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.

CC74: Ymateb gan: | Response from: Cymru Versus Arthritis

Cymru Versus Arthritis's response to the Health and Social Care Committee's consultation 'Supporting people with chronic conditions.' May 2023

Cymru Versus Arthritis welcomes the opportunity to provide input into the Health and Social Care Committee's inquiry into supporting people with chronic conditions.[1]

Versus Arthritis works with people with arthritis, volunteers, healthcare professionals, researchers and many others to push back against arthritis. We provide support, information and self-management resources, develop breakthrough research and campaign for arthritis to be a priority. Our remit covers all arthritis and musculoskeletal conditions.[2]

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[redacted]

Key facts

- Arthritis and related musculoskeletal (MSK) conditions affect 20.3 million people in the UK[3] and nearly 1 million people in Wales.[4] They are among the biggest causes of persistent pain and disability in Wales, the UK and globally[5].
- In 2021/22, of the 46% of adults (16+) in Wales reporting a longstanding illness (over 12 months). The most commonly reported illnesses were musculoskeletal (16%) and heart and circulatory (11%).[6]
- Cumulatively, the healthcare costs of osteoarthritis and rheumatoid arthritis will reach £118.6 billion over the next decade.[7]
- In 2020 MSK conditions accounted for 15.4% of sickness absence absences[8] and in 2019 28.4 million working days were lost due to MSK conditions.[9]

Glossary

CSP – Chartered Society of Physiotherapy
CVA – Cymru Versus Arthritis
EPP Cymru – Education Programmes for Patients
HCP – Health Care Professional
HSSC – Senedd Health and Social Care Committee
MOCSN – Musculoskeletal and Orthopaedic Clinical Strategic Network
MSK – Musculoskeletal
NERS – National Exercise Referral Scheme
NCSOS – National Clinical Strategy for Orthopaedic Services
OA – Osteoarthritis
PC – Primary care
PWA – People with arthritis
RA – Rheumatoid arthritis
SC – Secondary care
T&O – Trauma & orthopaedics
VA – Versus Arthritis
WG – Welsh Government

1. NHS and social care services

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

MSK conditions account for 1 in 7 GP consultations, and every year 1 in 5 adults will consult their GP for a MSK condition.[10]

Some MSK conditions, including inflammatory conditions such as rheumatoid arthritis (RA), are primarily managed in secondary care (SC) by specialist rheumatology services. MSK conditions such as osteoarthritis (OA), are managed primarily within primary care (PC).

Key aspects of care for people with MSK include early diagnosis, early treatment, timely access to the right Healthcare Practitioner (HCP) when a condition 'flares' or circumstances change, timely access to specialist care as required, advice and support on self-management and secondary prevention including weight management and exercise, and signposting to further support, information and peer support.

PC services often lack the resources to provide the ongoing support required by people with chronic conditions (CCs) such as OA. The development of First Contact Practitioner (FCP) services within PC has been a positive step in providing a more multidisciplinary, holistic and personalised approach to supporting people with MSK conditions that are primarily managed in PC. We understand the provision of FCP services to be limited with inequity of access within and between Health Boards.

Improved PC and community management of conditions such as OA could reduce the impact of the condition for the individual and reduce future demand on PC and SC services.[11]

MSK conditions managed in SC, such as RA, require prompt referral from PC to specialist support to initiate treatment as per NICE guidance.[12] The National Early Inflammatory Arthritis Audit (England and Wales), published earlier this year, found that in Wales only 34% of PC referrals to rheumatology for suspected inflammatory arthritis were seen within the NICE target of three weeks. This is the second lowest figure across Wales and England regions.[13]

Persistent pain, loss of mobility and independence can lead to greater isolation and loneliness and impact mental health. Appropriate signposting to peer support services such as Versus Arthritis's CWTCH Cymru local support groups can help reduce isolation.[14]

Difficulty accessing PC services have been one of the main issues raised by people with arthritis (PWA) with our helpline since early in the pandemic and continues to be a significant issue.

