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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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INTRODUCTION

Welcome to Living with Arthritis and Musculoskeletal conditions in Wales. A lot has changed since work on replacing the Service Development and Commissioning Directives for Arthritis and Chronic Musculoskeletal Conditions (2006) began in 2017.

Consultation on the first co-produced version was delayed by the COVID pandemic and highlighted a need for significant change. Factors including the impact of the pandemic, the changing needs of the population and the changing structures of NHS Wales with the introduction of the [National Clinical Framework](#) and the formation of the NHS Executive.

In February 2024, the Welsh Government developed the Living with Arthritis and Musculoskeletal Conditions in Wales: a framework for the future 2024-2029 and ran a public consultation on the guidance. Revised following this consultation, the resulting document is a step in guiding services towards the ambitions set out in the National Clinical Framework and setting the scene for the work of the Strategic Clinical Network for MSK health within the new NHS Wales Executive.

The framework sits alongside and in collaboration with other key clinical policy documents such as [Living with Persistent Pain in Wales \(gov.wales\)](#) and the [THE NATIONAL BLUEPRINT \(welshorthopaedics.org.uk\)](#), in a growing resource to support services for people with Arthritis and MSK conditions that will be available on [Musculoskeletal Conditions - NHS Wales Executive](#)

PURPOSE

This high-level guidance will sit as part of a suite of resources, including future development of service specifications and clinical pathways, with more granular and specific detail at condition and symptom-level. It will support Health Boards and health professionals to deliver the [Quality statement for musculoskeletal health \[HTML\] | GOV.WALES](#), which was published in 2023.

What does the guidance do?

This framework describes an all-Wales vision, mission, and approach for improving services for people with, or at risk of developing, musculoskeletal (MSK) conditions in Wales. It summarises and organises the high-level principles and practices which underpin service delivery.

Who is this guidance for?

This framework should be used by all healthcare professionals and members of the multiprofessional team (defined on Page 5) when considering how they will achieve the aspirations set out in the [Quality statement for musculoskeletal health \[HTML\] | GOV.WALES](#) to improve and develop MSK services. It aims to:

- Provide guidance and advice on developing and managing the most appropriate MSK services.
- Provide greater understanding of the different approaches health and social care professionals should use when offering care and management to anyone living with an MSK condition.

- Describes how 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, intervention, and treatment, and helping people develop self-management skills.
- Outlines how to ensure that those who need medical and surgical interventions are seen by the best person at the best time and in the best place.
- Enable existing services to quality assure their service.

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

THE STRATEGIC CLINICAL NETWORK FOR MSK

The purpose of the [Strategic Clinical Networks](#) within the NHS Wales Executive is to:

- Be guided by Quality Statements, create consensus on high value, optimal clinical pathways, based on evidence-based practice and co-production.
- Monitor the pathway and outcome data to support local benchmarking and accountability arrangements.
- Encourage innovation, quality improvement and spread of good practice.
- Support the wider planning and performance management function of the NHS Wales Executive and Welsh Government.

The MSK Strategic Clinical Network has set an ambitious vision to reduce the impact of MSK conditions on Welsh citizens and the Welsh NHS. The mission is further described in Figure 1, where evidence-based, holistic, prevention and personalised approaches are built upon the principle and overarching ethos of co-production, collaboration, and integration across a multiprofessional team.

Indeed, by working to raise the profile of MSK conditions, enabling and encouraging partnership working, the multi-professional network will be creative and opportunistic in aligning their efforts to the wider health and care strategy with the aim of reducing the burden of disease and narrowing inequalities across Wales. An upstream shift in patient care and delivery on pathways of care aligned to the Quality Statements is the aim of the future. A strategic plan for delivery and further detail will be developed and iterated in live documents hosted on the MSK Strategic Clinical Network webpage, however the in-principal function of the MSK National Strategic Clinical Network is outlined in Figure 2.

Quality statements describe what good looks like and provide aspirational goals for the Strategic Clinical Networks and Health Boards 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 [Quality statement for musculoskeletal health \[HTML\] | GOV.WALES](#) and this framework.

