

VERSUS ARTHRITIS

Versus Arthritis representation to the Budget 2018

September 2018

1. Versus Arthritis welcomes the opportunity to provide input into the Budget 2018.¹
2. Versus Arthritis is the charity formed by Arthritis Research UK and Arthritis Care joining together. We work alongside volunteers, healthcare professionals, researchers and friends to do everything we can to push back against arthritis. Together, we develop breakthrough treatments, campaign for arthritis to be a priority and provide support. Our remit covers all musculoskeletal conditions which affect the joints, bones and muscles including osteoarthritis, rheumatoid arthritis, back pain and osteoporosis.²
3. Arthritis and related musculoskeletal conditions affect 17.8 million people in the UK and are the single biggest cause of pain and disability in the UK. Cumulatively, the healthcare costs of osteoarthritis and rheumatoid arthritis will reach £118.6 billion over the next decade.³ Musculoskeletal conditions account for a fifth of all sickness absence and result in the loss of around 30.8 million working days to the UK economy each year.⁴
4. This representation focuses on the following areas of budget which are important to people with musculoskeletal conditions:
 - **Impact of musculoskeletal conditions:** recognising the negative impact of musculoskeletal conditions on individuals and on the economy.
 - **Healthcare services:** improving outcomes for people with musculoskeletal conditions through treatment, prevention, and care and support.
 - **Employment and financial support:** enabling people with musculoskeletal conditions to be in work and ensuring timely access to financial support
 - **Cutting-edge research:** supporting the economy through a vibrant science sector and addressing musculoskeletal conditions through long-term investment in research.
5. Summary points:
 - Health and care services:**
 1. NHS efficiency savings must not compromise the quality of healthcare services nor the outcomes for people with musculoskeletal conditions.
 2. There must be a long-term sustainable solution to the current and projected need for timely access to joint replacement surgery.
 3. Funding arrangements for public health, in the potential context of the return of business rates to local authorities, must be equitable so that health inequalities are not exacerbated.
 4. Local authority funding for public health services should be protected, and both spending and outcomes reported, so that unwarranted variation can be addressed.
 5. Public Health England's budget should be maintained in real terms.
 6. The social care system must be protected from collapse in the interim before a long-term funding solution is implemented. A minimum of £2.5 billion is required for the financial year 2019/2020.⁵

7. Proposals for a long-term sustainable funding solution, necessary to unlock a fairer, high quality care system, should be brought forward for consultation. Any long-term funding mechanism should share the risk of social care costs across society and ensure that the system can meet increased future demand.
8. Proposals for a long-term solution for social care must look at the whole system and must fully address the needs of working-age disabled adults, older people and carers.

Employment and financial support:

9. The Access to Work scheme should be expanded, with sufficient resource, to contribute to the Government's plan to get 1 million more disabled people back into work by 2027. There should be immediate and ongoing promotion of Access to Work to people with arthritis and related musculoskeletal conditions.
10. HM Treasury should introduce fiscal incentives to encourage employers of all sizes to provide health and well-being initiatives targeting and promoting musculoskeletal health, such as early referral, rehabilitation and occupational health support.

Cutting-edge research:

11. The upward trajectory of support for research and development (R&D), pledged in 2016 and 2017, must be maintained to ensure that R&D spend reaches 2.4% of GDP by 2027.
12. The National Institute for Health Research (NIHR) should be supported with funding increases in line with Research Council funding.
13. Further investment in the Industrial Strategy including support for the Grand Challenges and for future waves of the Industrial Strategy Challenge Fund should be ensured.
14. The commitment set out in the Industrial Strategy to increase support for QR funding through Research England must be met.⁶
15. Government should continue to enhance support for the Charity Research Support Fund.

IMPACT

6. The negative impact of arthritis and related conditions on both individuals and the economy is substantial:
 - Musculoskeletal conditions, such as osteoarthritis and low back pain, are the greatest cause of years lived in disability in the UK. In a recent survey, 80% of people with these conditions said that they experienced pain on most days.^{7,8}
 - Musculoskeletal conditions account for the third largest area of NHS programme spend.⁹ Treating the two most common forms of arthritis, osteoarthritis and rheumatoid arthritis, will cost the NHS and wider healthcare system £10.2 billion this year.¹⁰
 - The employment rate is almost 20% lower among working-age people with musculoskeletal conditions compared to those with no health conditions, and a third of people with osteoarthritis retire early, give up work or reduce hours.^{11,12} The estimated cost to the UK economy in 2017 from osteoarthritis and rheumatoid arthritis alone was £2.6 billion due to lost working days.¹³
7. Despite their high prevalence and negative impact on society, arthritis and related conditions are poorly understood and seldom recognised. It is essential that the impact of arthritis is recognised and that people with arthritis are empowered and supported.