We note the significant workforce challenges in PC in Wales and across the UK. We welcome the Welsh Government's (WG) National Workforce Implementation Plan

published in February of this year[15,] but recognise the many workforce challenges ahead. [16]

We welcome the establishment of a Musculoskeletal and Orthopaedic Clinical Strategic Network (MOCSN) as one of the key 13 new Clinical Strategy networks within the NHS Executive. We believe that with appropriate resources, the new Network has an opportunity to draw in the necessary expertise from across MSK services in Wales to share best practice and drive innovation and standards across MSK health care. The two National MSK Clinical Lead roles developed last year are well placed to provide the leadership required to drive this work forward.

ACTIONS

- Primary care across Wales should:
    - provide holistic, person-centred ongoing support for people with MSK conditions that are most appropriately managed in PC, whilst providing appropriate referrals where necessary for all MSK conditions.
    - appropriately signpost and refer PWA to supported self-management programmes, peer support and information available in the 3rd sector and elsewhere.
    - provide increased access to multidisciplinary support within primary care such as FCPs.
- MOCSN to develop a MSK PC work stream and working group to provide the appropriate focus on PC MSK care and to share MSK best practice.
- An audit regarding the implementation of NICE guidance on the management of OA should be considered to assess current compliance (similar to Wales, England and NI audit re NICE early inflammatory guidance.[17])

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

For broader assessment regarding access to essential services and ongoing treatment, please see sections 1 (Primary Care) and 3 (Secondary Care).

The prevalence and impact of MSK is not equal across society. There is a significant link between MSK and deprivation and with age. Further, women[18] and some minority groups are disproportionately affected[19].

People living in the most deprived fifth of society are more likely to report a long-term MSK condition compared to those living in the least deprived fifth. In Wales, this prevalence is 20% compared to 13.[20]

With the Nuffield Foundation, Versus Arthritis is co-funding the RHEUMAPS study in Wales and Scotland, which aims to better understand how rurality impacts on experiences of MSK conditions and the implications for policy and service delivery[21].

The current long waiting times for elective orthopaedic surgery such as hip and knee replacement is having a significantly disproportionate impact on older people. 2.8M people aged under 35 years (11%) live with a MSK condition. 10.2M people aged 35-64 years (40%) live with a MSK condition 7.4M people aged 65 and over (61%) live with a MSK condition.[22]

It is important to include the impact on children and young people when assessing the impact of CC. Over 12,000 children in the UK live with Juvenile Idiopathic Arthritis (JIA.) The new Paediatric Rheumatology service in South Wales is impacting positively on young lives in the region. Cymru Versus Arthritis (CVA) is currently assessing provision in North Wales.

Support with travel to access services is important for many people with limited mobility. Travel for surgery can be costly and inaccessible, particularly when public transport is not available. A Versus Arthritis survey in September 2022 found that almost 1 in 5 (17%) of respondents said that they (or the person they know/care for) are finding it more difficult to travel to health appointments compared to this time last year amidst the cost-of-living crisis.

ACTIONS

- MOCSN should ensure that addressing health inequalities is a key component in its objectives and work programme. This work should be informed by the current UK wide inquiry into MSK health inequalities being undertaken by the Arthritis and Musculoskeletal Alliance (ARMA.)

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

Supported self-management is an evidence-based approach to reducing the impact of MSK conditions and other CCs. Self-management for MSK can relate to secondary prevention such as exercise and weight management, to improving understanding and skills to manage a condition's day-to-day symptoms through techniques such as action planning, pacing, distraction techniques (from pain) and building resilience through community and peer support. Self-management is not an alternative to medical intervention, but sits alongside, providing a more holistic approach to improving health outcomes.

Providing 'supported self-management' means providing support to help a person develop self-management skills and overcome barriers to self-management, such as lack of knowledge of the benefits of self-management, lack of confidence or a fear of damaging weak and painful joints. Supported self-management can be provided in different ways, including via local support groups and online and face-to-face structured courses.

Examples of supported self-management and secondary prevention support available to PWA in Wales include the Education Programmes for Patients (EPP Cymru) [23], the National Exercise Referral Scheme (NERS), ESCAPE-pain[24], OAK[25], [26], Wellness Improvement Service (WISE)[27], CVA's CWTCH Cymru programme and self-management programmes available from other voluntary organisations.