Figure 1: The MSK Strategic Clinical Network Vision and Mission

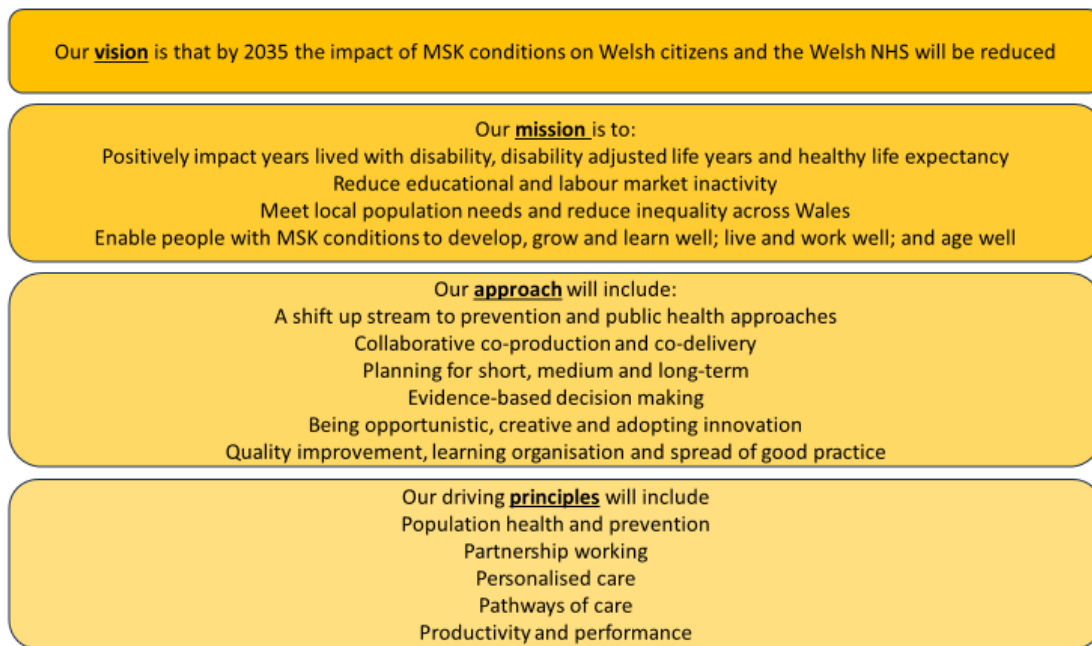
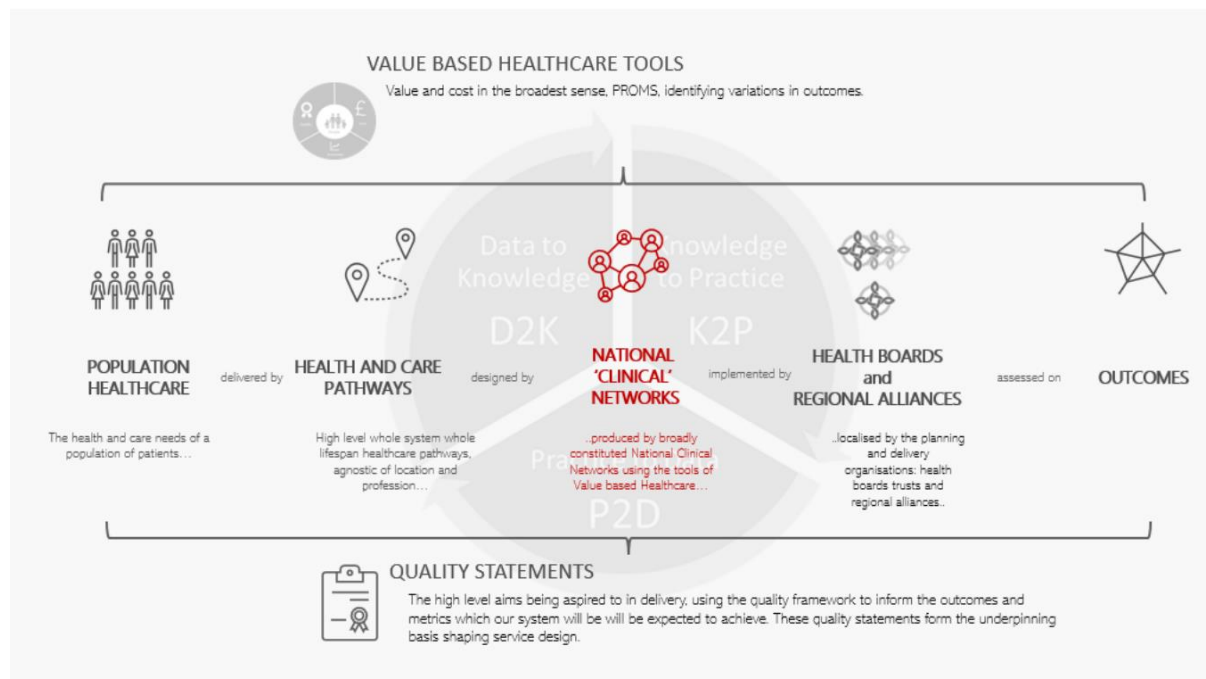


Figure 2: Purpose, function, and interaction of the MSK National Strategic Clinical Network



OUR MULTIPROFESSIONAL TEAM

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

professional groups involved. It aims to bring the most appropriate professionals together in partnership around the individuals and community they serve.

Multiprofessional is defined 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."*

For most people with MSK conditions, this will start with an opinion in primary and community 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 and community care team can support effective interventions, supportive treatments and supported self-management. Those that require more complex diagnostics or interventions (e.g., surgery and medication) will be directed to the most appropriate team member in a timely manner.

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 in 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, some 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.

MUSCULOSKELETAL HEALTH

What is MSK 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"¹

Reducing the impact of MSK conditions 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

¹ Briggs AM, et al., [Reducing the global burden of musculoskeletal conditions](#). Bull World Health Organ. 2018 May 1;96(5):366-368. doi: 10.2471/BLT.17.204891. Epub 2018 Apr 12. PMID: 29875522; PMCID: PMC5985424.

(environmental, economic, educational, cultural, social) which relate to the drivers of pain associated with the majority of MSK conditions ([Global strategy to improve MSK health - Global Alliance for Musculoskeletal Health \(gmusc.com\)](#))

What are MSK Conditions?

Conditions that affect the MSK system can be short-term, relapsing-remitting, or long-term conditions. Those that are short-term are often self-limiting and are fully resolved and recovered from, often with minimal intervention or rehabilitation. Others are persistent and life changing. MSK conditions can affect anyone in society regardless of age, gender, or race, and can 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.”²

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”. Importantly, the nature of the experience is unique to the individual and pain has multiple drivers across the biopsychosocial spectrum.

