



## DEBATE PACK

Number CDP 2016/0182, 18 October 2016

# National Arthritis Week 2016

This pack has been produced ahead of the debate to be held in Westminster Hall at 3pm on Thursday 20 October 2016 on National Arthritis Week 2016. The subject for this debate was selected by the Backbench Business Committee.

Dr Sarah Barber  
Nikki Sutherland

### Contents

<b>1. National Arthritis Week 2016</b>	<b>2</b>
<b>2. News items</b>	<b>4</b>
<b>3. Press releases</b>	<b>5</b>
<b>4. Parliamentary material</b>	<b>13</b>
PQs	13
Early Day Motions	22
<b>5. Useful links and further reading</b>	<b>24</b>

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

# 1. National Arthritis Week 2016

A Westminster Hall debate on National Arthritis Week 2016 has been tabled by the Backbench Business Committee on Thursday 20 October 2016. The debate will be led by Jim Shannon and Fiona Bruce. Musculoskeletal conditions are relatively common in the UK. Most arthritis diagnoses are for Osteoarthritis and Rheumatoid Arthritis but there are a number of different types of the condition that can affect a wide variety of individuals. [Arthritis Research UK](#) provide the following figures:

- Around 10 million people will seek help from their GP each year with arthritis or related conditions.
- Of these, it's estimated that more than eight million have [osteoarthritis](#) and more than 400,000 have [rheumatoid arthritis](#).
- About 16,000 children and adolescents suffer from [juvenile forms of arthritis](#).
- Around 250,000 people have [gout](#).
- About 10,000 people have [lupus \(SLE\)](#).<sup>1</sup>

Figures from the prescription costs analysis report that £161 million was spent on community prescriptions for arthritis conditions in England in 2015.<sup>2</sup> The Office for National Statistics have reported that musculoskeletal conditions were responsible for 31 million sickness absence days from work in the UK in 2013- more than any other cause.<sup>3</sup>

[Arthritis Research UK](#) and the [NHS choices websites](#) provide useful further information on the diagnosis and treatment of different types of arthritis and other musculoskeletal conditions. They also report on the impact arthritis and related musculoskeletal conditions may have on the daily lives of those affected.<sup>4 5</sup>

Prior to the Westminster Hall debate, there is a [digital debate on Facebook](#), organised by Arthritis Research UK and the House of Commons digital outreach team on 17-19 October 2016. Individuals affected by arthritis are encouraged to get involved by responding to a number of questions. The Facebook page also highlights the [Share your everyday](#) campaign being run by Arthritis Research UK, which provides people with the opportunity to share their experiences of living with arthritis and learn from others. The charity report that a similar campaign last year helped inform research priorities for the following year and that it is hoped that this year's campaign will have a similar impact:

This year, we want even more people to get involved. The simple act of sharing your everyday experiences can shape the big ideas and little changes that will help to push back the limits of arthritis. Our chief executive officer, Dr Liam O'Toole, said: "Arthritis is the biggest cause of pain and disability in the UK, but we know that

---

<sup>1</sup> Arthritis Research UK, [Who gets arthritis?](#) [accessed 18 October 2016]

<sup>2</sup> [NHS Prescription Costs analysis England 2015](#)

<sup>3</sup> ONS, [Sickness absence in the labour market: February 2014](#)

<sup>4</sup> NHS Choices, [Living with arthritis](#), November 2015

<sup>5</sup> Arthritis Research UK, [Arthritis and daily life](#) [accessed 18 October 2016]

many people with arthritis often feel isolated by the pain and fatigue of their condition.

"We've seen the impact that last year's campaign has had on our research. It would be fantastic if this year even more people shared their everyday with us, to help us continue to harness the power of exceptional science and push back the limits of arthritis.

"With everyone's support, we can continue to invest in breakthrough treatments, the best information and vital support for everyone affected by arthritis today, and in the future.

[Share your everyday experiences of living with arthritis](#) to help us find your everyday freedom.<sup>6</sup>

## 2. News items

Guardian

**Damp weather really does worsen aches and pains, researchers find**

Josh Halliday 8 September 2016

<https://www.theguardian.com/science/2016/sep/08/damp-weather-really-does-worsen-aches-and-pains-researchers-find>

Times

**New jab offers relief for arthritis sufferers**

Oliver Moody 8 August 2016

<http://www.thetimes.co.uk/article/new-jab-offers-relief-for-arthritis-sufferers-l99j8tf3r> [subscription required]

BBC News

**Arthritis patients experience referral delays, audit finds**

25 July 2016

<http://www.arthritisresearchuk.org/news/press-releases/2016/april/new-survey-highlights-severe-impact-of-arthritis-pain-on-daily-life.aspx>

Telegraph

**'Living hip' grown in lab genetically engineered to stop arthritis**

Sarah Knapton 18 July 2016

<http://www.telegraph.co.uk/science/2016/07/18/living-hip-grown-in-lab-genetically-engineered-to-stop-arthritis/>

Times

**Paracetamol 'useless at relieving arthritic pain'**

Kate Gibbons 18 March 2016

<http://www.thetimes.co.uk/tto/health/news/article4716119.ece>  
[subscription required]

## 3. Press releases

### Arthritis Research UK

#### Share your Everyday and help push back the limits of arthritis

12 October 2016

To coincide with World Arthritis Day, today (12 October) we're launching our [Share your Everyday 2016](#) campaign. Running for six weeks across October and November, we're encouraging people to get involved with Arthritis Research UK and share their experiences of living with arthritis. Our dedicated sharing space provides a platform for people with arthritis not only to tell their story, but also learn from others' experiences.

Last year's campaign saw hundreds of people share their everyday challenges, demonstrating how arthritis attacks what it means to live, from struggling to board a bus to the effect the weather has on their joints. We took this insight and used it to guide our research, and have since funded three research projects focused on breaking through the daily pain that arthritis causes.

This year, we want even more people to get involved. The simple act of sharing your everyday experiences can shape the big ideas and little changes that will help to push back the limits of arthritis.

Our chief executive officer, Dr Liam O'Toole, said: "Arthritis is the biggest cause of pain and disability in the UK, but we know that many people with arthritis often feel isolated by the pain and fatigue of their condition.

