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Llywodraeth Cymru  
Welsh Government

Welsh Government  
Consultation Document

# **Living with Arthritis and Musculoskeletal Conditions in Wales: a framework for the future 2024-2029**

Date of issue: 26 February 2024.

Action required: Responses by 8 April 2024.

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

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## Overview

Welsh Government is developing guidance to replace the Welsh Government's Service Development and Commissioning Directives for Arthritis and Chronic Musculoskeletal Conditions, which was published in 2006.

In March 2021, Welsh Government co-produced and consulted on the *Arthritis and Long-term Musculoskeletal Conditions in Adults* framework document. The responses we received from this consultation, changes brought about by the COVID-19 pandemic, and the publication of the National Clinical Framework have led to significant revisions to the framework.

As new approaches to health care within Wales have been adopted, namely value based healthcare and supported self-management, we need to revise service provision and issue new guidance in line with the Welsh Government's strategic aims outlined in *A Healthier Wales*.

The document sits as part of a suite of resources (including the future development of service specifications and clinical pathways) that will support health boards and health professionals to deliver the [Quality Statement for MSK Health](#) in Wales.

The consultation period will run for a **6-week period from 26 February 2024 to 8 April 2024**. This document is a continuation of the development of an Arthritis and MSK Framework that begun in 2021 with the first 12-week consultation period and has since been collaboratively designed and revised based on the responses received. This consultation provides an opportunity for the public and key stakeholders to review the new framework document and provide their responses formally and support us to achieve better MSK health across Wales.

## How to respond

This consultation will close on 8 April 2024. You may respond by completing the online form, or by email or post.

### Email

Please complete the consultation response form and send it to:

[MSKConsultation@gov.wales](mailto:MSKConsultation@gov.wales)

### Post

Please complete the consultation response form and send it to:

Laura Jones  
Quality and Nursing  
Welsh Government  
Cathays Park  
Cardiff  
CF10 3NQ

## Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

## Contact details

For more information:

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Email: [MSKConsultation@gov.wales](mailto:MSKConsultation@gov.wales)

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In order to show that the consultation was carried out properly, the Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. If you do not want your name or address published, please tell us this in writing when you send your response. We will then redact them before publishing.

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- to (in certain circumstances) object to or restrict processing
- for (in certain circumstances) your data to be 'erased'
- to (in certain circumstances) data portability
- to lodge a complaint with the Information Commissioner's Office (ICO) who is our independent regulator for data protection.

For further details about the information the Welsh Government holds and its use, or if you want to exercise your rights under the GDPR, please see contact details below:

Data Protection Officer  
Welsh Government  
Cathays Park  
Cardiff  
CF10 3NQ

e-mail:  
[Data.ProtectionOfficer@gov.wales](mailto:Data.ProtectionOfficer@gov.wales)

The contact details for the Information Commissioner's Office are:

Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

Tel: 01625 545 745 or 0303 123 1113

Website: <https://ico.org.uk/>

# Living with Arthritis and Musculoskeletal conditions in Wales: A framework for the future 2024 to 2029

Guidance for creating and continuously improving services that achieve the aspirations set out in the [Quality Statement for Musculoskeletal Health](#).

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## PURPOSE

This framework describes the vision, mission and strategy for improving services for people with musculoskeletal (MSK) conditions in Wales. It summarises and organises the high-level principles and practices which underpin service delivery. It should be used by the multi-professional team when considering how they will achieve the quality statement for MSK conditions. This high-level approach will be complimented by more granular and specific detail at condition and symptom level within pathways of care and service specifications which are under development.

## INTRODUCTION

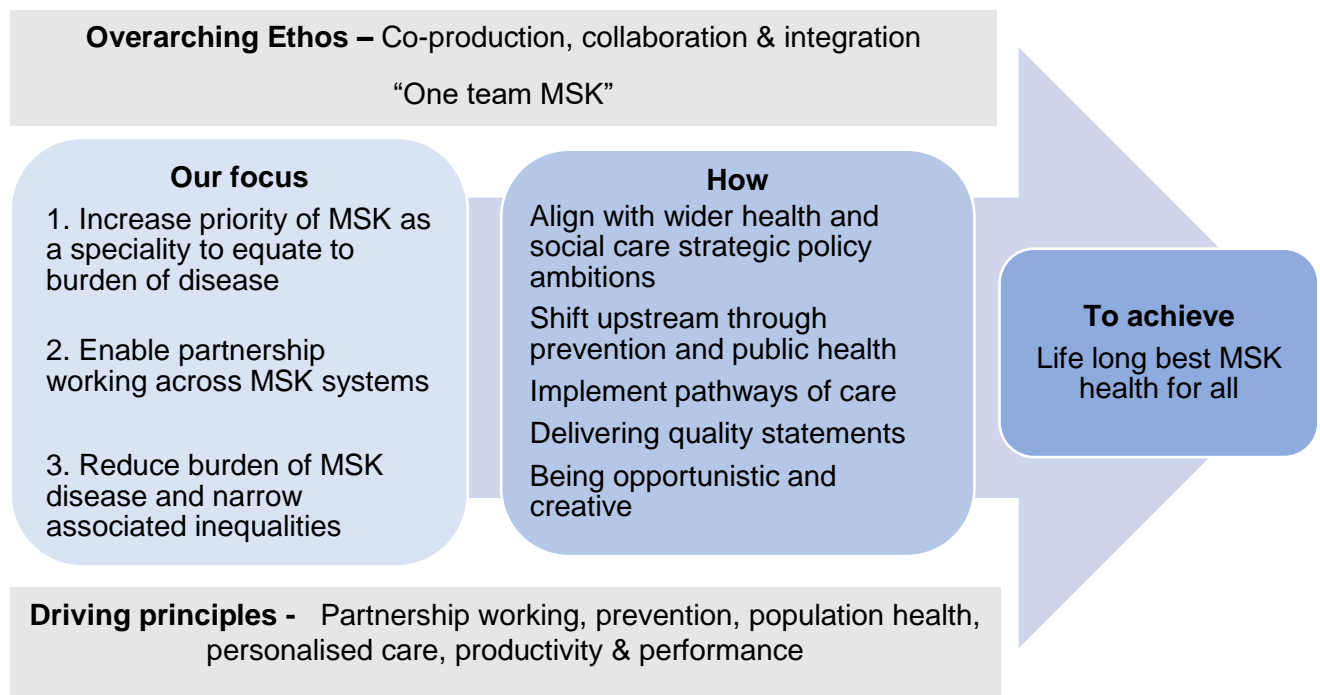
The MSK Strategic Clinical Network has set an ambitious **vision** (fig 1) to enable life-long best MSK health for all, with the **mission** of enabling people with MSK conditions to grow well, live well, work well and age well. Our **strategy** (fig 2) is built upon the **overarching ethos** of co-production, collaboration and integration across “one team MSK” and **principles** of personalised care, partnership working, prevention, population health, productivity and performance. By focussing on raising the profile of MSK conditions, enabling partnership working, reducing the burden of disease and narrowing inequalities, the multi-professional team will be creative and opportunistic in aligning their efforts to the wider health and care strategy, shift upstream and deliver on pathways of care aligned to the quality statements. Further detail will be developed and iterated in live documents hosted on the MSK Strategic Clinical Network webpage, drafts of a focussed strategic overview and high-level matrix are in Appendices 1 and 2 respectively.

