

Notes of ARMA CEO meeting 17 July 2020

The meeting discussed two topics – priorities for next year and diversity.

Work for next year

In break out groups, people discussed what might be possible priorities for next year's work. Things which require collaboration to achieve, are most likely to deliver impact and can be delivered by a small organisation like ARMA.

Group 1

- 1) A discussion around revisiting exercise as a keyway to reduce MSK pathology and suffering with ideas around ambassadors who have embraced restrictions to improve their MSK health through exercise
- 2) Treatment and interventions that work for some but have reduced research evidence so are no longer advocated in primary care, i.e.: gabapentin for chronic sciatica
- 3) Motivating people to be active and stay active
- 4) Continuing the work that ARMA has done so well over the COVID pandemic of bringing all members together and working as a network on common issues and goals
- 5) The impact of COVID on MSK services both by an increase in rehab of recovering patients but also the people that have been set to one side and not been able to access services as they have been shielded, similarly all of those cancelled treatments that people are waiting to be reinstated.

Finished on the headline being that re-establishing MSK services and keeping MSK at the forefront of care needs to be a priority with the slogan – MSK not Forgotten

Group 2

- Congrats to Sue and Nita – they have really pulled it together this year
- Pace of receiver of services is pretty slow, v little comms about MSK services. How long with the effect of Covid have on provision MSK services at least 18 months. Currently there is a full revision of services in the NHS.
- Weekly call involving ARMA useful particularly regarding hip and knee replacements. ARMA gives an effective MSK patient voice.
- ARMA patient voice being heard e.g. end stage arthritis does not respond to drugs – timely operating key. MSK must not be forgotten in restart services as there will be less capacity to operate due to cleaning etc X rays down to 18 per morning as compared to 50 pre Covid. ARMA is influential as represents many professional/charity/patient bodies. Normally 180k consults a month – last month down to 34K
- ARMA must emphasise patient voice at national and strategic level. Keep up momentum. SB attends mtgs of many orgs and this is useful for assimilating views.
- ARMA popular with NHSE due to broad representation, its ability to bring people together; it facilitates members, but members must take a more active role to help ARMA resource.
- Good idea that Suzanne R and Andrew B to attend ARMA meeting – familiarise themselves with a prospective workforce and ARMA can influence this.

- ARMA demonstrates more value than many members pay; must ensure its sustainability – raise members fees (iO) paid webinars? Represents MSK community (One voice for MSK) and has a collective voice; keep up good communication with members and MSK community.
- Must remember patients' orgs re digital exclusion/health inequalities

Group 3

- Clare Jacklin – awareness of multidisciplinary working – even more important going into next year – there's a little bit more collab between PC independent and secondary care. At moment feels a bit siloed – we all are working together – piece of work with CCGs e.g. hospital physios working with community physios – holistic approach to care.
- Kevin agrees. Pain backlog only going to increase. How can we help support the public at large with MSK related issues? People who can't be seen who are in the system and those who are frightened to go into the system. Bring in that influence in all the member associations. To achieve this one thing would be outstanding.
- (BCA) MSK still a Cinderella subject – still part of the furniture and background. No real attention focussed on it as there is with cancer and heart disease which cause visible levels of mortality. Education, information and influencing should be at the top. Educating who? Ministers, DoH, NHS to gain some perspective of scale of the problem. To a higher level of debate.
- Sue – partly reason why had educating non-MSK and policy. Think at the end of the year will be in a different position. Andrew thinking of anything we to do something difficultly in the second phase. NHS change challenge good example of co-production. Sue thinks we are rising up the NHSE agenda. Need to capitalise on that.
- Should we be pushing this up and make sure we don't sink again – riding the wave.
- Clare -link to what else is going on out there e.g. mental health issues hand in hand with shielding. How do we marry up our messaging to national messaging going on i.e. all knits in together? Importance of cross fertilisation. Signposting and working together e.g. signposting to MH etc
- Kevin - Many people are aware of the problems that are out there. Links – MH with physical activity – other conditions – how they all link together. Within ARMA possible solution. Ease those burdens. Offering solutions. Offer clarity and push the agenda.
- Clare – use good best practice examples in the area of therapy sports therapy. E.g. if a rugby player and you have an injury – what can we learn – e.g. impact on brain.
- Psychological support isn't there. Show the example of the MSK community – thinking about the whole person – a holistic approach.
- Mental health – pushed in overall healthcare programme. Look at bringing someone in to represent the psychological support – start working more with someone from MIND or health psychologists to help guide us in this way.
- Tom BCA – how much traction there is for this argument already? A lot of groundwork – complex idea. Allied to this is a multidisciplinary solution but the more features, factors and issues the more difficult it is to put that argument. Where are we in this now? MH awareness there has been quite a push, gaining momentum. At the moment it is high on people's agendas and it will work in our favour.
- One clear message - multidisciplinary, not just MSK but the whole body and mind. One voice wanting the same thing. Holistic care/multidisciplinary approach to get people out of the system.