"We've seen the impact that last year's campaign has had on our research. It would be fantastic if this year even more people shared their everyday with us, to help us continue to harness the power of exceptional science and push back the limits of arthritis.

"With everyone's support, we can continue to invest in breakthrough treatments, the best information and vital support for everyone affected by arthritis today, and in the future.

[Share your everyday experiences of living with arthritis](#) to help us find your everyday freedom.

### Arthritis Action

#### Arthritis Action calls on policymakers to prioritise arthritis

12 October 2016

Around one in seven people in the UK live with arthritis – a condition that can cause pain, stiffness and swelling in the joints. This figure is expected to rise to one in four by 2030<sup>[i]</sup>. It is the leading cause of pain and disability, costing the NHS £5 billion a year<sup>[ii]</sup>. One in five people consult their GP about a musculoskeletal problem like arthritis each year, amounting to more than 100,000 consultations for arthritis every day<sup>[iii]</sup>. Around 15,000 children and young people live with arthritis<sup>[iv]</sup>.

Globally, Rheumatic and Musculoskeletal Diseases (RMDs) are the biggest cause of sick leave and premature retirement<sup>[v]</sup>. In the UK, almost 31 million working days were lost in 2013 due to sickness absence caused by a musculoskeletal condition<sup>[vi]</sup>.

To mark the 20<sup>th</sup> World Arthritis Day, Arthritis Action is calling on policymakers around the world to prioritise arthritis within their health systems.

Dr Wendy Holden, Consultant Rheumatologist at North Hampshire Hospitals NHS Foundation Trust and Arthritis Action's Medical Advisor, says:

*"On this momentous day in the history of arthritis, our message to the healthcare community is to be brave and bold. It is time for policymakers at all levels to pull their heads from the sand and address arthritis as a priority. It is time for a step change in the way we view arthritis, time to give people living in pain a voice, and importantly, time to listen to what they have to say."*

Established by Arthritis and Rheumatism International (ARI), World Arthritis Day is a global initiative that aims to raise awareness of the burden of rheumatic and musculoskeletal diseases (RMDs) amongst healthcare practitioners, leaders and policymakers and the steps which can be taken to ease it.

Candida Doyle, former keyboard player for the band Pulp and long-time Arthritis Action member, describes her experience with arthritis and the significance of World Arthritis Day:

*"I experienced stiffness, a dry mouth, and a lost appetite a month after my 16<sup>th</sup> birthday. One-and-a-half years later I was diagnosed with arthritis by a rheumatologist and was told that I could be in a wheelchair by the time I'm 20. This was very hard to hear. I was in denial between the ages of 16-30 and didn't tell anyone."*

*"At the age of 39 I stopped playing with Pulp and travelled around the world. Twelve years on and I've now almost come to accept the fact that I have arthritis, and I am still sorting out how I feel about it. I do tai chi, yoga, and see an osteopath, which all help me with my arthritis. Awareness days such as World Arthritis Day are important as they give us the chance to reach people and say that you can have a life with arthritis – it's not the end of the world – and that there's help available."*

To mark its launch in June, Arthritis Action published new research, showing that people with arthritis feel isolated, scared about the future and don't want to ask family, friends or doctors for help [\[viii\]](#).

The researchers surveyed 777 people living with arthritis (both osteoarthritis and inflammatory arthritis) and held in-depth interviews with GPs and senior public health professionals. The research revealed that the care pathway for osteoarthritis is particularly limited. The main gaps are in physical therapies and pain-clinics; with long waiting times often meaning that the patient does not receive the required treatment during a flare-up in their condition.

Shantel Irwin, Chief Executive of Arthritis Action, says:

*“Interestingly, around half of our survey respondents felt that they needed to take charge of self-managing their condition because the NHS is over-stretched. This only reinforces the very reason Arthritis Action was born: to help people with arthritis better manage their condition and endure less pain.*

*“Today, Arthritis Action is lending its support to World Arthritis Day and calls on health communities everywhere to prioritise arthritis and empower people to take control of their lives, manage their condition and reduce the need for medical intervention.”*

[i] Public Service and Demographic Change Select Committee (2013), *Ready for Ageing?*, HL Paper 140, Report of Session 2012-13

[ii] Figures from Arthritis Research UK

[www.arthritisresearchuk.org/arthritis-information/conditions/arthritis/who-gets-it.aspx](http://www.arthritisresearchuk.org/arthritis-information/conditions/arthritis/who-gets-it.aspx)

[iii] Arthritis Research UK National Primary Care Centre, Keele University 2009, Musculoskeletal Matters

[iv] <http://www.nhs.uk/Conditions/Arthritis/Pages/Introduction.aspx>

[v]

<http://www.eular.org/myUploadData/files/10%20things%20on%20RD.pdf>

[vi] **ONS, 2013 quoted in figures from Arthritis Research UK**

[www.arthritisresearchuk.org/arthritis-information/conditions/arthritis/who-getsit.aspx](http://www.arthritisresearchuk.org/arthritis-information/conditions/arthritis/who-getsit.aspx)

[vii] <https://www.arthritisaction.org.uk/who/news/news/38>

### **British Society for Rheumatology**

**Four in every five patients with early inflammatory arthritis at risk of long-term disability and reduced life expectancy due to delays in NHS treatment**

**25 July 2016**

Up to a million Britons are at risk of preventable, long-term disability and reduced life expectancy due to delays in referrals to specialist advice and treatment services, according to the most comprehensive audit of rheumatology services carried out across England and Wales.

The first weeks and months following the onset of rheumatic disease symptoms are known as the 'window of opportunity', and it is crucial that patients get appropriate treatment in that time period to maximise their chances of avoiding lasting complications. Early referral to, and assessment by rheumatology services is therefore vital and the report reveals that for four out of five patients in England and Wales, this does not happen.

