

IDENTIFYING WORK-RELATED TRAINING AND RESOURCES FOR WORKPLACE PROFESSIONALS

Versus Arthritis and Society of Occupational Medicine (SOM) survey 2023

VERSUS ARTHRITIS

som
Supporting occupational health and wellbeing professionals

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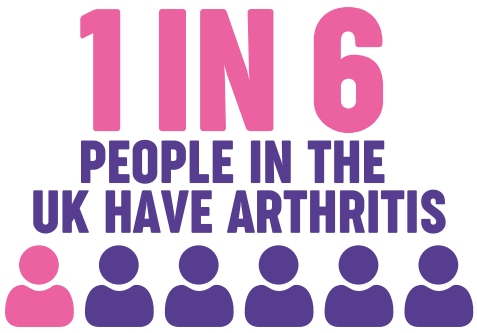
OVER 10 MILLION PEOPLE IN THE UK HAVE ARTHRITIS

INTRODUCTION

Between March and July 2023, Versus Arthritis and the Society of Occupational Medicine (SOM), conducted a survey and hosted a webinar aimed at workplace professionals. The focus of the exercise was to understand their needs, in order to best support people with arthritis and musculoskeletal (MSK) conditions experiencing work-related issues.

SOM hosts the MSK at Work Network - which advocates for policymakers, employers, health professionals and academics. Members of the network include representatives from charities (such as Versus Arthritis and the National Rheumatoid Arthritis Society (NRAS); professional bodies and networks (such as the Council for Work and Health, the Chartered Society of Physiotherapy, and the Arthritis and Musculoskeletal Alliance); and organisations such as the Institute of Occupational Medicine and Universities (including Manchester and Southampton).

Versus Arthritis is the UK's largest arthritis charity, changing lives through research, campaigning and support. Over 10 million people in the UK have arthritis - that's one in six living with the pain, fatigue and disability it can cause. The impact of arthritis can be huge,



affecting the ability to work, care for family, move free from pain and live independently. Together with researchers, healthcare professionals, policymakers, supporters, and volunteers, Versus Arthritis works tirelessly to make sure everyone with arthritis has access to the treatments and support they need to live the life they choose, with real hope of a cure in the future.

Within this report we present the findings of the survey, along with those shared during our joint webinar. It forms part of a wider piece of work to help Versus Arthritis understand what is required to address and remove barriers to work, which we feel is key to achieving a more equal and prosperous society.

The responses to our survey and webinar give an insight into the work of, and issues faced by, workplace health professionals in supporting people with arthritis/MSK.

204 workplace health professionals took the time to respond to our survey, with many more attending the associated webinar. Their experiences, opinions and ideas are vital to inform the Versus Arthritis Workplace Health Development priorities going forward.

1 THE IMPACT OF MSK ON WORK IN THE UK

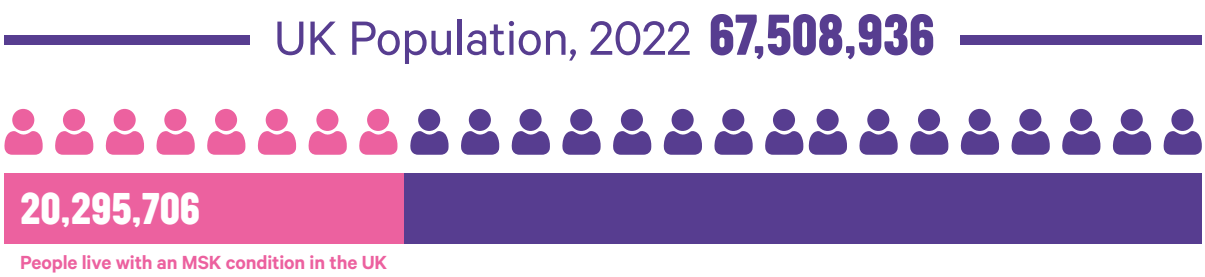
Musculoskeletal conditions including arthritis **affect more than 20 million people**, (about a third of the population) in the UK, they are a leading cause of disability and sick leave in the working population.

MSK conditions include back pain, osteoarthritis, and inflammatory conditions such as rheumatoid arthritis. The pain and fatigue they cause can make life challenging, affecting people of all ages, and impacting all areas of their lives including education, training, and work.

Without adjustments and support to address workplace barriers, many people living with these conditions struggle to manage their condition in work. Subsequently this can lead to lack of progression into or within work, presenteeism, sickness absence and ultimately job loss.

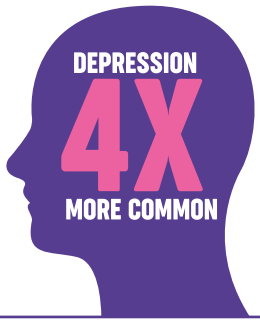
STATISTICS ON CAPACITY TO WORK

- One-third of people with rheumatoid arthritis left work within five years of diagnosis (1).
- In a study on men with ankylosing spondylitis, a type of axial spondyloarthritis, **45%** changed to a less physically demanding job due to their condition. In the same study, **24%** reported retiring early due to axial spondyloarthritis (2) (3).
- 51% of young people looking for work thought their anxiety was the biggest barrier to accessing work (4).
- In June 2022, the Office of National Statistics, ONS found that 262,272 people reported having back and neck pain that forced them to leave work (5).





