

MUSCULOSKELETAL HEALTH KEY STATISTICS United Kingdom

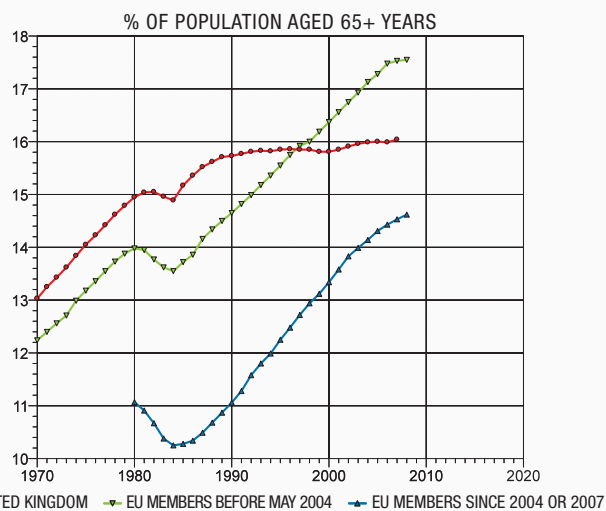


May 2011

Demographic information

Population size: **62,309,000**

% of population over 65: **16.2**



Source: WHO Health for All Database 2010

Societal and economic information

GDP (Per Capita in US\$ PPP): **\$35,880 (\$30,388)¹**

Income / Wealth inequality (Gini coefficient): **32.4 (30.4)**

Unemployment levels (% of labour force): **7.8 (9.5)**

Population health

Life expectancy at birth: **Male 77.6 Female 81.8 (M 74.5, F 81.1)**

Life expectancy at age 65: **Male 17.6 Female 20.2 (M 16.0, F 19.7)**

% of adults 20yrs+ obese: **Male 24 Female 24 (M 15, F 16)**

% regular daily smokers 15yrs+: **21 (26)**

% of those who rarely or never do any exercise: **18 (24)**

Musculoskeletal health

Prevalence of self reported long standing illness of the musculo skeletal system: **Male 16.2% Female 20.2% (England)**

Prevalence of self-reported musculoskeletal conditions caused or made worse by work for people working in last 12 months per 100,000 employed in last 12 months: **Male 1850 Female 1670**

Point prevalence low back pain: **18%**

One year incidence low back pain: **15.4%**

Prevalence of rheumatoid arthritis: **0.3%**

Prevalence of symptomatic osteoarthritis hip/knee (ages 65-99): **0.3%**

Prevalence of gout: **Male 2.2% Female 0.6%**

% of workers reporting backache attributed to work: **10.8%**

Age-standardized Disability Adjusted Life Years (DALYs) MSC per 100,000: **408 (473)**

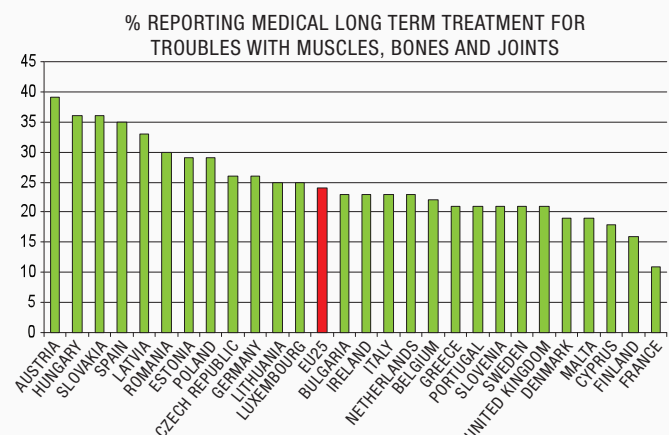
Age-standardized DALYs RA per 100,000: **85 (82)**

Age-standardized DALYs OA per 100,000: **198 (254)**

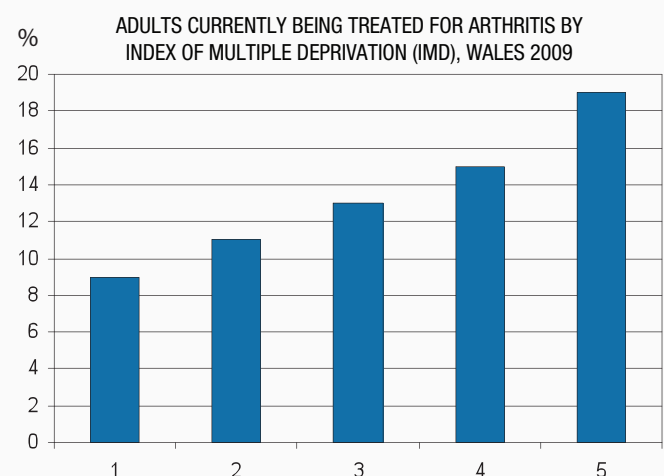
Potential years of life lost due to diseases of musculoskeletal system: **14 (Average 17 EUMS² 9)**

Deaths from diseases of musculoskeletal system per 100,000 population (standardised rates): **4.3 (Average 17 EUMS 2.6)**

Age adjusted mortality rates due to fall injuries per 100,000 among the elderly: **23.2 (51.6)**



