

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Cefnogi pobl sydd â chyflyrau cronig](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [supporting people with chronic conditions](#).

CC53: Ymateb gan: | Response from:  
Arthritis and Musculoskeletal Alliance (ARMA)

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## **ARMA response to *Supporting people with chronic conditions***

### **Who we are**

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 for better living.

### **Overview**

Thank you for this opportunity to respond to the Health and Social Care Committee's *Supporting people with chronic conditions* consultation. This is an incredibly important issue, and we are grateful that the Committee has chosen to look at it in detail.

Across the UK, people living with long-term musculoskeletal (MSK) conditions account for the largest cause of disability. These include around 200 different conditions affecting the muscles, joints, and skeleton, such as osteoarthritis and rheumatoid arthritis, as well as chronic musculoskeletal pain. They account for a major area of NHS expenditure in Wales, as well as millions of lost working days each year.

MSK health is a fundamental building block of living a healthy and productive life at every age and stage of life. It is vital that people are supported to maintain and improve the health of their joints, bones, and muscles. Preventing, managing, and improving MSK conditions cuts across NHS and social care, and is key to bettering people's lives, mitigating the economic impact of chronic illnesses, and improving outcomes of many co-morbidities.

Chronic conditions are complex, and there is no one-size-fits all approach to supporting people. Below, we try to outline some of the questions we recommend this Committee takes into consideration, including:

- Support for self-management

- Integrated mental health support, including the strong link with mental health and MSK conditions
- The impact of waiting lists as a result of the pandemic
- Early action for potential or diagnosed conditions
- Joined-up approach when looking at or treating conditions
- Treating and supporting people in their communities, where possible, and tackling inequalities across the country

## Questions

### NHS and social care services -

- **The readiness of local NHS and social care services to treat people with chronic conditions within the community. -**

Developing more community-based approaches to treating and supporting people with chronic MSK conditions should be a priority. Almost a million people in Wales are living with an MSK condition<sup>1</sup>, which has a significant impact on their lives and wider society. A holistic, community-based approach is often the most effective one, with management of chronic conditions cutting across the NHS, health, and social care services.

However, there is currently a high unmet demand for the local services that people desperately need. Too many people with chronic MSK conditions tend to be passed between the wrong services, until eventually they find the right services to fit their need. Others find they are unable to access appropriate, tailored treatment and support at a local level. This is especially true in more deprived areas, with a strong correlation between deprivation and poor MSK health.

As with many chronic conditions, getting the right treatment as early as possible is essential to managing the condition and improving quality of life over the longer term. People need easy-to-access services in their local communities, with specialist input where needed, with a focus on treating the individual rather than a “one-size-fits-all” approach. As well as medical treatment, this should include support with self-management, health coaching, peer support, as well as support with mental health.

Improving services should involve working in partnership with communities to meet local needs, at the same time as supporting and enabling people with chronic conditions to lead healthier lifestyles.

Taking a biopsychosocial approach helps healthcare providers understand the complex interactions between biological and psychosocial components of illnesses – for example, the impact of the environment and psychological factors – and can improve outcomes in chronic

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<sup>1</sup> [cymru-v-arthritis-welcome-pack-2021-english.pdf \(versusarthritis.org\)](#)

diseases.

**-Access to essential services and ongoing treatment, and any barriers faced by certain groups, including women, people from ethnic minority backgrounds and disabled people.**

The prevalence and impact of musculoskeletal conditions are not experienced equally across the population. There is a strong link with deprivation and age, while women and some minority ethnic groups are disproportionately affected.<sup>2</sup>

As the single largest cause of disability<sup>3</sup>, any efforts to tackle inequalities in healthy life expectancy must consider MSK health. In particular, deprivation is a significant driver of inequalities in MSK health. People living in deprived areas experience more chronic pain, are more likely to have a long term MSK condition, and experience worse clinical outcomes and quality of life. Furthermore, they can find it more difficult to access health services, resulting in indirect discrimination.

Tackling inequalities must be at the core of any strategy to improve health services. Everyone in Wales should be able to access the best quality care for a chronic condition, regardless of their income level and where they live. However, in all cases these should be developed in partnership with communities, taking their unique circumstances and needs into consideration.

We urgently need a better understanding of the complex set of factors, including deprivation, socioeconomic factors, and ethnicity, that influence MSK health, and other wider determinants of health. ARMA is currently holding an inquiry into inequalities in MSK conditions as it relates to deprivation. We would be happy to share with the committee early findings.

**· Support available to enable effective self-management where appropriate, including mental health support.**

There is evidence that self-management of chronic MSK conditions is effective as part of an overall management strategy.<sup>45</sup> However, patients need the right support for this to be effective. They also need to develop their health literacy and confidence to self-manage their condition.

Health coaching should be part of any long-term plan to improve outcomes for patients with MSK and other chronic conditions. Working in partnership, this involves health and care practitioners guiding patients to make decisions based on their individual circumstances and

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<sup>2</sup> A number of resources on each of these areas can be found here: [MSK Health inequalities resource page \(arma.uk.net\)](https://www.ama.org.uk/resources/MSK-Health-inequalities-resource-page)

<sup>3</sup> [Musculoskeletal Conditions \(blackpooljsna.org.uk\)](https://www.blackpooljsna.org.uk/musculoskeletal-conditions)

<sup>4</sup> [https://www.nationalvoices.org.uk/sites/default/files/public/publications/supporting\\_self-management.pdf](https://www.nationalvoices.org.uk/sites/default/files/public/publications/supporting_self-management.pdf)

<sup>5</sup> <https://www.versusarthritis.org/media/24653/state-of-msk-health2-2021.pdf>

what is important to them, empowering them to become active participants in their health and care.