Provision of ESCAPE-pain, a self-management, coping strategies and exercise group rehabilitation programme for people with joint pain, has increased significantly over the past two years following joint work to promote the approach by CVA and the Chartered Society of Physiotherapy (CSP). In Wales, ESCAPE-pain now has 19 sites and 100 trained professionals to deliver the course, The approach is backed with a strong evidence base and impressive return on investment projections. [28]

Supported self-management is an important approach across CCs. Many of the challenges as well as self-management approaches and skills are similar across CCs (EPP provides generic CC courses). Consideration should be given to the potential value in developing a National Supported Self-Management Strategy for People with Long-term Conditions to share best practice across conditions areas.

Supporting good health and well-being is at the core of self-management. Supporting mental health is therefore integral to self-management. Many aspects of self-management, such as exercise, benefit both physical and mental health.

One of Cymru Versus Arthritis's CWTCH Cymru local support group programme's aims is to support well-being and mental health through tackling the loneliness and isolation that many people with MSK experience.

The Welsh Government has recently established a ‘3Ps’ (Promote, Prevent and Prepare) working group to support the development of services to support people with the physical and mental challenges of long waits for surgery. Self-management will play a key role within that approach.

ACTIONS

- Ensure supported self-management is available and offered to everybody living with an MSK condition.
- We would like to see the Welsh Government consult with stakeholders and conduct an evidence review to determine the value in developing a self-management strategy in Wales for all chronic conditions.
- Improved coordination and mapping of self-management programmes to improve signposting and access to supported self-management across Wales.

2. Multiple conditions

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

An estimated 46% of adults (16+) in Wales report a longstanding illness including 19% of adults with two or more longstanding illnesses.[29]

MSK conditions are common among people with multi-morbidity. Having poor MSK health or living with an MSK condition can negatively impact a person's other condition and one co-morbidity can make it more difficult to treat another condition. By 65 years of age, almost 1 in 2 people with a heart (47.1%), lung (49.2%) or mental health (47.3%) problem also have a MSK condition. [30]

The individual with multimorbidity must be central in decision making regarding their care in order to ensure their needs are understood and at the core of care planning across their multiple conditions. This approach is a core element of prudent health care.

NICE guidance on multimorbidity clinical assessment and management should inform practice re supporting people with more than one CC[31].

ACTIONS

- The person with multimorbidity must be central to decision-making regarding their care and care planning and a joined-up, consistent and holistic approach is needed as per NICE guidance.

2.2 The interaction between mental health conditions and long-term physical health conditions.

For people with persistent pain, depression is four times more common than among those without pain[32] and the impact worsens for those with high impact chronic pain.

The link between osteoarthritis and mental health is detailed in Versus Arthritis' report 'Not just a touch of arthritis'.[33] The report's survey found that 60% of those with 'moderate' or 'severe' osteoarthritis' reported it negatively affected their anxiety and mental health overall.

Anecdotally, the charity often hears from PWA who say they feel their mental health is not taken seriously enough in terms of the care they receive compared to the focus on their physical symptoms of their condition.

CVA offers a range of training programmes for HCPs. By leveraging the expertise of 3*rd* sector organisations and incorporating lived experience in education, we can significantly enrich and expand the scope of HCP training, equipping them with a better understanding of the challenges and needs faced by individuals living with chronic conditions, including in relation to mental health issues.

Mind Cymru's report 'The Mental Health Measure'[34] gathered a wide range of data regarding accessing mental health support.

ACTIONS

- MOCSN should establish a work stream to better understand the mental health support experiences of people with MSK and how mental health can be better supported as an integral part of MSK pathways of care.
- Incorporate lived experience and 3rd sector insights into HCP training.

3. Impact of additional factors

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

Access to key healthcare services that people with arthritis rely on has become significantly more difficult since the beginning of the pandemic.

One of the hardest hit core NHS services during the pandemic has been elective orthopaedic provision. This service includes a range of effective interventions, including life transforming surgery such as hip and knee replacements. The table below illustrates the increases in T&O waiting lists and waiting times in Wales since pre-pandemic.

