

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

General information

Your name (optional):

Organisation (if applicable):

Your interest in the framework. Please tick all that apply.

- Lived experience ☐
- Carer ☐
- Member of the public ☐
- Health care staff ☐
- Social care staff ☐
- Third sector staff ☐
- Other professional role ☐
- Organisational response ☒
- Prefer not to say ☐

Are you responding as an individual, or on behalf of an organisation? (select only one option)

- Individual ☐
- On behalf of an organisation ☒

Other (please specify):

If you want to receive a receipt of your response, please provide an email address:

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box: ☐

Overview

What are the main issues?

This document will replace the Welsh Government's Service Development and Commissioning Directives for Arthritis and Chronic Musculoskeletal Conditions, which was published in 2006.

Working with multi-professional partners across sectors, we are replacing this directive using a co-productive approach. The new guidance includes effective ways of working for health and social care professionals.

Our vision is to enable **lifelong best MSK health for all**, with the mission of enabling people with MSK conditions to **grow well, live well and age well**. Our **strategy** (figure 2 in the document) 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.

The focus is on prevention, early accurate diagnosis, proactive early supportive treatments and appropriate interventions that enable the individual to remain active and supported to make positive self-management choices to reduce the impact of their health condition.

Alongside the goal of supporting people to remain independent, the policy recognises the importance of 'interdependence' through connecting people with their wider community and with peer support.

Where are we now?

In 2006 the Welsh Government produced the *Service Development and Commissioning Directives for Arthritis and long-term Musculoskeletal Conditions* to support the assessment and management of those living with musculoskeletal conditions in Wales.

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.

We have included a number of questions to consider relating to the content of the document. Please select an answer and provide any further comments you want to share:

Question 1

Purpose: is the purpose of the framework clear?

- Yes ☒
- Unsure ☐
- No ☐

Further comments:

We agree that the purpose of the framework is clear. However we would suggest that the language it is written in, both in stating the purpose of the framework and throughout the document, frames it as a document for healthcare professionals. Given the overarching ethos of the framework is co-production, collaboration and integration, we would suggest that the language used could be adapted to be more easily understood by those who are not healthcare professionals. We would also suggest that providing an easy read version of the framework for this consultation could have enabled wider participation.

Question 2

Mission and vision: is the vision and mission clear?

- Yes ☐
- Unsure ☒
- No ☐

Further comments:

We welcome the overarching ethos of co-production and principles of personalised care, which reflect the approach already taken by podiatry services in Wales.

However, some amendment is needed for clarity. For example, the first column of Figure 1 does not currently make grammatical sense, stating “Impacting years lived with disability disability adjusted life years healthy life expectancy” [sic].

We would also suggest that there is a lack of substance within the draft framework to back up the claim that:

“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.”

It is our opinion that much of the detail required is not included within this framework, as it provides key principles, rather than guidance or advice on creating the most appropriate service and support. For example, ensuring those who need medical and surgical interventions are seen by the best person at the best time and in the best place will require further debate and service redesign, taking into account both workforce capacity and estate availability.

Question 3

Part 1, 2 and 3: Is the description of MSK conditions and their impact clear?

- Yes ☒
- Unsure ☐
- No ☐

Further comments:

We are disappointed that there is no reference in the paragraph on the impact on health and social care to the role of podiatrists and other allied health professionals who play such a key role in supporting people with MSK conditions.

We would suggest that the last sentence of part 3 is incomplete, and does not fully explain the role of local authorities in supporting people living with MSK conditions.

We would also suggest that there are also words missing from the sentence on Attendance Allowance and PIP recipients in the section on impact on society and economy.

Question 4

Part 4: Are the policies included relevant and summarised clearly?

- Yes ☒
- Unsure ☐
- No ☐

Further comments:

We agree that this provides a key summary of policies. However, we are surprised that no summary of the MSK Quality Statement is included here. We would also suggest that there should be reference to the [National Clinical Strategy for Orthopaedic Surgery blueprint](#), given its relevance to those people with MSK conditions who need surgery as part of their pathway of care.

The hyperlink to Value in Health does not appear to work and needs to be checked and updated.

Question 5

Part 5: Are the principles of care included relevant and summarised clearly?

- Yes ☒
- Unsure ☐
- No ☐

Further comments:

We are concerned that using the definition of multi professional working from the Strategic Programme for Primary Care might detract from whole systems approach needed throughout primary and community, secondary and tertiary care services. It could suggest an approach that is focused on low risk MSK, rather than more complex MSK and higher risk patients such as those with multimorbidity, or at significant risk of hospitalisation.

We agree that the use of technology will be critical to achieving good multiprofessional working. In particular it is critical that all members of the MSK team have access to shared records to ensure safe and efficient care. We would also like to highlight the need for quick and easy access to imaging facilities, regardless of care setting. This is key to allowing podiatrists to undertake a full assessment and diagnosis of a range of MSK complications.

In the paragraph on prevention we would also recommend that there is reference to the association between poor foot health and physical inactivity, and thus a need for MSK services looking to enable physical activity to consider foot health.

Question 6

Part 6: Is the MSK pathway structure clear?

- Yes ☐
- Unsure ☒
- No ☐

Further comments:

The pathway domains set out in part 6 are all important. However there is little detail as to what this actually means for design and implementation of services. We are also concerned that this may be overly simplistic, suggesting a linear journey that is not always the reality for patients – for example, it fails to take account of multimorbidity.

