

JOINT MATTERS

VERSUS ARTHRITIS CLINICAL UPDATE FOR HEALTHCARE PROFESSIONALS



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Welcome to the third edition of Joint Matters, the clinical update from Versus Arthritis. Joint Matters provides short, topical features from the world of musculoskeletal (MSK) health, keeping you up to date with the latest clinical information, developments and conversation.

As you know, we are now Versus Arthritis. We want to work together to improve care, demand and deliver better for people with arthritis. To do this, it's important we all ensure that musculoskeletal health is recognised as a problem and made a priority.

The articles in this edition aim to highlight how we can make musculoskeletal health everyone's business. This is your update so please do tell us what you like and what you'd like to see more (or less) of. You can share your feedback by sending us an email at professionalengagement@versusarthritis.org.

All articles in Joint Matters share examples of ways to improve MSK care, however Versus Arthritis does not specifically endorse featured interventions over others that may be available or are in development.

MSK NHS HEALTH CHECKS: A PUBLIC HEALTH CONCERN

Paul MacDonald MSc MCSP HPC, Advanced Physiotherapy Practitioner,
Healthshare Oxfordshire MSKCATS Service

An estimated 17.8 million people in the UK are living with a musculoskeletal condition. That's at least one in four of us. With the number of people with MSK conditions such as osteoarthritis set to rise in the coming years, it's essential that this is recognised as a major public health concern and made a priority. Musculoskeletal health is everybody's business – from Government to the NHS, we all have a role to play in ensuring that MSK conditions are recognised and prioritised.

As an Advanced Physiotherapy Practitioner in primary care, I'm constantly reminded of the impact of musculoskeletal conditions on other chronic diseases. Osteoarthritis, for example, has been proven to cause a decrease in physical activity levels, which in turn may increase the risk of common comorbidities like diabetes. Public Health England have developed NHS "Health Checks", a national risk assessment and prevention programme, to "help people live longer, happier lives".

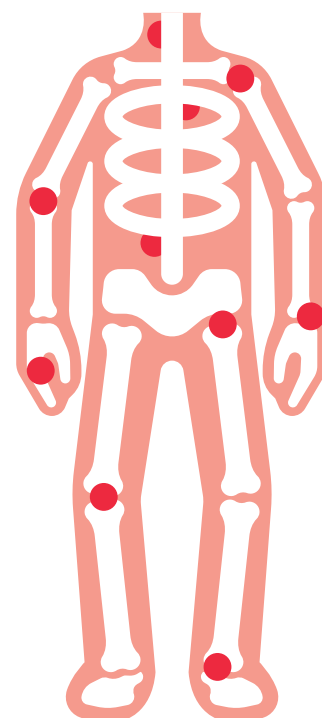
Health Checks are designed to detect early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. Unfortunately, musculoskeletal conditions are not highlighted within this national prevention programme. However, given the growing scale and severe impact of MSK conditions such as osteoarthritis, should they be?

A recent award winning project by NHS physiotherapists in Salford used an opportunistic health screening approach, offering the NHS Health Check to patients who were already under musculoskeletal services. This approach may help in the early detection of other chronic diseases and gives physiotherapists a gateway to engage with patients on general health and wellbeing. Given that strategic health intervention and promotion

Each year the NHS spends

£5 BILLION

treating musculoskeletal conditions





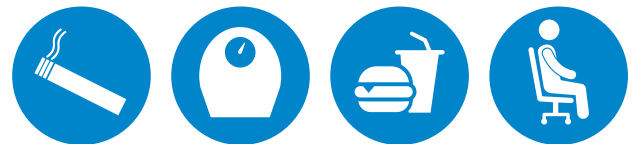
in the UK are living with a musculoskeletal condition

is a key part of a physiotherapist's role, utilising MSK services to promote NHS Health Checks may be a way to optimise and reduce the prevalence of comorbidities.

Challenging our musculoskeletal roles within public health and embedding a focus on early health screening initiatives is still in its infancy. Research is still needed in regard to the impact of preventative musculoskeletal screening strategies on the prevalence of comorbidities. Nonetheless, given the low levels of patient participation and awareness of NHS Health Checks, it seems that acknowledging the impact of musculoskeletal conditions and using these services for preventative health screening is an opportunity in waiting.