The unpredictable, fluctuating nature of arthritis and related MSK symptoms is a further challenge, making it difficult to plan, or to address fluctuations in work capacity. With this in mind, the need for flexible adjustments and support will vary depending on the condition, the impact it has on the individual, and the type of work they do.



among people in persistent pain compared to those without pain. (6)

It is acknowledged that pain can also lead to low mood and affect motivation to work, with the odds of having a self-reported mental health condition 1.4 times as high in people with an MSK condition, compared with people with no MSK condition (7). These are difficulties that many people with arthritis and related MSK conditions face daily.

In order that individuals can make informed decisions about managing their health and work, they need access to relevant, accessible information and self-management support to help them work well.

For employers, MSK conditions have an economic impact on the individual and the broader economy. Failure to address this issue could result in a continuous rise in unemployment, early retirement, and long-term absence from work.

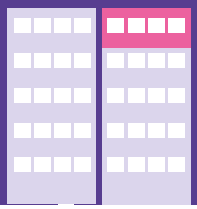
1a Employment statistics - prevalence and impact

In 2019/20-2021/22, the top-level industries where musculoskeletal disorders were most prevalent were human health and social work activities. (11)

People with arthritis are

20% LESS LIKELY

to be in work than those without. (8)





1 IN 10

current UK employees have an MSK condition.(9)



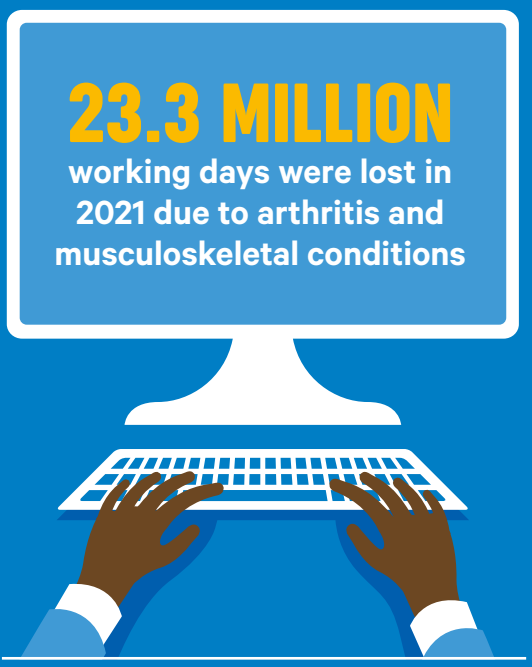
1 IN 3

current UK employees have a long-term health condition. (9)

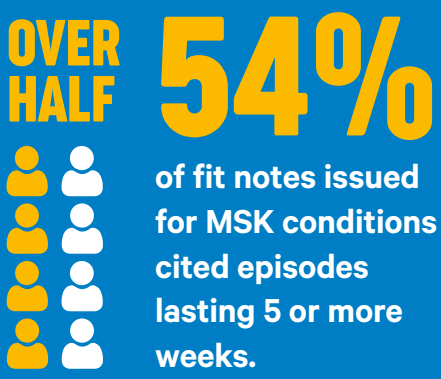


1 IN 3

employees with a long-term condition **have not** discussed their condition with their employer. (10)



MSK conditions are the third most common reason for working days lost, only behind 'Other' (including COVID-19) and 'Minor Illnesses'.



