

Musculoskeletal

Introduction

Musculoskeletal (MSK) conditions are those that affect the bones, joints, muscles and spine, and are a largest cause of severe long term pain and physical disability in England, accounting for 31% of disability (The Lancet, 2010).

MSK disorders comprise a collection of more than 200 separate conditions, but the major groups are osteoporosis, osteoarthritis and back and neck pain. Alongside this are the many long term MSK problems relating from accidents and injuries.

Nationally nearly 18 million people live with an MSK condition in the UK, which is roughly 29% of the total population ([Arthritis Research UK](#) 2018).

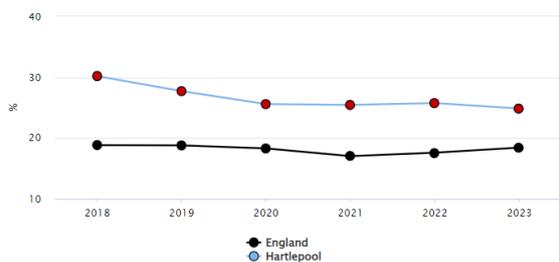
The cost to the economy for MSK conditions is huge, with 10.8 million working days lost each year and over £4.5 billion spent by the NHS each year on MSK conditions ([NHS England, 2018](#)).

There are multiple risk factors that can increase a person's susceptibility to MSK problems - these include physical inactivity, being overweight and smoking. Whilst life expectancy has risen, this has increased the likelihood of MSK conditions, as the older a person is, the more likely they are to experience poor MSK health.

Main Issues

Global Burden of Disease data from 2016/17 shows that in England Musculoskeletal (MSK) conditions are one of the biggest causes of sickness absence from work and productivity decline in the workplace. They are the single biggest cause of pain and disability in England.

Hartlepool had the highest level of long term MSK problems in England in 2018, however in the 2023 figures, Hartlepool was only the 5th highest rate in the north east and the 9th highest in England.

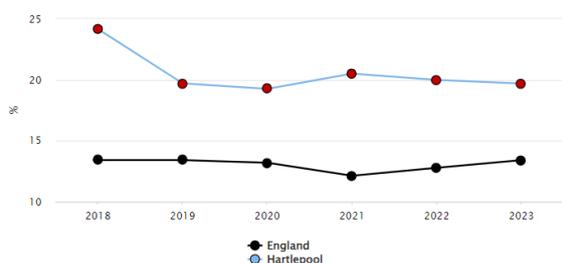


Recent trend: Could not be calculated

Period	Count	Hartlepool			North East	England
		Value	95% Lower CI	95% Upper CI		
2018	-	30.2%	27.4%	33.0%	24.4%	18.8%
2019	-	27.7%	25.2%	30.4%	24.4%	18.8%
2020	-	25.6%	23.1%	28.1%	23.1%	18.3%
2021	-	25.4%	23.0%	27.8%	21.4%	17.0%
2022	-	25.8%	23.3%	28.4%	22.1%	17.6%
2023	-	24.8%	22.4%	27.3%	23.1%	18.4%

Source: Office for Health Improvement and Disparities (based on GP Patient Survey data)

Hartlepool's level long term MSK problems has declined by 17.9%, from a high of 30.2% in 2018 to 24.8% in 2023. This fall in MSK levels has also reduced the gap between Hartlepool and the England average, from 60.6% in 2018 to 34.8% in 2023. Looking deeper, at those whose MSK problem is just one of their long term problems, again Hartlepool had the highest level in England in 2018, but is the 5th highest in England in 2023, and the 2nd highest in the north east.



Recent trend: Could not be calculated

Period	Count	Hartlepool			North East	England
		Value	95% Lower CI	95% Upper CI		
2018	-	24.2%	21.7%	26.8%	18.4%	13.4%
2019	-	19.7%	17.4%	22.1%	18.2%	13.4%
2020	-	19.3%	17.0%	21.6%	17.5%	13.2%
2021	-	20.5%	18.3%	22.8%	16.0%	12.1%
2022	-	20.0%	17.7%	22.4%	17.0%	12.8%
2023	-	19.7%	17.5%	22.0%	17.5%	13.4%

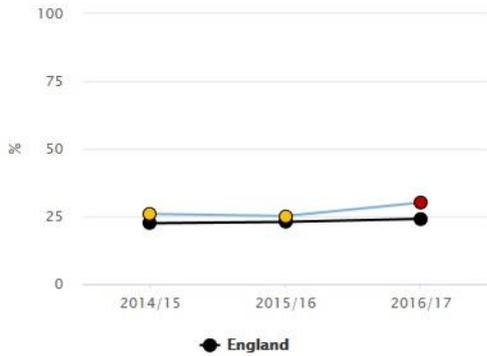
Source: Office for Health Improvement and Disparities (based on GP Patient Survey data)

Hartlepool's rate fell sharply from 2018 to 2019, reducing by 18.6% from 24.2% in 2018 to 19.7% in 2019. In the same period the England average remained static at 13.4% in both years. Since this fall of rate in 2019, Hartlepool has remained largely stable at around 20%. In 2023, the gap between Hartlepool and England was 47%, which compares to 80.6% in 2018 and 47% in 2019.

