

MSK at work network – 7th January 2019 - Scoping meeting

In attendance:

- Nick Pahl, CEO SOM
- Aalia Kazi - Incisive Health
- Dr Steve Boorman - Council for Work and Health
- Dr Joanne Crawford - Institute of Occupational Medicine
- Matthew Bezzant and Ailsa Bosworth - NRAS
- Laura Boothman - Versus Arthritis
- Georgina Craig – ELC Works
- Dr Suzanne Verstappen - Manchester University
- Natalie Beswetherick - Chartered Society of Physiotherapy
- Sue Brown – CEO and Tony Woolf, Chair - ARMA
- Lesley Giles - The Work Foundation

Apologies – Professor Dame Carol Black, Dr John Chisolm, RCGP

Nick highlighted MSK research funds are available from the Oliver Bird fund <http://www.nuffieldfoundation.org/OBF>. VA can assist with advice if necessary.

Nick offered to chair, but other volunteers welcome. He acknowledged the excellent work of the Fit for Work Coalition.

1 Where do we want to end up?

Agreed the aim was to be achieve parity between MSK and Mental Health at work issues, and that currently there are disparate voices that need to be co-ordinated to ensure this parity of esteem.

The network should aim for a person centred approach whereby all people with MSK are able to get in and stay in work managing their condition to best effect e.g.

- Via “stakeholder management” to advocate effectively to Government and policy makers - such as through Public Health England, NHS Digital and the proposed Occupational Health strategy.
- By supporting employers such as via a sector based approach (such as for manufacturers) to offer prevention and support for employees
- Via health professionals

This should be underpinned by effective research and evaluation although agreed that “we know what works” already (such as via the MSK employers toolkit).

2 What would it take to achieve that?

- For Policy makers to mandate MSK at work strategies to support individuals
- For Employers to put in place MSK at work action linked with general work and health activities for employees
- For Health professionals – to ensure MSK at work is part of practice with patients
- For Academics to communicate research and identify gaps

3 What are the assumptions we are making? What is stopping us? E.g.

- Agreed a “fatalism” was a common theme. Noted there needed to be concerted action to change hearts and minds and see a commitment to take work and MSK health seriously amongst stakeholders
- There was concern there were “too many toolkits” and that people don’t act on evidence for MSK and work.
- Funding is available e.g. for Occupational Health services for NHS staff and for tax incentives for employers to invest in OH

4 What do we need to do and deliver? E.g.

Agreed a “nimble” network at this stage would be best, using the expertise of members; this would be more beneficial than a centrally driven Coalition.

SOM are happy to host, with links to ARMA and the Council for Work and Health

Agreed for frequent calls to achieve effective interaction e.g. every 6-8 weeks to, in the first instance:

- Understand and support the WHU MSK lead
- Agree key messages and possible joint action in a key area e.g. proposed new PHE strategy
- Review potential funding e.g. for a political advocacy push
- Share activities and take a forward view as to areas of collaboration

..again underpinned by an understanding of the current research base (and any gaps).

A digital platform could be used to facilitate this.

A doodle poll to be circulated with meeting times – suggested to be either 28th or 31st January or 4th Feb