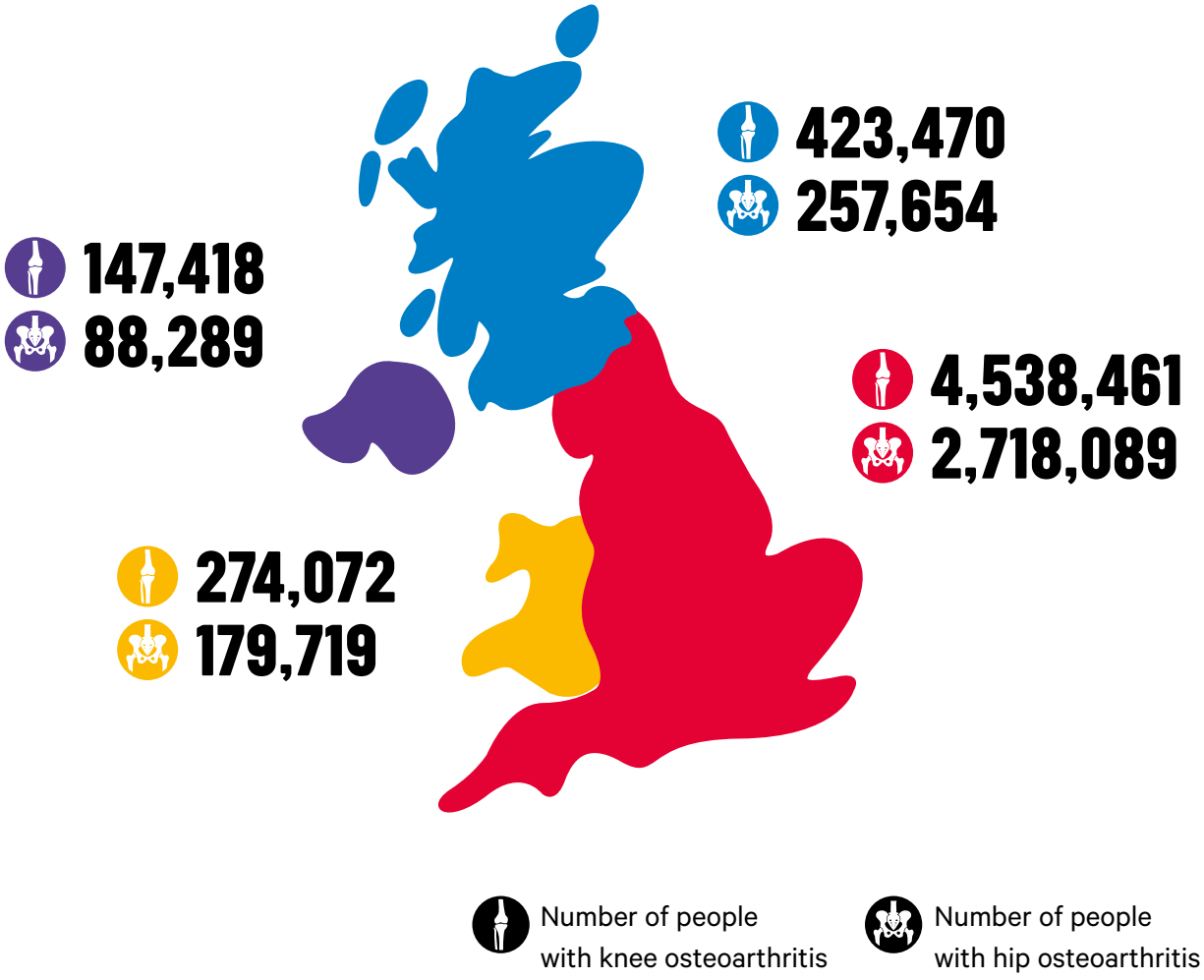
1b Work absence and impact

- 23.3M working days were lost in 2021 due to MSK conditions. MSK conditions are the third most common reason for working days lost, only behind 'Other' (including COVID-19) and 'Minor Illnesses'. (11)
- The cost of working days lost due to osteoarthritis and rheumatoid arthritis was estimated at £2.58 billion in 2017 rising to £3.43 billion by 2030. (12)
- 12% of sickness absence within the NHS between September 2021 and August 2022 was due to back problems and other MSK conditions, that's 3,252,147, full time equivalent working days lost. (13)
- Around 1 in 5 workers with back pain take time off work over a period of 6 months or longer. (14)
- MSK conditions are one of the top reasons people report for being economically inactive - with 21% of people economically inactive reporting having an MSK condition. (15)

1c Fit notes

- MSK conditions remain the second most common diagnosis on fit notes (statement of fitness for work), written by GPs in England, after mental health conditions, in 2021 to 2022 (16).
- 1 in 8 Employment and Support Allowance (ESA) claimants (13%) in Great Britain in May 2022 had a disease of the MSK system or connective tissue as their primary condition (17).
- Over half of fit notes issued (54%) for MSK conditions cited episodes lasting 5 or more weeks (16).
- 18% of fit notes issued to patients by GPs in England were for MSK conditions from June 2021 to June 2022 (16).

Number of people with hip and knee osteoarthritis in the UK (21)



Prevalence of many types of arthritis (21)

10 MILLION people have osteoarthritis (OA).

5.4 MILLION people are estimated to have knee osteoarthritis.

3.2 MILLION people are estimated to have hip osteoarthritis.

1.6 MILLION people have recorded diagnoses of gout.

450,000 adults have a recorded diagnosis of rheumatoid arthritis.

190,000 adults are estimated to have psoriatic arthritis.

60,000 adults have a recorded diagnosis of axial spondyloarthritis.

12,000 children have juvenile idiopathic arthritis (JIA).

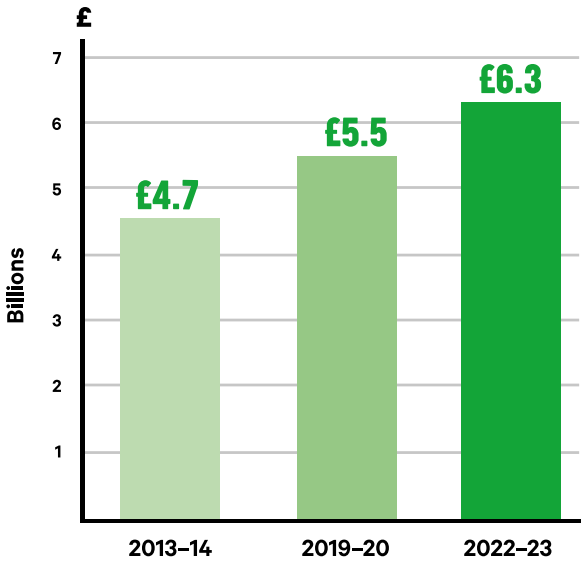


The cost of working days lost due to osteoarthritis and rheumatoid arthritis was estimated at **£2.58 BILLION IN 2017** rising to **£3.43 BILLION BY 2030.**

Combined costs from worklessness and sickness absence in the UK amount to around

£100 BILLION ANNUALLY

MSK conditions accounted for the third largest area of NHS programme spending at **£4.7 BILLION IN 2013-14**. This was 3.5% of total spending in 2013-2014. If the proportion has stayed the same – MSK conditions will have accounted for **£5.5 BILLION SPENDING IN 2019-2020*** and an estimated **£6.3 BILLION IN 2022-2023**.