**Fig 1: Our Vision and Mission**

Enable lifelong best MSK health for all		
Impacting years lived with disability disability adjusted life years healthy life expectancy	Reducing Educational and labour market in-activity	Meeting local population health needs and reducing inequalities
Enabling people with MSK conditions to:		
Grow well	Live and work well	Age well

## Fig 2: Our Strategy

### The MSK strategy



Using a whole-system approach, this framework provides multi-professional teams with guidance and advice on creating the most appropriate service and support available. This framework aims to reduce the impact that MSK conditions have on people in Wales by providing a structure for primary and secondary prevention, timely access to diagnosis and treatment, helping people develop self-management skills and making sure that those who need medical and surgical interventions are seen by the best person at the best time and in the best place.

This framework gives all stakeholders, including people with MSK conditions, healthcare professionals, and those involved in service delivery and planning, advice on how to use effective approaches and make informed decisions. It sets out a biopsychosocial approach to managing MSK conditions and limiting their impact on individuals, their families, and the wider community. It also recognises the importance of supported self-management, education, and activation.

Health boards and health and social care professionals should use this framework to review current services and behaviours and to enable changes consistent with principles contained here. The MSK Strategic Clinical Network will work with health boards, regional partnership boards and local authorities to progress these actions.

## PART 1: WHAT IS MUSCULOSKELETAL HEALTH?

[The World Health Organisation \(WHO\)](#) define MSK health as “the performance of the locomotor system, comprising intact muscles, bones, joints and adjacent connective tissues”. MSK health is “critical for human function, enabling mobility, dexterity, and

the ability to work and actively participate in all aspects of life. MSK health is therefore essential for maintaining economic, social and functional independence, as well as human capital across the life course”<sup>1</sup>

Achieving lifelong best MSK health requires a balance between enabling health and wellbeing through preventative strategies and high-quality evidence informed provision of services to manage MSK conditions. There is a need to reflect the wide-ranging determinants of health across both population and the individual (environmental, economic, educational, cultural, social) which relate to the drivers of pain associated with the majority of MSK conditions.

## **PART 2: WHAT ARE MSK CONDITIONS?**

MSK conditions are persistent, and life changing and can affect everyone in society regardless of age, gender or race and have a significant impact on health, well-being and quality of life. Conditions are often hidden and unpredictable, and symptoms and disease processes vary significantly.

**Musculoskeletal conditions** are defined by:

- **The WHO** as “typically characterized by pain (often persistent) and limitations in mobility and dexterity, reducing people’s ability to work and participate in society.”<sup>2</sup>
- **Versus Arthritis** as “affecting the joints, bones, muscles and spine, and include rare autoimmune conditions such as lupus. Common symptoms may include pain, joint stiffness and a loss of mobility and dexterity. These symptoms can fluctuate over time. Millions of people develop these conditions over a lifetime, ranging from minor injuries to short or long-term conditions. Some MSK conditions are present at birth and are lifelong, while others can occur suddenly at any age and progress rapidly. Other MSK conditions progress gradually and become more common and worsen as we age.”<sup>3</sup>

**Pain** is defined by:

- **The International Association for the Study of Pain** as “An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage”
- The nature of the experience is unique to the individual
- Pain has multiple drivers across the biopsychosocial spectrum

**Persistent pain** is defined by:

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<sup>1</sup> Briggs et al (2018) Reducing the global burden of MSK Conditions, Bulletin World Health Organisation, 96(5)

<sup>2</sup> [Musculoskeletal health \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-health)

<sup>3</sup> [The State of Musculoskeletal Health \(versusarthritis.org\)](https://www.versusarthritis.org/)



- [The National Institute for Health and Care Excellence \(NICE\)](#) as “pain that lasts for more than 3 months. Pain can be secondary to (caused by) an underlying condition (for example, osteoarthritis, rheumatoid arthritis, ulcerative colitis, endometriosis). Persistent pain can also be primary, with no clear underlying condition or the pain (or its impact) appears to be out of proportion to any observable injury or disease”.<sup>4</sup>

There are a broad spectrum of MSK conditions that can be classified in four broad groups:

- Inflammatory conditions (e.g. rheumatoid arthritis, ankylosing spondylitis);
- Conditions of MSK pain (e.g. injury, osteoarthritis and back pain);
- Bone health (e.g. osteoporosis and fragility fractures e.g at the hip);
- MSK related neurological dysfunction – (e.g. spinal nerve root or cord compression due to spondylosis).

### **What are the causes of MSK conditions?**

Causation in MSK conditions is most often complex and multifactorial. Recent models<sup>5</sup> highlight the interaction between factors which contribute to a pain and disability experience, including:

- Biophysical
- Illness co-morbidity
- Social factors
- Psychological factors
- Genetic factors

Many inflammatory MSK conditions are autoimmune in nature, an individual’s own immune system mistakes parts of the body as foreign and releases auto-antibodies that attack healthy cells. Although genetics play an important role, genes alone do not determine who gets the autoimmune diseases. Environmental factors, including infectious agents and tobacco smoke, are also important.

The main factors that impact the development of conditions of MSK pain include inactivity, obesity, smoking and aging. Its why a biopsychosocial and public health approach is essential in prevention and intervention for those who develop these conditions.