There is a broad spectrum of MSK conditions, with no agreed simple classification system. This document applies to all MSK conditions, which will be discussed in their broadest sense without specific mention or focus on individual conditions. Condition specific information will follow, through the co-production of condition and symptom specific pathways of care by the MSK National Strategic Clinical Network.

Understanding that it is useful to have a classification to aid communication and accepting that a comprehensive and agreed classification is not currently available, this document will align to a simplified classification adopted both in England and Wales that most MSK conditions will fit into one of three broad groups:

- Inflammatory conditions (such as rheumatoid arthritis, axial spondyloarthritis and connective tissue diseases).
- Conditions of MSK pain (such as injury, osteoarthritis, back pain, and fibromyalgia).
- Bone health (such as osteoporosis and fragility fractures e.g. at the hip).

What are the causes of MSK conditions?

Causation in MSK conditions is most often complex and due to a number of factors. Recent models³ highlight the interaction between factors which contribute to a pain and disability experience, including:

² [Musculoskeletal health \(who.int\)](#)

³ [What low back pain is and why we need to pay attention](#), Hartvigsen, JanBuchbinder, Rachele et al. The Lancet, Volume 391, Issue 10137, 2356 - 2367

- Biophysical.
- Illness co-morbidity.
- Social factors (including lifestyle).
- Psychological factors.
- Genetic factors.

The shift towards a prevention and population health approach will require the use of these factors in the identification of people at risk. A thorough review of available evidence will be required to proceed with this, which will be undertaken following the principles of the [Prevention Based Health and Care - Public Health Wales \(nhs.wales\)](#) framework.

Many inflammatory MSK conditions are autoimmune in nature, an individual's own immune system mistakes parts of the body as foreign and releases autoantibodies 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. This is why a biopsychosocial and public health approach is essential in prevention and intervention for those who develop these conditions.

What is the impact of MSK conditions?

Incidence

MSK conditions are the most common cause of severe, long-term pain and physical disability, affecting an estimated 974,000 people (32% population) in Wales of whom 440,000 are long term MSK conditions (17% population)⁴. Together, they account for four of the top ten 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-activity⁴. MSK conditions disproportionately affect women, minority ethnic groups and people in social deprivation⁴. With an aging population, reducing activity and rising obesity levels, the numbers of people with MSK conditions and the disability from them is expected to rise⁴. Young people are also impacted by MSK conditions, 2% have a long term MSK condition⁴.

Impact on the person

MSK conditions are often long term and life changing, can affect anyone 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. Indeed, impacts are realised across the spectrum of psychological, social, economic, and financial well-being. People with MSK conditions are 20% less likely to be in work compared to those without, and whilst we do not have good data the impact on childhood educational attendance and attainment is considered significant. Similar impacts are felt by families and carers of those

⁴ [The State of Musculoskeletal Health \(versusarthritis.org\)](#)

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 effectively⁴.

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)⁵. 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 did so due to an MSK condition⁶. Furthermore, one-third of those receiving a Personal Independence Payment (PIP) did so because of an MSK condition⁷. Hip fracture care is estimated to cost the UK over £1 billion annually⁸.

Impact on health and social care

Services are currently provided for over one hundred different types of arthritis and MSK conditions. One in every five people consult a GP about an MSK condition, with one in seven primary care consultations related to MSK conditions⁹. MSK conditions are one of the most 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 Wales during 2019¹⁰. Local authorities providing care and support services, including reablement, equipment and adaptations, housing support and domiciliary care, social work and occupational therapy, reports suggest that people with MSK condition and over half of people with persistent pain receive social care support⁹.

OUR HEALTH POLICY

There are many relevant policies and strategies that underpin the principles, approaches, for this framework and for MSK healthcare across Wales. Many of these can be found in Table 1 and Table 2. Together, these documents, policies and strategies inform and enable delivery of the Quality Statement for MSK Health.

In recognition of the breadth of MSK conditions and their impact, alongside the population affected (from birth to old age), the MSK Strategic Clinical Network

⁵ [The State of Musculoskeletal Health \(versusarthritis.org\)](https://www.versusarthritis.org)

⁶ <https://www.versusarthritis.org/about-arthritis/data-and-statistics/state-of-musculoskeletal-health-2019/>

⁷ [Personal Independence Payment: Official Statistics to January 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

⁸ [Morbidity outcomes following hip fracture - Health Research Authority \(hra.nhs.uk\)](https://hra.nhs.uk)

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

¹⁰ [Microsoft Word - KeyFacts_Welsh_Providers_2019.docx \(nhs.wales\)](#)

must collaborate with colleagues, groups, networks, and clinicians working within the NHS Wales Executive and other Strategic Clinical Networks (SCN's) to ensure that the "whole picture" is assessed. For instance:

- Urgent and emergency care.
- Planned care.
- Primary and Community Care.
- Diagnostics.
- Mental health, Women's Health, Children's Health, Gastroenterology, Cancer SCN's.