HEALTH AND CARE SERVICES: improving outcomes for people with musculoskeletal conditions through treatment, prevention, care and support.

8. **Long term plan for the NHS:** The long term plan for the NHS offers an opportunity to ensure that healthcare services are adequately resourced to meet the needs of people with musculoskeletal conditions.¹⁴ Current provision is inadequate, often falling short of clinical guidelines and leaving unmet need, for example:
- A quarter of patients with early inflammatory arthritis wait more than three months to be referred by their GP to a rheumatology team.
 - Waiting times for hip and knee joint replacement surgery are growing, and 47% of Clinical Commissioning Groups (CCGs) have restricted access to surgery on non-clinical grounds.
 - Only 40% of patients experiencing a hip fracture are admitted to a ward within 4 hours.¹⁵

NHS efficiency savings must not compromise the quality of healthcare services nor the outcomes for people with musculoskeletal conditions.

9. **Elective surgery:** NHS Constitution commitments on access to services and maximum waiting times, including for elective surgery, must be upheld.¹⁶ The majority of initial hip and knee joint replacements are needed because of osteoarthritis. These operations are both clinically and cost effective, and can often restore mobility and independence. CCGs are expected to meet best practice guidance as set out by professional bodies and the National Institute for Health and Care Excellence (NICE) which state that 'patient specific factors (including age, sex, smoking, obesity and comorbidities) should not be barriers to referral for joint replacement surgery'.¹⁷ Despite these commitments multiple CCGs are now restricting access to hip and knee joint replacement on non-clinical grounds.¹⁸

There must be a long-term sustainable solution to the current and projected need for timely access to joint replacement surgery.

10. **Public Health:** Public health approaches, particularly physical activity programmes and weight management services are essential to support people to achieve and maintain good musculoskeletal health. They are cost effective, for example, ESCAPE-pain, STarT Back and direct access to physiotherapy produce a positive return on investment for local providers.¹⁹ They can also reduce demand on health care services and may enable people to be in work. However, in the context of devolving business rates to local authorities, non-mandatory public health services are at risk of cuts and reduced national accountability risks widening inequality.

Funding arrangements for public health, in the context of the return of business rates to local authorities, must be equitable so that health inequality is not exacerbated.

Local authority funding for public health services should be protected, and both spending and outcomes reported so that unwarranted variation can be addressed.

Public Health England's budget should be maintained in real terms.

11. **Social care:** We are members of the Care and Support Alliance and support their representation to the budget.²⁰ People with arthritis and musculoskeletal conditions require

timely access to a fair and equitable social care system and the current system is at risk of collapse.

12. One aspect of social care which is important to people with musculoskeletal conditions is the provision of aids and adaptations. Our research has demonstrated that aids and adaptations have a positive impact on the quality of life of people with musculoskeletal conditions and improve their ability to be independent.²¹ Under provisions in the Care Act, aids and minor adaptations must be provided by local authorities to people with eligible need. However, aids and minor adaptations are funded from local authority adult social care budgets which have been cut by 26% in real terms since 2009/10.²² We are aware of instances where local authorities are not meeting their duty to provide information and support about care services, or the services themselves.

The social care system must be protected from collapse in the interim before a long-term funding solution is implemented. A minimum of £2.5 billion is required for the financial year 2019/2020.²³

Proposals for a long-term sustainable funding solution, necessary to unlock a fairer, high quality care system, should be brought forward for consultation. Any long-term funding mechanism should share the risk of social care costs across society and ensure that the system can meet increased future demand.

Proposals for a long-term solution for social care must look at the whole system and must fully address the needs of working-age disabled adults, older people and carers.

