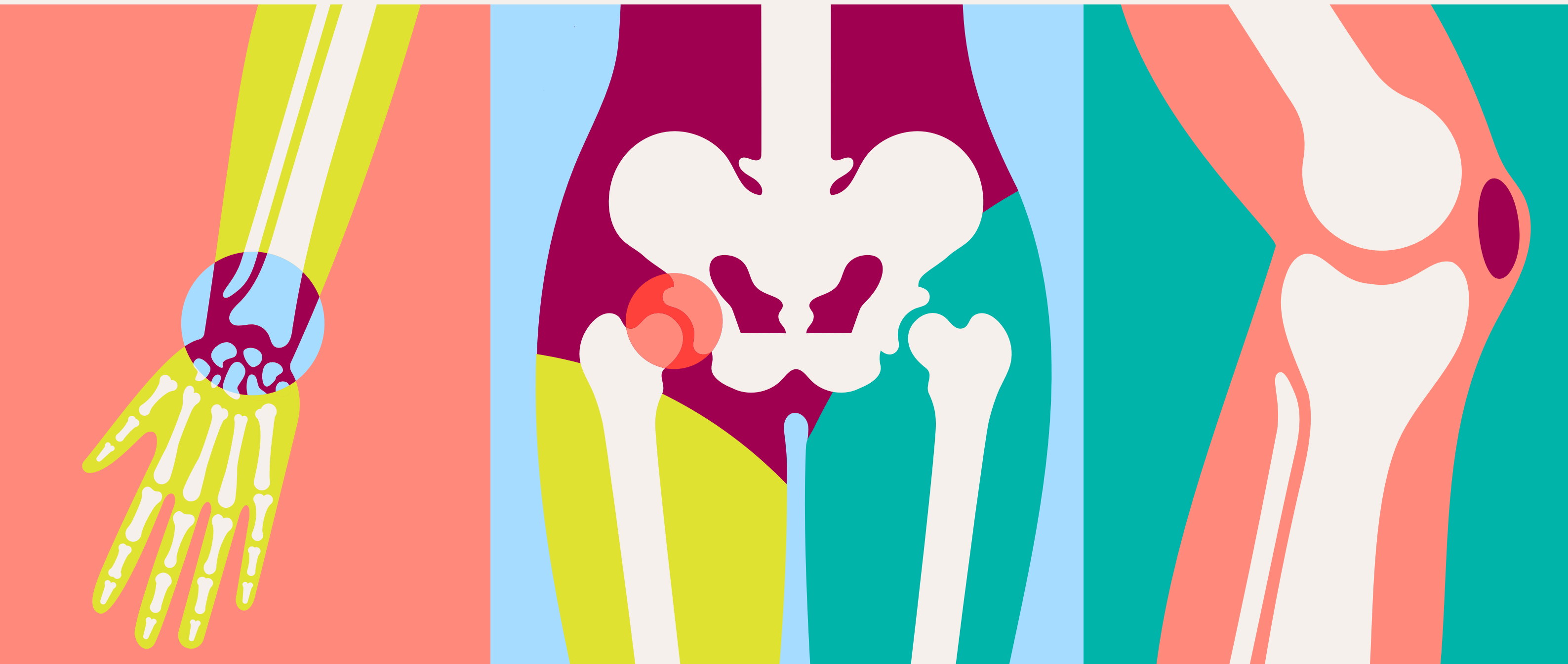
From Breaking Point to Recovery:

Prioritising Musculoskeletal Healthcare in Northern Ireland

Arthritis UK
Northern Ireland

Contents



Executive summary

Arthritis UK Northern Ireland is publishing a landmark report calling for immediate action to tackle the growing musculoskeletal (MSK) health crisis in Northern Ireland. Over half a million people in Northern Ireland are living with arthritis or another MSK condition, with devastating impacts on quality of life, employment, education and mental health.

