

PUBLIC HEALTH

Musculoskeletal Health Health Needs Assessment

Joint Strategic Needs Assessment
Summary of key points
November 2018



East Riding Musculoskeletal Health Needs Assessment

1 Summary of key points

- Musculoskeletal (MSK) conditions account for 22.1% of years lived with disability disease burden globally, and nationally 1/5 of people see their general practitioner about an MSK problem each year (Arthritis Research UK National Primary Care Centre, Keele University, 2009), accounting for up to 3 in 10 GP consultations (Department of Health, 2006). Low back pain is the single leading cause of disability.
- The term ‘MSK conditions’ comprises over 100 conditions that affect the bones, joints, muscles, spine and rarer autoimmune conditions and can be divided into three groups (Arthritis Research UK, 2018a):
 - (i) conditions of musculoskeletal pain (e.g. back pain and osteoarthritis),
 - (ii) inflammatory conditions (e.g. rheumatoid arthritis), and
 - (iii) osteoporosis and fragility conditions.
- The percentage of people reporting a long-term MSK problem
 - rises with age (3.4% for 18 to 24 year-olds, 42.0% for those aged 85 and older) (Public Health England, 2018a),
 - is more common in women (female prevalence 31.8%, male prevalence 25.9%) (Arthritis Research UK, 2018a),
 - is more common in deprived areas (prevalence 14.5% in the least deprived areas 17.1% in the most deprived areas) (Public Health England, 2018a),
 - has a substantial impact on quality of life (reduction in quality of life score of a third compared to people with no long-term conditions) (Public Health England, 2018a),
 - is associated with physical inactivity (37.9% of people aged 40-60 with long term pain are inactive compared to 16.7% of people with no disability or illness) (Public Health England, 2017a),
 - affects people’s ability to work (people with MSK conditions are less likely to be employed than people in good health, 8.9 million days are lost nationally due to work-related MSK disorders, back problems are the second most common diagnosis on fit notes) (Health and Safety Executive, 2018), and
 - has substantial wider economic costs (wider economic costs of combined osteoarthritis and rheumatoid arthritis are £30.7 billion per year, health and hospital costs of £6.1 billion (Oxford Economics, 2010).
- MSK problems have been described by the Chief Medical Officer for England as an unrecognised public health problem and there is a misconception that ‘nothing much can be done’ if you have arthritis (Arthritis Research UK, 2016). Many local authorities have not specifically considered MSK conditions as part of their Joint Health and Wellbeing Strategy or Joint Strategic Needs Assessment (Arthritis Research UK, 2015).
- There is international, European, national, regional and local interest in addressing this problem. The World Health Organisation (WHO) has a Global strategy and action plan on ageing and health and at a European level an Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European region 2016-2025 (World Health Organisation, 2016b). Nationally the Arthritis and Musculoskeletal Alliance (ARMA) umbrella body of 40 organisations aims to transform the lives of



people with MSK conditions living in the UK and there are National Institute for Health and Care Excellence (NICE) Quality Standards for each of the three major groups of conditions. Regionally there is a Humber, Coast and Vale Sustainability and Transformation Plan (STP) with a specific back pain programme. Locally there are substantial ongoing changes by the East Riding Clinical Commissioning Group (CCG) to alter the management for people with MSK conditions including Get Help Sooner (a care navigation system) and introduction of First Care Practitioners as the first point of contact rather than the general practitioner, and working with leisure services to provide structured community rehabilitation programmes.

