

## Musculoskeletal health: a health needs assessment

Strategic Intelligence Board meeting November 2018

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## What is musculoskeletal health?

### **Good musculoskeletal health** (Arthritis Research UK, 2013):





## **Types of musculoskeletal problems**



(Arthritis Research UK, 2018a)



# Why is musculoskeletal health important?

**17.8 million people live with a musculoskeletal** condition in the UK (Arthritis Research UK, 2018b)





Musculoskeletal conditions have the second biggest negative impact on Quality Of Life and are more prevalent in the most deprived areas (Public Health England, 2018a)

3 in 10 primary care consultations and 1 in 10 secondary care referrals are for musculoskeletal conditions (NHS England, 2017)





Musculoskeletal conditions cost the NHS and wider healthcare system £10.2 billion in 2017/18 (Arthritis Research UK, 2018)



# Why is musculoskeletal health important?

8.9 million working days were lost due to work-related musculoskeletal disorders in
2016/17 (Health and Safety Executive, 2018)





Musculoskeletal pain is linked to opioid use 59% of patients with chronic MSK pain take opioid pain killers (Ashaye et al., 2018)

The Chief Medical Officer for England has described musculoskeletal problems as an unrecognised public health problem (Arthritis Research UK, 2016)





# Factors influencing musculoskeletal health in the East Riding

2 in 3 adults in the East Riding are overweight or obese, higher than the national average (Public Health England, 2018c)





More than I in 5 adults (22.9%) in the East Riding are physically inactive (Public Health England, 2018c)

I in 4 people in the East Riding are over 65, higher than the national average (Public Health England, 2018b)





## Disease prevalence in the East Riding of Yorkshire Council

63,808 people with back pain (19%)



(Arthritis Research UK, 2018b)

**East Riding of Yorkshire:** 

24,354 males have back pain (male prevalence 14.8%)

#### Of the total who have back-pain:

9,428

are aged under 35 years (**14.8%**) **30,524** are aged 35 to 64 years (**47.8%**)

\*due to rounding, percentages may not always add up to 100%

**23,856** are aged 65 years and over (**37.4%**)

<u>39,455</u>

females have back pain

(female prevalence 23.0%)

18,912 with hip osteoarthritis

31,716 people with knee osteoarthritis

**1 in 7 employment and** support allowance, incapacity benefits and severe disablement allowance claims (Office for National Statistics, 2017)

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Stage of	Risk factors	Associated	Opportunities	National	East Riding interventions
life		condition		interventions	
Adult	Musculoskeletal injury	Osteoarthritis	Modify high-risk environments in sports and workplaces Early access to high quality treatment after injury		
	Obesity	Osteoarthritis Back pain Musculoskeletal pain Gout	Reduce obesity	National Campaigns – One You, NHS Choices	<ul> <li>Health Trainers – Offering Healthy Lifestyle advice and support</li> <li>Exercise on Referral – Tier 2 Weight Management Programme</li> <li>LiveWell – Tier 2.9 (not quite a tier 3 as no MDT) Weight Management Programme</li> <li>Organised Running, Cycling and Walking Clubs (Fitmums, Walking 4 Health)</li> <li>Promotion of Sport and Physical Activity Clubs</li> </ul>
	Smoking	Rheumatoid arthritis Musculoskeletal pain Osteoarthritis Gout	Lifestyle changes	National Campaigns – One You, NHS Choices	Smoking Cessation Services
	Physical inactivity	Musculoskeletal pain Osteoarthritis Osteoporosis	Improve overall musculoskeletal health High impact physical activity to promote strengthening of the bones	National Campaigns – One You, NHS Choices	<ul> <li>Health Trainers – Offering Healthy Lifestyle advice and support</li> <li>Exercise on Referral – Tier 2 Weight Management Programme</li> <li>LiveWell – Tier 2.9 (not quite a tier 3 as no MDT) Weight Management Programme</li> <li>Organised Running, Cycling and Walking Clubs (Fitmums, Walking 4 Health, Walking Football &amp; Netball)</li> <li>Promotion of Sport and Physical Activity Clubs</li> </ul>