The National Rheumatoid and Early Inflammatory Arthritis Audit report was commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcome Programme (NCAPOP)\* and carried out by the British Society for Rheumatology (BSR). The report reveals that nationally just 20 per cent

of patients who see a GP with suspected rheumatoid and early inflammatory arthritis are referred to specialist services within the three-day limit recommended by the National Institute for Health and Care Excellence (NICE). For some health providers, this wait is over 20 weeks for a quarter of their patients. Nationally, fewer than half of patients who are referred, are seen by a specialist within the three-week time limit recommended by NICE. For some providers, a quarter of patients are waiting more than 12 weeks.

The report reveals considerable differences in achievement rates for the standards across England and Wales. A 'postcode lottery' means that depending on where a patient lives, they are far more or less likely to access treatment at an early stage and hence prevent the disease becoming more advanced and life-shortening. For example, patients in Wales are half as likely to see a specialist within three weeks as those living in London.

The audit data points to several reasons for the delays in accessing services including the overall number of rheumatology specialists needed to diagnose and treat the disease. The BSR calculates that consultant levels are 21% below Royal College of Physicians recommended levels, and the number of additional consultants needed is likely to increase as the demand for rheumatology services increase. The latest report also shows a link between numbers of specialist nurses and an ability to commence treatment in a timely manner and achieve treatment targets.

Research has highlighted a lack of awareness of the symptoms of disease and of the need for quick referral amongst GPs. Most patients will initially present to their GPs.

There are significant personal and society costs linked with inflammatory and rheumatoid arthritis. These are some of the most common debilitating medical conditions in the UK. Around 10 million people have a form of arthritis, of which almost 700,000 have rheumatoid arthritis. Around 12,000 children suffer from juvenile idiopathic arthritis, the childhood equivalent disease. The arthritis can be so severe that those with the disease cannot bathe or dress themselves or perform simple tasks such as walking a short distance. Rheumatic conditions do not only damage joints but can also damage vital organs, including the lungs, heart, nervous system, kidneys, skin and eyes if not adequately treated.

One third of sufferers will have stopped working within two years of onset, and half will be unable to work within ten years. Rheumatoid arthritis is a major cause of sickness absence and unemployment, and this is estimated to cost around £1.8 billion per year. It has been estimated that reducing work limitations and loss of work, can save the UK economy around £31 million a year for rheumatoid arthritis alone. Patients are twice as likely to experience depression and have similar risks of cardiovascular disease as patients with diabetes.

The audit's recommendations include:

- Increase awareness amongst the general public of the symptoms of inflammatory arthritis and the need for quick treatment to prevent it progressing
- Increase GP's awareness of the varied symptoms and in particular the need for referral within the NICE guidelines in order to maximise the efficiency of treatment programmes and prevent the disease progressing into more serious, later stages.
- Analyse and understand variation in performance against the key standards
- Review the adequacy of specialist nurse provision, given the strong association between staffing levels and timely delivery of intensive treatment.
- Support national audit data collection.

Clinical Audit Director, Dr Jo Ledingham said:

"Inflammatory arthritis is a widespread medical condition with higher linked mortality rates than some cancers. But, with appropriate and quick treatment the disease and its consequences can be controlled. GPs understand the need for speed when it comes to diagnosing and referring cancer patients, yet many still don't understand that they need to treat inflammatory arthritis with the same urgency.

"Remission is a realistic aim with modern management, allowing patients to live a longer and more fulfilling life, benefitting themselves, their families, their employers and ultimately costing the government less in benefit payments and more costly drug treatment. Rapid access to specialist services is needed, however, to facilitate this. I hope this report serves as a wake-up call to everybody involved in referring, diagnosing, treating and commissioning services for inflammatory arthritis – from GPs to specialists. In particular, far quicker, and more consistent referral and treatment times need to be achieved across England and Wales."

BSR President, Dr Peter Lanyon, added:

"It's now very clear from the consistency of the data, that important variations in standards for people living with inflammatory arthritis still exist. This has implications for both primary and secondary care clinicians and commissioners. We all have a role to play in working towards reducing this unwarranted variation, at local, regional and national level. I would urge all those commissioning or delivering services to read the report in detail, reflect on the results, and decide individually and within respective teams, what the implications are and what actions are required."

[Download](#) the second Clinical and Patients reports.

**Arthritis Research UK  
NHS too slow helping people with inflammatory arthritis  
25 July 2016**

The NHS is failing to assess people with rheumatoid and early inflammatory arthritis quickly enough, a clinical audit has shown. Rheumatoid arthritis (and other forms of early or inflammatory arthritis, or EIA) are conditions in which the immune system attacks the joints, making them inflamed – hot, red, painful and swollen. These conditions can lead to long term joint damage causing pain and disability. Urgent, intensive treatment is needed when these conditions occur to stop inflammation and prevent long-term damage.

Published on 25 July 2016, the audit is now in its second year. It measures the NHS's performance against seven standards of high-quality care for people with EIA.

The audit found that many patients in England and Wales with suspected EIA are experiencing long waiting times and delays. A high proportion of services are failing to meet the quality standards set by the National Institute for Health and Care Excellence (NICE), including referral from a GP within three days and assessment in a rheumatology service within 3 weeks of referral.

*Waiting for treatment*

Early referral, assessment by rheumatology services and targeted treatment are vital to rapidly control disease and minimise long-term joint damage which EIA can cause.

However, according to the audit:

- Only 20% per cent of people who see a GP with suspected rheumatoid or EIA are referred to rheumatology specialist services within three days.
- Only 37% of people referred with suspected rheumatoid or EIA are seen by a specialist within three weeks.
- There's considerable variation in healthcare provision for people with EIA across the country. For example, people in Wales are half as likely to see a specialist within three weeks as those living in London.

Dr Liam O'Toole, chief executive officer of Arthritis Research UK, said: "The results of this audit are disappointing and show that people with inflammatory arthritis still aren't getting the treatment they need fast enough. People with inflammatory arthritis still aren't getting the treatment they need fast enough. *Dr Liam O'Toole, chief executive officer of Arthritis Research UK*

"The impact of delayed treatment can be detrimental and life-changing; four out of five people with inflammatory arthritis are at risk of long-term disability or reduced life expectancy because of delays.

"We urge that immediate action is taken to improve access to these services, so that people with inflammatory arthritis get the treatment they need and the quality of life they deserve."