Table 1: MSK Framework alignment with national strategies

Strategy/Policy	Summary	How the MSK Framework supports this
NHS Wales Planning Framework 2022 – 2025	<p>The NHS Wales Planning Framework 2022 – 2025 emphasises that Value Based Health Care principles must be the basis on which services are planned and delivered. Value Based Health Care demands a data-informed approach to decision making, where staff at every level have readily accessible information on patient outcomes, to support their decision making on planning the allocation of resources and service design that meets true need across the whole pathway of care.</p> <p>High quality is a key priority which underpins all aspects of services, settings, and contacts with the NHS in Wales. It states the need for health organisations to focus on the populations for which they are responsible, with an emphasis on prevention and early intervention, reducing health inequalities, timely access to care and collaborating with wider partners to deliver the best possible services for citizens in Wales.</p>	<p>Value-Based approaches 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 in Wales and the MSK SCN 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).</p> <p>Patients across Wales will have equitable access to MSK services.</p> <p>There will be sufficient capacity within the service to cope with anticipated demand for MSK. High-quality will lead to more accurate diagnosis, improved treatment planning and improved outcomes for patients.</p>
The Parliamentary Review of Health and Social Care in Wales. Final Report (January 2018)	The Parliamentary Review set out a vision for the future, to include health and social care moving forward together and developing primary care services out of hospitals. The recommendations focus on key themes around seamless care, a great place to	<p>Providing seamless care.</p> <p>Improving facilities.</p> <p>Providing greater opportunities to attract a highly skilled workforce.</p> <p>Maximising the benefits of technology and innovation.</p>

Strategy/Policy	Summary	How the MSK Framework supports this
	work and maximising the benefits of technology and innovation.	
A Healthier Wales: Our Plan for Health and Social Care (June 2018)	'A Healthier Wales' is the Welsh Government's response to the Parliamentary Review. It sets out the vision of a 'whole system approach to health and social care' which is focused on health and wellbeing, and on preventing physical and mental illness. It focuses on 'providing more joined-up services, in community settings, and shifts the emphasis from treating illness to prevention and supporting people to stay well and lead healthier lifestyles.	Addressing the recommendations set out in the Parliamentary Review as described above. Focusing on improving access to services that will enable earlier interventions.
The Wellbeing of Future Generations (Wales) Act 2015	The Wellbeing of Future Generations Act is about improving the social, economic, environmental, and cultural wellbeing of Wales. It makes the public bodies listed in the Act think more about the long-term, collaborate better with people and communities and each other, look to prevent problems and take a more joined-up approach.	Deliver sustainable MSK services that focuses on: Addressing health inequalities. Addressing aspects of care that prevent conditions. Improving outcomes for patients. Attracting and developing a highly skilled workforce.
National Clinical Framework (2021)	The National Clinical Framework (NCF) supports NHS planning and the delivery of clinical services in the context of the strategic approaches set out by Welsh Government. It supports recovery and service transformation with a focus on prudent and Value-Based healthcare. Grounded in a population health approach to planning, it requires NHS organisations to collaborate with their partners to improve the physical and mental health of their local populations, focussing on wellbeing and reducing inequalities in outcomes. To support this, national clinical pathways are being developed, linked to the leading causes of disease burden.	The MSK SCN shall be developed as an overarching function to support the national clinical pathways. The MSK SCN shall generate a collaborative function for NHS organisations and its partners to improve the MSK health of the Welsh population, reducing inequalities in outcomes and focus on prudent, Value-Based healthcare.
Quality and Safety Framework (2021)	Alongside the NCF, the Quality and Safety Framework demonstrates the importance of systemic local use of the quality	MSK services overarching focus must be on safety, equality of access and improving outcomes.

Strategy/Policy	Summary	How the MSK Framework supports this
	<p>assurance cycle. Several Quality Statements focus on the development of national pathways to support local improvement in the quality of services and address unwarranted variations in care. Value based healthcare remains instrumental in this work.</p>	<p>The MSK SCN shall develop its strategy based upon the recommendations and guiding statements within the MSK Quality Statement.</p>
<p>The Health and Social Care (Quality and Engagement) (Wales) Act 2020</p>	<p>The Act places an overarching Duty of Quality on NHS bodies and Welsh Ministers regarding their health-related functions, establishes an organisational Duty of Candour on providers of NHS services, and strengthens the voice of citizens with a new all-Wales Citizen Voice Body (called Llais).</p>	<p>The MSK SCN shall develop its strategy based upon the recommendations and guiding statements within the MSK Quality Statement</p>
<p>Prudent Healthcare (2013)</p>	<p>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.</p> <p>The principles of prudent healthcare are:</p> <ul style="list-style-type: none"> · Achieve health and well-being with the public, patients, and professionals as equal partners through co-production. · Care for those with the greatest health need first, making the most effective use of all skills and resources. · Do only what is needed, no more, no less; and do no harm. · Reduce inappropriate variation using evidence-based practices consistently and transparently. 	<p>The MSK SCN will be guided by prudent principles</p>
<p>Promote, prevent and prepare for planned care (2023)</p>	<p>This policy was developed in response to the increasing demand and waiting time for planned care. It describes a clear drive for whole pathway approach to promoting healthy behaviours, preventing worsening health</p>	<p>There are many MSK conditions that impact on increased demand for planned care.</p>

Strategy/Policy	Summary	How the MSK Framework supports this
	<p>through secondary prevention, and supported self-management, and preparing for interventions to reduce risk and maximise benefit. The three Ps include:</p> <ul style="list-style-type: none"> · Promote - improved health behaviours. · Prevent - worsening health. · Prepare - for treatment and recovery. 	<p>MSK teams will embed this approach into delivery and design of their pathways of care.</p> <p>The MSK SCN will adopt the principle of whole pathway approach and adopt the 3P's into the vision, mission, approach and principles of the strategic, all-Wales network.</p>
National Framework for Social Prescribing (January 2024)	<p>The new 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.</p>	<p>MSK services and the MSK SCN will adopt the principles of the National Framework for Social Prescribing.</p>
More than just words (2022-2027)	<p>A 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.</p>	<p>Health boards and trusts must also ensure that that they comply with the relevant Welsh Language Schemes or Standards.</p>