## **PART 3: WHAT IS THE IMPACT OF MSK CONDITIONS?**

### **Incidence**

Versus Arthritis describe MSK conditions as the most common cause of severe, long-term pain and physical disability, affecting an estimated 974,000 people (32%

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<sup>4</sup> [Context | Chronic pain \(primary and secondary\) in over 16s: assessment of all chronic pain and management of chronic primary pain | Guidance | NICE](#)

<sup>5</sup> Hartvisgen et al (2018) What is low back pain and why we need to pay attention The Lancet 391 (10137), 2356-2367)

population) in Wales of whom 440,000 are long term MSK conditions (17% population). Together, they account for four of the top 10 causes of years lived with disability and contribute significantly to both disability adjusted life years and healthy life expectancy and the greatest impact on labour market in-activity. MSK conditions disproportionately affect women, minority ethnic groups and people in social deprivation. With an aging population, and currently reducing activity and rising obesity levels, the numbers of people with MSK conditions and the disability from them is expected to rise.<sup>6</sup>

### **Impact on the person**

MSK conditions are often long term and life changing, can affect everyone in society regardless of age, gender or race. Many are hidden, unpredictable, and with fluctuating symptoms and disease processes. The impact of MSK conditions on a person's quality of life are not limited to the individual's physical function and pain experience such as mobility, dexterity, joint stiffness, fatigue and loss of independence. Impacts are felt across the spectrum of psychological, social and economic well-being. Similar impacts are felt by families and carers of those living with MSK conditions. The link with psychological health is strong, with one third of women and one-fifth of men experiencing depression, which links to poorer clinical outcomes, lower quality of life and reduced ability to manage physical symptoms effectively.

### **Impact on society and economy**

MSK conditions can pose significant cost to wider society and economy. Many people with MSK conditions are in paid employment and want to remain working. However, MSK conditions are the major cause of working days lost (7.3 million in UK in 2020/21)<sup>7</sup>. The financial impact of having to give up or reduce work due to MSK conditions can also be substantial, and many individuals in this situation rely on the welfare system. In the UK, 42.4% of people who received or were entitled to Attendance Allowance one-third of those receiving a Personal Independence Payment (PIP) did so as a result of an MSK condition.<sup>8</sup> Hip fracture care is estimated to cost the UK over £1 billion annually.

### **Impact on health and social care**

Services are currently provided for over 100 different types of arthritis and MSK conditions. One in every 5 people consult a GP about an MSK condition, with one in seven primary care consultations related to MSK conditions.<sup>9</sup> They are one of the most commonly recorded reasons for admission to hospital (7.3%), with 75,000 hip fractures admitted annually. Elective care saw 118,316 hip and 123,691 knee replacements in

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<sup>6</sup> [The State of Musculoskeletal Health \(versusarthritis.org\)](https://www.versusarthritis.org)

<sup>7</sup> [The State of Musculoskeletal Health \(versusarthritis.org\)](https://www.versusarthritis.org)

<sup>8</sup> [Personal Independence Payment: Official Statistics to January 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>9</sup> [The State of Musculoskeletal Health \(versusarthritis.org\)](https://www.versusarthritis.org)

2019.<sup>10</sup> Local authorities providing care and support services, including reablement, equipment and adaptations, housing support and domiciliary care, social work and occupational therapy.

## PART 4: OUR HEALTH POLICY

### Prudent Healthcare

[Prudent healthcare](#), published in 2013, guides the whole health and care system, giving permission to health professionals to develop and deliver services in a way which better aligns with individual need and experience. It aims to empower people in taking a more active role in their own healthcare and improve outcomes.

*As a person living with an MSK condition, I expect health and social care professionals to:*

- Work with me as an equal partner in my care;
- Enable me to make decisions on the basis of evidence-based approaches;
- Care for those with the greatest need first;
- Do only what is needed.

### A Healthier Wales

[‘A Healthier Wales: Our Plan for Health and Social Care’](#), published in 2018, called for bold new models of seamless, health and social care at local and regional level. It asked healthcare delivery services to focus on achieving the Quadruple Aim:

- Improving the health and well-being of the population;
- Improving the experience and quality of care for individuals and their families;
- Improving the well-being and engagement of the workforce;
- Increasing the value achieved from the resources that are invested in services.

### National Clinical Framework

[The ‘National Clinical Framework’](#), published in 2021, provides the functions and structures to deliver the strategic goals of ‘A Healthier Wales’ through a national NHS Executive, Strategic Clinical Networks and integrated health pathways, using the tools of Value-Based Healthcare to continuously improve.

Co-produced quality statements describe what good looks like, and provide aspirational goals for the networks to deliver against. The MSK Strategic Clinical Network will generate, implement, evaluate and iterate a strategic plan that delivers quality assured MSK services across Wales. A “service specification” for MSK services will be produced to support the [MSK Quality Statement](#) and this framework.

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<sup>10</sup> [Microsoft Word - KeyFacts\\_Welsh\\_Providers\\_2019.docx \(nhs.wales\)](#)

## Value-based Healthcare

The Welsh [‘Value in Health’](#) team are providing the functions and structures that can be used to identify and eradicate low value work, reducing unwarranted clinical variations and reallocate resources to high value effective services that meet the needs of the people of Wales. Musculoskeletal services will adopt value-based methods, quality assuring attainment of outcomes that matter (to person, system and society) with appropriate resource use across the triple bottom line (financial, environmental and societal).

## Welsh Language

[Cymraeg 2050: A million Welsh speakers](#) is the Welsh Government’s strategy for the promotion and facilitation of the use of Welsh language. Organisations must consider how they deliver services in the form of an Active Offer which is a key element of the [More than Just Words \(2022-2027\)](#) strategic framework for Welsh Language services in health, social services and social care. In taking valid consent, health and care professionals are encouraged to discuss conditions and treatment options in Welsh, British Sign Language (BSL) or other language when this is the person's first language. The health professional must feel sufficiently confident in their ability to speak the language when seeking the person's consent to examination or treatment. Health boards and trusts must also ensure that that they comply with the relevant Welsh Language Schemes or Standards.

## Social prescribing

Social prescribing is an umbrella term that describes a person-centred approach to connecting people to local community assets. Community assets include community groups, interventions and services which could be delivered online or in person, as well as buildings, land, or even a person within a community.

Social prescribing is a way of connecting people, whatever their age or background, with their community to better manage their health and wellbeing. It can help empower individuals to recognise their own needs, strengths, and personal assets, and to connect with their own communities for support with their health and wellbeing.

Social prescribing requires multiple organisations to work together to ensure a coherent, seamless prescribing pathway. Sources of referrals into an organisation offering social prescribing are cross-sectoral and not limited to healthcare. For example, referrals can originate from community and voluntary sector organisations, statutory services and also includes self-referrals.

The new [National Framework for Social Prescribing \(NFfSP\)](#) aims to develop a common understanding of the language used and the approach taken to social prescribing in Wales; support social prescribing practitioners and drive-up skills; set out the outcomes expected from a user, organisation, commissioner, and referrer perspective; and ensure a quality of provision by community assets. It will also monitor and evaluate the development of social prescribing as it continues to grow across Wales.

The NfSP will outline what best practice looks like in terms of an accepted Welsh model of social prescribing, but it will not dictate how this is delivered in different communities.