Trauma & Orthopaedics (T&O) in Wales	Total number on waiting list	Waiting over 36 weeks	Waiting over 1 year (over 53 weeks)	Waiting over 2 years (over 103 weeks)
March 2023 (latest figures - published May 2023)	96,508	45,876	31,352	10,070
Average in 2019 (pre-pandemic)	62,118	6,570	2,473	76

March 2023 figures[35]. Averages in 2019[36].

To be placed on a waiting list for hip or knee surgery, an individual is likely to be already experiencing significant pain. The level of pain and immobility people experience whilst waiting for such surgery can be severe, unrelenting, overwhelming and can continue to worsen over time.

Many people waiting longer for surgery have shared the extent of the impact of the wait with Versus Arthritis – on quality of life, mobility, independence, mental health, relationships, employment, ability to sleep and many other aspects of their lives. Many have expressed how desperate they feel and that their lives have been put on hold. The Senedd Engagement Team's report for the HSSC inquiry into the impact of waiting times provides insightful lived experience testimony[37].

The extent of the current crisis in orthopaedic service is unprecedented, but the aim should be transformation, not a return to pre-pandemic service norms – waiting times were too long and rising pre-pandemic and winter pressures frequently paused elective care. The National Clinical Strategy for Orthopaedic Services' (NCSOS) recent reports[38] provides a detailed account of the services' challenges and provides recommendations. Further, Audit Wales's recent report on orthopaedic services found '…that urgent and sustainable action is needed to tackle the long waiting times for orthopaedic services.' And that '…it could take three years or more to return the orthopaedic waiting list to pre-pandemic levels.'[39]

CVA is aware of people using life savings or borrowing money to pay for orthopaedic surgery, putting financial security at risk. We are concerned that this marks the emergence of a two-tier health system, with service access only for those able to pay.

We are aware of many unsuccessful applications for ‘S2 funding’ to access NHS funding for an elective operation abroad, but only one successful applicant in Wales. Greater clarity and guidance is needed around the scheme.

There is also inequity in terms of the pace of recovery between HBs. With HBs in SE Wales recovering more quickly than in SW Wales. The publication of monthly T&O activity data (with comparative data from 2019) from each HB would provide greater transparency with recovery.

We welcome the fall in T&O waiting times over the past five months’ figures. However, the overall number on the list is still far too high and not falling quickly enough. The number of people waiting over 2 years for surgery – over 10,000 – is completely unacceptable.

The long waits for surgery are increasing demands on orthopaedic services themselves with more complex presentations and on other health and social care services as the severity of people’s condition deteriorates unnecessarily.

Other services vital for many people with MSK, such as rheumatology, have also been impacted by the pandemic. At the end of March 2023, the number of people waiting for rheumatology was 10,667, a 4% increase on the previous month and 60% higher than the average for 2019 (6,660).

As previously stated, access to PC continues to be difficult.

VA has worked closely with the Chartered Society for Physiotherapy (CSP) since early in the pandemic to call for communications, support and signposting to be made available to people on waiting lists to help them with the challenges of their wait. We are pleased that some HBs have developed innovative approaches. We are also pleased that WG has recently set up a working group to share best practice and develop guidance through the ‘3Ps’ project.

ACTIONS

- Speeding up the pace of recovery and transformation of T&O services should be a national priority.
- Improve data to increase transparency regarding T&O recovery: figures for over three-year waits, monthly T&O figures broken down by day-case and in-patient and monthly activity rates for hip and knee replacements by HB.
- Take forward NCSOS recommendations to increase and ringfence elective orthopaedic capacity, and increase regional working/develop regional surgical hubs.
- Clarity and guidance regarding access to S2 funding.
- The new ‘3Ps’ national working group must ensure communications, support, signposting and information is provided to people on long waiting lists across Wales.

3.2 The impact of the rising cost of living on people with chronic conditions in terms of their health and wellbeing

The continuing cost of living crisis is having an adverse effect on people with arthritis- and will inevitably have a longer-term financial impact. In its Final Budget 2022-23, WG stated that 'Disabled people will be disproportionately impacted by the rising costs of living'.[40]

In autumn of 2022, Versus Arthritis undertook a survey to understand the impact of the cost-of-living crisis on people with arthritis. In Wales, this polling found that 63% had cut back on travel as a response to the cost-of-living crisis; 15% needed to borrow money due to the cost-of-living crisis (13% in England); and 50% said that their mental health, or the mental health of someone they know/care for has been negatively affected. We know that people with arthritis report negative experiences of the cold, yet 92% of those surveyed in Wales were worried about heating their homes in winter 2022/2023.