Table 2: Alignment with existing clinical strategies

Strategy/Policy	Summary
Welsh Orthopaedic Board National Clinical Strategy for Orthopaedics (NCSOS; 2022)	The National Clinical Strategy for Orthopaedics (NCSOS) team have provided thirty-four immediate actions for health boards to enact to prevent ongoing patient harm, 155 recommendations to ensure transformation of sub-specialty clinical pathways, and a long-term blueprint for the future provision of orthopaedic services.
Spinal Services Operational Delivery Network (ODN; 2022)	The South West Spinal Network (SWSN) has defined strategic goals also through its service specification and submits annual plans to the NHS Wales Joint Commissioning Committee WJCC. It involves cross-organisation and clinical multi-professional working, through a whole system collaborative approach, ensuring delivery of safe and effective services across the patient pathway.
Living With Persistent Pain (2023)	The aim of the Living with Persistent Pain guidance is to support people who live with these conditions to take greater control of understanding and managing their own pain. It also recommends several actions for healthcare professionals to improve their services and the experiences of people living with these conditions.
The Bone Health Quality Statements	Due to be published by the end of 2024.
National Early Inflammatory Arthritis Audit Report (2023)	The National Early Inflammatory Arthritis Audit (NEIAA) aims to improve the quality of care for people living with inflammatory arthritis, collecting information on all new patients over the age of sixteen in specialist rheumatology departments in England and Wales.

OUR PRINCIPLES OF MSK CARE

Five principles will underpin the framework for Arthritis and MSK conditions:

- Partnership working
- Prevention and public health
- Personalised care
- Pathways of care (see dedicated section)
- Productivity and performance

Partnership working

We will work in partnership, respecting and valuing the contribution of others.

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 voice and opinion of those with lived experience within the clinical team enables a focus on what really matters and improves service design and delivery. The implementation of a Lived Experience Group (LEG) within the Strategic Clinical Network for MSK would enable those with a lived experience of MSK conditions to become an integral team member throughout the strategic, implementation and delivery networks.

Multi-professional and multiagency working

Individuals who work in a multiprofessional way may be in a variety of bases/or organisations or co-located. The use of technology will be critical in ensuring multi-professional teams are able to develop a shared understanding of each other's roles, skills, and purpose in providing care for the person. This is essential to realising the future ambition of place-based health, care, and well-being in Wales which will enable people to live well, closer to home through prevention, choice, well-being, and independence.

Supporting work and education

Employment and education are key determinants of health, both strongly evidenced as good for health overall, it is therefore a priority to support people to stay in or return to work and/or education.

Working practices and working environments in education or the workplace, is also an important risk factor for MSK health and can both cause MSK issues and/or exacerbate existing issues. Equipment and workspace design and ergonomics, repetitive work, use of machinery, and working practices such as prolonged periods of sitting, standing, or stooping can have a significant impact on MSK health.

There is a need to support employers and educational providers to proactively support individuals with chronic conditions and to return after periods of absence due to ill health to stay in work and education for the longer term. MSK services should work in partnership with appropriate agencies across education and

employment, including in work support resources in Wales such as [Healthy Working Wales](#), to support and wellbeing for work.

Prevention and population health

Where possible, we will work upstream, as close to, or even before, the point of symptom onset, to apply population health measures that limit the impact of MSK conditions.

A prevention-based approach

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 levels of physical activity, obesity and mental health and wellbeing¹¹. There is a need 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. The networks and MSK services will adopt the recently published [Prevention Based Health and Care - Public Health Wales \(nhs.wales\)](#) framework to inform their work plans. Through partnership working the networks and services will identify, implement, and evaluate effective methods to identify those at risk and the effective interventions that should be on offer.

Health inequalities

The term health inequality refers to systematic and avoidable differences in health between different social groups. Women, older people, people from some ethnic backgrounds and those living in the poorest neighbourhoods have higher rates of MSK conditions ([Reduce health inequalities in musculoskeletal health | ARMA](#))

- 35% of women in the UK have an MSK conditions compared with 28% of men.
- The percentage of people with an MSK condition rises from 17% amongst those aged 20 – 35 to over 60% in those aged 65 and over.
- Rates for different ethnic groups in England range from 7.4% in the Chinese population to over 20% for the Pakistani population.
- In Wales, the percentage having a long term MSK condition is 13% in the least deprived areas to 20% in the most deprived.

Not all these differences are avoidable. Some MSK conditions are likely to be inevitable as we age and there may be differences between women and men, for instance related to menopause. However, much of the difference is related to assumptions made by people, including clinicians, unconscious bias, social determinants of health impacting groups differently and the way that services are designed.

¹¹ [The State of Musculoskeletal Health \(versusarthritis.org\)](#)

Health equity means prioritising care and treatment based on need. Some people will need more support, or a different kind of support, for the same condition. For instance, if appointments can only be booked online, this will disadvantage those who cannot afford a smart phone or mobile data or do not know how to use the internet. If different needs are not considered (health equity), avoidable differences in outcome will result (health inequality).

