Versus Arthritis initial assessment of public health impacts of COVID-19 on people with arthritis. 30 April 2020

1. Versus Arthritis welcomes the opportunity contribute views to Public Health England (PHE) and others on the impact of COVID-19 people with arthritis, and on mitigation measures.

2. **This is an initial assessment and we warmly welcome input from colleagues in our sector to expand on the points below.** Please contact us at policy@versusarthritis.org

3. This initial assessment includes:
   - Recommended priority actions. We will continue to consult colleagues in the sector and provide updates.
   - Initial policy analysis on impacts and actions.
   - Emerging findings of the impact of COVID-19 on people with arthritis and related conditions drawn from our online campaign network survey (Annex A).
   - Emerging findings of the impact of COVID-19 on people with arthritis and related conditions drawn from our helpline, online virtual assistants, online community, social media and website (Annex B).

4. We also refer to our response to the 'Advancing our health: prevention in the 2020s' consultation which provides an overview of key public health areas relevant to people with arthritis, and which might be affected by COVID-19.[1]

Recommended priority actions:

5. **Conduct health promotion campaigns relevant to people with musculoskeletal conditions and ensure generic public health awareness campaigns promote musculoskeletal health and contain relevant to people with musculoskeletal conditions. Campaigns should signpost voluntary sector and professional body support. (See section 16)**

6. **Ensure that national and local authority strategies/plans on the recovery from COVID-19 include data on the prevalence of musculoskeletal conditions and incorporate the toolkit for provision of physical activity interventions for people with musculoskeletal conditions. (See sections 11 and 16)**

Health and well-being

7. Arthritis and related musculoskeletal conditions affect 18.8 million people in the UK, (16 million people in England), and are the single biggest cause of pain and disability.[2] The COVID-19 pandemic has the potential to affect the musculoskeletal health of population overall, as well as the musculoskeletal health and wider well-being of people with existing musculoskeletal conditions.

8. **Incidence of musculoskeletal conditions** (3 - 6 months). Initial evidence from a study of homeworkers in the first two weeks of UK 'lockdown' has indicated a significant increase in musculoskeletal complaints. More than half of survey respondents reported new aches and pains, especially in the neck (58%), shoulder (56%) and back (55%), compared to their normal physical condition.[3] People need practical advice on avoiding

musculoskeletal problems in the short to medium term as working environments and lifestyle routines change.

9. The long-term **consequences of COVID-19 infection on musculoskeletal health** are unclear, however evidence from previous viral respiratory epidemics indicates that some people experience loss of mobility, physical function and weakness. There will be a need to understand how best to support people to re-gain musculoskeletal health and physical capacity post-infection, and how community rehabilitation services can meet this demand.[4] (6 -18 months).

10. **Physical activity to support musculoskeletal health** (ongoing). Keeping physically active can help maintain musculoskeletal health by strengthening muscles, keeping bones healthy and prolonging the life of joints. It can help both to prevent the development of musculoskeletal conditions and to reduce the impact of symptoms for those with existing musculoskeletal conditions. During UK lockdown there are general restrictions on outdoor physical activity and most sport is not permitted. However, this is also an area of significant innovation with the emergence of online alternatives, including information, support and exercises classes. There is a need to encourage people of all ages to remain active and to exercise safely within guidelines to protect their musculoskeletal health.

11. People with musculoskeletal challenges often face barriers to being physically active, including pain and limited mobility. During the pandemic, some groups (including people with inflammatory forms of arthritis, other long-term conditions, or the elderly) who are at high risk of infection may also be shielding and have additional challenges in being physically active. In the short term there is a need to promote safe, indoor exercise alternatives that are appropriate to people with musculoskeletal conditions. Any long-term exit strategy must consider how access to appropriate exercise for these groups can be safely restored.

12. **Mental health** (ongoing). People with musculoskeletal conditions often have mental health problems, and the two can exacerbate each other. One in six people with rheumatoid arthritis have a major depressive disorder; one in five people with osteoarthritis have symptoms of anxiety and depression.[5,6] During the early stages of the pandemic, people are experiencing disrupted lifestyles, changed levels of social contact (increased or decreased depending on living environment), anxiety and fear (including for the safety of themselves and others and/or financial circumstances). Many are dealing with separation and bereavement. There will also be longer term and enduring impacts on mental health after the lockdown phase of the pandemic has passed, especially if social distancing continues for an extended period of time. The need for emotional support has been highlighted by our community (see Annex B).