*Data for 2019-2020 are shown here to demonstrate the increase prior to the COVID-19 pandemic.

2 VERSUS ARTHRITIS WITH SOM SURVEY

‘Identifying work-related training and resources for workplace professionals’

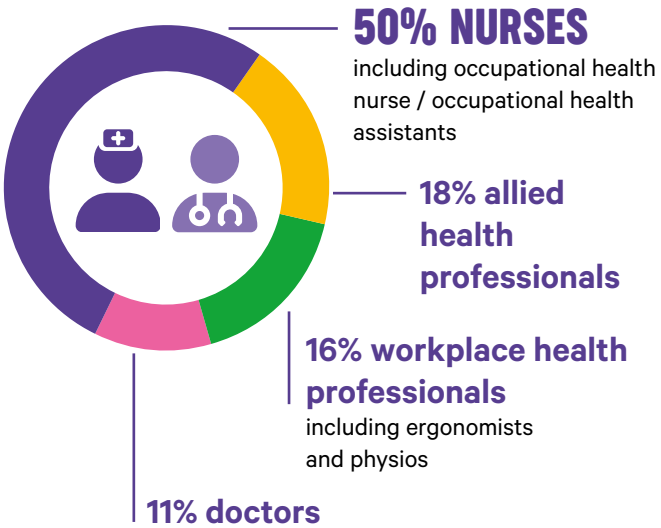
Given this context, Versus Arthritis partnered with SOM (Society of Occupational Medicine), due to their expertise in the area. Working together, Versus Arthritis and SOM developed a survey to identify gaps in current levels of understanding, and awareness of relevant resources for healthcare professionals with a specialism in, or role relating to, workplace health.

This gap analysis survey, via Survey Monkey, was sent out for four weeks between early March and April 2023 to identify what training and resources for workplace professionals are currently available and what are the gaps. The survey was sent to SOM members (1,800), SOM OH Nurse (1,500) and OH GP connect (1,200) email lists, via social media and to Versus Arthritis contacts.

This report includes a breakdown of the responses in relation to each specific question including key comments, themes, and observations.

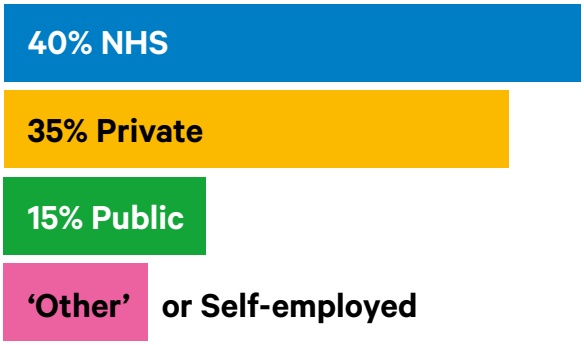
Question 1

What is your profession?



Question 2

What sector are you in?



Question 3

Where are you located?

65% England
19% Scotland
8% Wales
2% Northern Ireland
6% international

Question 4

How often do you provide information or support on work related issues to people living with MSK/arthritis?

19%
up to times 10 per month

38%
10+ times per month

43%
up to 5 times per month

Question 5

Do you feel that people with arthritis/MSK have access to the information and support needed to confidently self-manage their condition within work?

ACCESS TO INFORMATION AND SUPPORT?

- **NO – 68%**
- Yes – 19%
- Other - 13%.

There were a range of free text responses related to Q5 on access to information and resources to self-manage within work:

'Overwhelmingly no, not always, or variable depending on the individual and situation/condition. In general, it is felt more support is required to locate information.'

'Depends on their knowledge base, hopefully they do after they have seen me in Occupational Health.'

Question 6

Are you concerned about a lack of support or resources, for people with arthritis/MSK to manage their condition within work? (rate 1 not concerned – 5 very concerned)

LACK OF SUPPORT OR RESOURCES?

59% WERE CONCERNED

5 very concerned > 17%
4 concerned > 42%
with 29% choosing 3

Question 7

On a scale from 1 – 5 how confident do you feel in supporting someone with MSK/arthritis with work capacity issues?

59% chose 4 (42%) confident, or 5 (17%) very confident, with level 3 at 25%, 16% between 1 (not confident) and 2.

Those with a higher understanding were occupational health professionals and those who had access to additional resources:

> **'I participated in the WORKWELL study and have lots of strategies.'** (18).

Information for non-specialists seems to be variable: **'Limited resources'.**

Other comments relating to this highlight the need for additional guidance, especially around condition management and access to information:

- 'Confident on practical solutions, slightly less confident about ensuring safety in relation to disease-specific precautions for instance during phase of acute inflammation'.
- 'Depends on issue, often signposting to others. Would like to develop own skills and knowledge.'
- 'Challenging to do - employers' understandings / options for support / patients with pain - everyone is different / work demands different.'
- 'Information seems to be variable.'
- 'Less confident in arthritis specifically.'
- 'Using the resources I have, I do my best, however, there is always room to manoeuvre, learn more and improve our knowledge and find more resources to signpost people to.