Inspired by this article and keen to hear more or share your thoughts? Get in touch at professionalengagement@versusarthritis.org

For more information on what Versus Arthritis is doing on public health, read the latest policy reports: versusarthritis.org/policy/policy-reports/



References

1. Arthritis Research UK National Primary Care Centre, Keele University (2009), *Musculoskeletal Matters*.
2. Harte E, MacLure C, Martin A, Saunders CL, Meads C, Walter FM, Griffin SJ, Mant J, Usher-Smith JA. Reasons why people do not attend NHS Health Checks: a systematic review and qualitative synthesis. *Br J Gen Pract*. 2018 (68):28-35. Hawker GA, Croxford R, Bierman AS, Harvey P, Ravi B, Kendzerska T, Stanaitis I, King LK, Lipscombe L. Osteoarthritis-related difficulty walking and risk for diabetes complications. *Osteoarthritis and Cartilage*. 2017 (25):67-75. Health Education England. Making every contact count guidance documents. 2016 <http://www.makeeverycontactcount.co.uk/evidence/guidance/> (accessed 05 Feb 2018).
3. NHS England 2013/14 CCG programme budgeting benchmarking tool online at <https://www.england.nhs.uk/resources/resources-for-ccgs/prog-budgeting/>. North West Population & Prevention Network. Promoting Multi-Professional Public Health Practice. 2017 <http://www.nwcpwd.nhs.uk/nwphpn/nwphpn-news/169-salford-physiotherapists-win-uk-public-health-award> (accessed 10 Feb 2018)
4. Lowea A, Littlewood C, McLeana S. Understanding physical activity promotion in physiotherapy practice: A qualitative study. *Musculoskeletal Science and Practice*. 2018 (35): 1-7.
5. Pears S, Morton K, Bijker M, et al. Development and feasibility study of very brief interventions for physical activity in primary care. *BMC Public Health*. 2015 (15):333.

SCOTLAND'S MSK SERVICES FIT FOR THE FUTURE

Judith Reid MSc MCSP, Consultant Physiotherapist in MSK, National Lead MSK Programme, NHS Ayrshire and Arran

With smartphones an integral part of our lives and an abundance of free apps at our fingertips, digital technology has the potential to help countless people with arthritis to self-manage their condition. Whilst technology has increased the popularity of a 'Dr Google', it's proved invaluable in connecting people with quality care and support. With the added value of helping people to better understand their condition, we're optimistic about the part digital technology can play in restoring people's independence, confidence and their ability to live well with arthritis.

Musculoskeletal conditions are the leading cause of long-standing illness in Scotland⁵, and, when grouped together, cause the largest burden of disease based on years lost to disability². The personal and financial costs associated with these conditions are significant. Yet, there is strong evidence that almost all musculoskeletal conditions can either be cured or effectively managed by self-care, rehabilitation, and for a very small number of people, specialist interventions.

The Active and Independent Living Programme (AILP) for Allied Health Professionals (AHPs) in Scotland⁴ is part of a wider policy agenda outlining the importance of prevention and early intervention. It's now a critical time for us to reflect on the way we deliver musculoskeletal care to improve outcomes for people, Health and Social Care, and society as a whole. So where are we on this journey? In Scotland, the National Musculoskeletal Advice and Triage Service

(MATS) provides access over the phone to self-management information as well as onward referral to local services when needed. The MATS service is currently available to over 70% of the population in Scotland.

In 2016, a rapid access target of four weeks from referral for people with musculoskeletal conditions was introduced in Scotland³. The development of the target has been a significant milestone to support conversations regarding access and impact across the wider system.

Our data supports the findings of others¹ that the GP is the first point of contact for the majority of people with musculoskeletal conditions looking for help and advice. The GP contract in Scotland⁶ has supported the implementation of physiotherapists as part of the multidisciplinary team in primary care, providing an opportunity for earlier intervention at initial presentation. The impact has evidenced safe and effective care for people with MSK conditions, reduced prescription costs and ongoing demand on health care usage.