13. A range of support is required, and current provision should be expanded, including self-management tools and formal mental health services for people of different ages. The NHS long term plan (LTP) had already committed to an increase in Improving Access to Psychological Therapies (IAPT) services for people with other long-term conditions. This program should be accelerated alongside online options.

14. **Loneliness and isolation** (ongoing). Loneliness and isolation were key issues highlighted by people responding to our campaigns network survey in early April 2020 and these issues were also reported across a range of our communication channels (see Annex B). Our previous survey and listening panel work found that people with arthritis often experience loneliness and social isolation, this may be in part due to their limited mobility. The impact of the pandemic, including the lockdown period, and requirements

for people to self-isolated or shield are likely to increase isolation. There are opportunities to break this through online communication and calls, and some media reports suggest the pandemic is making actually society more inclusive for disabled people.[7] However, there is a need for alternative approaches (e.g. volunteers) to engage those who are not online and may have very reduced social contact for some time. The British Red Cross are pioneers in this work.[8]

15. **Weight management and a healthy diet**. Maintaining a healthy weight is important for musculoskeletal health as excess weight places stress on the joints, particularly weight-bearing joints like the back, knees, hips, feet and ankles.[9] Obesity is the largest modifiable risk factor for knee osteoarthritis – compared to someone of healthy weight, obese people are more than twice (and up to 4-6 times) as likely to develop knee osteoarthritis compared to people of a healthy weight.[10] Children who are overweight or obese are at greater risk of developing musculoskeletal conditions, and adolescents who are obese are more likely to experience persistent or recurrent joint pain.[11] Maintaining a healthy diet (and weight) may be a challenge during the pandemic and there is a need for strong public messaging about healthy eating as well as guidance on specific issues including Vitamin D supplements to protect bone health.[12]

16. **Actions for PHE to consider (Health and Wellbeing):**

Public awareness campaigns - including signposting to Voluntary sector and professional body support	• Promote ESCAPE-pain https://escape-pain.org/ online • Promote https://startback.hfac.keele.ac.uk/ online • One You – increase content relevant to people with musculoskeletal conditions • #WeAreUndefeatable - increase content relevant to people with musculoskeletal conditions • Making every contact count (MECC) - increase content relevant to people with musculoskeletal conditions • Review evidence base for new apps to support and maintain musculoskeletal health • Promote accident prevention materials from Health and Safety Executive (HSE)
Maintaining and extending musculoskeletal data collation	• Maintain and extend activity of the musculoskeletal health intelligence network/health data group (in collaboration with Versus Arthritis) http://arma.uk.net/national-msk-health-data-group/ • Ensure data collection on physical activity levels and mental health status of people with musculoskeletal conditions during the pandemic • Maintain and extend k-hub content relevant to people with musculoskeletal conditions • Maintain and extend fingertips tool content relevant to people with musculoskeletal conditions to assist planning of services and support at local authority level https://fingertips.phe.org.uk/profile/msk • Population tracking of MSK-HQ
Local public health	• Ensure all local authority exit strategies/recovery plans from COVID-19 include data on the prevalence of musculoskeletal conditions, and incorporate the toolkit for appropriate physical activity interventions for people with musculoskeletal conditions https://www.versusarthritis.org/policy/our-policy-positions/physical-activity/

Mental health	• Review and upscale mental health support for people with musculoskeletal and other long-term conditions including chronic and/or musculoskeletal pain. Consider preventative, triage and waiting list support. Consider digital and online resources [this should complement NHS service provision].

Health and social care

17. People with musculoskeletal conditions access a range of musculoskeletal health and care services provided through the NHS and private sector. In brief, these include information and advice, general practice and community services, physiotherapy, rheumatology services, podiatry, secondary care services for trauma and orthopedics (including joint replacement surgery), fracture liaison services, rehabilitation services and mental health services. Services provided by the voluntary sector include information and advice, self-management support and peer support networks.

18. **Communication and risk:** In the short term (3 months) there is an urgent need to ensure effective guidance is developed and communicated to people with arthritis about COVID-19 and how they can best manage their health and well-being. It is evident from our survey work that there is a significant demand for accurate, up-to-date information particularly on: understanding how to stay safe, how to assess risk from COVID-19, how existing medications (particularly immunosuppressants) might affect risk, and how to access medication (see Annexes). Additional concerns are around shopping, what is safe/appropriate work and protecting others who are at high risk. Topics of concern are likely to change over time (6 - 12 months), and the challenge of providing accurate information may become increasingly complex as the exit strategy develops. There is a need for communication to be coordinated across Government, the NHS, professional sector bodies and the voluntary sector.