Question 8

What information resources or support do you feel would help improve work outcomes for people with arthritis/MSK?

Respondents were asked to rate the list of resources in order of priority: 50% chose 'Self-help resources to improve capacity to manage condition in work' as their first choice.

1. **Self-help resources** for the employee on managing their condition within work (50%).
2. **Guidance on applying for workplace adjustments or support** such as Access to Work (28%).
3. **Information for employers on understanding** arthritis and MSK.
4. **Information for employers on duties** and responsibilities.
5. **Information for the employee on understanding their rights** under the Equality Act 2010 and how to assert them.



Question 9

Is there adequate support and information to help people with arthritis/MSK understand and request the support they need to remain in or return to work?



Overwhelmingly No, (66%), Yes (22%), 12% Other. 24 comments were also received.

‘People often have little understanding of their condition. It is not until they come to OH that they have a greater understanding.’

‘There may be, but is it easily available and accessible, at times there needs to be a site that umbrellas all the support systems that pertain to that problem to help people who are not sure how to find adequate resources or how to use search engines with appropriate wording.’

‘It depends on the employer and HCP involved.’

‘Many unsure what is required in the first place. Variable amounts of knowledge. Difficulty finding it (signposting)’.

Question 10

What training would be useful in upskilling you to help people with work related issues?

Over 200 comments and practical suggestions were received:

'Having an information pack I was familiar with but having it aimed at Human Resources, so they develop an internal understanding of employer duties and how to support MSK in the workplace and resources they have access to.'

Examples of good practice were suggested:

'Scenarios on how people have successfully stayed in work and what interventions, adjustments helped.'

Overwhelmingly there was a desire for more information on condition management and treatment to improve practice and knowledge, training, evidence-backed guidance, and signposting.

Other areas highlighted were legislation, Access to Work, prevention, ergonomics, and adjustments, evenly split between functional OH information and treatment of conditions.

- 'Current legislation and what is available to help people with MSK stay in the workplace.'
- 'Interpreting and extrapolating functional 'assessment to workplace requirements'.'
- 'MSK / arthritis training - awareness, how best to support.'
- 'Prevention of injury / MSK wellbeing on training programmes for those entering high MSK professions/ workplaces for example low height working with young children, early years and primary educators - sectors rarely considered for enormous MSK roles/needs.'
- 'Training on understanding the impact of MSK issues and work. How the employer can help their employees. Help with empowering the employees.'
- 'Advice for health and safety professionals.'
- 'What resources are available out there, what is the best practice guidance, what are the NHS doing to help people manage these conditions, can we do more?'
- 'What treatments are currently preferred and how they may affect individuals being treated.'
- 'Case studies, office, manufacturing, outdoor workers.'

> **'Information on the less well-known related symptoms, daily practical management of daily activities and the timescales and impact of immune suppressing medicines used in the management of these diseases.'**

Question 11

If you could name one area of training, information resources or support that would help improve work outcomes, what would it be?

Again, a rich array of free text responses – with over 180 (90%) creative suggestions and comments received in answer to this question.

Awareness raising was mentioned, having access to occupational health advice, as well as campaigning for improved access to treatment.

'Lobbying government so people get timely access to effective treatment - joint replacements. You can only adjust so much and if a job is physically demanding they end up simply not being capable.'

Training, information, and resources, E-learning and employer awareness mentioned repeatedly. With other suggestions for professionals relating to diagnoses, management and treatment, examples of workplace adjustments, health and safety training, display screen equipment (DSE) and manual handling.

'Getting the employer to understand the importance of the right fit between the person, their job tasks/demands and the work environment.'

'Training managers about MSK conditions but also have OTs working in Occ Health.'

'Support for line manager in providing information about arthritis/MSK conditions to support them in managing their staff.'

'Advertising the OH service and how to access for staff'.

'Self-help material for the employee to assist them in the workplace.'

'Tool to support employees on return to work or to stay in work.'

'Sources of advice on functional capability and work.'

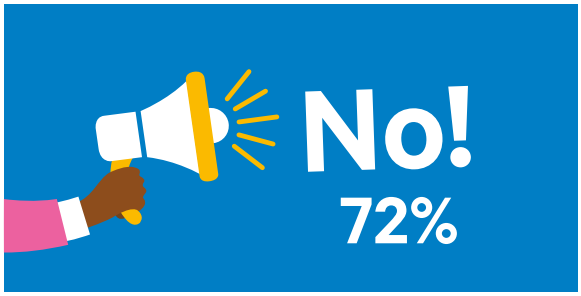
'Peer discussion.'

'Guidelines for health examination and fitness for work for people with arthritis.'

'Updates relating to changes in management of conditions and newer medications.'

Question 12

Do you feel that current workplace wellbeing initiatives are meeting the needs of people with moderate to severe arthritis/MSK?



14% Yes

14% 'Other'

Responses indicated that wellbeing initiatives were variable, with limited access in small to medium enterprises (SME).