However, our systems continue to be challenged by increasing demand outstripping capacity. We continue to deliver musculoskeletal care on a basis of managing a queue, despite the escalating costs to individuals, health and social care and society⁷.

Driven by an appetite for change, the MSK programme is developing digital solutions to this challenge that will support people with musculoskeletal conditions. By the time many of our services users gain access to services they have already consulted with Dr Google!



The MSK Advisor is an innovative, web-based tool that can be accessed on a desktop, tablet or smartphone. It provides a platform for patients to identify their area of symptoms from a series of graphics on a touch screen.

Several questions defining symptom onset and behaviour support, appropriate safety screening and assessment of irritability is required to ensure appropriate management recommendations. The app is incredibly smart, with a questionnaire that can identify those who may not be suited to self-management. Information is personalised, including tailored videos offering advice on pain management and exercise.

The MSK Advisor will provide a digital solution for people looking for timely access to advice and supported self-management. This should support people in their recovery, thereby avoiding any unnecessary impact on daily life and work.

The MSK Advisor also directs onward referral to rehabilitation or specialist services as and if required, to ensure best utilisation of resources and add greater sustainability across the whole system.

We continue to refine and complete final testing of the MSK Advisor and look forward to its implementation and the influence it will have on service delivery. To quote a slogan from a well-known rail company: 'Join a movement, not a queue!'

For more information on what Versus Arthritis is doing on technology to encourage supported self-management visit our Virtual Assistant on the website

References:

1. Foster N, Hartvigsen J and Croft P (2012). Taking Responsibility for The Early Assessment and Treatment of Patients with Musculoskeletal Pain: A Review and Critical Analysis. *Arthritis Research and Therapy* 14, (1): 205
2. NHS Health Scotland (2018). *Scottish Burden of Disease Study, 2016. Overview Report*
3. NHS Scotland (2016). *4 week rapid Access to AHP MSK Services*
4. Scottish Government (2017). *Allied Health Professionals Co-creating Wellbeing with the People of Scotland. The Active and Independent Living Programme in Scotland.*
5. Scottish Government (2016). *A National Clinical Strategy for Scotland*
6. Scottish Government (2018). *The 2018 General Medical Services Contract in Scotland*
7. Wizeyemariya A, Morris JH and Grimmer K (2018). *What is the current Evidence for Cost of Waiting on the Out Patient List for Management/Treatment of Orthopaedic/Musculoskeletal Complaints? A Systematic Review. Rheumatology and Orthopaedic Medicine* 3, (3): 1-5

PAIN CONCERN: SUPPORTING SELF-MANAGEMENT IN PRIMARY CARE

Renee Blomkvist, Researcher, Edinburgh

Recent research from Versus Arthritis shows that half of people with arthritis are in pain every day. People with arthritis and MSK conditions often find that movements that were once effortless and unconscious have become painful and burdened. For many, this pain fluctuates. We believe that people in this situation should be supported and empowered to self-manage their condition. Giving people with arthritis the tools to self-manage can help people to better understand their condition, stay active and live the life they choose.



The tool has the potential to improve communication around self-management of chronic pain in primary care consultations

Pain Concern (www.painconcern.org.uk) is a voluntary organisation based in Scotland, which supports and informs people with pain, their families and carers. Support is available through printed and online leaflets and content, podcasts, an online forum and a helpline.

In 2014, Pain Concern started a research project into supported self-management, to understand and overcome the barriers to self-management for people with musculoskeletal conditions in primary care. The initial study, "Barriers to self-management" led to the creation of self-management information videos (available on Pain Concern's website), as well as the development of The Navigator Tool Intervention (NTI).

In 2016, funding allowed for the final development and trial of the NTI in primary care, which was completed in 2018. The NTI aims to support self-management in primary care by preparing both healthcare professionals and patients to focus the consultation on self-management concerns. It includes a training session for healthcare professionals and a simple form for patients to prepare at home, along with self-management information and suggested 'questions to ask your healthcare professional'.