ACTIONS

- People MSK conditions should be supported as necessary to enable them to cope with the increased costs associated with living with an MSK condition through the current cost of living crises.

3.3 The extent to which services will have the capacity to meet future demand with an ageing population

Arthritis and related musculoskeletal (MSK) conditions affect 20.3 million people in the UK[41] and nearly 1million people in Wales.[42]. While arthritis and MSK conditions can affect people of all ages, including childhood, the prevalence of many MSK conditions increases with age.

Between mid-2020 and mid-2030 the number of over 65s is projected to increase by 16.1% to 776,300, and the number of over 75s is projected to increase by 23.9% to 380,200.[43]

MSK services need appropriate investment based on the projected prevalence and future demand. As noted in a recent NCSOS report, orthopaedic care has the potential to collapse unless there is capital investment to ensure that Health Boards are able to deliver care. [44]

The British Society for Rheumatology (BSR) reports that to meet current demand, 10 more rheumatology consultant posts need to be funded within Wales to meet the BSR recommendation of 1 whole time equivalent (WTE) adult rheumatology consultant per 60,000-80,000 population (to deliver NICE quality standards).[45] Looking at rheumatology provision across England and Wales, the recent National Early Inflammatory Arthritis Audit, stated: 'The rheumatology workforce continues to lack sufficient staff to provide the care recommended by NICE.'[46] and 'staffing levels were highest in the East Midlands and lowest in Wales.'[47]

An increase in the prevalence of MSK conditions could also create additional pressure on PC, social care, rheumatology, orthopaedic services, CMATS, pain services, rehabilitation, podiatry, occupational therapy and physiotherapy services.

We welcome the decision to include MSK and Orthopaedics as one of the 13 new National Clinical Strategic Networks within the new NHS Executive. The MOCSN, led by Wales's National MSK Clinical Leads, will be central to undertaking the work necessary to minimise the impact of MSK on services in the context of an aging population. In order to do that, the Network will need to focus on primary and secondary prevention, early diagnosis, reducing waiting times, developing best practice pathways of care, providing holistic support in PC and ensuring people have access to supported self-management.

ACTIONS

- Take forward NCSOS recommendations to increase and ringfence elective orthopaedic capacity, and increase regional working/develop regional surgical hubs.
- MOCSN must develop the Quality Statements, Framework, Pathways and Service Specs or equivalent policy and strategy docs to drive up MSK health standards in Wales to meet current and future demand.

- Workforce issues in rheumatology need to be addressed.

4. Action to improve prevention and early intervention (to stop people's health and wellbeing deteriorating) & Effectiveness of current measures to tackle lifestyle/behavioural factors (obesity, smoking etc); and to address inequalities and barriers faced by certain groups.

Arthritis shares many risk factors with other conditions. For example, obesity increases the risk of developing type 2 diabetes[48] and osteoarthritis.[49] Primary prevention work for MSK has significant overlap with prevention for other conditions. Secondary prevention also shares commonalities with other conditions, however, some barriers to self-management and secondary prevention have a particular MSK element, such as fear of damaging already painful joints and fluctuating symptoms.

Physical activity is a key component in preventing MSK conditions and maintaining good MSK health, it can be used as both primary and secondary prevention.

Physical inactivity is high in Wales and across the UK and inactivity rates are particularly high for people with MSK.