	Risk factors	Associated condition	Opportunities	National interventions	East Riding interventions
Older life	Poor nutrition	Increased falls risk Osteoporosis	Maintain healthy nutrition and body weight	<ul> <li>National Campaigns – One You, NH5 Choices</li> </ul>	<ul> <li>Health Trainers – Offering Healthy Lifestyle advice and support</li> <li>Exercise on Referral – Tier 2 Weight Management Programme</li> </ul>
	Obesity	Osteoarthritis Back pain Gout	Reduce obesity	<ul> <li>National Campaigns – One You, NH5 Choices</li> </ul>	<ul> <li>Health Trainers – Offering Healthy Lifestyle advice and support</li> <li>Exercise on Referral – Tier 2 Weight Management Programme</li> <li>LiveWell – Tier 2.9 (not quite a tier 3 as no MDT) Weight Management Programme</li> <li>Organised Running, Cycling and Walking Clubs (Fitmums, Walking 4 Health, Walking Football and Netball)</li> <li>Promotion of Sport and Physical Activity Clubs</li> </ul>
	Physical inactivity	Increased falls risk Osteoporosis Musculoskeletal pain	Increase physical activity to strengthen bones, muscles and joints and improve balance and co-ordination Remove barriers that prevent older people engaging in activity (inaccessible, lack of transport, social fears)	<ul> <li>National Campaigns – One You, NH5 Choices</li> </ul>	<ul> <li>Health Trainers – Offering Healthy Lifestyle advice and support</li> <li>Social Prescribing Service – offering holistic assessment of lifestyle, signposting and referral</li> <li>Exercise on Referral – Tier 2 Weight Management Programme</li> <li>LiveWell – Ther 2.9 (not quite a tier 3 as no MDT) Weight Management Programme</li> <li>Organised Running, Cycling and Walking Clubs (Fitmums, Walking 4 Health, Walking Football and Netball)</li> <li>Promotion of Sport and Physical Activity Clubs</li> <li>Strength and Balance exercise classes e.g. Body Balance, Pilates, Chair Based Exercise</li> </ul>
	Substance Misuse*	Increased falls risk	Reduce consumption	<ul> <li>Drinkline, One You, NH5 Choices</li> </ul>	<ul> <li>East Riding Partnership</li> </ul>
	Complex Long term conditions and multiple medications*	Increased falls risk	Medicines Management		<ul> <li>Healthy Living Pharmacy</li> </ul>
	Social Isolation and loneliness*	Reduction in mobility, low mood, self-care	Participation in community activities	<ul> <li>Silverline, Age UK</li> </ul>	Social Prescribing Service     Men in Sheds

\* = not included in the recommendations by Arthritis Research but deemed to be important for the East Riding



## Unmet needs and potential areas for improvement

Few people in the East Riding Clinical Commissioning Group area feel adequately supported to self-care across all long-term than in comparator areas (NHS Rightcare and Public Health England, 2016)





People in the East Riding with musculoskeletal conditions report wanting to see a physiotherapist face-to-face in the first instance (East Riding of Yorkshire Clinical Commissioning Group, 2018b)

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Services for to support lifestyle advice and physical activity do exist, but currently are not formally evaluated with respect to musculoskeletal conditions





Day case admissions are significantly higher than other comparator areas for back pain, rheumatoid and inflammatory arthritis, and osteoporosis (NHS England, 2016)

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## Unmet needs and potential areas for improvement

Total spend on all analgesics (including opioids) and back pain injections is much higher in the East Riding than other comparator areas (NHS England, 2016)



Fewer people in the East Riding with a previous fragility fracture are prescribed a bone-sparing agent than in other comparator areas (NHS England, 2016)

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Fewer people in the East Riding with rheumatoid arthritis receive a 12 monthly review (NHS England, 2016)



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## **Current specific work programmes**

- Get Help Sooner care navigation
- First Care Practitioner
- ESCAPE Pain rehabilitation programme for chronic pain, request for 600 places from Jan '19
- Shared decision making request for 900 places from Jan '19
- Back pain 100 day challenge 22<sup>nd</sup> November (David Thundercliffe, CCG)



### Recommendations

Musculoskeletal health needs to be highlighted and advocated for throughout the lifecourse

- I. Musculoskeletal health should be considered for specific inclusion in the Health and Wellbeing Strategy, and put forward for consideration at the Health and Wellbeing Board agenda setting workshop
- 2. Musculoskeletal health should be considered in the Primary Care Strategy
- 3. A programme of musculoskeletal health promotion including the benefits of physical activity to prevent and help people with existing musculoskeletal conditions should be implemented
- 4. A workforce programme targeting musculoskeletal health to prevent musculoskeletal conditions particularly back pain and osteoarthritis should be implemented



## Recommendations

- 5. Musculoskeletal health should be included in the evaluation of programmes around obesity and physical activity
- 6. Where there is evidence of positive return on investment of programmes benefiting musculoskeletal health, their implementation should be prioritised
- 7. Risk stratification tools should be used for assessing people with a new episode of back pain
- People in the East Riding with a musculoskeletal condition need to have access to programmes and resources to help self-management
- 9. Local partners to share knowledge and data on musculoskeletal health
- 10. Support upskilling of relevant staff groups on musculoskeletal health

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- 12. Where there is evidence of positive return on investment of programmes benefiting musculoskeletal health, their implementation should be prioritised
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- 14. People in the East Riding with a musculoskeletal condition need to have access to programmes and resources to help selfmanagement
- 15. Local partners to share knowledge and data on musculoskeletal health
- 16. Support upskilling of relevant staff groups on musculoskeletal health



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