Where MSK conditions are occurring alongside depression or anxiety, Hartlepool has seen an increase of 4.9% in 2 years. This is more than two and a half times larger than the England average, which has increased by 1.6% in the same period.

% reporting a long term MSK problem who also report depression or anxiety Hartlepool

Proportion - %



Recent trend: -

Period	Count	Hartlepool			North East region	England
		Value	Lower CI	Upper CI		
2014/15	-	25.9%	22.1%	29.8%	26.6%	22.5%
2015/16	-	25.2%	20.6%	29.8%	26.9%	23.0%
2016/17	-	30.1%	25.7%	34.6%	28.7%	24.1%

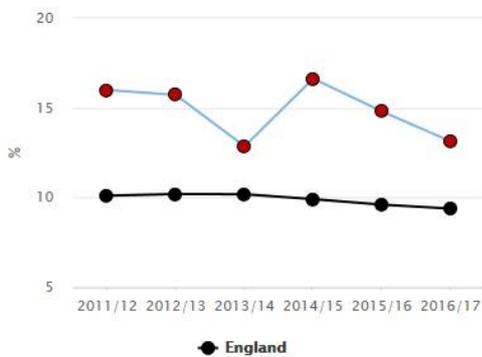
Source: PHE, calculated using data from the GP Patient Survey

Given Hartlepool’s level of long term MSK problems it is no surprise that Hartlepool has high levels of several of the main MSK conditions. Hartlepool has the highest level in the country for long term joint point, the 2nd highest in the country for long term back pain and the 4th highest for hip fractures in the over 65s.

However within these, long term back pain has declined by 3% since 2014/15 and is on a two year downward trend. The gap between Hartlepool and the England average is the smallest since 2013/14.

% reporting a long-term back problem Hartlepool

Proportion - %



Recent trend: →

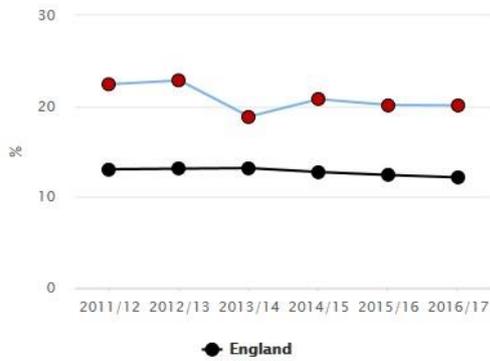
Period	Count	Hartlepool			North East region	England
		Value	Lower CI	Upper CI		
2011/12	256	16.0%*	14.3%	17.9%	12.6%*	10.1%
2012/13	231	15.7%*	13.9%	17.7%	12.2%*	10.2%
2013/14	182	12.9%*	11.2%	14.7%	12.3%*	10.2%
2014/15	231	16.6%*	14.8%	18.7%	12.3%*	9.9%
2015/16	193	14.8%*	13.0%	16.8%	11.4%*	9.6%
2016/17	155	13.1%*	11.3%	15.2%	11.3%*	9.4%

Source: GP Patient Survey (GPPS)

Long term joint pain has remained stable for the last three years of data for both Hartlepool and England, though Hartlepool has remained statistically significantly worse than England throughout the reporting period.

% reporting arthritis or long-term joint problem Hartlepool

Proportion - %



Recent trend: →

Period		Hartlepool				North East region	England
		Count	Value	Lower CI	Upper CI		
2011/12	●	360	22.4%*	20.5%	24.5%	17.9%*	13.1%
2012/13	●	336	22.9%*	20.8%	25.1%	17.5%*	13.1%
2013/14	●	267	18.9%*	16.9%	21.0%	17.4%*	13.2%
2014/15	●	288	20.8%*	18.7%	23.0%	17.1%*	12.8%
2015/16	●	263	20.1%*	18.1%	22.4%	16.1%*	12.4%
2016/17	●	236	20.1%*	17.9%	22.5%	16.0%*	12.2%

Source: GP Patient Survey (GPPS)

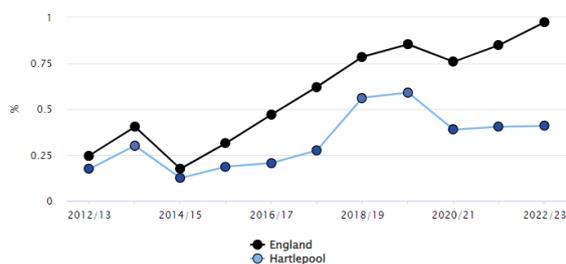
Hartlepool's osteoporosis levels continue to be the lowest in the north east, as they were in 2017/18.