- This health needs assessment aims to assess the needs of the population of the East Riding of Yorkshire with respect to MSK conditions, to support programmes of work within the CCG and STP. It fits with the East Riding Joint Strategic Needs Assessment priority areas of ‘isolation and loneliness’ due to isolation secondary to immobility and pain, and ‘mental and emotional health across the lifecourse’ as MSK conditions are associated with an increased risk of mental health problems.
- The East Riding of Yorkshire Council is a predominantly rural area in Yorkshire of 338,061 people, who generally have better health and longer life expectancy than the England average (East Riding Data Observatory, 2018). There is a higher proportion of people aged over 65 than the England average (25.0% for East Riding of Yorkshire Council, 17.9% for England) and a higher dependency ratio (73.2% for the East Riding compared to 60.7% for England) meaning the East Riding has a higher proportion of non-working (dependents) than the rest of England (Public Health England, 2018b). Most residents of the East Riding are registered at general practices in the East Riding of Yorkshire Clinical Commissioning Group (CCG), except for those in the west of the East Riding (mostly in Pocklington).
- The East Riding of Yorkshire Council population has
 - A higher proportion of people that are overweight or obese compared to the England average (67.4% in the East Riding, 61.3% in England) and one of the highest levels when compared to similar areas (Public Health England, 2018c)
 - 22.9% of people are physically inactive (less than 30 minutes of moderate intensity exercise per week), similar to the England average (22.2%)(Public Health England, 2018c)
 - Lower smoking prevalence of 10.8% (England 14.9%)(Public Health England, 2018c)
 - Few areas of the most extreme deprivation (13 of 210 lower super output areas are in the most deprived Indices of Multiple Deprivation deciles; the areas of greatest deprivation are in Goole, Bridlington and Withernsea). Life expectancy is 6.9 years lower for men and 3.8 years lower for women in the most deprived areas of East Riding than in the least deprived areas (Public Health England, 2018b)
 - Low ethnic diversity (96.2% of East Riding residents described themselves as White British in 2011) (East Riding Data Observatory, 2018)
 - Lower prevalence of anxiety and depression reported in those with an MSK condition (18.7% for East Riding, 24.1% for England) and higher quality of life scores (0.614 for East Riding, 0.577 for England) (Public Health England, 2018c)
 - 1380 employment and support allowance and incapacity benefit and severe disablement allowance claimants for MSK conditions, accounting for 14.3% of total claimants for these benefits in the East Riding (Office for National Statistics, 2017)



- MSK disease prevalence in the East Riding of Yorkshire Council population:
 - Is significantly higher for self-reported MSK conditions (17.9% for East Riding, 16.5% for England) (Public Health England, 2018c)
 - There are an estimated 63,808 people (19%, statistically significantly higher than the England average) living in the East Riding of Yorkshire Council area with back pain; 24,354 males (male prevalence 14.8%) and 39,455 females (female prevalence 23.0%); 9,428 are aged under 35 years (14.8%), 30,524 are aged 35 to 64 years (47.8%), 23,856 are aged 65 years and over (37.4%); overall 39,938 (11.9%) have severe back pain (Arthritis Research UK, 2018b)
 - There are an estimated 18,912 people aged 45 and over (10.9%, statistically similar to the England average) with hip osteoarthritis; 5,618 have severe hip osteoarthritis (Arthritis Research UK, 2018b)
 - There are an estimated 31,716 people aged 45 and over (18.2%, statistically similar to the England average) with knee osteoarthritis, 10,789 have severe knee osteoarthritis (Arthritis Research UK, 2018b)
 - There are an estimated 436 people aged over 50 with osteoporosis in the East Riding (statistically significantly lower than the England average) (Arthritis Research UK, 2018b)
 - There are an estimated 2499 people over 16 with rheumatoid arthritis in the East Riding (prevalence 0.9%, significantly higher than the England average of 0.7%)(Arthritis Research UK, 2018b)
- Health service admissions (NHS England, 2016):
 - Day case admissions for back pain in the East Riding CCG significantly exceeds the five best comparator CCGs by a total of 798 admissions and emergency admissions by 38 admissions
 - Day case admissions for osteoarthritis in the East Riding CCG significantly exceeds the five best comparator CCGs by 220 admissions
 - Day case admissions for rheumatoid and inflammatory arthritis in the East Riding CCG significantly exceeds the five best comparator CCGs by 194 admissions
 - Day case admissions for osteoporosis and fragility fractures in the East Riding CCG significantly exceeds the five best comparator CCGs by 198 admissions
- Musculoskeletal spend (NHS England, 2016):
 - Total spend on MSK conditions in the East Riding CCG significantly exceeds the five best comparator CCGs by £4,425,000
 - Spend on back and radicular imaging in the East Riding CCG significantly exceeds the five best comparator CCGs by 43 procedures
 - Total primary care spend in the East Riding CCG on co-codamol (paracetamol and codeine phosphate, a mild opioid) significantly exceeds the five best comparator CCGs by £504,000
 - Total primary care spend in the East Riding CCG on opioid analgesics significantly exceeds the five best comparator CCGs by £135,000
 - Spend in the East Riding CCG on back pain injections significantly exceeds the five best comparator CCGs by 330 procedures, and radicular pain injections by 291 procedures
 - Spend in the East Riding CCG on drugs to prevent osteoporosis is significantly lower than the five best comparator CCGs