- **30%** of adults (16+) in Wales do less than 30 minutes of physical activity per week (2019/20).[50]
- **49%** of adults (16+) in Wales with a long-lasting musculoskeletal condition are inactive compared to **26%** of adults with no condition.[51]

Remaining physically active is important for MSK health and can help strengthen muscles, keep bones healthy and prolong the life of joints, and help to maintain a healthy body weight. The positive effects of physical activity on bone development in childhood and adolescence can reduce fracture risk later in life. A healthy weight throughout childhood and adolescence which is maintained in adulthood can reduce the risk of knee OA.[52]

For people with MSK, engaging in physical activity can help reduce pain, improve range of movement and joint mobility, increase muscle strength, reduce stiffness and boost energy[53] and is a key treatment for conditions such as OA and back pain.[54] Appropriate exercise can reduce symptoms of OA of the hip and knee.[55] Regular physical activity can reduce joint and back pain by 25%.[56]

Early diagnosis and treatment is important in relation to MSK conditions and is a crucial element in treating inflammatory MSK conditions such as RA to limit long term illness and disability. By systematically detecting the early stage of a disease, HCPs can intervene before more intense symptoms develop. There is evidence of significant delays in diagnosis in some MSK conditions.[57]

ACTIONS

- A whole population public health approach is needed to reduce the increasing prevalence and impact of MSK conditions in Wales. The MOCSN must ensure MSK is central to all relevant public health initiatives and programmes in Wales.

- Improving access to early diagnosis and treatment for MSK conditions must be a key objective for MOCSN.

[1] Supporting people with chronic conditions
[2] 'About Us'. Versus Arthritis. Available here: https://www.versusarthritis.org/about-us/
[3] (Global Burden of Disease Collaborative Network (2020). Global Burden of Disease Study 2019 (GBD 2019) Results. Institute for Health Metrics and Evaluation (IHME), Seattle.
[4] Versus Arthritis: State of MSK Health 2021 https://www.versusarthritis.org/media/24653/state-of-msk-health2-2021.pdf (Accessed 30.05.2023)
[5] World Health Organisation Fact Sheet.(2022): https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions , accessed 30.05.2023.
6 Gov. Wales (2022) Adult general health and illness (National survey for Wales): April 2021 to March 2022, available here: Adult general health and illness (National survey for Wales): April 2021 to March 2022 | GOV.WALES, accessed 30.05.2023.

[7] York Health Economics (2017). The Cost of Arthritis: Calculation conducted on behalf of Arthritis Research UK.
[8] (Office for National Statistics. (2021). Sickness absence in the UK labour market 2020. Accessed here: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2020, accessed 30.05. 2023.
[9] (Office for National Statistics. (2021). Sickness absence in the UK labour market 2020. Accessed here:), accessed 30.05.2023.
10 Versus Arthritis, State of MSK (2023) Publication imminent.
[11] For example, a holistic intervention for someone with OA, with early diagnosis, treatment and supported self-management could allow the individual to continue in employment for longer, retain their independence, improve their well-being and mental health, reduce their risk of co-morbidities and reduce the risk of the need of joint replacement surgery and other interventions and support. Further, improved PC support could reduce the number of referrals of people with OA to rheumatology services.
[12] Nice Guidance for Rheumatoid Arthritis, available online here: https://www.nice.org.uk/guidance/ng100, accessed 30.05.2023.
[13] Page 21 NEIAA Fourth Annual Report_FINAL_11.01.23.pdf (rheumatology.org.uk)
[14] Versus Arthritis's CWTCH Cymru local support groups can help build community, reduce isolation and connect people to others with similar experiences and to information and support to self-manage. https://www.versusarthritis.org/in-your-area/wales/ Other 3rd sector organisations also provide helpful peer support for people with CCs.
15 National workforce implementation plan | GOV.WALES
[16] CQC (2021) State of Care Report, available here: Workforce challenges - Care Quality Commission (cqc.org.uk), accessed 30.05.2023.
[17] https://www.rheumatology.org.uk/improving-care/audits/neiaa
[18] 11.6m (35% of) women and 8.7m (28% of) men in the UK have an MSK condition. Global Burden of Disease Collaborative Network (2020). Global Burden
of Disease Study 2019 (GBD 2019) Results. Institute for Health Metrics and
Evaluation (IHME), Seattle.
[19] See page 9 of State of MSK Health for list of prevalence by ethnic group in the UK.
https://www.versusarthritis.org/media/24238/state-of-msk-health-2021.pdf
[20] Versus Arthritis: The State of Musculoskeletal Health 2021
[21] Rheumatic and musculoskeletal conditions: geographical Mapping of Prevalence and outcomes | The Institute of Applied Health Sciences | The University of Aberdeen (abdn.ac.uk) This project will link healthcare records to understand the extent of geographical differences in the prevalence and outcomes of those living with MSK conditions, and factors driving such differences.
22 The State of MSK Health 2021 (versusarthritis.org)
[23] EPP provides a range of self-management courses for people with CCs, including generic CC and condition specific courses. Training and accredited course leaders people living with CC themselves. Although Wales wide, the programme does not have equal provision across Wales and there are waiting lists in some areas to access courses. For more information on Education Programmes for Patients (EPP) here: https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/education-programmes-for-patients/