Two GPs, two pharmacists and a physiotherapist used the tool at two or more consultations with chronic pain patients. Analysis of interviews and feedback forms suggest several positive outcomes from using the intervention, as well as a number of practical ideas for improving its implementation. The intervention was helpful in facilitating four key areas of communication, namely helping patients and healthcare professionals to see the bigger picture of the pain condition, leading to engaged and efficient consultations, highlighting a range of self-management strategies, and facilitating positive emotions.

The NTI's use in primary care was limited by the type of patient it was relevant to, and the flexibility in the consultation style conducted by the individual healthcare professional.

For example, patients who did not think their pain was severe enough to significantly impact their life tended to find the tool less useful. Similarly, the more flexible the healthcare professional was in their use of the tool, the more useful they found it.

Using the intervention has potential to improve communication around self-management of chronic pain in primary care consultations, and a further trial is needed to confirm its overall efficacy.

Subjects covered in the My Pain Concerns form:

Diagnosis and cure



The way that I'm feeling



Changes to my life



My medications



Patients will be asked to complete a questionnaire involving a series of questions under the themes listed above. This will aid your consultation.

The full report of the study, as well as selected parts of the tool and self-management material, can be found at painconcern.org.uk

MAKING CLINICAL GUIDELINES ACCESSIBLE

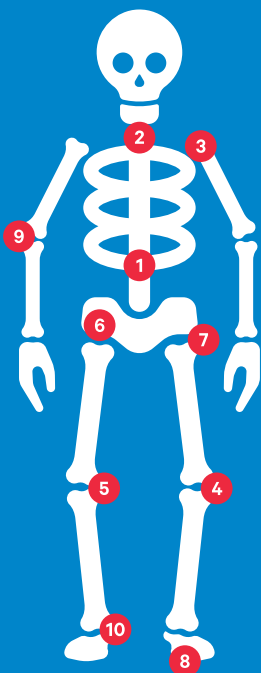
Dr Graeme Wilkes, Consultant in Sports & Exercise Medicine

It's no secret that clinical guidelines can be long, comprehensive documents. Whilst attention to detail and thoroughness is important, it's equally important for clinicians that guidelines are easily accessible and translatable to everyday practice. Making clinical guidelines more accessible makes clinical care more efficient, whilst enabling accurate decision-making. This in turn will allow people with arthritis to be better informed about their condition, care and their treatment options.

Three years ago, as Medical Director for Connect Health, a community-based MSK provider, I recognised that our extensive, well researched clinical guidelines occupied over 50 little used intranet pages.

Although I was seeing much good practice, there was a lot of clinical variation and some not so good practice. At the same time, we were developing better systems for gathering data about our service and were keen to ensure that this data was used to optimise clinical practice. This led to the "10/10 guidelines" project. We decided that the development of easily accessible, legible and applicable guidelines for those ten

10/10 clinical guidelines as follows:



1. We established the ten most common presentations to our community NHS MSK services:

1. Lower back pain and radiculopathy
2. Neck pain and radiculopathy
3. Subcromial pain syndrome
4. Knee osteoarthritis
5. Anterior knee pain
6. Hip osteoarthritis
7. Greater trochanteric pain syndrome
8. Plantar fasciopathy
9. Lateral epicondylitis
10. Achilles tendinopathy

2. Clinical champions were assigned to each of the 10 conditions

3. A format was developed which involved:

- Section-1
Assigning relevant treatments to a traffic light system according to the evidence base.
 - Section-2
A summary of the evidence was produced for each of Primary Care/ Tier-1 Community Physiotherapy / Tier-2 CATS / Secondary Care services
 - Section-3
More detailed research summaries were also made available
 - Section-4
References informing the guidelines
4. The output of the Clinical Champions was reviewed by senior clinicians and until a final draft approval was approved
5. Patient information Leaflets (PIL) were produced to support each guideline.

conditions could have a profound effect on improving and standardising clinical practice. These can be seen in the diagram opposite

At least 75% of the work done by our service (>300,000 referrals per year) was accounted for by 10 common conditions.