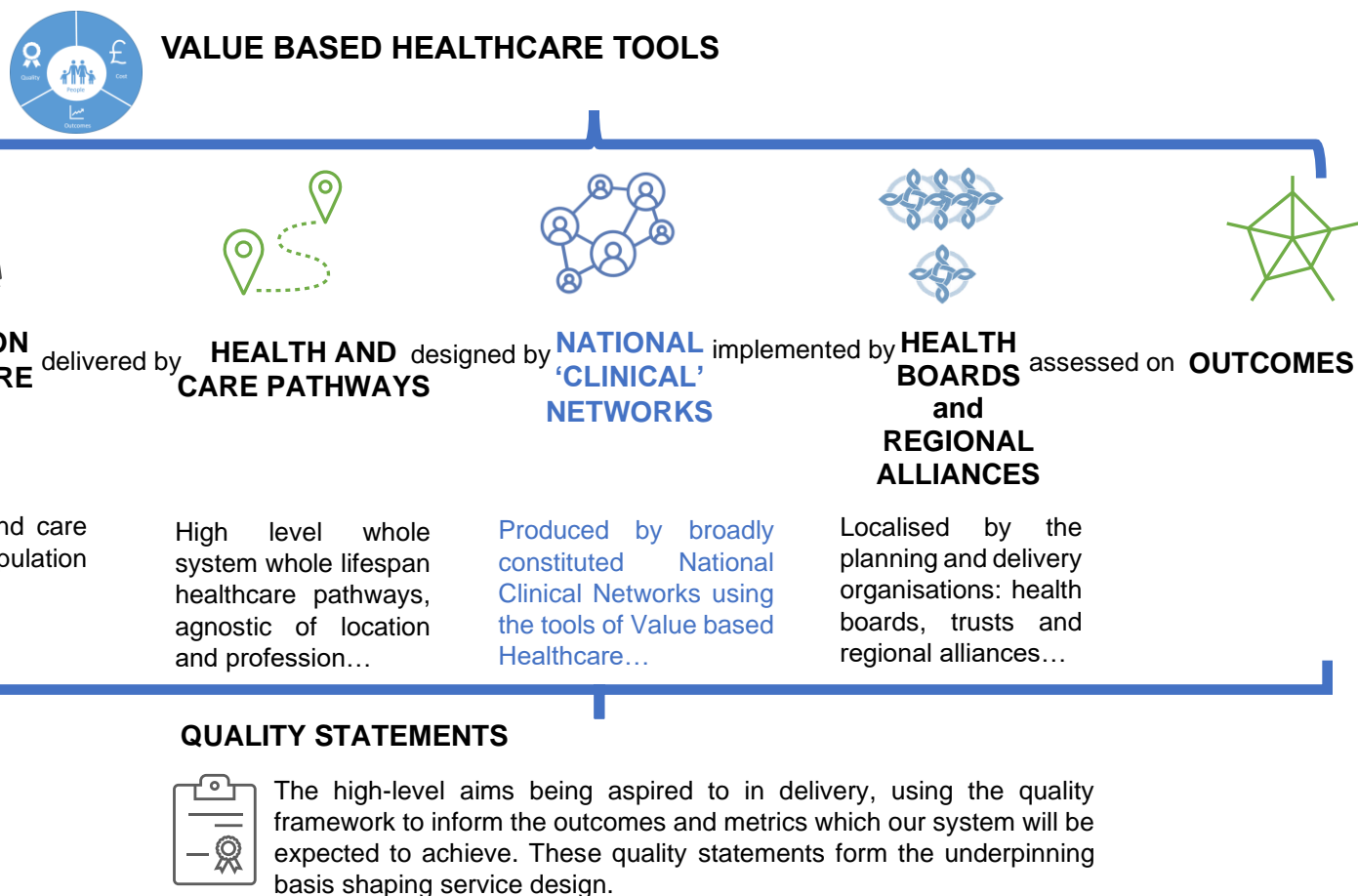
### Promote, Prevent and Prepare (the 3P’s policy)

Launched in August 2023, [the 3P’s policy](#) was developed in response to the increasing demand and waiting time for planned care, of which there are many with MSK conditions. It describes a clear drive for whole pathway approach to promoting healthy behaviours, preventing worsening health through secondary prevention and supported self-management, and preparing for interventions to reduce risk and maximise benefit. MSK teams will embed this way of working into their pathways of care.

### Summary

Together these policies (fig 3) enable us to deliver on the Quality Statement for MSK Health. We provide population healthcare on the basis of healthcare pathways, designed by clinical networks, implemented by health boards and regional alliances, and assessed on the basis of outcomes that matter to those seeking care. Value based healthcare tools inform our work.

**Fig 3: How this all works together**



## PART 5: OUR PRINCIPLES OF MSK CARE

Evidence informed pathways of care will guide clinician's and people with MSK conditions to achieve early accurate diagnosis and access to interventions and supportive treatments. They will enable responsive and flexible systems at a local level which meet national quality standards. They will be hosted on [health pathways](#) websites, localised to each health board.

The following principles are considered essential in the development and delivery of MSK pathways of care:

### **Co-production**

[Co-production](#) is the act of engaging all stakeholders with equal voice and value in the production of services to meet local need. The lived experience voice within the clinical team enables a focus on what really matters and improves service design and delivery. The lived experience voice will be an integral team member throughout the strategic, implementation and delivery networks.

### **Multi-professional and multi-agency**

[The Strategic Programme for Primary Care \(SPPC\)](#) describes multiprofessional working as *“a group of individuals across health, social care, independent and third sector, working together in a professional way as equal partners to ensure effective and smooth coordination in the delivery of person-centred care and support. Individuals working in this way may belong to separate professional groups, organisations, or different disciplines within a professional group”*. Individuals who work in a multi professional way may be located in a variety of bases/or organisations, or co located. The use of technology may be critical in ensuring individuals working in this way are able to develop a shared understanding of each other's roles, skills and purpose in providing wrap around care for the person. This is essential to realising the future ambition of place-based health, care, and well-being in Wales; Enabling people to live well, closer to home through prevention, choice, well-being, and independence.

### **Prevention**

Prevention, both primary and secondary, is a key element of achieving the vision for a Healthier Wales. For MSK conditions this means addressing key causative factors such as physical activity, obesity and mental well-being<sup>11</sup>. There is a need to shift upstream and enable people to build a healthy musculoskeletal system and increase resilience to conditions associated with age and modifiable risk factors. Nowhere is this more important than in our future generations, with childhood physical in-activity and obesity at record levels.