The draft framework states that “Health and care pathways are being developed across 5 domains”. As a professional body, we have not yet been involved in discussions about these pathways. We would encourage more open and transparent engagement in their development, including with professional bodies, patients and organisations representing people living with MSK conditions. Without this, the professed commitment to co-production is, at best, tokenistic.

The paragraph on secondary prevention includes the following statement:

“It should be recognition that people with MSK conditions may have specific perceived barriers to increasing physical activity...”

Recognition should be altered to recognised.

Question 7

Part 8: Are the included enablers appropriate and clearly described?

- Yes ☐
- Unsure ☒
- No ☐

Further comments:

We agree with the enablers included, however we feel that their description adds little to the understanding of how the framework will be implemented.

WORKFORCE

Expansion of podiatry and the wider AHP workforce will be critical in achieving the vision set out for the framework. Delivering the actions will be a huge challenge without further investment in workforce resource and capacity. Yet the framework makes no reference to any funding in order to achieve this.

While we agree that *“A workforce framework for delivery of MSK services will enable a balanced approach to meeting need and developing the workforce of the future”*, we do not feel this sufficiently addresses the urgent need for workforce planning and investment. We are also concerned that this will limit discussions to what is possible with current resource, rather than genuinely reimagining MSK services. For example, podiatry is well placed to provide solutions to long elective care waits for orthopaedic services. By working more closely with orthopaedics, there is an opportunity for some patients who require foot surgery to be treated by podiatric surgeons. Podiatric surgery is not currently available as a treatment option in Wales. However if this was developed, it could provide a cost-effective solution to reducing elective care waits.

We welcome recognition of the importance of workforce wellbeing and engagement. We are concerned by reports from our members and in the media of the high levels of stress NHS staff are experiencing (for example, see <https://www.bbc.co.uk/news/uk-wales-67719830>). It is crucial that staff wellbeing is promoted when pathways are redesigned, including the need to balance the workload of staff and support with implementing and adapting to change, whilst ensuring that professional development and protected time is intrinsic to a career in the NHS.

We would ask for further clarity about what is meant by “This will include the building of a non-registrant healthcare workforce (coaching / technician) workforce that can deliver person centred holistic at scale and pace” and would suggest this sentence needs amending. We oppose any lowering of skill sets in order to meet financial expectations, at the cost of patient safety.

Question 8

Part 9: Are the included expectations appropriate, realistic, and achievable?

- Yes ☐
- Unsure ☒
- No ☐

Further comments:

We agree that the expectations are appropriate and are certainly desirable. However with no information about funding, resources or time scales, we cannot judge whether they are realistic or achievable – for example, developing and implementing a prevention framework for MSK conditions is much needed. Whether or when it can be implemented consistently and effectively without any additional resource is more questionable. Similarly, we would also agree strongly that a workforce strategy for meeting current and future need is vital – however it would only be the first step in creating the future workforce.

Question 9

Is the framework useful for you and your wider organisation?

- Yes ☐
- Unsure ☒
- No ☐

Further comments:

As a professional body, we do not have a direct role in implementing the framework, but will use it to inform how we support our members in Wales.

Question 10

Will the framework help you in achieving the [Quality Statements for MSK Health](#)?

- Yes ☐
- Unsure ☒
- No ☐

Further comments:

As a professional body, we do not have a direct role in achieving the Quality Statement for MSK health, but will use it to inform how we support our members in Wales.

Question 11

What, in your opinion, would be the likely effects of the framework for Arthritis and MSK conditions on the Welsh language? The Welsh Government is particularly interested in any likely effects on opportunities to use the Welsh language and on not treating Welsh less favourably than English.

Do you think there are any opportunities to promote any positive effects?

No comments

Do you think that there are opportunities to mitigate any adverse effects?

No comments

Question 12

In your opinion, could the framework for Arthritis and MSK conditions be formulated or changed so as to:

- Have positive effects or more positive effects on using the Welsh language and on not treating Welsh less favourably than English; or
- Mitigate any negative effects on using the Welsh language and on not treating Welsh less favourably than English?

No comments

Question 13

We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

Please enter here:

There are a number of grammatical errors throughout the document, some of which we have highlighted within our response. Elsewhere, statements sometimes seem unclear – for example “Understanding the diverse and changing needs of people with MSK conditions is crucial to addressing methods of helping reduce it” (see shared decision making). We hope that these will be corrected in the final draft, so as not to distract from the aspirations of the framework.

The consultation does not ask for comments on Part 7 on “Our MSK Team”. While we welcome the wide recognition of all the stakeholders involved in supporting people living with MSK in Part 7, we do not feel this recognises the independence of some of these from the NHS, or the complexity involved in ensuring that all stakeholders are following the same principles, guidelines and pathways and “doing only what they can do in a joined-up system” or whether this is achievable realistically. For example, we feel that it would be beyond the power of the MSK Clinical Network to dictate what a volunteer-run patient support group can/cannot do, or, similarly, what a professional body might advocate for those it represents. In addition, a voluntary sector group may well have conflicting reporting requirements to funding bodies. We would suggest that this section needs some redrafting to better reflect what we understand to be the intention of uniting a joint effort to improve the support available for people living with MSK conditions.