The 10/10 guidelines launched in 2017 with in-service training for all staff. The guidelines and PIL were then made easily accessible online in all clinics.

Traffic light system for lower back pain:

Effective Evidence:

- Lifestyle advice
- Pharmacological treatment
- Therapy/exercise programmes
- Nerve root injection (after 6 weeks if severe)



Inconclusive Evidence: (Approved)

- Massage/manual therapy
- Yoga
- Psychological treatment combined with physiological
- MRI
- Surgical opinion



No Evidence:

- TENS
- Traction
- Supports
- Electrotherapy
- Acupuncture
- Spinal fusion
- Disc replacement



Follow-up to launch

1. Continual evaluation of use

We want to be sure that the guidelines are being used and supporting evidence-based practice. Therefore, we developed coding of treatments based on the 10/10 guidelines to add to existing diagnostic and PROM coding. We can use our data warehouse to correlate DIAGNOSIS – TREATMENT – CLINICAL OUTCOME for individuals, services and for the organisation. This provides a powerful tool to assess and influence clinical practice.

2. Continual update of guidelines as new evidence emerges - this is the responsibility of “subject matter experts” within the organisation.

3. Guidelines for the next 5 common conditions:

- Frozen Shoulder
- Soft tissue ankle injury
- OA 1st CMC
- Carpal Tunnel Syndrome
- De Quervain’s Tenosynovitis

In conclusion, the key benefits of the 10/10 guidelines are:

- ***For individuals – guidelines that are accessible, easy to use and which feedback on clinical practice, informing continual improvement.***
- ***For the NHS and patients – ensuring services are effective and good value.***

MUSCULOSKELETAL CONDITIONS IN THE WORKPLACE

Clare Fernandes, Occupational Physician, London

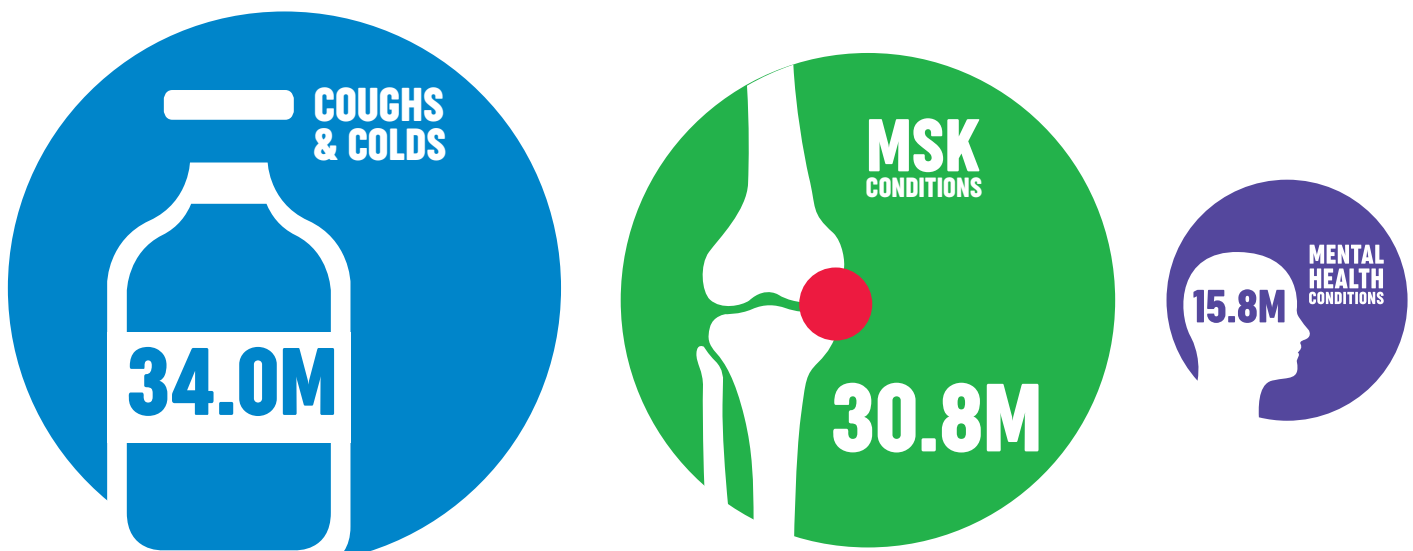
MSK conditions are one of the biggest problems facing our working population. They are a leading cause of sickness absence, resulting in 20% of all absences, account for over 30 million working days lost each year. MSK conditions, combined with a lack of workplace support, can also force many people with arthritis to give up work entirely. Our recent report 'Working It Out: Access to Work and employer support' revealed the significant personal impact that being forced to leave work can have, leaving people with arthritis isolated and in pain with a significant negative impact on income and wellbeing.