[24] More information of ESCAPE pain: https://escape-pain.org/ Available in 6 of Wales's 7 HBs (Powys offers a similar programme as an alternative).
[25] Options, Advice, Knowledge – OAK: https://www.versusarthritis.org/media/23710/options-advice-knowledge-oa-knee-back-pain-south-wales.pdf Available in CAVUHB, CTMUHB and ABUHB.
[26] https://keepingmewell.com/services/what-is-physiotherapy/what-is-oak-knee/
[27] https://ctmuhb.nhs.wales/wise-ctm/?fbclid=IwAR3IAI5-ciHgwgPcLCV7Txa2NPgLVmkfgXrKOm-QIXYBhvnC32-X7FDTbWI
[28] The programme is also very cost effective and has the potential to help more people in Wales. The total health and social care savings are £1,118 per person (this has since been updated to 2017/18 NHS prices making the savings £1,525 per person) which is

from less primary and secondary in and out-patient consultations, interventions and investigations, compared to people who did not have ESCAPE-pain. The savings figure is multiplied per person (for face-to-face hip/knee programmes only), to demonstrate the savings figure over 2.5 years after the programme. Savings are based on NHS figures, however if we were to apply this to the Welsh data set, the cost savings at £1,525 per person (315 participants attending F2F hip/knee programme) would result in total savings of £480,375 over 2.5 years after the programme. Analysis provided by ESCAPE-pain using cost supplements and NHS figures - available on request. The analysis also references: Long-term outcomes and costs of an integrated rehabilitation program for chronic knee pain: a pragmatic, cluster randomized, controlled trial - PubMed (nih.gov)

29 Adult general health and illness (National survey for Wales): April 2021 to March 2022
[30] UK Health Security Agency (2019), Why are MSK conditions the biggest contributor to morbidity, available online at: Why are musculoskeletal conditions the biggest contr butor to morbidity? - UK Health Security Agency (blog.gov.uk), accessed 03.04.23.
[31] https://www.nice.org.uk/guidance/ng56/chapter/Recommendations
[32]Lepine, J. and Briley, M. (2004). The epidemiology of pain in depression. Human Psychopharmacology, 19(S1), pp. S3-S7.

[33] Versus Arthritis (2022). 'Not just a touch of arthritis'. Available here: https://www.versusarthritis.org/media/24485/versus-arthritis-pfizer-report.pdf
34 thementalhealthmeasure_tenyearson.pdf (mind.org.uk)
[35] StatsWales figures, filtered for T&O: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/patientpathwayswaitingtostarttreatment-by-month-groupedweeks-treatmentfunction
[36] Versus Arthritis analysis of StatsWales waiting times figures relating to the last full year before the pandemic, 2019. Stats Wales historical RTT figures: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/September-2011-to-December-2020/patientpathwayswaitingtostarttreatment-by-month-groupedweeks-treatmentfunction
[37] https://business.senedd.wales/documents/s122418/Paper%206%20-%20Report%20from%20the%20Senedds%20Citizen%20Engagement%20Team.pdf
[38] NCSOS National Blueprint Report, July 2022: https://www.welshorthopaedics.org.uk/ncsos-report-1-3-the-blueprint/ and NCSOS Report 4, Oct 2022: https://www.welshorthopaedics.org.uk/ncsos-report-4-use-existing-estate-differently/
[39] Orthopaedic Services in Wales – Tackling the Backlog. Audit Wales. 2023. https://www.audit.wales/publication/orthopaedic-services-wales-tackling-waiting-list-backlog
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