*Recommendations*

The audit's recommendations include:

- greater training and support for healthcare professionals in primary care to raise awareness of early symptoms and signs of inflammatory arthritis and the importance of early referral and diagnosis
- assessment by rheumatology services and providers on how to increase clinical capacity, ensuring quicker access to treatment.

*About the audit*

Ninety-seven percent of NHS rheumatology providers in England and Wales were registered to participate in the audit, which collected data from 5,002 patients in England and Wales between 1 February 2015 and 30 October 2015.

The audit was delivered by the British Society of Rheumatology, Northgate Public Services and the MRC Lifecourse Epidemiology Unit at the University of Southampton. It was commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcome Programme (NCAPOP).

The insight provided by the audit is already being used by some trusts to reconfigure their services and to improve patient care.

The full report is available at [www.rheumatology.org.uk](http://www.rheumatology.org.uk)

**Arthritis Research UK****New survey highlights severe impact of arthritis pain on daily life – but there is hope****Published on 25 April 2016**

Three in four people with arthritis and joint pain say pain stops them living life to the full, according to a new survey carried out for Arthritis Research UK with The Daily Telegraph.

While over half of respondents (58%) say they don't believe treatments for arthritis and joint pain are getting any better, two thirds (67%) are confident that a cure will be found.

The survey was carried out amongst readers of The Daily Telegraph and is part of the [Be the Difference campaign](#) which is encouraging people with arthritis to get involved with Arthritis Research UK and find out more pain management techniques, treatment options and the exciting research we're working on.

The poll also reveals:

- Fewer than half (46%) feel satisfied with the current pain treatment they are receiving from their GP or healthcare professional.
- The vast majority (76%) say the pain prevents them living life to the full.
- A huge number (80%) say their mobility is affected
- More than three in five (64%) report problems sleeping because of pain

During April and May, the 'Be the Difference' campaign gives people with arthritis rare access to arthritis experts – researchers and other people living with arthritis. It offers a unique opportunity for people with arthritis to hear them talking about how to stop joint pain now and in the future.

Arthritis Research UK CEO Dr Liam O'Toole said:

"Millions of people with arthritis and joint pain are enduring pain on a daily basis and this is unacceptable.

Our poll with The Daily Telegraph reveals the severe impact that arthritis pain has on so many people's lives, but it's important to remember there is hope. Through our ground-breaking research, Arthritis Research UK has been fighting pain for eighty years and great progress has already been made.

But we know there is more to be done, and we need your help. If you live with arthritis, you become an expert in your pain. By combining the

work of our research experts with your experience, together we can make a real difference to the outlook for millions of people living in pain.”

Find out more about our [Be The Difference campaign](#).

## 4. Parliamentary material

### PQs

#### [Musculoskeletal Disorders](#)

##### **Asked by: Amess, Sir David**

To ask the Secretary of State for Health, what information his Department holds on the effect of early health interventions on reducing work disability in patients with long-term musculoskeletal conditions.

To ask the Secretary of State for Health, what assessment he has made of how the Government, as a public sector employer and commissioner, can increase employment for people with long-term musculoskeletal conditions.

To ask the Secretary of State for Health, what support his Department provides to people with long-term musculoskeletal conditions in the workplace.

To ask the Secretary of State for Health, what the cost to the UK economy is of people with musculoskeletal conditions being out of work as a result of their conditions.

To ask the Secretary of State for Health, how many individuals with musculoskeletal conditions have (a) been offered patient education programmes and (b) attended patient education programmes.

##### **Answering member: Jane Ellison | Department: Department of Health**

Data concerning the number of individuals who have been offered or who have attended patient education programmes is not collected. The National Institute for Health and Care Excellence (NICE) guidance on osteoarthritis (OA) and rheumatoid arthritis (RA) recommends that patients should be offered patient education programmes, if appropriate. The first annual report of the national clinical audit of rheumatoid and early inflammatory arthritis, published on 22 January 2016, identifies that most services offer prompt educational support. Whilst the Department has no specific information in relation to early intervention in musculoskeletal (MSK) conditions reducing work related disability, earlier treatment of RA and OA can help reduce symptoms and improve mobility. The NICE RA Quality Standard specifically recommends that people with suspected RA are assessed in a rheumatology service within three weeks of referral. This is because once an RA diagnosis has been made, patients can be considered for anti-TNF drugs which can significantly reduce progression of disease. The OA Quality Standard states that core treatments for osteoarthritis should include physical activity and exercise, as well as weight loss advice, if appropriate.

Information concerning the cost to the United Kingdom economy of people with MSK conditions being out of work as a result of their conditions is not collected by the Department, though there are a number of studies that have sought to estimate such costs. The NICE guideline on RA and OA both contain such estimates, with the former stating that the total costs of RA in the UK, including indirect costs and work related disability, have been estimated at between £3.8 billion and £4.75 billion per year, and the latter stating that in 1999-2000, 36

million working days were lost due to OA alone, at an estimated cost of £3.2 billion in lost production. Both sets of NICE guidance can be found at the following links:

[www.nice.org.uk/guidance/cg177/resources/osteoarthritis-care-and-management-35109757272517](http://www.nice.org.uk/guidance/cg177/resources/osteoarthritis-care-and-management-35109757272517)

<https://www.nice.org.uk/guidance/cg79/resources/rheumatoid-arthritis-in-adults-management-975636823525>

The Government is working to increase employment for people with long-term conditions, such as MSK conditions, in a number of ways. The Work and Health Unit, now located in the Department for Work and Pensions, has been established to lead the drive for improving work and health outcomes for people with health conditions and disabilities, as well as improving prevention and support for people absent from work through ill health and those at risk of leaving the workforce. The Unit will seek to do this by improving integration across healthcare and employment services as well as supporting employers to recruit and retain more disabled people and people with long term health conditions.

In 2015 the Government launched the Fit for Work scheme which is free and helps employees stay in or return to work. It provides an occupational health assessment and general health and work advice to employees, employers and general practitioners. Fit for Work complements existing occupational health services provided by employers. More information can be found at the following link:

[www.gov.uk/government/collections/fit-for-work-guidance](http://www.gov.uk/government/collections/fit-for-work-guidance)

**HC Deb 12 May 2016 | PQ 36810; PQ 36763; PQ 36762; PQ 36761; PQ 36760**

### Arthritis

#### **Asked by: Lord Wills**

To ask Her Majesty's Government what action they are taking to promote early identification and referral of patients with suspected inflammatory arthritis in primary care.