19. **Disruption to existing treatment**: In the short-term (3 - 6 months) outpatient services have largely been suspended or replaced by online or tele-services. People with musculoskeletal conditions may be unable to access their usual support, and there is emerging evidence that people may be avoiding routine appointments (such as blood monitoring for people with inflammatory arthritis) where these do continue face-to-face. This means that people may risk their disease control deteriorating, with potential long-term consequences. People with other long-term musculoskeletal conditions, such as back pain or those recovering from surgery or injury, may have limited access to physiotherapy or rehabilitation.

20. **Cancelled or delayed treatment (e.g. joint replacement surgery).** Non-urgent elective surgery was cancelled by the NHS in England on the 15 April, for 3 months.[13] Prior to the COVID-19 pandemic, Versus Arthritis had launched a campaign to highlight that many NHS hospital trusts were failing to meet existing the targets for joint replacement surgery. Our research on around 63,000 surgeries revealed that found almost 30,000 waited more than 18 weeks for hip or knee joint replacement.[14]

21. There is a growing body of evidence about the health impact of delayed access to joint replacement surgery. Evidence collated in the review of targets Scotland (the Burns Review) in 2017 highlighted that functional capacity gain was poorer for patients who waited longer than six months for surgery, and that patients who had extended waiting times had increased pain and disability compared to those with shorter waits.

22. In 2019, a survey carried out by YouGov on behalf of Versus Arthritis showed that of 1,009 English adults diagnosed with osteoarthritis, half (49%) said their physical health

deteriorated and one third (33%) said their mental health deteriorated while they were waiting for joint replacement surgery.

23. There is an urgent need (3 - 6 months) for accurate communication about when elective surgery may recommence and an NHS action plan to address the back log. There is an indication that NHS England expects NHS Trusts to consider capacity and if possible being to carry out urgent and time-critical surgery within 6 weeks from 29 April (i.e. by mid-June).[15] Recovery plans should include expanded prevention services (such as ESCAPE-pain), as well as surgical capacity and rehabilitation support. There will need to be systematic and fair prioritization of waiting lists, as well as a reconfiguration of facilities to treat both COVID-19 positive and negative patients. In the interim, people need advice and support to self-manage their pain and maintain their musculoskeletal health and fitness for surgery.

24. **Lack of new presentations/delayed diagnosis** (3 - 6 months). In common with other areas of health there are reports that people developing musculoskeletal conditions may not be seeking NHS treatment during the pandemic. This is particularly concerning where urgent or emergency surgery would be appropriate (e.g. urgent spinal surgery for cauda equina syndrome), and for new cases of inflammatory arthritis where the optimal therapeutic window is within the first 6 weeks.

25. **Exit strategy for high risk groups** (6 - 12 months). Many people with arthritis including people with inflammatory forms of arthritis, other long-term conditions, or the elderly will be in high risk groups. Any long-term exit strategy must consider their needs.

26. **Musculoskeletal workforce capacity** (6 -18 months). The impact of COVID-19 on the healthcare professional workforce will be significant. There will be a need to expand capacity and prioritise the work of healthcare professionals with musculoskeletal expertise. This will include capacity to provide potentially complex rehabilitation support to people recovering from COVID-19 (see section 9 above).

27. **Social care - home aids and adaptations.** Access to aids and adaptations can help people with arthritis to be more mobile and independent in their own homes and can help reduce demand for social care services. This is particularly important at a time when social care services face additional pressures due to the COVID-19 pandemic. Our recent report showed that 60% of all people with arthritis had an aid or adaptation, and 79% said they helped them maintain their independence.[16]

28. There may be delays in people being able to access aids and adaptions, or being able to apply for Disabled Facilities Grants (which help towards the cost of making changes in the home) due to challenges in completing home assessments during the pandemic. This could lead to the deterioration in the physical health of people with musculoskeletal conditions. It is vital that these services can be continued safely, perhaps including the use of remote assessments.