### **Recovery focussed**

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<sup>11</sup> [The State of Musculoskeletal Health \(versusarthritis.org\)](#)

[Recovery](#) means different things to different people. For some it will mean returning to life as it was before the condition occurred and for others it will mean living well with returning to a new life, which includes the impact of a condition and ongoing symptoms. By regaining control and choosing new ways to live the life they want. For this group achieving the recovery principles of the [CHIME](#) framework can facilitate recovery:

- Connectedness;
- Hope and optimism;
- Identity;
- Meaning;
- Empowerment.

## Person centred

[Person centred care](#) requires adaptation to the needs of the individual, it is underpinned by four principles of person-centred care:

- Person is treated with dignity, compassion and respect;
- Care is Personalised;
- Care is co-ordinated;
- Care is enabling.

Holistic care is described as a behaviour that recognizes a person as a whole and acknowledges the interdependence among biological, social, psychological, and spiritual aspects. Holistic care includes a wide range of approaches, including medication, education, communication, self-help, and treatments tailored to individual needs. A biopsychosocial model of care should underpin all health and care interactions within MSK pathways.

## Communication

A feeling of not being heard contributes to unhelpful healthcare consultations. Enabling individuals to tell their story and share their concerns and expectations is vital. [The Royal College of General Practitioner's](#) provide evidence of some constant themes:

- There are certain cultural challenges regarding the general idea of illness, namely an expectation of receiving a medical diagnosis and cure;
- Not feeling believed can have an impact on a person's participation in everyday life and listening to a person's story can help to understand the impact of Symptoms;
- The consideration of more than one condition, or the knock-on effect a persistent condition can have on a persons' other health factors should be considered;
- It is important health professionals provide consistent advice.

The simple [3As approach](#) can be used undertaking a brief health conversation or intervention:

- **Ask** individuals about their lifestyle and changes they may wish to make, when there is an appropriate opportunity to do so;
- **Advise** appropriately on the lifestyle issue/s once raised;

- **Act** by offering information, signposting or referring individuals to the support they need.

Health professionals should be mindful of the possible negative impact of chosen language.

### **Shared decision-making**

Shared decision-making combines person preferences with the best available evidence of risks and benefits, to support individuals to make the informed decision that feels most right for them. That means that 'what matters' to patients and families should play a major role in decision making processes. Shared decision making represents an important shift towards partnership working between patients and clinicians.

It is important for health and social care professionals to be honest with people, even when it involves difficult conversations regarding an unlikely cure and the management of expectations, whilst remaining open-minded about the management of conditions through a range of interventions and therapies. Understanding the diverse and changing needs of people with MSK conditions is crucial to addressing methods of helping reduce it.

### **Supported self-management**

We use the term 'supported self-management' to mean the ways that health and care services encourage, support and empower people to manage their ongoing physical and mental health conditions themselves. It supports and supplements medical and other interventions.

People with long term conditions spend relatively little time interacting with health and care services. Many of the most impactful changes that can help with MSK symptoms are those that people can make themselves. People will have different support needs to be able to manage their symptoms and health, and these can change over time. These vary with, for example, time from diagnosis, health literacy, severity of symptoms, individual and family circumstances, and social capital.

Ability to self-manage a condition is known to be linked to many variables such as self-efficacy, health literacy, capability, opportunity, and motivation that are often collectively termed activation. Increasing abilities and skills in these areas is therefore a key goal for health and care systems.

Interventions that can support people to develop skills and capabilities to manage their symptoms can include, for example: health coaching, social prescribing, peer support, input from national and local charities, and digital input. There may be a role in some cases in bringing some of these components together for structured education and support programmes ('self-management' programmes).

Supported self-management should be holistic and focussed on the needs for the individual, it may include many things such as, but not limited to, information provision,



social prescribing and signposting, employment, benefits, social services, mental health support and access to peer support.

## Life course

Pathways will enable care throughout the life course. Paediatric and adult services will work together to ensure safe and equitable transition in alignment with the [Transition and Handover Guidance](#).

## PART 6: OUR PATHWAYS

Pathways of care will be co-developed by the multi-professional team and lived experience voice. They will be implemented and evaluated using quality improvement and value-based principles. They should be based upon the best available evidence and clinical guidelines, with consultation across all pathway stakeholders to ensure they are implementable and achievable. Pathways will align to [NICE guidance](#) and recommendations and will consider national and relevant international guidance.

Health and care pathways are being developed across 5 domains – prevention, accurate and timely diagnosis, interventions, supportive treatments, and end of life care.



### Prevention

**Primary prevention:** We will work with public health Wales and community providers to create and implement a prevention framework that will help improve the most prevalent and significant risk factors for MSK health and support for healthy lifestyle with particular focus on physical activity, healthy diet and weight, smoking cessation, alcohol moderation, social interaction and employment. Prevention also includes identifying and addressing determinants of health such as housing, environment, economics and education. Primary prevention strategies will need services to reach out to communities most at risk.

**Secondary prevention:** Is a core recommendation in clinical guidelines and closely linked to the self-management of long-term conditions. The principles of [Making Every Contact Count \(MECC\)](#) should be applied and adopted in each encounter with people living with MSK conditions. Particular focus should be placed upon physical activity, healthy diet and weight, mental health, smoking cessation, alcohol moderation, social interaction and employment. It should be recognition that people with MSK conditions may have specific perceived barriers to increasing physical activity given painful, stiff and restricted joints, this needs particular attention, communication and support

Clinicians will develop knowledge and skills in secondary prevention and health coaching and multi-professional services will provide integrated access to support services soon after diagnosis to prevent disease progression and disability. This includes access to:

- National Weight management service.
- Supported physical activity interventions in the community.
- Disability prevention and reablement / rehabilitation programmes.
- Self-care and condition management resources and skills training.

### **Fracture liaison services.**

The MSK clinical network will work in partnership and support the National Clinical Lead for Falls and Frailty to develop Fracture Liaison Services (FLS) in Wales. The network will collaborate with the All-Wales FLS Development and Quality Assurance Board (Wales) which was established in 2022. The FLS Board is accountable to the Minister for Health and Social Services and seeks to ensure high-quality fracture care for everyone across Wales. It is underpinned by a quality trilogy – quality planning, quality control and quality improvement and based on the Prudent Healthcare principles and the Healthier Wales vision. The three priorities are set to promote bone health in Wales and focus on ‘raising awareness and education of bone health’, ‘promoting wider integration and partnership’; and ‘improving fragility fracture identification, management and care’.

FLS services mainly concentrate on non-hip fractures but also support and work in partnership with orthogeriatric services who manage the frailest population with hip fractures in hospitals, where parenteral treatment for osteoporosis may be offered.