- 'Not sure - my impression is that a lot of these initiatives focus on mental health and wellbeing'.
- 'Depends on whether they have access to Occupational Health, how effective that service is and how invested the company is to helping to meet these needs.'
- 'It is sporadic and inconsistent.'
- '...the initiatives need more financial input, not enough staff in OH.'

Question 13

Do you have any other comments or suggestions?

A third of respondents shared comments and suggestions to this question. Several acknowledging the importance of improving the understanding and management of arthritis/MSK within the workplace.

> **'This is a really helpful topic, and the outcomes should be available both to occ health but also primary care.'**

Examples of good practice were shared:

> **'Having access to a physiotherapy team within OH for over 25 years has been invaluable - we have established links with MSK throughout Highlands and link into a variety of groups - recommend access to physiotherapy and OH to work collaboratively'.**

Respondents recognised the need for a holistic approach to helping people living with a long-term condition; with access to appropriate occupational health advice and support. The impact on mental health and lack of supported self-management to improve capacity and wellbeing were seen as key areas, as well as services targeted at specific age groups.

- 'Specific workplace initiatives that do exist for people with arthritis are not well known or accessible.'
- 'Unaware of many workplaces which have workplace wellbeing initiatives for people with arthritis/MSK issues.'
- 'We have an aging population with increasing concerns, we have more and more clients unable to support this workforce and need more innovative solutions to support them.'
- 'More services and support for younger patients with arthritis. Most services are targeted at post-retirement patients, with local support during the working day.'

- ‘Help with empowering the employees to help themselves.’
- ‘All employers should have free access to ‘Good’ occupational health i.e. professionals who know, or have the time to understand, what the employee has to do at work and therefore can match this to their health requirements.’
- ‘Occupational Health need to be utilised by managers. Even large companies often seek GP opinion rather than specialised service.’
- ‘Poorly managed MSK affects Mental Health too and so the downward spiral occurs with people getting by without actually tackling what can be controlled and managed’.

The final survey question focused on workplace health professionals’ (WHP) thoughts on the definition of disability under the Equality Act 2010 (EqA).

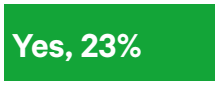
We acknowledge that not everyone living with arthritis/MSK will meet the definition of disability as defined by the EqA, or even consider it. There will, however, be many who will want to better understand their rights and look to workplace health professionals for guidance.

Question 14

In terms of the definition of disability under the Equality Act 2010; arthritis is not an automatic qualifying condition. Do you feel it is simple enough for individuals with arthritis to know if they meet the criteria?



not simple enough to understand



simple enough



added comments

Unanimous No, 69% did not feel it was simple enough to understand if they meet the definition of disability.
23% said yes, it was simple enough, with 20% choosing to add comments under ‘Other’.

The free text responses within ‘Other’ option were mixed, with some rightly stating meeting the definition of disability should make no difference to an individual’s right to have the workplace support or adjustments to enable them to work with their condition.

Many respondents found the information on the definition of disability unclear or confusing; it is just seen as another barrier to understanding of rights.

Concern about disability labelling was also raised:

‘Labelling someone as disabled can have negative consequences and perhaps even encourage negative self-help behaviour, far better to access advice on what people can do at work with support’.

While another commented:
‘Legal definition, not relevant clinically – though agree more can be done to support patients to understand their rights. ‘

- ‘Individuals need support and guidance on this area.’
- ‘I think it would help if they can be empowered to understand why they fall under the EqA if they do, and how they can talk to their employer about suitable support.’
- ‘Due to changing nature of arthritic conditions prone to relapse and remission, symptoms are not always persistent and may vary in severity of both pain and functional capacity.’
- ‘It is not simple enough. I would consider how the symptoms affect the individual and how long it has been in existence. An individual with arthritis may not understand the criteria and struggle to decide whether their arthritis qualifies.’



3 SOM WITH VERSUS ARTHRITIS WEBINAR



The webinar at Versus Arthritis with SOM MSK at work gap analysis webinar was held to share the responses to the survey and offer the opportunity for a wider discussion on work-related support for people living with arthritis/ MSK. It discussed the following questions:

- What do you feel prevents some employers from providing the best support to people with MSK?
- Do you know where to go for resources and help? What works well?
- Are you able to support people with MSK conditions to support themselves? What does this look like?

This interactive webinar allowed attendees to share experiences, opinions and ideas.

With MSK management tools constantly evolving and improving, it was suggested that training should cover these treatment improvements and the methods used to help individuals with MSK in the workplace; expressing that this would assist practitioners in offering effective and appropriate treatment to employees struggling to manage their condition.
Awareness of long-term health conditions was also seen as a means to facilitate occupational health practitioners to consider workers' overall health history and create an effective management plan.
The increase in home working and outsourced occupational health advice, means that some practitioners may have little contact with key staff within the workplace.

Having access to workplace assessments, clear information and self-management tools were all suggested as essential to improve support within the workplace.

‘I think that one of the difficulties facing OH is the way in which we are evolving. The effect of increasing WFH has been to make us increasingly remote from the workplace, and the increasing use of outsourced OH provision means that ongoing involvement with organisations is becoming increasingly rare. Hence the importance of understandable and easily available literature aimed at employers and employees.’