To ask Her Majesty's Government what action they are taking to reduce any variation in compliance with NICE standards for the treatment and management of patients with rheumatoid arthritis in England and Wales.

To ask Her Majesty's Government what steps they are taking to increase the number of consultant rheumatologists, and the early availability of early arthritis clinics, in England and Wales.

#### **Answering member: Lord Prior of Brampton | Department: Department of Health**

The latest monthly workforce statistics published by the Health and Social Care Information Centre showed that, as of November 2015, there were 563 full time equivalent rheumatology consultants employed in NHS. This is an increase of 119 (26.8%) since May 2010. The recruitment and retention of staff is matter for local NHS services.

To help clinicians to identify the symptoms of rheumatoid arthritis (RA) and make prompt referrals to specialists, the National Institute for Health and Care Excellence (NICE) published *Rheumatoid arthritis: The management of rheumatoid arthritis in adults* in 2009. This best practice guideline sets out the signs and symptoms of the disease and emphasises the need for early diagnosis, with urgent referral to a specialist rheumatologist on suspicion of RA. How the guidance is

adhered to is a matter for the local National Health Service. The NICE guidance is attached.

NICE quality standards (QS) are important in setting out to patients, the public, commissioners and providers what a high quality service should look like in a particular area of care. The RA QS, published in 2013, is based on the NICE clinical guideline, and one of the seven quality statements recommends that people with suspected RA are assessed in a rheumatology service within three weeks of referral. However, whilst providers and commissioners must have regard to these standards in planning and delivering services, they do not provide a comprehensive service specification and are not mandatory.

In February 2015, Public Health England, in partnership with the Department, ran a local pilot campaign to raise public awareness of the signs and symptoms of RA symptoms in Nottingham City and Hardwick Clinical Commissioning Group. The aim of the campaign was to support earlier diagnosis and thereby enable treatment to begin earlier to improve the quality of life for people with the condition. The results of the campaign are currently being evaluated.

Finally, the provision of health services in the United Kingdom is a devolved matter, and therefore RA services in Wales are a matter for the Welsh Government.

**HL Deb 22 Mar 2016 | PQ HL6883; PQ HL6882; PQ HL6881**

### [Rheumatology](#)

#### **Asked by: Amess, Sir David**

To ask the Secretary of State for Health, with reference to the Annual Report of the National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis, published on 22 January 2016, what plans his Department has to introduce national measurements for rheumatology services for commissioners and NHS England to inform service design and funding.

#### **Answering member: Jane Ellison | Department: Department of Health**

National Clinical Audits are commissioned and managed on behalf of NHS England by the Healthcare Quality Improvement Partnership (HQIP). The first annual report of the national clinical audit of rheumatoid and early inflammatory arthritis was published on 22 January 2016. The report identifies that although most services offer prompt educational support and agree targets for treatment with their patients, performance against criteria for referral and assessment could be improved. Since the audit, HQIP has reported that a number of trusts have successfully reconfigured their services in order to improve patient care.

In terms of plans to introduce national measurements for rheumatology services, NHS England's National Indicators Group is reviewing service level metrics that could provide commissioners with assurance in this area. NHS England will also review whether a new best practice tariff in rheumatoid arthritis could be developed, subject to suitable data being available.

The Department is currently taking a number of steps to improve the systems for capturing, coding and integrating data from National Health Service outpatient clinics. For example, where trusts have identified local requirements for improving the capture of information, including for outpatient data, funds have been made available for improved

electronic systems through the Integrated Digital Care Fund and the South Local Clinical Systems Programmes. This includes for improvements to patient administration, patient records, and document management systems which will help the recording and accessing of data at the point of care.

Going forward, through the work of the National Information Board, the Department is taking the following steps to improve the systems for capturing, coding and integrating data from NHS outpatient clinics:

- supporting providers to implement technology systems further in outpatient departments where they do not already exist, to collect better data and become paper free at the point of care. £1.4 billion of the recently announced investment of £4.2 billion in NHS technology over the next five years is intended for this purpose;
- examining the potential to move outpatient departments to capture activity in a standardised terminology (SNOMED CT) so it may be available elsewhere in the hospital and to support reporting and clinical audit. SNOMED CT includes representation of codes pertaining to rheumatoid and inflammatory arthritis that are generally well-developed; and
- In 2017/18, expanding the a current programme of work which is looking information exchange for inpatient transfers, to cover other care domains including the exchange of outpatient information between acute trusts and patients' general practitioners.

**HL Deb 21 March 2016 | Written questions | Answered | House of Commons | PQ 30930**

### Arthritis

**Asked by: Amess, Sir David |**

To ask the Secretary of State for Health, what the implications for his policies are of the findings of the Annual Report of the National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis on treatment targets in England and Wales for patients with rheumatoid arthritis.

To ask the Secretary of State for Health, with reference to the findings of the Annual Report of the National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis, published on 22 January 2016, on links between waiting times and consultant numbers, what steps he is taking to increase the number of consultant rheumatologists.

To ask the Secretary of State for Health, with reference to the findings of the Annual Report of the National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis, published on 22 January 2016, on timely access to patient education, what steps he is taking to provide patients with rheumatoid and early inflammatory arthritis self-education and self-management tools.

To ask the Secretary of State for Health, what steps he is taking to introduce early inflammatory arthritis clinics throughout the country.

To ask the Secretary of State for Health, with reference to the Annual Report of the National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis, published on 22 January 2016, what steps he is taking to ensure that patients with suspected inflammatory arthritis have their first specialist appointment within the three weeks recommended by NICE.

To ask the Secretary of State for Health, with reference to the findings of the First Annual Report of the National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis, published on 22 January 2016, on the

proportion of patients in England and Wales referred within three working days of their GP appointment, what steps he is taking to improve the referral rate from GPs when inflammatory arthritis is suspected.