Source Eurobarometer 2007



Source: Welsh Health Survey 2009
IMD 1= Least deprived; IMD5= Most deprived

• Driving musculoskeletal health for Europe

¹ Figures in bracket are EU average unless otherwise stated

² EUMS - European Member States

Health and social care system

- The National Health Service provides healthcare to all permanent residents of the UK that is free at the point of use and paid for from general taxation (including a proportion from National Insurance payments).
- Private health care and a wide variety of alternative & complementary treatments are available for those willing to pay.
- Private health care is paid largely by private insurance; it is used by less than 8% of the population.
- Patients have the right to drugs and treatments that have been recommended by the National Institute of Clinical Excellence if they are clinically appropriate.
- Prescription charges apply in England only (£7.40 per item). 90% of prescription items are dispensed free of charge.
- Patients have the right to choose their own GP through whom referrals to secondary care are made.
- All NHS hospital treatment is free of charge including drugs, surgical consumables and appliances.
- Statutory Sick Pay is paid by the employer for the first 28 weeks that the employee is unable to work because of sickness or disability. It is paid at £81.60 per week.
- In 2008 Employment and Support Allowance replaced Incapacity benefit and Income Support, this can be claimed if not eligible for Statutory Sick Pay.
- Disability Living Allowance is available for those under 65 who have personal care needs or difficulty with walking.
- Disablement benefit is for available for people who have a work related disability.

Expenditure

Total national expenditure on health (% of GDP): **7.1 (8.4)**

Public expenditure on health (% of total health expenditure): **82.6 (73.5)**

Public social expenditure (%GDP): **21.3 (Average 15 EUMS 20.5)**

Expenditure on in-patient care per capita, US\$ PPP: **Data not available (Average 19 EUMS 928)**

Expenditure on pharmaceuticals per capita, US\$ PPP: **368 (Average 21 EUMS 463)**

Provision of health services for MSC

What conditions are predominantly managed in primary care?

Osteoarthritis, back pain, soft tissue rheumatism

What conditions are predominantly managed by rheumatologists?

Inflammatory musculoskeletal conditions (RA, CTD)

What conditions are predominantly managed by orthopaedics (non-operative)?

Osteoarthritis, sport injuries

Are rheumatology services provided in the context of an integrated multiprofessional, multidisciplinary team? Who are the typical members of the team?

Yes, rheumatologist, specialist nurses, specialist physiotherapists, specialist occupational therapists.

Are physiotherapists independent practitioners?

Yes

Is there access to occupational therapists?

Yes

Are there specialist nurses and what is their role?

Yes. Their role includes physical assessment, pharmacological management and monitoring, patient education & support.

Can patients be admitted for rehabilitation of their musculoskeletal condition or can intensive rehabilitation be provided as an outpatient?

Very limited

Health care for musculoskeletal conditions

No. of Rheumatology physicians (WTE): **531**

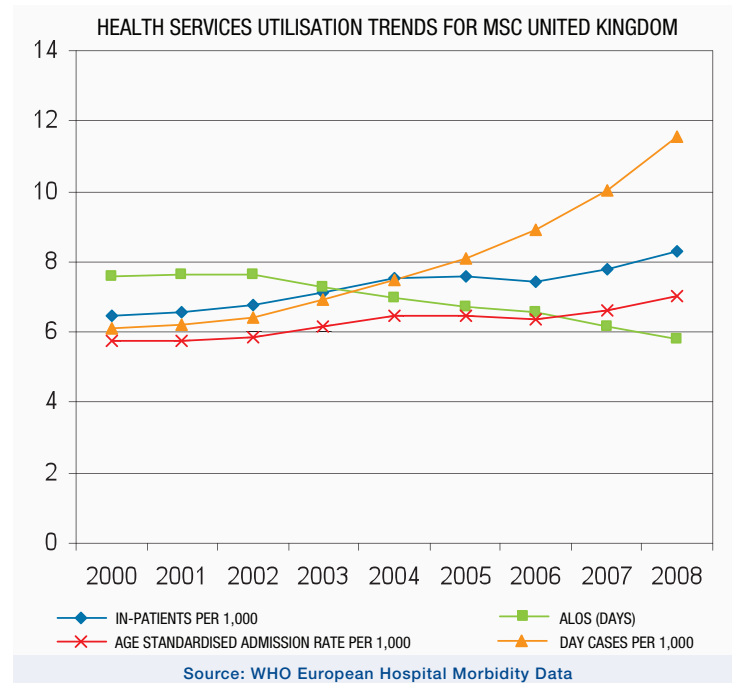
No. of substantive Orthopaedic consultants: **2,265**

No. of practising Occupational therapists: **30,122**

No. of practising physiotherapists: **44,734**

Hip replacement procedures per 100,000 population (in-patient 2007): **184.6 (Average 16 EUMS 174.7)**

Knee replacement procedures per 100,000 population (in-patient 2005): **136.8 (Average 13 EUMS 265.5)**



Patient groups

Please see EUMSC website (below) for details of UK patient organisations.

Sources

For information on data sources and details of measures please go to the EUMUSC website: www.eumusc.net

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Disclaimer

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