EMPLOYMENT AND FINANCIAL SUPPORT: enabling people with musculoskeletal conditions to be in work and ensuring timely access to financial support

13. **Health and work:** Many people with arthritis or a related musculoskeletal condition want to be in work and can work with the right support. However, the employment rate of people with musculoskeletal conditions (63%) is below that of people without health conditions (81%). The Government has an ambition to see 1 million more people with disability (or a long-term health condition) in work by 2027.²⁴
14. The Government should extend the provision of support for people with musculoskeletal conditions to remain in, or return to, work. This should include wider promotion of schemes including Access to Work, which despite increased funding, has seen an 8% decrease in assessment of people with arthritis and related conditions since 2013/14.²⁵ Fiscal incentives should be used to encourage employers to introduce workplace health and wellbeing initiatives that support musculoskeletal health and well-being.
15. **Financial support:** People with musculoskeletal conditions should have fair and timely access to benefits. We are a member of the Disability Benefits Consortium (DBC), a national coalition of over 80 different charities and other organisations committed to working towards a fairer benefits system.²⁶

The Access to Work scheme should be expanded, with sufficient resource, to contribute to the Government's plan to get 1 million more disabled people back into work by 2027.

There should be immediate and ongoing promotion of Access to Work to people with arthritis and related conditions.

HM Treasury should introduce fiscal incentives to encourage employers of all sizes to provide health and well-being initiatives targeting and promoting musculoskeletal health, such as early referral, rehabilitation and occupational health support.

CUTTING-EDGE RESEARCH: supporting the economy through a vibrant science sector and addressing musculoskeletal conditions through long-term investment in research.

16. **Medical research charity investment in R&D:** Versus Arthritis is a member of the Association of Medical Research Charities (AMRC).²⁷ In 2017, AMRC members collectively invested over £1.6 billion of research funding in the UK – almost half of all publicly funded medical research nationally and more than either the Medical Research Council or the National Institute for Health Research (NIHR).²⁸ Charities also contributed to the knowledge economy by funding the salaries of over 17,000 researchers in the UK and around a third of non-commercial research in the NHS. Public and charitable investment in R&D has a significant impact on the UK economy. A recent study found that every £1 of public or charity investment in medical research delivers a return equivalent to 25p every year, forever.²⁹

17. **R&D investment:** We welcome the Government's ambition of increasing R&D spending to 2.4% of GDP by 2027.³⁰ While private commercial investment is expected to contribute to this total it is imperative that the private sector is not the only source of increased investment. A combination of increasing direct public investment in R&D and leveraging increased investment from others, including medical research charities, through policy change, is required.

The upward trajectory of support for research and development (R&D), pledged in 2016 and 2017, must be maintained to ensure that R&D spend reaches 2.4% of GDP by 2027.

18. **NIHR and UKRI:** The NIHR and UK Research and Innovation (UKRI) provide important foundations for our R&D sector. The Life Science Industrial Strategy stated that the UK should 'sustain and increase the funding for basic science, to match our international competitors, particularly in university settings, encouraging discovery science to co-locate'.³¹ The Industrial Strategy Challenge Fund (ICSF) is a core element of the Government's commitment to increase R&D funding to strengthen UK science and business.³²

The National Institute for Health Research (NIHR) should be supported with funding increases in line with Research Council funding.

Further investment in the Industrial Strategy including support for the Grand Challenges and for future waves of the Industrial Strategy Challenge Fund (ICSF) should be ensured.

19. **Quality-related (QR) funding:** It is vital that the Government's increased investment in science continues to support QR funding in UK universities as well as response-mode funding.³³ The recent uplift in quality-related (QR) research funding is welcome.

The commitment set out in the Industrial Strategy to increase support for QR funding through Research England must be met.³⁴

20. Charity Research Support Fund (CRSF): The CRSF enables universities to leverage research investment from charities, by meeting indirect research costs that charities cannot fund.³⁵ We welcome the uplift to the CRSF, which increased by 3% to £204 million per year.³⁶ In the previous 8 years the CRSF had been fixed at £198 million per year. Over time, the value of the fund had fallen from 28p of CRSF received by universities for every £1 of charity investment in 2010/11 to less than 20p per £1 of charity investment in 2017/18.³⁷ Government must recognise that increasing the CRSF supports universities to deliver the aims of the Industrial Strategy by leveraging investment from medical research charities.

Government should continue to enhance support for the Charity Research Support Fund.

James O'Malley and Laura Boothman, September 2018

For further information please contact policy@versusarthritis.org

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