**Answering member: Jane Ellison | Department: Department of Health**

National Clinical Audits are commissioned and managed on behalf of NHS England by the Healthcare Quality Improvement Partnership (HQIP). Audits help drive improvement by providing local trusts with individual benchmarked reports on their performance against a range of measures, feeding back comparative findings to help participants identify necessary improvements for patients

The first annual report of the national clinical audit of rheumatoid and early inflammatory arthritis was published on 22 January 2016. The report identifies that although most services offer prompt educational support and agree targets for treatment with their patients, performance against criteria for referral and assessment could be improved. Since the audit, HQIP has reported that a number of trusts have successfully reconfigured their services in order to improve patient care. More information can be found at the following link:

[www.hqip.org.uk/national-programmes/a-z-of-nca/arthritis-rheumatoid-and-early-inflammatory](http://www.hqip.org.uk/national-programmes/a-z-of-nca/arthritis-rheumatoid-and-early-inflammatory)

To help clinicians to identify the symptoms of rheumatoid arthritis (RA) and make prompt referrals to specialists, the National Institute for Health and Care Excellence (NICE) published Rheumatoid arthritis: The management of rheumatoid arthritis in adults, in 2009. This best practice guideline sets out the signs and symptoms of the disease and emphasises the need for early diagnosis with urgent referral to a specialist rheumatologist on suspicion of RA. For those diagnosed with the condition, the guidance also recommends they should be offered the opportunity to take part in educational activities, including self-management programmes.

The NICE RA quality standard (QS), published in 2013, is based on the NICE guideline, and one of the seven quality statements recommends that people with suspected RA are assessed in a rheumatology service within three weeks of referral. However, whilst providers and commissioners must have regard to these standards in planning and delivering services, they do not provide a comprehensive service specification and are not mandatory.

Regarding the establishment of early arthritis clinics, the configuration of services, including decisions to such arthritis clinics, is a matter for the local National Health Service.

The latest monthly workforce statistics published by the Health and Social Care Information Centre showed that, as of November 2015, there were 563 full time equivalent rheumatology consultants employed in the NHS. This is an increase of 119 (26.8%) since May 2010. The recruitment and retention of staff is matter for local NHS services.

**HC Deb 21 March 2016 | PQ 30929; PQ 30928; PQ30927; PQ 30926; PQ 30925; PQ 30862**

[\*Arthritis\*](#)

**Asked by: Cox, Mr Geoffrey**

To ask the Secretary of State for Health, with reference to the NICE quality standards on rheumatoid arthritis, what steps he has taken to

ensure patients with early inflammatory arthritis are referred from their GP to rheumatology services within three days.

**Answering member: Jane Ellison | Department: Department of Health**

Quality standards (QS) are important in setting out to patients, the public, commissioners and providers what a high quality service should look like in a particular area of care. Whilst providers and commissioners must have regard to the National Institute for Health and Care Excellence (NICE) QS in planning and delivering services, they do not provide a comprehensive service specification and are not mandatory. The first annual report of the national clinical audit of rheumatoid and early inflammatory arthritis, commissioned on behalf of NHS England by the Healthcare Quality Improvement Partnership (HQIP), was published on 22 January 2016. This report, which includes data from 1 February 2014 to 30 April 2015, assesses the quality of care by specialist rheumatology services using criteria derived from sources, including the rheumatoid arthritis quality standard, published by the NICE in June 2013. The report identifies that although most services offer prompt educational support and agree targets for treatment with their patients, performance against criteria for referral and assessment could be improved. Since the audit, HQIP has reported that a number of trusts have successfully reconfigured their services in order to improve patient care.

More information can be found at the following link:

[www.hqip.org.uk/national-programmes/a-z-of-nca/arthritis-rheumatoid-and-early-inflammatory](http://www.hqip.org.uk/national-programmes/a-z-of-nca/arthritis-rheumatoid-and-early-inflammatory)

**HC Deb 11 March 2016 | PQ 29657**

### Arthritis

**Asked by: Brake, Tom**

To ask the Secretary of State for Health, what assessment the Government has made of the extent to which NHS providers have met NICE quality standard on rheumatoid arthritis since 2013.

To ask the Secretary of State for Health, what assessment the Government has made of trends and development in the quality of care given by NHS trusts to people with rheumatoid arthritis in each year from 2010 to 2015.

**Answering member: Jane Ellison | Department: Department of Health**

Since 1 April 2013, the Government has set out high level strategic ambitions for the National Health Service through the Mandate. For patients with long term conditions (LTCs), including musculoskeletal (MSK) conditions, we have asked the NHS to improve the care and support of patients, helping them to live healthily and independently, with much better control over the care they receive.

In response, NHS England has set out a range of actions designed to deliver this, central to which was implementation of the House of Care model, which is designed to support the delivery of person-centred, coordinated care. The House of Care enables individuals to make informed decisions about their treatment and empowers them to self-manage their LTCs in partnership with health and care professionals. NHS England has provided data, tools and guidance to support local services in identifying those most likely to benefit from a care planning approach. Specifically on MSK conditions, the National Clinical Director

for MSK, Peter Kay, has been working in partnership with the Arthritis and Musculoskeletal Alliance, to develop new MSK clinical networks across England to build consensus on the way forward for models of care.

In terms of assessment, the first annual report of the National Clinical Audit of Rheumatoid and Early Inflammatory Arthritis, commissioned on behalf of NHS England by the Healthcare Quality Improvement Partnership (HQIP), was published on 22 January 2016. This report, which includes data from 1 February 2014 to 30 April 2015, assesses the quality of care by specialist rheumatology services using criteria derived from sources such as the Rheumatoid Arthritis Quality Standard, published by the National Institute for Clinical Excellence in June 2013. The report identifies that although most services offer prompt educational support and agree targets for treatment with their patients, performance against criteria for referral and assessment could be improved. Since the audit, HQIP has reported that a number of trusts have successfully reconfigured their services in order to improve patient care. More information can be found at the following link:

[www.hqip.org.uk/national-programmes/a-z-of-nca/arthritis-rheumatoid-and-early-inflammatory](http://www.hqip.org.uk/national-programmes/a-z-of-nca/arthritis-rheumatoid-and-early-inflammatory)

**HC Deb 29 February 2016 | PQ 27718; PQ 27717**

### *Arthritis*

**Asked by: Adams, Nigel**

To ask the Secretary of State for Health, with reference to the recommendations of the Health Quality Improvement Partnership National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis, what steps his Department is taking to encourage clinical commissioning groups to take a more proactive approach towards rheumatology commissioning.

