


PUBLIC HEALTH


A Musculoskeletal Health Needs Assessment in the East Riding of Yorkshire

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BACKGROUND



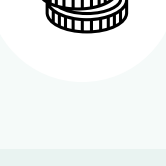
The Chief Medical Officer for England has described musculoskeletal problems as an **unrecognised public health problem** (Arthritis Research UK, 2016).




17.8 million people live with a musculoskeletal condition in the UK (Arthritis Research UK, 2018a). **17.1% prevalence in most deprived areas** (more than 1 in 6), 14.5% in least deprived.



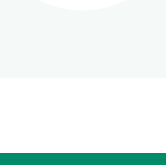
3 in 10 primary care consultations and **1 in 10 secondary care referrals** are for musculoskeletal conditions (NHS England, 2017).



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




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).


RISK FACTORS



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



More than **1 in 5 adults (22.9%)** in the East Riding are **physically inactive** (Public Health England, 2018a).



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


DISEASE PREVALENCE IN EAST RIDING


63,808
people with
back pain (19%)

18,912
with hip
osteoarthritis

31,716
with knee
osteoarthritis

East Riding of Yorkshire:

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

**39,455**
females have back pain
(female prevalence 23.0%)

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%)

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

*due to rounding, percentages may not always add up to 100%.
(Musculoskeletal calculator, Arthritis Research UK, 2018a)

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

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).

■ Services 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)

■ Total spend on all analgesics (including opioids) and back pain injections are 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)

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


HOW THIS IS BEING ADDRESSED



MSK Health has been identified as a key priority area by the East Riding of Yorkshire CCG.



First Care Practitioners (usually physiotherapists) in General Practice.




CCG and Versus Arthritis (Formerly Arthritis Research UK) pilot scheme of volunteers helping patients understand their condition and self-care for arthritis.

Humber Coast and Vale 100 day back pain challenge

- Back pain risk stratification and referral guidance for lumbar spine MRI
- Patient education campaign
- Clinical education campaign including General Practitioner time protected for learning event

CCG considering 12-monthly reviews for rheumatoid arthritis, bone-sparing agents and day case admissions.

The NHS Long Term Plan

FURTHER RECOMMENDATIONS

■ 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.

■ Local partners to share knowledge and data on musculoskeletal health.

■ Musculoskeletal health should be included in the evaluation of programmes around obesity and physical activity.

■ Priority for new programmes is given to more deprived areas.

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