Whilst injection is a good option for those who had a hip fracture, there are an additional 20,000 non-hip fragility fractures which will also need a comprehensive bone health care plan to help prevent re-fractures. So, FLS services function as a parallel service to orthogeriatric services by seeking to manage and prevent re-fracture and put a long-term plan in place.

### **Early accurate diagnosis**

Receiving a diagnosis can be a lifechanging experience that needs careful management. MSK pathways will enable this process, creating consistency of message and managing uncertainty.

The need for timely diagnosis is particularly important to inflammatory conditions such as rheumatoid arthritis and ankylosing spondyloarthritis, where early intervention with disease modifying medications is able to dramatically reduce disease and disability severity over the life course. Pathways will align to achieving the standards of the British Society of Rheumatology’s [National Early Inflammatory Arthritis Audit \(NEIAA\)](#).

Being clear on the causes of people's MSK condition will help people better understand their conditions and make informed decisions about how to manage them. The level of information and detail will vary between individuals and should be considered. Providing details of relevant third sector organisations can be helpful, providing the newly diagnosed person with a source of further information, advice, self-management and peer support.

### **Comprehensive assessment**

All current clinical guidelines recommend a person centred and comprehensive assessment of needs, symptoms and physical signs. Patient stories are an effective way of reaching clinical diagnosis whilst understanding what matters to them. Health and care professionals should implement open communication styles that promote this. The utilisation of story, history and simple clinical tests can enable accurate diagnosis in a majority of presentations. Appropriately valid and reliable tests and investigations will be defined in clinical pathways.

### **Appropriate investigations**

MSK pathways will be designed applying best available evidence aligned to prudent use of investigations. Pathways will enable rapid access from primary care services when they are indicated and enable people to understand when they are not.

There have been significant technological advances to aid with diagnosis including laboratory tests and imaging. These technologies have enabled a greater understanding of the link between symptoms, tissue health and MSK pathologies.

### **Information, advice and shared decision making**

Understanding is a fundamental part of the process of receiving a diagnosis and managing an MSK condition. It is vital that consistent and appropriate information is shared to enable a full understanding of the condition and options for treatment and management. Pathways will embed a culture of information provision, signposting and shared decision making tailored to the individual's holistic needs. For example, support for emotional or mental health, staying active, supported self-management or employment advice. This will include the use of decision support tools.

It is important that health and care providers/professionals are alert to the language they choose to support sensitive and non-judgemental conversations.

### **Interventions**

MSK services will aim to provide high value and effective interventions, with clear descriptions of potential outcomes, risk and benefit that enable the shared decision-making process. Referrals for secondary care interventions will need to be timely and determined on the basis of clinical need. Being clear and consistent when interventions (operations or medicines) are not required will help people better understand and manage their MSK conditions.

## **Supportive treatments**

It is important to provide timely access to appropriate supportive treatments for people living with MSK conditions, and mechanisms to support people with MSK conditions to develop their knowledge and skills to manage their condition and limit its impact. Developing the skills, knowledge and networks for sustainable ways of managing a chronic condition. It is a vital part of maintaining good health and achieving recovery. Services will support you to develop and implement these skills and practices in a sustainable way.

## **Preparation and rehabilitation**

Enabling people to maximise the impact of medical and surgical interventions through adequate and appropriate preparation and rehabilitation. These services are integrated with prevention, rehabilitation and recovery services to ensure seamless support to achieve maximum wellbeing and fitness for our population. Elements of these services can be delivered in groups as well as individually, remotely and in person.

## **Wellbeing and independence**

MSK conditions can affect an individual's psychological and emotional wellbeing. MSK pathways will enable the clinical team to directly support people with brief and psychologically informed interventions, with access to more specialist wellbeing services and therapies when required. Pathways will signpost to support mechanisms that build resilience through community. Social factors are important both in the cause and management of MSK conditions, particularly in long term conditions. MSK pathways will enable the MDT to have meaningful conversations about social factors, such as work, accommodation, friendship groups and facilitate ways of managing these concerns. Such conversations may benefit the person when signposting is offered to further sources of support, advice and information, for example for employment advice and/or assessment from local council for social services support and aids and adaptations in the home.

## **PART 7: OUR MSK TEAM**

### **Creating “One team MSK”**

To meet the variable and fluctuating needs of people with MSK conditions, a multi-professional team approach is required to get the right care from the right person at the right time.

For most this will start with an opinion in primary care where a healthcare professional can make the initial assessment and engage people in shared decisions about how they wish to manage their condition. Most MSK conditions can be effectively approached in this way. The primary care team can support effective and simple interventions, supportive treatments and supported self-management. Those that require more complex diagnostics or interventions (surgery and medication) will be directed to the most appropriate team member in a timely manner.

## **Our MSK multi-professional team**

By working together, our multi-professional team will aim to offer seamless and joined up care that is simple to understand and access. They will work together using the same principles, guidelines and pathways to ensure joined up and consistent care.

In Wales the 'clinical' team refers on the broadest sense to any stakeholder with an interest in health. Whilst many will be 'clinical' in the sense of being nurses, therapists, doctors, or other health care professionals. Many will be from different professions or roles both inside and outside the NHS, including community providers, social prescribing, health coaching social care, the third sector and patient groups. This multi-professional team will work together to deliver shared, seamless care across the breadth of the pathway, doing what only they can do in a joined-up system.

## **PART 8: OUR NHS WALES ENABLERS**

### **Workforce**

There is a need to understand and prepare the workforce required to meet current and future need, whilst ensuring the well-being and engagement of the current workforce. Recruitment and retention across healthcare and all sections of the MSK pathway is increasingly challenging. This includes the medical (GP, radiology, rheumatology and orthopaedic surgery) and allied health professions (therapies and psychology) workforce.

There are established and emerging approaches to balance need and demand in the short term though teamworking and diversification of healthcare roles. This will include the building of a non-registrant healthcare workforce (coaching / technician) workforce that can deliver person centred holistic at scale and pace. A workforce framework for delivery of MSK services will enable a balanced approach to meeting need and developing the workforce of the future.

### **Training and education**

The subspecialist MSK team (Orthopaedics, Spines, Rheumatology, Bone Health and Persistent Pain) have established training programmes through their respective deaneries. They will need to work together to ensure that training is focussed on meeting the projected future need.

The MSK team in primary care currently has no formal established training approaches through deaneries or professional bodies. The establishment of these will be a priority for the network and HEIW, who will co-create, implement and evaluate a capabilities framework for MSK practice in primary care. This framework will need to address three needs within this clinical community:

1. The need to develop and deploy skills in communication, health coaching and shared decision making;
2. The need for core skills for generalist practitioners to better support and signpost people with MSK conditions;
3. The need for enhanced and advanced skills for specialist MSK practitioners to meet pathways needs within the primary and community care environment.