- Opportunities for health service improvement (NHS England, 2016)
 - The percentage of patients aged 50-74 with a fragility fracture and confirmed osteoporosis who are currently treated with an appropriate bone-sparing agent in the East Riding CCG population is 75.3%, which is statistically significantly lower (by 7 patients) than the best 5 comparable CCGs (84.0%) and is lower than the England average of 82.8%. There is wide variation by general practice from 37.5% to 100%.
 - The percentage of patients aged 75+ years with a fragility fracture treated with a bone sparing agent in East Riding CCG population is 59.3%, which is statistically significantly lower (by 44 patients) than the best five comparator CCGs (68.3%) and is lower than the England average (67.4%). There is wide variation by general practice from 33.3% to 100%.
 - The percentage of patients with rheumatoid arthritis who have had a review in the last 12 months is significantly lower in the East Riding CCG population (84.9%) than the five best comparator CCGs (86.8%) by 44 patients, but slightly higher than the England average (84.3%).

- Most patients completing a survey on MSK health by the East Riding CCG reported if they had a new or flare up of an existing MSK condition would go to their general practice first for help and advice. Most people chose seeing a physiotherapist (most popular choice) or a general practitioner (second most popular choice) as the best way to understand and manage their MSK condition, and a face-to-face discussion was preferred to telephone discussion.

- Leisure and lifestyle services:
 - There were 839 Exercise Referrals to East Riding Leisure in 2017/18 of which 472 (56.3%) cited muscle/joint problems as one of their medical problems and 109 (13%) where muscle/joint problems were their only referral reason. Of these, 101 (92.7%) were motivated to continue exercising, 100 (91.7%) described their health as having improved and 85 (78.0%) reported their mood had improved.
 - There have been 326 people referred for the Health Optimisation Programme from 17 October 2017 – 10 July 2018. 90 (27.6%) referrals were prior to a musculoskeletal intervention.
 - There were 1014 health trainer patient contacts in 2017/18. Reason for seeing a health trainer is a free text option and may be broad such as ‘to improve health’. ‘Pain’ was specifically mentioned by 67 patients, ‘mobility’ by 50 patients, ‘knees’ by 41 patients, ‘hip’ by 34 patients and ‘arthritis’ by 18 patients.



2 Recommendations - key points for improving MSK health in the East Riding

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

1. 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
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
8. 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
11. Musculoskeletal health should be included in the evaluation of programmes around obesity and physical activity
12. Where there is evidence of positive return on investment of programmes benefiting musculoskeletal health, their implementation should be prioritised
13. Risk stratification tools should be used for assessing people with a new episode of back pain
14. People in the East Riding with a musculoskeletal condition need to have access to programmes and resources to help self-management
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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- Public Health England [Public Health England health profiles tool](#), [National General Practice Profiles](#)
- East Riding of Yorkshire CCG [MSK services feedback report](#)