Training in health coaching should be provided for health and social care professionals to ensure this form of self-management is as effective as possible. By educating patients and giving them the tools required to improve their health can have a significant impact on outcomes. Employers, health and social care staff, public sector workers, and the voluntary sector all have a role to play, along with individuals.

Furthermore, there is growing evidence of the benefits of meeting others who experience similar health conditions. Peer support groups should be facilitated, as well as patient support groups, which can play an important role in improving wellbeing.

There is also a strong link between MSK pain and mental health, and any personalised care plan needs to take both into account. However, there is currently a lack of mental health support for people living with chronic conditions.

Mental healthcare provision urgently needs to be more widely available and integrated into existing pathways and services, with more co-location of physical and mental healthcare provision.

### **Multiple conditions**

**- The ability of NHS and social care providers to respond to individuals with multimorbidity rather than focusing on single conditions in isolation.**

MSK conditions are very common among people living with multi-morbidity. Having poor MSK health negatively impacts outcomes for the co-morbidities, and therefore should be paid special attention.

People with multimorbidity see an array of health and care professionals in the home, the hospital, and the community. Some conditions are harder to treat when multimorbidity is present, and this is especially true when one is an MSK condition. For example, a patient with a heart condition is likely to struggle with exercising to improve their health if they also have osteoarthritis.

Joined-up care and a consistent approach to treatment are essential to ensure the best possible outcomes. Health care professionals should take a holistic approach, considering pain and the impact on people's lives and functional abilities.

### **Impact of additional factors**

**- The impact of the pandemic on quality of care across chronic conditions.**

There is no doubt that the Covid-19 pandemic has led to a backlog in some services. Studies from earlier this year found that 56% more people were waiting for orthopaedic treatments in

Wales compared with early 2020<sup>6</sup>. Additionally, more than half of people were waiting longer than the 26-week target, with over a third waiting more than a year.

Across the board, MSK specialists are reporting increased waiting times in the wake of the pandemic. It is worth noting that wait times were leaving many behind even before the pandemic. For example, over 8% of rheumatology patients were waiting more than nine months in January 2020. Already unacceptably high, this number jumped to over 32% a year later.<sup>7</sup>

It is critical that this is addressed, especially considering that MSK conditions do not exist in a vacuum. Longer waiting lists for MSK treatment mean more people who are not able to work, more people who cannot manage other chronic conditions (such as diabetes) and more people living in pain. There is a clear need for investment to tackle this backlog and ensure that people experiencing chronic conditions have timely access to the treatment they need.

Many people with MSK conditions were worse affected by Covid-19, for example those living with rheumatoid arthritis many of whom are taking immunosuppressant medication which reduces the effectiveness of vaccination and makes them more vulnerable to contracting COVID. They remain more at risk of complications if they contract Covid-19, and this may have a wider impact on their ability to access care in their communities. Special attention should be paid to these groups, ensuring they are able to access the services they need in a safe environment.

#### **- The extent to which services will have the capacity to meet future demand with an ageing population.**

There is a clear link between the prevalence of MSK and ageing. The Welsh population has seen the percentage of people over age 65 increase from 18.4% in 2011 to 21.3% in 2021.<sup>8</sup> The trend toward an ageing Welsh population is projected to increase in the coming years, with some estimating that the percentage of over-60s will reach 30% as soon as 2026.<sup>9</sup> Improving healthy life expectancy should be a key goal of any future strategies. Unless there is a strong focus on prevention, MSK services will increasingly struggle to meet growing demand.

Plans should be put in place for the increasing prevalence of MSK in the Welsh population. We should tackle this now, both by investing for future service needs and putting preventative measures in place now. With some services already struggling to meet existing demand, it is clear that substantial investment is required over the coming years.

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<sup>6</sup> [Wales orthopaedic wait times need urgent action - audit - BBC News](#)

<sup>7</sup> [The length of time people are waiting for treatment on the Welsh NHS is growing massively - Wales Online](#)

<sup>8</sup> [Population and household estimates, Wales - Office for National Statistics \(ons.gov.uk\)](#)

<sup>9</sup> A report from The Welsh Older People's Commissioner projects that as early as 2026, the Welsh population could be 30% over 60.

## Prevention and lifestyle

### **· Action to improve prevention and early intervention (to stop people's health and wellbeing deteriorating).**

Early action is critical for MSK. Everyone from Government to employers to individuals has a part to play in preventing, managing, and improving MSK conditions across the population. Good MSK health starts in childhood and goes on throughout life.

All people – those with diagnosed conditions, at risk of developing conditions, and with no current signs of MSK - can benefit from a wider emphasis on MSK health throughout society. Whether in the workplace or speaking with your GP, MSK health touches all aspects of life.

Tackling conditions that currently take a long time to diagnose is key as well. For example, Axial Spondyloarthritis takes an average of 8.5 years to diagnose, during which time people are not receiving appropriate treatment or management support. A number of conditions will do further damage when left unchecked, often costing the individual a number of healthy years. Any strategy looking at long-term conditions must consider this.

Early diagnosis, intervention, rehabilitation, and treatment are key when it comes to improving outcomes for those with, or at risk of, MSK conditions. A focus should be on people living in deprived areas, and other population groups at greater risk of developing an MSK condition.

Once a condition has been diagnosed, then health coaching should play a key part of any long-term plan to improve a person's quality of life. Primary care providers play a vital role in getting these messages across. Prompt information, education, and physical activity programmes should be provided to enable people to live well with an MSK condition.

There is a need for more education to ensure that health workers are trained in MSK conditions and early intervention, and are able to identify, treat, and refer patients with these conditions promptly and accurately. This should be accompanied by a culture change, with healthcare, social care and community workers collaborating to deliver a joined-up, person-centred service.

25/05/2023