29. **Actions for PHE to consider (Health and Social Care):**

Public awareness campaigns - including signposting to voluntary sector and professional body support	• Develop and support campaigns to encourage people to maintain musculoskeletal health and stay fit for surgery • Promote generic NHS campaigns (e.g. NHS Open for Business[17]) to people with musculoskeletal conditions • Promote NHS, professional body and voluntary sector support for people with musculoskeletal conditions, including self-management support

Health protection and surveillance	• Ensure people with musculoskeletal conditions have access to health tracking, COVID-symptom tracking and vaccination/treatment (if/when available) • Increase musculoskeletal content in the NHS Health Check (long term)
Public health capacity	• Protect and extend public health workforce and ensure Directors of Public Health and local public health teams have training in musculoskeletal conditions • Promote collaboration between public health and NHS services at a local level
Maintaining and extending musculoskeletal data collation	• Ensure data collection on incidence of COVID and ongoing impacts on health status and outcomes of people with musculoskeletal conditions, including impacts on mental health, quality of life and among people with other long-term conditions, BAME communities and other groups with protected characteristics • Promote collection of work status as a health outcome, including among people with musculoskeletal conditions
Expanding musculoskeletal services at scale	• Promote the restart of musculoskeletal services and support work to further scale interventions • Support work to reconfigure musculoskeletal services ensuring innovation in online and tele-health provision of services during the pandemic is captured

Wider economy and productivity

30. Within a few weeks, the COVID-19 pandemic has had a significant impact on working life for many people in the UK, and it will continue to have marked impact on the UK economy.

31. In the UK, prior to the pandemic, almost three-quarters of working age adults were in work and spent on average a third of their waking hours in the workplace.[18] Workplaces were one of the most important settings for actively promoting well-being and health, including musculoskeletal health.

32. In addition, musculoskeletal conditions are the most common long-term conditions in the UK working-age population.[19] They limit people's mobility and dexterity and cause pain, often affecting people's ability to work. Employment rates are lower among people with musculoskeletal conditions (~63%) than in people without health problems (~82%). They are also a leading cause of sickness absence, resulting in the loss of around 28.2 million working days in the UK each year.

33. The measures in place during the pandemic have affected the working lives of people with arthritis to different extents. For front-line workers there are changes in working practices and shifts. Many others are now working from home. Some are unable to work and may be furloughed. People are also balancing work-life with family, caring and voluntary roles. The opportunities to promote musculoskeletal health within workplaces have changed in the short-term, and in both the short and long term there are new threats and opportunities for musculoskeletal health among people with different working patterns and locations.

34. **Supporting people to work from home.** Data from the Office for National Statistics (ONS) in April 2020 showed that nearly half (49%) of people had worked from home in

the last week compared to 12% in 2019.[20] In the short-term (3 months) there is evidence of increasing levels of musculoskeletal problems among people working from home (see section 9 above). Supporting people to work from home – including those with musculoskeletal conditions - will be vital for sustaining the UK economy during and after the pandemic. However, people need practical advice on avoiding musculoskeletal problems in the short to medium term as working environments and lifestyle routine change.

35. **Reasonable adjustments, flexible working and the Access to work scheme.** Responses from our community on the support they had received to continue working during the pandemic varied (see Annexes). Some people have raised concern in being asked to continue working in the workplace despite their elevated risk, and difficulty in self-isolating when required to travel. This is an area where further guidance and clarification is urgently (3 months) needed for employers and employees, including those working in the NHS.

    Some employers are rapidly providing reasonable adjustments (equipment, changes in working patterns) to enable people to work safely in the home. Flexible working may also be more important. The Access to Work scheme (delivered by the Department for Work and Pensions) provides additional support to people with long-term health conditions and disability beyond reasonable adjustments and is modifying its processes to maintain support during the pandemic.

36. **Exit strategy and returning to workplaces** (ongoing). It seems likely that new working pattern and practices may be necessary support employees to return to workplaces. There are also indications that some employers are using the pandemic as an opportunity to review their occupational health practices and procedures. The long-term exit strategy must consider how access to enable equitable return to work for people with long-term conditions, including musculoskeletal conditions, as well as older workers, and others at high ongoing risk.