**Answering member: Jane Ellison | Department: Department of Health**

The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is managed on behalf of NHS England by the Healthcare Quality Improvement Partnership (HQIP). The first annual report of the National Clinical Audit of Rheumatoid and Early Inflammatory Arthritis was published on 22 January 2016. NCAPOP audits help drive improvement by providing local trusts with individual benchmarked reports on their performance against a range of measures, feeding back comparative findings to help participants identify necessary improvements for patients. The Rheumatoid and Early Inflammatory Arthritis audit has set recommendations for local NHS services including: improved support and training for primary care; increased clinical capacity in rheumatology services; and to improve the collection of outpatient data.

Following the first national Rheumatoid and Early Inflammatory Arthritis Audit, HQIP has reported that a number of trusts have successfully reconfigured their services in order to improve patient care. More information can be found at the following link:

[www.hqip.org.uk/national-programmes/a-z-of-nca/arthritis-rheumatoid-and-early-inflammatory](http://www.hqip.org.uk/national-programmes/a-z-of-nca/arthritis-rheumatoid-and-early-inflammatory)

**HC Deb 11 February 2016 | PQ 25720**

[Musculoskeletal Disorders](#)

**Asked by: Cox, Mr Geoffrey**

To ask the Secretary of State for Health, what recent discussions his Department has had with representatives from the health sector on the development of services to treat arthritis and musculoskeletal disorders.

**Answering member: Jane Ellison | Department: Department of Health**

The Department is in regular contact with stakeholders, such as Arthritis Research UK, and hosted a roundtable with them in November. The group is in the process of producing a toolkit for commissioners to support commissioning of physical activity interventions for people with musculoskeletal (MSK) conditions.

Whilst the Department has no plans to publish an arthritis action plan, NHS England and Public Health England are taking forward a number of projects.

Specifically on MSK conditions, the National Health Service National Clinical Director for MSK, Peter Kay, has been working in partnership with the Arthritis and Musculoskeletal Alliance, to develop new MSK clinical networks across England to build consensus on the way forward for models of care. In addition, in February 2015, Public Health England, in partnership with NHS England and the Department, ran a local pilot campaign to raise public awareness of the signs and symptoms of rheumatoid arthritis in Nottingham City and Hardwick Clinical Commissioning Group. The aim of the campaign was to support earlier diagnosis and thereby enable treatment to begin earlier to improve the quality of life for people with the condition. The results of the campaign are currently being evaluated.

**HC Deb 10 February 2016 | PQ 25320**

[Arthritis](#)

**Asked by: Cox, Mr Geoffrey**

To ask the Secretary of State for Health, whether he plans to publish a funded arthritis action plan.

**Answering member: Jane Ellison | Department: Department of Health**

The Department is in regular contact with stakeholders, such as Arthritis Research UK, and hosted a roundtable with them in November. The group is in the process of producing a toolkit for commissioners to support commissioning of physical activity interventions for people with musculoskeletal (MSK) conditions.

Whilst the Department has no plans to publish an arthritis action plan, NHS England and Public Health England are taking forward a number of projects.

Specifically on MSK conditions, the National Health Service National Clinical Director for MSK, Peter Kay, has been working in partnership with the Arthritis and Musculoskeletal Alliance, to develop new MSK clinical networks across England to build consensus on the way forward for models of care. In addition, in February 2015, Public Health England, in partnership with NHS England and the Department, ran a local pilot campaign to raise public awareness of the signs and symptoms of rheumatoid arthritis in Nottingham City and Hardwick Clinical Commissioning Group. The aim of the campaign was to support earlier diagnosis and thereby enable treatment to begin earlier to improve the

quality of life for people with the condition. The results of the campaign are currently being evaluated.

**HC Deb 10 February 2016 | PQ 25321**

### Arthritis

**Asked by: Howarth, Mr George**

To ask the Secretary of State for Health, what plans his Department has to support earlier diagnosis and treatment of rheumatoid arthritis to allow people with that condition to stay in work for longer.

**Answering member: Jane Ellison | Department: Department of Health**

In February 2015, Public Health England, in partnership with the Department, ran a local pilot campaign to raise public awareness of the signs and symptoms of rheumatoid arthritis (RA) symptoms in Nottingham City and Hardwick Clinical Commissioning Group. The aim of the campaign was to support earlier diagnosis and thereby enable treatment to begin earlier to improve the quality of life for people with the condition. The results of the campaign are currently being evaluated.

To help clinicians to identify the symptoms of RA and make prompt referral to specialists the National Institute for Health and Care Excellence (NICE) published *Rheumatoid arthritis: The management of rheumatoid arthritis in adults* in 2009. The guideline emphasises the need for early diagnosis, with urgent referral to a specialist rheumatologist on suspicion of RA. The guidance is available at:

<https://www.nice.org.uk/guidance/cg79>

In addition, NICE has also published a Quality Standard on RA in June 2013. Quality standards are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. The standard makes seven statements which are indicators of good care, including one on that sets out that people with suspected RA are referred to a rheumatology service within three working days of presentation. It also includes a statement on assessment which recommends that people with suspected RA are assessed in a rheumatology service within three weeks of referral.

**HC Deb 01 February 2016 | PQ 24541**

### Musculoskeletal Disorders

**Asked by: Cox, Mr Geoffrey**

To ask the Secretary of State for Health, what steps his Department has taken to increase awareness of (a) arthritis and (b) other musculoskeletal conditions; and if he will make a statement.

**Answering member: Jane Ellison | Department: Department of Health**

Public Health England (PHE) work in partnership with NHS England, professional bodies, the Chief Fire Officers Association, Arthritis Research UK (ARUK), Work Foundation and other private sector system leaders to increase awareness of the prevention of arthritis and musculoskeletal (MSK) conditions.