Osteoporosis: QOF prevalence (50+ yrs) 2022/23 Crude rate - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	223,326	1.0	1.0	1.0
North East region	→	10,779	0.9*	0.9	1.0
Hartlepool	↓	163	0.4	0.4	0.5
Stockton-on-Tees	↓	465	0.6	0.5	0.6
South Tyneside	↑	471	0.7	0.7	0.8
Darlington	↓	355	0.8	0.7	0.9
Newcastle upon Tyne	→	816	0.8	0.8	0.9
Sunderland	→	963	0.8	0.8	0.9
Redcar and Cleveland	↑	532	0.9	0.8	0.9
County Durham	↑	2,290	1.0	0.9	1.0
Northumberland	↓	1,695	1.0	1.0	1.1
North Tyneside	↓	1,183	1.3	1.2	1.4
Gateshead	→	1,103	1.3	1.2	1.4
Middlesbrough	→	743	1.3	1.2	1.4

Source: Quality and Outcomes Framework (QOF), NHS England

Hartlepool's rate is less than half of the England average in 2023. The comparative trend lines for Hartlepool and England's osteoporosis prevalence in those aged 50+ began to diverge in 2015/16. In the recent data, Hartlepool has had two years of relative stability, while England has seen a sharp increase in prevalence.



Recent trend: ↓ Decreasing

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2012/13	61	0.2%*	0.1%	0.2%	0.3%*	0.2%
2013/14	108	0.3%*	0.2%	0.4%	0.5%*	0.4%
2014/15	45	0.1%*	0.1%	0.2%	0.2%*	0.2%
2015/16	69	0.2%*	0.1%	0.2%	0.3%*	0.3%
2016/17	77	0.2%*	0.2%	0.3%	0.5%*	0.5%
2017/18	104	0.3%	0.2%	0.3%	0.7%	0.6%
2018/19	216	0.6%	0.5%	0.6%	0.9%	0.8%*
2019/20	229	0.6%	0.5%	0.7%	0.9%	0.9%
2020/21	152	0.4%	0.3%	0.5%	0.8%*	0.8%
2021/22	160	0.4%	0.3%	0.5%	0.8%*	0.8%
2022/23	163	0.4%	0.4%	0.5%	0.9%*	1.0%

Source: Quality and Outcomes Framework (QOF), NHS England

Current Services

The current single point of access MSK Service delivers high quality, safe, evidence-based, clinically effective specialist triage of musculoskeletal referrals to ensure patients are seen in the right place, by the right person at the right time. The service actively manages the demand for secondary care services ensuring patients have speedy access to appropriate services including therapies if required and providing continuity of care throughout the pathway. The service promotes independence and self-management to patients, enabling the individual to restore as much function as possible using evidence based practice

The MSK service delivers a single point of access for patient management through the pathway by trained Extended Scope Practitioners (ESP) providing an improved patient experience. An ESP is a specialist practitioner used in a similar way to a consultant; if a patient is not improving with core physio instead of referring to a consultant for an opinion a physio or GP will refer to an ESP to assess and diagnose with the use of X-ray/MRI/bloods if required. They are able to inject peripheral joint and soft tissue conditions, and have the ability to prescribe independently. They manage patients with chronic pain in partnership with psychology to offer a physical and psychological approach to pain management.

The service also offers non-medical prescribing within the MSK service. This allows the patient to have a medication review within the same service as they are receiving treatment to give a more holistic approach to their treatment / management plan, reduce the number of appointments needed to see different clinicians.

Future Intentions

It is proposed that the single point of access could be expanded to include pain management of all MSK conditions for triage, treatment and onward referral if required. It is acknowledged that 85% of pain management is for orthopaedic conditions therefore the MSK service would be well placed to triage and treat patients offering them a biopsychosocial approach to pain management.

An expansion to the single point of access for other specialities particularly Rheumatology is also being considered.

The Regional Back Pain programme for patients with acute low back pain is already in place within the single point of access however discussions are taking place to allow for consideration of patients with chronic, long term low back pain access to the programme.

In line with NHS Long Term Plan and new network DES contract requirements for GPs, CCGs are working closely with emerging Primary Care Networks to scope and implement the First Contact Practitioner role across primary care which aims to enhance MSK provision.