- ‘A good starting point for any employee with chronic MSK issue is to perform a workplace assessment, as this will determine what they can and can’t do and what they need adjustments for and need for ongoing treatment/ referral.’
- ‘Traditionally people view surgery as the only option for mod-severe arthritis. Now that waiting times are so long people are getting stuck with no way forwards. Easy access to positive resources that demonstrate and encourage that self-management is a real option and surgery is not always required would be very helpful.’

One attendee of the webinar shared their own experience of developing arthritis during covid:

‘As a full-time employee who was diagnosed with OA in my hands (thumbs) over 2 years ago, I cannot emphasise enough the importance of employers and employees knowing about Access to Work. Had I not been assessed via this; I would have potentially lost my job and not been able to work. I was in terrible pain and could not function - I was unable to type, cut up food, dress myself etc. I was devastated as I was losing my independence.

The equipment I received has been life-changing and has allowed me to continue in work as well as to prevent my condition from worsening.’



1 IN 8 **4,510**

people receiving support from the UK’s Access to Work scheme in 2021-22 had an MSK condition. (20)



4 CONCLUSIONS

Versus Arthritis and SOM are grateful to all who took the time to share their experience, views and ideas within the survey and webinar; helping us better understand the importance of their work and the need for a coordinated approach to the provision of work-related training, information, and resources.

With almost 600 free text comments and suggestions from respondents to the survey, and many more shared at our joint webinar, it is clear respondents felt that this survey is an important step in highlighting the lack of priority given to work-related support for people living with arthritis/MSK.

'Thanks for looking into this and all the important and valuable work you do.'

The responses overwhelmingly revealed a desire for increased access to training, peer support and work-related information resources. In addition, upskilling employers and workplace professionals on the impact of arthritis/MSK conditions, and how to support employees.

Over two-thirds of respondents did not feel people could confidently access information to help them manage their condition to remain at work.

Finding a way to assist people with arthritis/MSK to improve their understanding and management of their condition will empower them to take control and ultimately improve work outcomes.

Responses indicate there was value in Versus Arthritis facilitating key areas detailed below to address the lack of coordinated work-related information, training and support for people living with arthritis/MSK of working age.

1 Guidance, training, and work-related resources for workplace health professionals

on latest developments in treatment, management of the conditions and assessing capacity to work safely.

Those respondents to the survey and webinar who expressed confidence in helping people who have arthritis and have work capacity issues were either occupational therapists, engaged with occupational health (OH) or have the condition themselves. Those without an OH background, which included nurses and GPs, were less confident in giving advice and would often signpost patients.

'We are not taught this in our nursing training.'

Suggestions from respondents were:

- Access to continuing professional development (CPD) opportunities to improve understanding of the impact of the conditions (including to mental health).
- Guidance on the impact of medication that may require review of adjustments to maintain work.
- Access to research-backed information resources on the range of conditions, effect of treatments (and lack of/ delay to treatment) flare-ups etc. on functional capacity.
- Signposting resources that can be used to share with employers and people with arthritis/MSK to help manage condition, understand their rights and maintain their capacity to work.

'I know someone with mild-moderate OA who has left ALL work (since age 55), having decided she is unemployable. Should the professionals who work with people like her have more training in mental health and mindset to address mental barriers to working?'

2 Training for workplace (non-health) professionals and employers

Respondents maintained that in order to improve work outcomes, training aimed at employers and workplace professionals was needed;
designed to increase understanding of MSK conditions, reasonable adjustments and support for employees working with arthritis/MSK conditions.
The progressive and fluctuating nature of many of these conditions is not only challenging to live and work with, but also for their employers, workplace and employability professionals trying to address barriers to work.
From the responses received, it was also suggested that employers are more likely to employ a health and safety practitioner than an occupational health practitioner.

As a result, involving health and safety officers in occupational health processes was recommended. It was felt that this would help to broaden the audience and increase awareness of arthritis in the workplace and how it affects workers' ability to perform various tasks.

Within our accompanying survey, 'Understanding work-related support for people living with arthritis or MSK conditions', aimed at people living with arthritis, union reps were also seen as key to supporting colleagues to achieve workplace adjustments.

3 Self-management tools

Living with arthritis or MSK conditions can have a profound impact on the individual and their families. Pain, fatigue, mobility and/or dexterity issues can all play a part in eroding confidence in their ability to live and work well. These conditions vary in the effect they have on the individual, for some life may remain unchanged, or manageable with treatment and/or lifestyle adjustments. For others, the condition may adversely affect their daily life, confidence, capacity to work and carry out everyday tasks.

The result of this can see them struggling to remain in or return to work and plan for the future; negatively impacting their job security and income throughout their life.

Our respondents' recommendations:

'Not sure this is all a work issue, often individuals have a diagnosis and that's it, no specialist nurse/ physio follow up to managing and living with such conditions, basically keep taking pain relief and that's it. Oh, and it will get so bad you cannot work. Very little focus from treating clinicians on learning to live with such conditions.'

- Ensure anyone diagnosed with arthritis or MSK conditions has access to accessible information, self-management tools and resources.