PHE's Chief Knowledge Directorate have worked collaboratively with ARUK to develop a set of local authority briefings on osteoarthritis based on data from ARUK's MSK Calculator[1]. A musculoskeletal domain has also been created within PHE's National General Practice

Profiles[2]. The Burden of Disease for England was published by PHE in September 2015, which provides analytics on MSK.

PHE has commissioned and developed a series of resources and tools to raise awareness amongst professionals and the public of Arthritis and MSK conditions such as; a British Medical Journal e-learning module on the benefits of physical activity for osteoarthritis and lower back pain, which has been highly valued by clinicians; a public facing falls prevention booklet.

[1]<http://www.arthritisresearchuk.org/policy-and-public-affairs/policy-priorities-and-projects/musculoskeletal-health-services/the-musculoskeletal-calculator.aspx>

[2]<http://fingertips.phe.org.uk/profile/general-practice/data#mod,1,pyr,2014,pat,19,par,E38000001,are,-,sid1,2000009,ind1,-,sid2,-,ind2,->

**HC Deb 20 January 2016 | PQ 22088**

### Arthritis

**Asked by: Shannon, Jim**

To ask the Secretary of State for Health, what assessment he has made of the potential application in the NHS of a treatment for arthritis proposed by researchers at Queen Mary University involving injection of microvesicles.

**Answering member: Jane Ellison | Department: Department of Health**

We are aware of a recent study undertaken by Queen Mary University of London which suggested that arthritic cartilage could be treated by microvesicles. This work is still at a very early stage and the efficacy of such a treatment approach would need to be demonstrated in clinical trials before it could be considered for routine use in the National Health Service.

**HC Deb 13 January 2016 | PQ 21026**

## Early Day Motions

**EDM 525**

### WORLD ARTHRITIS DAY 2016

**12 October 2016**

**Primary Sponsor: Liz McInnes MP**

That this House recognises that 10 million people in the UK are living and working with arthritis and musculoskeletal conditions; further recognises that the pain, isolation and fatigue of arthritis and musculoskeletal conditions can affect every aspect of the daily lives of the people living with these conditions, interfering with everyday activities, whether that be at work, travelling or enjoying leisure time; recognises that the prevalence of arthritis and musculoskeletal conditions is set to increase due to rising obesity and the ageing

population and that this increased prevalence will have a knock-on impact on health and care services unless action is taken; and recognises the need to raise awareness of the condition in the run-up to World Arthritis Day and supports Arthritis Research UK's Share Your Everyday campaign so that hon. Members can share their experiences of arthritis and encourage others across the country to do the same, helping millions to push back the limits of their condition.

### **EDM 463**

#### **15TH ANNIVERSARY OF THE RHEUMATOID ARTHRITIS SOCIETY**

**14 September 2016**

#### **Primary Sponsor: Sir David Amess MP**

That this House commends the work of the National Rheumatoid Arthritis Society (NRAS), celebrating its 15th anniversary on 17 October 2016 in supporting the 690,000 people in the UK living with rheumatoid arthritis (RA) and 12,000 children living with juvenile idiopathic arthritis (JIA); notes that arthritis is an umbrella term for many different types of joint disease and that most people assume that having arthritis is not very serious and that it is something we all get as we age, while RA and JIA on the contrary are severe autoimmune inflammatory diseases; thanks the Prime Minister for her longstanding patronage of the charity; and calls on hon. Members to support the campaigns of NRAS to ensure effective joint working between the NHS, public health, social care services and government agencies to result in improved outcomes for people with RA and JIA .

## 5. Useful links and further reading

Arthritis Care

<https://www.arthritiscare.org.uk/>

Arthritis Research UK

<http://www.arthritisresearchuk.org/>

Arthritis Action

<https://www.arthritisaction.org.uk/>

National Rheumatoid Arthritis Society

<http://www.nras.org.uk/>

Arthritis Action *Overcoming the Challenges* June 2016

[https://www.arthritisaction.org.uk/What/market\\_research](https://www.arthritisaction.org.uk/What/market_research)

NHS Choices: Arthritis

<http://www.nhs.uk/Conditions/Arthritis/Pages/Introduction.aspx>

Healthcare Quality Improvement Partnership Arthritis: Rheumatoid and early inflammatory [includes link to *Second Annual Report - National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis* July 2016]

<http://www.hqip.org.uk/national-programmes/a-z-of-nca/arthritis-rheumatoid-and-early-inflammatory>

National Institute for Health and Care Excellence clinical guideline

*Osteoarthritis: care and management* 12 February 2014

<https://www.nice.org.uk/guidance/cg177/resources/osteoarthritis-care-and-management-35109757272517>

National Institute for Health and Care Excellence clinical guideline

*Rheumatoid arthritis in adults: management* 25 February 2009

<https://www.nice.org.uk/guidance/cg79/resources/rheumatoid-arthritis-in-adults-management-975636823525>

Arthritis Research UK *Musculoskeletal calculator*

<http://www.arthritisresearchuk.org/policy-and-public-affairs/policy-priorities-and-projects/musculoskeletal-health-services/the-musculoskeletal-calculator.aspx>

### About the Library

The House of Commons Library research service provides MPs and their staff with the impartial briefing and evidence base they need to do their work in scrutinising Government, proposing legislation, and supporting constituents.

As well as providing MPs with a confidential service we publish open briefing papers, which are available on the Parliament website.

Every effort is made to ensure that the information contained in these publically available research briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

If you have any comments on our briefings please email [papers@parliament.uk](mailto:papers@parliament.uk). Authors are available to discuss the content of this briefing only with Members and their staff.

If you have any general questions about the work of the House of Commons you can email [hcinfo@parliament.uk](mailto:hcinfo@parliament.uk).

### Disclaimer

This information is provided to Members of Parliament in support of their parliamentary duties. It is a general briefing only and should not be relied on as a substitute for specific advice. The House of Commons or the author(s) shall not be liable for any errors or omissions, or for any loss or damage of any kind arising from its use, and may remove, vary or amend any information at any time without prior notice.

The House of Commons accepts no responsibility for any references or links to, or the content of, information maintained by third parties. This information is provided subject to the [conditions of the Open Parliament Licence](#).