The Social Model of Disability

The Social Model of Disability¹² makes an important distinction between 'impairment' and 'disability.' It recognises that people with impairments are disabled by barriers that commonly exist in society. These barriers include negative attitudes, and physical and organisational barriers, which can prevent disabled people's inclusion and participation in all walks of life. Services for people with MSK conditions will align to the social model, and consider attitudinal, institutional, communication and environmental barriers that impact disability.

Life course

The MSK Strategic Clinical Network will take a life course approach, which is inclusive of the needs of children and young people. This is a key step in the shift towards prevention in the new generation. Paediatric and adult services will work in partnership to ensure safe and equitable access at all life stages and manage transition in alignment with the [Transition and Handover Guidance](#). The strategic network will work in close collaboration with the Child Health Strategic Clinical Network and will develop appendices to this framework that highlight the important differences and similarities in service requirements through the life course

Person centred and holistic

Each person will be treated as an individual.

Person centred care

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

1. Person is treated with dignity, compassion, and respect.
2. Care is Personalised.
3. Care is co-ordinated.
4. 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.

¹² [atisn17524doc7.pdf \(gov.wales\)](#)

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.

- 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 person's other health factors should be considered.
- It is important health professionals provide consistent advice.

The simple [3As approach](#) can be used when 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.

Education, information, advice, and signposting

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. This need crosses the biopsychosocial spectrum and will need to be tailored to individual 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 such as those co-developed between NHS England and Versus Arthritis [Musculoskeletal Decision Support Tools | Versus Arthritis](#).

Pathways will embed a culture of education, information advice and signposting tailored to the individual's holistic needs. Resources should be agreed nationally to avoid unhelpful variation and be fully linked to the excellent resources available through third sector and patient organisations.

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

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. All guidance and pathways will be produced in alignment with the [NICE guidance on shared decision making](#).

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 other interventions.

People with long term conditions spend 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.

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, social support, mental health services and therapies when required. Pathways will signpost to support mechanisms that build resilience through community.

Productivity & performance

We will work strategically to maximise productivity and performance within the resource that is available to us.

Quality improvement

The [National Clinical Framework](#) describes an approach to creating a learning organisation through the quality assurance (quality planning, quality improvement and quality control) that will be embedded in MSK services. Practice to data will be prioritised, with definition and deployment of data standards, clinical and activity coding, patient reported outcome and experience measures (PROMS and PREMS). The multiprofessional team will work with data analysts and clinical informaticians to enable clinically relevant data to knowledge based on what matters to those who use our services.

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. MSK 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).

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.

Quality control

MSK services will work towards existing audit standards (e.g., [National Early Inflammatory Arthritis Audit](#)) and the Strategic Clinical Network will work with partners to develop appropriate audit in prioritised areas where robust processes do not currently exist.

MSK services 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.

OUR MSK PATHWAYS

Pathways of care will guide clinicians and people with MSK conditions through the choices involved in managing MSK conditions.

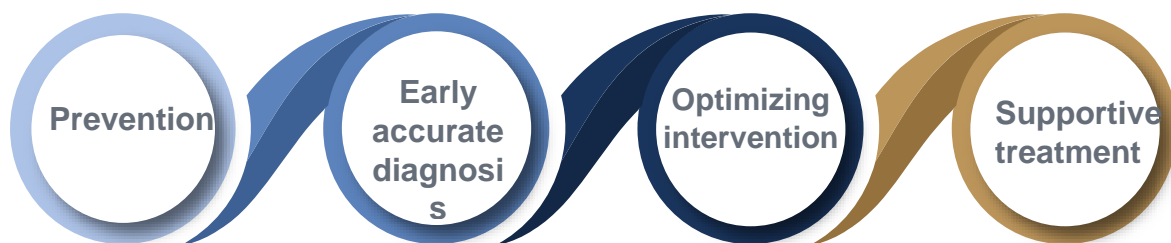
Pathways will be:

- Prioritised based on the criteria outlined in the National Clinical Framework.
- Be based upon the best available evidence and clinical guidelines (aligned with the [National Institute for Health and Clinical Excellence Guidance](#); NICE).

- Co-developed by the multi-professional team and people with lived experience.
- Co-developed across the whole pathway so that they are implementable and achievable.
- Agreed nationally and adopted and adapted for local need.
- Non-linear, with points of access determined based on individual need.
- Implemented and evaluated using quality improvement and Value-Based principles.

In alignment with the Value based health care pathways model, each pathway will be developed across four domains – prevention, accurate and timely diagnosis, interventions, and supportive treatments (Figure 3).

Figure 3. The Value in Health pathway model – Four parts to all MSK pathways



Prevention

Primary prevention

We will work in partnership with Public Health Wales to implement the prevention-based health and care framework in MSK services. This will enable services to collaborate with people on the most prevalent and significant risk factors for MSK health and provide 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.

Case Exemplar

Healthy Weight: Healthy Wales (HW:HW) is a 10-year whole systems strategy to reduce and prevent obesity for the people of Wales. The strategy includes implementing legislation, funding services to ensure equitable access to support, and developing behavioural change campaigns. Additionally, the strategy will enable stakeholders to come together as local networks to work together in an integrated way to bring about large-scale change.

The strategy is set out across four themes: Healthy Environments, Healthy Settings, Healthy People, and Leadership and Enabling Change. The strategy will have five delivery plans in 2-year cycles.