Group 4

- ARMA should ensure that it advocates for patients who've missed out on treatment as a result of COVID. This includes continuing to lobby for initiatives that will address waiting lists and

access to services. Within this, there should be a focus on key groups, for example, those awaiting joint replacement surgery. This will increase impact as it draws on those areas facing the biggest challenges.

- ARMA should ensure that MSK is not "lost" as a priority as services return to some normality over the next 12-months.
- Work of ARMA during COVID very appreciated. Has been a vital role. ARMA to continue to be an active stakeholder in the industry. Continue to facilitate collaboration between professional bodies and patient groups on common goals and issues, then acting as a central voice to take issues to the top.
- Focus on how MSK health impacts on long term health in other areas, particularly the big NCD's. Highlighting the challenges of physical inactivity that has been brought about by COVID. Continued focus on how to improve and maintain health through physical activity.
- **Focus on the provision for Rehabilitation** - both COVID and non-COVID. The pandemic has placed huge demand on the workforce, both in terms of capacity and specialist skills. There needs to be adequate provision of community rehab to meet the increasing need and this needs to be staffed by appropriately trained professionals. This should be focused on competency-based recruitment, allowing the workforce skills to be matched to the demand in community rehab services. There is recognition that there is an ever-growing need for multimorbidity rehabilitation. Rehab should be high on the ARMA agenda as high-quality provision is essential for good MSK outcomes.
- Promote the benefits of virtual care and advocate for its continued usage for patients where this is the best option. For those who can, promote self-management and focus face-to-face efforts on those who need it most.
- Is there a role for private practice in helping to clear the backlog. The private sector has a role to play in terms of both personnel and facilities. Can ARMA continue to explore this avenue and advocate for appropriately qualified professions to be involved in efforts to reduce waiting lists.
- Ensure that the focus on MSK continues to be holistic and consider both the physical and mental health of patients.

Action: These notes will be taken forward by the policy and communications group to provide a draft plan to the members meeting.

Diversity

Small groups discussed what issues related to diversity should ARMA be considering in planning work for 2021.

Group 1

1. Update the 2013 equal opportunity policy
Come up with a new policy statement:
 - a. how ARMA recruits its board members
 - b. be in a position to influence key stake holders
 - c. action not just words, not just having the policies but living it through the organisation day to day
2. Research that includes minorities

- a. clinical research that focuses on minority groups; targeted research & campaigning in other areas of healthcare - can it be mimicked in MSK, for instance diabetes amongst South Asians
 - b. socio-economic research on inequality in MSK care and the systemic barriers to healthcare for minorities. Literature in other languages?
 - c. Data/research in other languages that may be useful in dealing with some minority groups
3. Other forms of diversity - People in detention and their MSK needs as well as diversity in other areas of care, for instance HIV patients who are susceptible to other ailments

Have guest speakers from other diverse areas to provide a fuller picture of MSK healthcare

Group 2

What do we know?

- Tony Woolf says there is international research about outcome and equity. There is data on class and occupations. JSNIs may give some info. But gaps too.
- How much is linked to deprivation and is it different to other health services?
- Equity in new service models is important e.g. - FCP, virtual services etc
- The board needs to be suitably diverse.
- Should be a broad EDI approach not focussed only on race.
- Previous work on mental health might be important to continue.

Possible priorities:

- Sharing what member orgs are doing on EDI (but we can do that anyway)
- Top priority - focus on equality of access and outcomes in new MSK delivery models
- MH
- Governance

Group 3

- Is ARMA representing minority groups? Is the membership of ARMA inclusive?
- Should ARMA seek organisations that are perhaps local?
- ARMA should develop a policy by which it can include groups that represent minorities. For example, National Voices or Health Watch?* Ref to digital inequalities
- ARMA needs to take positive action to gain greater diversity amongst its Trustees.

Action: These notes will be considered by the Board in the first instance to identify the best way to progress this with the membership.