Self-management tools and support can help people living with long-term conditions:

- Be better informed about their condition and how to manage it.
- Effectively communicate their condition and any problems they are experiencing.
- Deal with everyday challenges, prepare for fluctuations in their condition such as flare-ups, or adjustments in treatment.
- Understand the importance of physical activity and lifestyle changes in managing pain and MSK health.
- Identify and access information on rights, services, and support.
- Determine adjustments, support and/or equipment that will help improve their work capacity.

With access to the right information, tools, and support to self-manage, people with arthritis/MSK can work well for longer. Together with health professionals and with those who provide support, self-management can empower people, ensuring they are able to make informed decisions that are right for the life they want to live.

Waiting Well

Versus Arthritis's Waiting Well support package (19), underlines the need for a managed approach to support people waiting for treatment or surgery. Managing work and a chronic painful condition that requires surgery, which may take months or years, is an additional burden for employees and increases risk to their capacity to remain in work.

4 Information for all: Improving awareness of, and access to, resources and services

Information and signposting resource

Our survey established that access to information that is clear, accessible, and easy to find is essential. Workplace health professionals want relevant information and tools to help them in their practice. They also highlighted the need for resources that they can use to signpost and inform people they are working with and their employers.

With a plethora of informative websites and resources related to work, health and safety, research and MSK conditions, it can be challenging and time-consuming to identify appropriate information.





Respondents proposed an information point or resource, drawing together expertise from a range of organisations and research, mapping out and facilitating access to evidence-based information. It was felt that identifying and structuring relevant resources will facilitate ease of access and increase use of specialist information and guidance.

Access to Work and reasonable adjustments

Examples of good practice in addressing workplace barriers were felt to be helpful. Whether through occupational health advice, employers' reasonable adjustments, or through the government's Access to Work (AtW) scheme.

Access to Work is not as well-known as it could or should be. Versus Arthritis's survey report, 'Working it out – Awareness of the Access to Work and employer support' highlighted that 59% of respondents were unaware of the AtW scheme (20).

The information available on the AtW scheme does not draw attention to the many work-related solutions that can be achieved through it. Examples of AtW outcomes could increase awareness of the range of creative workplace solutions that can be achieved through the Access to Work* scheme.

*With one in eight people (4,510) with an MSK condition receiving support from the UK's Access to Work scheme in 2021-22 (20); we appreciate how valuable this support can be to employers and their employees.

While not the solution for all employees, many more may benefit from the scheme.

Understanding rights
The responses to the questions on rights and the Equality Act 2010 underlined the confusion around the definition of disability. It was agreed that having accessible information to improve awareness of rights is about enabling people living with a long-term condition to be informed and make their own decision, it is not about labelling individuals.

Respondents suggested that employers should be proactive and supportive of all staff who may require adjustments or flexibility to improve their capacity to work, irrespective of whether they meet the definition of disability or not.

'Workplace culture should support employee with health conditions regardless of Equality Act applying.'

Access to occupational health
There was an emphasis on improving access to occupational health for all, assessing individual functional capacities in the working environment and supporting employees, particularly within SMEs who may need additional support.

'Everyone is different/work demands different'.



INFORMING OUR WORK

Versus Arthritis currently has £103.5 million invested in a range of research projects.

We fund research across the spectrum; from basic science to better understand a condition, through to clinical trials to find better treatments, and health and social care research.

Our research also includes funding to help identify cost-effective ways to minimise the adverse impacts of musculoskeletal disorders in the workplace.

This survey, along with the corresponding survey aimed at people living with arthritis or related MSK conditions, and our funded research partnerships and services, will help inform our work going forward.

Thank you to SOM and all our survey respondents, and to those who attended our joint webinar. Your contribution to this work is invaluable.

APPENDIX

List of Abbreviations

- **ACAS** - Advisory, Conciliation and Arbitration Service
- **ATW** - Access to Work
- **CPD** - continuous professional development
- **DSE** - display screen equipment
- **ESA** - Employment and Support Allowance
- **HCP** - health care professional
- **MSK** - musculoskeletal
- **NRAS** - National Rheumatoid Association
- **OA** - osteoarthritis
- **OH** - occupational health
- **OHP** - occupational health practitioner
- **OT** - occupational therapist
- **SOM** - Society of Occupational Medicine
- **WFH** - working from home
- **WHP** - workplace health professional
- **H&S** - health and safety adviser



Websites

- **Access to Work -** www.gov.uk/access-to-work
- **Back Online -** backonline1.arcca.cf.ac.uk
- **Versus Arthritis -** www.versusarthritis.org
- **The Society of Occupational Medicine -** www.som.org.uk
- **Centre for musculoskeletal health & work -** www.cmhw.uk
- **MSK Aware CIC -** www.mskaware.org
- **Musculoskeletal Health Toolkit for Employers -** www.bitc.org.uk/toolkit/musculoskeletal-health-toolkit-for-employers
- **Advice for workers with MSK disorders -** www.hse.gov.uk/msd/workers-msds.htm
- **Manual handling at work -** www.hse.gov.uk/msd/manual-handling/index.htm
- **ARMA | The Arthritis and Musculoskeletal Alliance -** arma.uk.net
- **Practical tools and guidance on musculoskeletal disorders -** osha.europa.eu/en/themes/musculoskeletal-disorders/practical-tools-musculoskeletal-disorders

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