Secondary prevention

Is a core recommendation in clinical guidelines and 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. Focus should be placed upon physical activity, healthy diet and healthy weight, mental health, smoking cessation, alcohol moderation, social interaction and employment. It should be recognised that people with MSK conditions may have specific 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 long-term conditions / impairments disability. This includes access to:

- Rehabilitation programmes
- Prevention programmes for long term conditions / impairments
- Healthy weight healthy Wales
- Supported physical activity interventions in the community.
- Disability prevention and reablement / rehabilitation programmes.
- Self-care and condition management resources and skills training.

Case exemplar

Fracture liaison services: The bone health Clinical Implementation Network are developing systems to support equity in access to Fracture Liaison Services (FLS) in Wales. The FLS Board seeks to ensure high-quality fracture care for everyone across Wales. The three priorities that are set to promote bone health in Wales are 'raising awareness and education of bone health,' 'promoting wider integration and partnership'; and 'improving fragility fracture identification, management and care'. FLS services function to "make this fracture your last fracture" by seeking to manage and prevent re-fracture and put a long-term plan in place.

Early accurate diagnosis

Early accurate diagnosis is an essential element of providing appropriate care. The need for timely diagnosis is particularly important to inflammatory conditions such as rheumatoid arthritis and axial spondylarthrosis, where early intervention with disease modifying medications can dramatically reduce disease and disability severity over the life course. Pathways will align to achieving the NICE quality standards and be assessed through audit.

Appropriate investigations

MSK pathways will be designed applying best available evidence aligned to prudent use of investigations. Pathways will enable rapid access from primary and community 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. Whilst they have huge advantages there is a growing body of evidence that inappropriate and overuse can lead to harm and iatrogenic effect. Pathways will include guidance on appropriate use of investigations, such as iRefer (making best use of a radiology department) and other resources to support shared decisions, such as decision aids like “*Do I need an MRI?*” (see below).

Case Exemplar

Decision aids - Do I need an MRI for non-specific low back pain (LBP)?

With rising public demand for MRI and increasing evidence of potential for iatrogenic harm from misunderstood imaging findings, the process of shared decision over whether to proceed to MRI is more important than ever. Several institutions have developed [decision aids](#). These decision aids have been developed using best available evidence and can assist clinicians and people with LBP to understand the limited benefits and potential harms of MRI when assessing non-specific LBP.

Case Exemplar

The Cauda Equina Syndrome Pathway - South Wales Spinal Network (SWSN): The South Wales Spinal Network has prioritised high-risk, high-cost pathways where people have come to avoidable harm and consequent high litigation costs. The Cauda Equina Syndrome pathway is the result of a six-month process of co-production between medical and allied health stakeholders from spinal and neurosurgery, primary care, rehab medicine, radiology and emergency departments. The resultant clinical guideline is focused on reducing delays through reduction in the required clinical reviews prior to MRI, establishment of 24/7 MRI access and removing the previous ambiguity regarding which surgical provider is responsible in each area of Wales. The implementation and effectiveness of this guideline is now being monitored through the network Quality and Improvement group.

Optimising Interventions and supportive treatments

MSK services will aim to provide high value and effective treatments and interventions, with clear descriptions of potential outcomes, risk and benefit that enable the shared decision-making process.

Pathways will promote timely access to appropriate treatments and interventions in primary and community care services, closer to home. These will include mechanisms to support people with MSK conditions to develop their knowledge and skills to manage their condition and limit its impact, both now and in the long term.

Referrals for secondary care interventions will need to be timely and determined based on clinical need. Being clear and consistent when interventions are not required will help people better understand and manage their MSK conditions.

Case Exemplar

The Swansea Bay UHB Exercise and Lifestyle Programme (ELP): The ELP sees patients from primary care with a potential diagnosis of knee or hip Osteoarthritis. It offers patients a diagnosis, education and lifestyle management of their condition. The treatment options include self-management or supervised exercise and diet sessions within a patient's local leisure centre. The programmes can last up to 12 weeks and patients remain under the clinic for a further 12 months for ongoing monitoring with digital PROMS. Patients can consider non-surgical and surgical management of their condition with the service being linked onto the Orthopaedic pathway. Outcomes from ELP has shown a reduction in primary care referrals going onto the secondary care pathway. Improvements in Oxford knee scores, weight loss and ability for patients to self-manage their condition.

Case Exemplar

CAVUHB Live Well: ESCAPE pain and the "ESCAPEES": Working in partnership with leisure and 3rd sector organisations, The Live Well Service delivers ESCAPE Pain as part of an integrated community rehabilitation pathway for low back pain and hip and knee osteoarthritis. This includes decision support, participation support and sustainable support, alongside their peers, building knowledge, skills, and confidence to live well with their condition. This approach is realising value-based healthcare beyond technical value; Personal value for participants, achieving the things that are important to them, social value demonstrated through SROI > £6 for every £1 invested, and cost savings enabling re-allocation of resource to other parts of the pathway.

Case Exemplar

Hallux Rigidus Pathway - Wales Orthopaedic Network (WON): The Foot and Ankle Clinical Reference group within the Wales Orthopaedic Network, have taken a collaborative multi-disciplinary approach to Pathway production. The Hallux rigidus pathway guides delivery teams in providing consistent, high quality and high value, evidence-based management for this common condition. The pathway focusses on early accurate diagnosis by way of appropriate radiological investigation, supportive treatments including self-management, education, orthotics, and analgesia, and finally consensus derived criteria for onward referral for specialist and surgical opinion. Implementation should result in eradicating unexplained clinical variation that has historically existed across Wales.