## Models of care

As needs and knowledge change and adapt, the models of care must evolve. There is a need to adopt a population health approach that prioritises prevention and self-management whilst delivering timely access to high value and effective interventions. This will require a change in emphasis on consultations for those seeking care as well as a need for services to proactively seek out and engage with people and communities at high risk of developing MSK conditions and disability.

The MSK Strategic Network and relevant Implementation Networks will actively seek out “bright spots” within Wales through ‘Spotlight events’ which enable sharing of excellence in practice. They will actively scope and benchmark with services in the UK and internationally, horizon scanning for models that add value. They will work with Quality Improvement methodologies to develop, adapt and spread models that are demonstrating added value.

## Digital

MSK networks will align with digital roadmap for Wales and actively seek out high value digital solutions that benefit the population of Wales.

Through collaboration with the [NHS Wales App](#), [the Radiology Informatics System Procurement Programme \(RISP\)](#), the [National Data Resource \(NDR\)](#), [Genomics Partnership Wales](#) and [TEC Cymru](#), MSK services will consider digital solutions to identify needs. Services will maintain awareness and involvement in local progress with adopting and moving to a single primary care system that facilitates pathway navigation and communication.

The following are examples of digital technologies that are now a reality and will be considered by MSK networks where a need is identified:

- Data and decision support to identify risk factors and determinants of health earlier in the pathway;
- Using data and Artificial Intelligence (AI) to predict disease progression, inform shared decisions and deliver personalised treatment plans related to best practices;
- Mobile apps and online platforms provide patient facing tools for educational, rehabilitation and supported self-management resources, whilst enabling information exchange to support people with what matters and access what is needed in a timely way;
- Virtual therapies, utilizing video conferencing for individual and group sessions;
- Remote Monitoring, e.g. wearable devices that track and feedback in real time on a person’s movement and activities;
- Remote Nudges - technologies to nudge people in support of adopting self-management strategies;
- Exo-skeleton technologies – to enable people with more severe impairment to live more independent lives;

- Virtual Reality Therapy engage people in immersive experiences that can aid in pain management and rehabilitation;
- Genomic and genetic technologies for early detection and personalised intervention.

## Research and innovation

Research active health care institutions are known to benefit from better outcomes, efficiencies and staff wellbeing and retention. MSK Networks and services will foster partnership relationships with Higher Education Institutions (HEI's) nationally and internationally, seeking out and sharing opportunities to offer research trial recruitment to its service users and research development opportunities to its staff.

The networks will build partnership working with HEI's and anchor institutions in Wales with the aim of informing clinical academic partnership on significant grant applications that address the research needs of our local populations and services.

## Quality improvement and Value in Health

[The National Clinical Framework](#) describes an approach to quality assurance and quality improvement that will be embedded in MSK services. Practice to data will be prioritised, with definition and deployment of data standards, clinical and activity coding, and PROMS and PREMS. The multiprofessional team will work with data analysts to enable clinically relevant data to knowledge on the basis of what matters to those who use our services.

We will adopt a Value in Health approach which seeks to drive better outcomes for patients in a way that is sustainable in the long-term. [The Value in Health](#) team is here to support through leadership, expertise and strategic direction across NHS Wales.

MSK services will work towards existing audit standards (e.g. [National Early Inflammatory Arthritis Audit](#)) and the development of these in prioritised areas that do not currently exist. They will utilise available databases (e.g., [Fracture Liaison Service Database - FLS-DB](#)) and registries (e.g., [National Joint Registry](#)) to collect and utilise data in quality improvement and assurance cycles.

## PART 9: OUR EXPECTATIONS

**As a person with musculoskeletal condition, I expect timely access to health and care services which meet [the Duty of Quality](#) and [Quality Statement for MSK Health](#).**

### These services:

- Provides me with an early accurate diagnosis that I understand;
- Enables me to understand my condition and how best to approach managing it;
- Enables me to participate in a shared decision how I wish to proceed;
- Supports me in modifying factors contributing to my MSK condition;

- Enables me to develop knowledge and skills to manage my condition to reduce its impact;
- Enable me to prepare for and recover from interventions, to maximise the benefits of the treatment;
- Enables me to feel supported in managing long term conditions with flexible access on the basis of need;
- Provides agreed high value, safe and effective medical and / or surgical interventions.

**I expect these services (when required) to be provided by the Musculoskeletal team:**

- I expect the team work closely together, following agreed pathways of care, to support my recovery;
- I expect my local health centre to provide a generalist opinion, diagnostics, simple treatments OR signposting to the most appropriate team member;
- I expect an MSK specialist in my health centre or wellbeing hub, to provide a MSK specialist opinion, diagnostics, simple and complex specialist treatments, OR signpost to a subspecialist when appropriate;
- I expect an Orthopaedic surgeon at the hospital to provide a subspecialist (joint specific) opinion on surgical interventions and the merits of a small number of highly subspecialist diagnostics not available to MSK specialists in primary care;
- I expect a Rheumatologist at the hospital to provide a specialist opinion on inflammatory musculoskeletal diagnosis, investigation and medical interventions;
- I expect a pain specialist at the hospital to provide a specialist opinion, pharmacological and non-pharmacological interventions for persistent pain;

**In order to do this, I will need to:**

- Share my story, explain my concerns expectations and what matters to me;
- Consider what recovery means to me at this point in time;
- Work with my clinical team, to understand my situation and my options;
- Share in decisions about which services I access, when and why;
- Take responsibility for my health, carefully consider changes that may improve my health;
- Understand the capabilities of the team members and which can provide me with the assistance I need;
- Engage with requests and provide data that will enable my care.



### **The National Clinical Networks for MSK will need to:**

- Support implementation of the quality statement, by developing service specifications and a strategy to achieve them;
- Consider the whole pathway including prevention, early accurate diagnosis, intervention and supportive treatments;
- Prioritise actions on the basis of agreed NCF criteria;
- Create and quality assure national pathways of care, enable local adaption and adoption;
- Develop and implement a prevention framework for MSK conditions;
- Develop and implement a framework for Musculoskeletal quality assurance – to include. practice to data and data to knowledge processes;
- Develop a workforce strategy to meet current and future (predicted) needs;
- Develop training and development framework to support current and future needs;
- Develop mechanisms for capturing and disseminating learning from bright spots;
- Develop a focus within children and young people.