The right type of work is good for physical and mental health. Ill health, whether chronic, progressive or intermittent, can lead to increased absence, reduced confidence, unsafe working and, potentially, loss of employment and re-employment difficulty.

The benefits of working are more than financial, providing psychological and social support. Ill health also impacts on families, employers, health services and the wider community.

Ill health amongst working-age people costs the economy approximately £100bn annually - musculoskeletal problems are the second-highest cause of working days lost, at 30.8 million days (22.4%) each year.

Top 3 reasons for days lost in the workplace:



Each year ill health costs the economy approximately



£100 BILLION

Occupational health is a branch of medicine focussing on the wellbeing of employees. Some employers have occupational health departments and the advisory role may fall to other healthcare professionals. Most employees can continue to work successfully with workplace adjustments incorporating their present, and likely future, functional ability. Adjusted duties can be temporary or permanent, including changes in accessibility, assistive technology or hours.

Workplace support is available, but awareness is sometimes lacking. The Access to Work Scheme, Remploy and Fit for Work provide support, funding and advice for employers, employees and healthcare professionals.

What you can do to support:

- Undertake immediate and ongoing promotion of Access to Work for your patients with musculoskeletal conditions
- Encourage your patients to be aware of adjustments that are available to them

For more information on what Versus Arthritis is doing on Access to Work contact the campaigns team at: campaigns@versusarthritis.org

Workplace disability has costly effects; but it doesn't stop there. Being forced to leave work, or change the type of work that you do, can have detrimental effects on a person's mental health, family life and ability to be independent. Support and advice are available, both through the Government's Access to Work Scheme and reasonable adjustments. Joints may be inflexible, but shouldn't be.

People with musculoskeletal conditions should be supported to stay in the jobs they love and want to do.

References

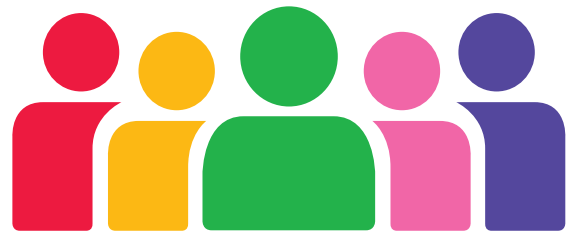
1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf
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<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2016#which-groups-have-the-highest-sickness-absence-rates>
2. Access to Work. www.gov.uk/access-to-work A publicly funded employment support programme that aims to help more disabled people start or stay in work. It can provide practical and financial support not exclusive to adjustments and adaptations.
3. Remploy. www.rempoy.co.uk/Remploy is a charity focussing on placing disabled employees in suitable work, as well as on the job support.
Fit for Work. www.FitforWork.org Fit for Work offers free, expert and impartial advice to anyone looking for help with issues around health and work. They offer a free advice line for support.

FOR HEALTHCARE PROFESSIONALS



- **Core Skills in MSK Care**
an educational programme aimed at helping GP's 'get the basics right' in Musculoskeletal consultations.
- **Musculoskeletal champions**
a leadership programme aimed at any one designing, developing or working in an MSK service with an idea for service change.

FOR YOUR PATIENTS



- **Patient information booklets**
- **Virtual assistant**
- **Helpline 0800 5200 520**
- **UK wide support services**
for people of all ages including young people and children.

For more information please visit our website
versusarthritis.org

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Versus Arthritis
Copeman House
St Mary's Gate
Chesterfield
S41 7TD