Case Exemplar

Supportive treatment and intervention - Pain Management Programmes: Persistent pain is a chronic condition. Pain Management Programmes equip participants with the skills they need to manage their condition wherever and whenever so they can continue to do the activities that are important to them. Programmes are available throughout Wales and can be completed in-person or online. Most programmes are supported by additional resources to help continue progress after the programme has been completed.

OUR ENABLERS

As with all NHS services, there are core infrastructure requirements and enabling functions that exist to facilitate delivery. These include:

- Workforce (current and future; training and education; retention and staff satisfaction)
- Capital and estates (equipment and rooms)
- Digital (current requirements; improvements; future needs and innovations)
- Data (requirements to baseline, model demand, inform services, basis for value in health measures)
- Research, development and innovation (learning culture; adoption of best practice; participation in trials)

There is a need to fully understand the “now” and plan for the future, informed by peer-reviewed evidence and best practice, with clear measurables and a strategic approach. The MSK Strategic Clinical Network shall encompass the principles of care for MSK service (listed above) to enable future service delivery. This will be done with the clinical voice front and centre of all planning, with close collaboration across Networks, the wider Executive, Health Boards and other organisations.

Workforce

There is a need to understand the multiprofessional workforce required to meet current and future need, whilst ensuring the well-being and engagement of the current workforce. Recruitment and retention across all healthcare professions and all sections of the MSK pathway is increasingly challenging and will be a focus for the Strategic Clinical Network to make MSK services in Wales an attractive place to train, work and stay. A workforce framework for delivery of MSK services, drawing on established workforce reports and frameworks (such as the primary care workforce plan and the BSR workforce report) will enable a balanced approach to meeting need and developing the workforce of the future.

Training and education

There is a need to prepare the multiprofessional workforce to meet both current and future clinical demand. Whilst training programmes and career pathways are clearly mapped out in secondary care subspecialties and general practice, the multiprofessional team in primary and community care currently has no formal established programmes and pathways. The establishment of these, aligned to the enhanced, advanced and consultant practice framework, in partnership with HEIW will be a priority for the Strategic Clinical Network. These programmes will need to consider the changing needs of the person living with a MSK condition and be focussed on the principles outlined in this framework.

Digital and technology

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 \(NDR\) - Digital Health and Care Wales \(nhs.wales\)](#), [Genomics Partnership Wales](#) and [TEC Cymru | 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.

Research, development 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.

Partnership working

Some of the greatest enablers for health and well-being exist outside of the health and care system. MSK Networks and services will work to connect to these people, organisations and services and work together in partnership to enable population health and reduce the impact of MSK conditions. This will include reaching out and collaborating with communities, third sector, charities and condition organisations.

OUR EXPECTATIONS

It is expected that health and care providers in Wales develop and continuously improve services to meet the [Quality Statement for Musculoskeletal Health](#).

The NHS system will come together around the person to provide this care:

The primary and community care team will provide generalist and MSK specialist opinions, diagnostics, treatments, and interventions in local community facilities and escalate to hospital base care based on individual need and in alignment with agreed pathways.

Within the secondary care team, the Bone Health, Orthopaedic, Persistent Pain and Rheumatology multiprofessional teams will provide subspecialist opinions, diagnostics, treatments, and interventions in line with agreed pathways and de-escalate to sustainable condition management support in the community. Together these services will:

- Provide needs-based care across the life course.
- Work seamlessly across multiprofessional teams.
- Follow agreed pathways of care.
- Provide an early accurate diagnosis.
- Enable understanding of the condition and how best to approach managing it.
- Enable participation in a shared decision.
- Support change to modifiable factors contributing to MSK conditions.
- Support people to remain in or return to work and /or education.
- Enable knowledge and skills to self-manage a condition and reduce its impact.
- Provide high value, safe and effective interventions, and supportive treatments.
- Enable people to prepare for and recover from interventions.
- Enable support in managing long term conditions.
- Provide flexible access based on need.
- Consider health literacy and individual capabilities.

The Strategic Clinical Network for MSK and its associated structures will need to:

- Co-produce a network and governance structure to meet the needs of this framework and the Quality Statement for MSK.
- Co-produce a strategic plan for MSK conditions, providing a 10-year vision and 1-, 3- and 5-year goals and plans.
- Work in partnership with other Strategic Clinical Networks and enablers across the system.
- Deliver a suite of resources that to support delivery of the quality statements, to include:
 - Coproduced patient charter.

- Service specifications.
- Quality assurance systems, to include:
 - Data standards for practice to data, and
 - Systems for data to knowledge and knowledge to practice.
- A workforce strategy fit for predicted future needs.
- Multiprofessional capability framework for primary and community care.
- Governance for the coproduction of national entire system pathways of care.
- A prevention-based health and care framework for MSK conditions.

NEXT STEPS

It is now for everyone in the multiprofessional team to pull together in one direction - to evaluate their contributions in line with the MSK Quality Statement and this Framework, and to work together in partnership to achieve these standards. This will be fully supported by the Strategic Clinical Network for MSK and the associated Clinical Implementation Networks, Operational Delivery Networks, and Clinical Reference Groups, who will work in partnership to develop the strategy, quality assurance and governance processes and/or resources to enable the required changes.

The framework will be formally reviewed in 5 years. However, it will be adapted to meet changing need and future projections.