37. **Actions for PHE to consider (Wider economy and productivity):**

Develop and promote guidance on safe and inclusive working practices	• Promote guidance on safe working practices for those with existing health conditions (including musculoskeletal conditions) and for those caring for, or cohabiting with people with these conditions during the pandemic, working with the Health and Safety Executive (HSE)[21]; support the development of sector-specific materials. This should include guidance for those working from home and for those in a range of workplace settings and sectors • Support the development of post-lockdown return to work guidance relevant to people with long-term conditions including musculoskeletal conditions (with HSE and other interested parties including the Society of Occupational Medicine, Business in the Community and Federation of Small Businesses. Guidance should be developed both for employees and employers, as well as different sectors. Alongside workplace best practice, this should include guidance on travel
In work, and return to work support	• Promote awareness among employee and employers of the provision of reasonable adjustments for people with

	disability or health conditions during the lockdown and pandemic • Support extension of provision for flexible working as set out in the proposed Employment Bill • Promote the Access to work scheme, and support work to adapt process to facilitate client communication and continued provision of support during the pandemic
Maintaining and extending musculoskeletal data collation	• Promote the understanding of the impact of changing working practices during lockdown and the later phases of the pandemic on workforce health, including impacts of musculoskeletal health • Promote collection of work status as a health outcome, including among people with musculoskeletal conditions

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Annex A: Emerging findings of the impact of COVID-19 on people with arthritis and related conditions drawn from our online campaign network survey

1. Versus Arthritis has a network of people with arthritis who have signed up to support our work to raise arthritis up the political agenda and campaign for a world where the impact of arthritis is no longer tolerated.[22] There are over 12,000 people in this network, which is UK-wide and includes people with arthritis and related conditions and a wider community of interested people.

2. The network was contacted on 9 April 2020 with a short survey about their experiences during the pandemic.[23] Pain and pain management was used as an overarching theme 'Help us to push back against the limits of arthritis by shaping our influencing work on pain', but there were specific questions asking how people's lives were being affected by COVID-19.

3. An initial analysis of findings was taken from data extracted on 15 April. This included 2,118 responses. Around three quarters of responses were from female, a quarter male and a small percentage of people who were non-binary, self-described or preferred not to say. Respondents were spread across a wide age-range. The most common conditions people reported were osteoarthritis and inflammatory forms of arthritis.

4. Key themes which emerged from the initial findings of this survey, included:
   - Difficulty with shopping and other deliveries
   - Concerns and queries around coronavirus: understanding how to be safe, understanding what level of risk people have, understanding how risk is related to the medications people take, understanding where to get information
   - Concerns about existing treatment/appointments being cancelled or planned treatment (e.g. surgery) being cancelled
   - People experiencing loneliness and isolation
   - Among people working from home: mixed responses on employer support and impact on both physical and mental health.

5. Further results will be available from this survey over time, and from a wider population.

Annex B: Emerging findings of the impact of COVID-19 on people with arthritis and related conditions drawn from our helpline, online virtual assistants, online community, social media and website.

1. Versus Arthritis receives communication from our community through channels including our:
   - Helpline[24]
   - Online virtual assistants AVA[25] and COVA[26] (which was developed specifically to provide online support during the COVID-19 pandemic and launched on 9 April 2020)
   - Online community[27]
   - Social media platforms (including Twitter @VersusArthritis and Facebook)
   - E-mail
   - Website.[28]

2. **Recognition campaign and pain.** Versus Arthritis has an ongoing campaign to encourage people to speak out about arthritis and related conditions and the impact it has on their lives. The most recent element of this work went live on Monday 13 April 2020, using the title 'It's not alright, it's arthritis.'[29] This campaign asks people to talk about the pain their experience, rather than hide it. This work will have affected the type of communications and content that our community are sharing at this time.

3. **Initial analysis from helpline, social media and e-mail**. An analysis of data across helpline social media and e-mail was made covering the period from 3 March 2020 to 5 April 2020. The four key themes identified in this work were:
   - Medication queries
   - Question about COVID-risk guidance
   - Emotional support
   - Employment.

4. **Cross channel findings.** A more detailed cross-channel analysis of the challenges and concerns of people with arthritis and related conditions is in development. An initial scan of recent communications across these channels on 24 April 2020 identified the following themes:
   - COVID-19 risk – concerns about the risk of contracting COVID-19 as a result of going work as a carer, going to work (general), having a musculoskeletal condition, medication. Understanding risk categorisation following a government/NHS letter. Understanding how to stay safe.
   - Employment/work – benefits available if not working, risk of going to work, including as a career (see above), people at high risk being required to work by employers.
   - Healthcare – how to get a medical appointment, how to get medication whilst isolated, how to stay healthy during isolation/social distancing (physically and mentally)
   - Isolation/social distancing – how to stay healthy during isolation (see above), whether to isolate, how to get medication whilst isolated (see above), caring for family members/close relationships and concern of exposing others to risk.
   - Pain – particularly among our online community, perhaps as a result of our recognition campaign (see above). A sense that COVID-19 pandemic has increased online communication and also that pain is more at the forefront of people's minds.

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