, planning powers should be used to ensure new and refurbished facilities include accessibility in their design.
- Ensure a good quality local housing stock including taking account of accessibility in local authority housing and planning applications and use of aids and adaptations to make existing housing stock accessible.
- Private sector employers to be encouraged to offer good work/life balance support to their employees.

**What more can we do to help local authorities and NHS bodies work well together?
(In addition to health and well being boards, ICS and pooling of budgets.)**

All initiatives to enable bodies to work together should include meaningful patient and public engagement. This helps to keep the focus of discussions on what matters to people. Focusing on people, rather than organisations, is an essential part of effective joint working.

What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

Ensure that MSK is a priority, with an MSK health in all policies approach. This needs to begin in childhood, so involvement of education services and initiatives such as the Daily Mile and healthy food in schools are important. Good support for children and young people who have MSK conditions (an estimated 12,000 have Juvenile Arthritis) to enable them to continue in education. Action needs to continue through people's adult life.

We welcome the profile given to MSK in this Green Paper, which we feel is appropriate given the fundamental importance of pain free mobility. However, action is required by all parts of the NHS and local authorities as well as community groups, businesses and employers, to create the environment that will enable good lifetime MSK health. Government, Public Health England, the NHS need to take steps to ensure that local organisations across private, public and community sectors take practical steps to implement what is outlined in the paper.

About ARMA

The Arthritis and Musculoskeletal Alliance (ARMA) is an umbrella body representing the breadth of musculoskeletal conditions and professions. We focus on policy, delivery and practice. Our vision for musculoskeletal (MSK) health is that the MSK health of the population is promoted throughout life and that everyone with MSK conditions receives appropriate, high quality interventions to promote their health and well-being in a timely manner.

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