## APPENDICES

### Appendix 1 Our focussed strategic overview DRAFT V1.0

<b>Vision and mission</b>	<p style="text-align: center;"> <b>Enabling lifelong best MSK health for all</b>  <b>Impacting years lived with disability / disability adjusted life years / healthy life expectancy.</b>  <b>Reducing labour market in-activity</b>  <b>Meeting local population health needs and reducing inequalities</b> </p>				
<b>Short to medium term deliverables</b>	<p style="text-align: center;"> <b>Strengthen National Leadership under NHS Executive</b>  <b><i>National strategic network for MSK</i></b>  <b><i>National Implementation, and regional / local delivery networks for primary care, Rheumatology, Orthopaedics and Persistent pain (Hosted)</i></b> </p>				
	<i>Quality statements</i>	<i>MSK strategy</i>	<i>Framework for MSK delivery</i>		
	<i>Lived experience voice at the heart of everything we do</i>				
<b>Balancing NHSW priorities</b>	<b>Public Health Wales healthy weight Activity</b>	<b>Strategic programme for primary care ACD, CI and Prof collaborative</b>	<b>Urgent and emergency Care Six goals &amp; UPCC</b>	<b>Diagnostics Programme</b>	<b>Planned care improvement and recovery Programme. NCOS, SWSN, Rheum</b>
	<b>Community Health Pathways</b>				
	<b>Digital</b>		<b>Workforce</b>		<b>Public Health &amp; Improvement Cymru</b>
	<b>Value in health</b>		<b>Training and development</b>		<b>Research</b>
	<b>Grow well Child health and activity</b>		<b>Live &amp; work well In work programmes</b>		<b>Age well Frailty, falls and fragility fractures</b>

**Medium to long term strategy**

**Create, implement, and evaluate.....  
a MSK prevention framework, workforce plan and MDT training and MSK capability framework. Primary care MSK assessment and treatment service models with equitable appropriate access to appropriate diagnostics, Sustainable community multiagency support interventions, including in work support, Referral optimisation models at sub-speciality interface, Outpatient models for subspecialty assessment and treatment. Quality assurance frameworks and Audits.**

## Appendix 2 Our Strategic Matrix approach to drive MSK health DRAFT V1.0

### High level Matrix approach to drive MSK health

Co-production and partnership working	Delivered through health boards and Clusters	Population health and Prevention	Recovery and transformation of personalised MSK services aligned with <a href="#">Long Term Plan</a> ambitions				Focus
<p><b>Across</b></p> <ul style="list-style-type: none"> <li>Programmes</li> <li>Health boards</li> <li>Pan cluster</li> <li>Cluster</li> <li>Professional collaboratives</li> </ul> <p><b>Working with</b></p> <ul style="list-style-type: none"> <li>Lived experience</li> <li>Llais</li> <li>MSK LEG – ARMA</li> <li>Patient and professional organisations</li> <li>Academia</li> <li>Voluntary community and social enterprise sector</li> </ul> <p><b>Focused on supporting local leaders to make best decisions for their local populations</b></p>	<p><b>Aligned with</b></p> <p><b>Quad of aims</b></p> <ol style="list-style-type: none"> <li>Population health</li> <li>Quality Care</li> <li>Motivated sustainable workforce</li> <li>Higher value, data informed</li> </ol> <p><b>Duty of quality</b></p> <ol style="list-style-type: none"> <li>Person centred</li> <li>Equitable</li> <li>Safe</li> <li>Effective</li> <li>Efficient</li> <li>Timely</li> </ol> <p><b>Enabling Health Boards and clusters to work with their system partners to meet national objectives and local priorities</b></p> <p>Supported by implementation networks to: Apply the MSK framework and achieve the MSK quality statements</p>	<p><b>Integrating</b></p> <p><b>A MSK prevention framework</b></p> <p><i>Addressing Social and economic health inequalities</i></p> <p><i>Having due regard to the women's health strategy</i></p> <p><b>Considering all modifiable risk factors</b></p> <ul style="list-style-type: none"> <li>Physical activity</li> <li>Healthy diet</li> <li>Mental health</li> <li>Smoking cessation</li> <li>Alcohol moderation</li> <li>Social and employment</li> </ul> <p><b>Modifying health beliefs and enabling behavioural change</b></p>	<p><b>Setting</b></p>	<p>Primary/ community care</p>	<p>Secondary /tertiary care <i>Hospital</i></p>	<p>Primary /community care <i>Post Hospital</i></p>	<p><b>Vision</b></p> <p><b>To enable Life-long best MSK health for all</b></p> <p><b>By implementing pathways that deliver.....</b></p> <p><b>Prevention</b> Shift upstream</p> <p><b>Early accurate diagnosis</b> <b>Supportive treatments</b> Enabling self-management</p> <p><b>Interventions</b> Of high value</p> <p>To meet</p> <p><b>The MSK Quality Statements</b></p> <p>And</p> <p><b>The Duty of Quality</b> <a href="#">The duty of quality   GOV.WALES</a></p>
			<p><b>Conditions</b></p> <ul style="list-style-type: none"> <li>Conditions of MSK pain</li> <li>Inflammatory MSK conditions</li> <li>Osteoporosis and fragility fractures</li> </ul> <p><b>Overlaps with</b></p> <ul style="list-style-type: none"> <li>Chronic primary/ secondary pain</li> <li>Spinal conditions</li> </ul> <p><b>Considering needs of</b></p> <ul style="list-style-type: none"> <li>Emergency / urgent care</li> <li>And</li> <li>Long term conditions</li> </ul>	<p>Community health pathways</p> <p>Shift upstream to primary and community care.</p> <p>Improved access including self referral and direct access to the MSK MDT</p> <p>Diagnostic transformation and best use of Diagnostic resource</p> <p>Focused on supporting people to remain active and in the workforce <a href="#">In-Work Support Service   Business Wales Skills Gateway (gov.wales)</a></p> <p>Supporting the management of long term MSK conditions Building community care models</p> <p>Open access to digital solutions and resources</p> <p>Referral optimisation</p>	<p>Urgent and emergency care demand</p> <p>Personalised out patient - reduction in outpatient follow up activity</p> <p>Increasing theatre productivity</p> <p>Development of elective care regional hubs</p> <p>Supporting those waiting – three P's</p> <p>Specialist commissioning through WHSCC</p>	<p>Enabling effective discharge</p> <ul style="list-style-type: none"> <li>Rehabilitation</li> <li>Community infrastructure – Early supported discharge, virtual wards etc</li> <li>Supporting the management of long term MSK conditions</li> <li>Building community Care models</li> </ul>	
<p>Best use of data to evaluate, best use of resources to deliver and to improve productivity, continued focus on all elements of the National clinical framework, digital pathway and medicines optimisation, Embedding Evidence based interventions</p>							