Our report sets out four urgent calls to action:

1. **Establish a strategic approach to MSK healthcare.** Introduce MSK leadership within the Department of Health and create a coordinated policy framework.
2. **Improve care pathways and diagnosis.** Enhance general practitioner (GP) training, streamline referrals, address transition to adult services for young people and integrate mental health support.
3. **Transform waiting times, patient support and communication.** Tackle waiting lists, improve communication and support while waiting.
4. **Increase public awareness of MSK health and patient education.** Launch public health campaigns and empower patients to manage their condition.

With the proportion of older people rising and younger people shrinking, this report, based on the insights of over 200 local clinicians, patients and policy makers, should serve as a wake-up call for all local and regional health planners as well as for the Northern Ireland Executive.

Waiting lists for diagnosis and treatment from orthopaedic services and rheumatology clinics are the longest in the UK, leaving thousands in pain and unable to work. This is unacceptable and change is desperately needed.

This report reflects how MSK services are delivered and experienced today across Northern Ireland, and worryingly it shows we are not in good health. Northern Ireland is at a tipping point. Without urgent action, the burden of MSK conditions will continue to grow, impacting individuals, families, health services and the economy.

Many people are forced to give up work due to their MSK condition and our lengthy waiting times are likely to compound this. This contributes to Northern Ireland's high rate of economic inactivity – for instance, we know that 43% of people living with MSK conditions in Northern Ireland are economically inactive.[1] Prioritising MSK healthcare will enable better access to treatment, reduce waiting lists, improve mental health and help people get back to work if they want to. It is a win-win for everyone.

Our calls to action are achievable within five years and will transform lives. We are urging the Department of Health to act now, and work with us, clinicians, voluntary organisations and communities to deliver sustainable change.

Sara Graham
Head of Northern Ireland
Arthritis UK

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[1] Arthritis UK (2025) *The State of Musculoskeletal Health – Arthritis and other musculoskeletal conditions in numbers*. Available at: https://www.arthritis-uk.org/policy-and-data/health-intelligence/the-state-of-musculoskeletal-health/ (Accessed 7 January 2026).

Introduction

Arthritis and other MSK conditions affect millions of people across the UK, including 550,000 people in Northern Ireland. That is 37% (530,000) of our adult population, and 5% (19,000) of children and young people.

The impact of these conditions combined with unacceptably long waits for diagnosis and treatment come at an enormous personal cost to those living with the condition, as well as at a cost to the health service, the economy and wider society. A survey into the lived experiences of people with arthritis and MSK conditions (conducted by YouGov on behalf of Arthritis UK in 2024)[2] showed that in Northern Ireland:

- **79% of people live in pain most or all the time.**
- **67% say arthritis has impacted their ability to work.**
- **43% have stopped working altogether.**
- **76% report that waiting for treatment has harmed their mental health.**

What's more, our recently published 'State of MSK Health 2025' report[3] highlights that:

- **People with arthritis are 20% less likely to be in work than someone without the condition.**
- **MSK conditions are the 3rd-most-common reason for working days lost, only behind 'Other' (including COVID-19) and 'Minor Illnesses'.**
- **43% of people with an MSK condition are economically inactive.**

> **When you're diagnosed at a young age, you lose your independence and friendships because you cannot go out and do 'fun things' as normal.**
>
> Patient

> **This condition has left me grieving the loss of a career and life that has gone.**
>
> Patient

> **I face frustration and anger from patients who simply want to know what is happening and when. Meeting a patient who has been waiting for years and whose health has been deteriorating is very dispiriting.**
>
> Surgeon

The lengthy waiting times for treatment in Northern Ireland are increasing disease progression and co-morbidities such as poor mental health. For example, depression is four times more common among people who have persistent pain. Plus, people with osteoarthritis (OA) have a 61% increased risk of diabetes and a 24% higher risk of cardiovascular disease.

These figures point to the **serious impact of arthritis on individuals and society**. And with MSK conditions accounting for at least one in seven GP consultations, there is a strategic need for high-quality MSK health services as a key part of Northern Ireland's future health agenda.

In this context, Arthritis UK commissioned an independent research exercise (led by Blueprint Development Consultancy) that would provide insight into the current MSK landscape in Northern Ireland, to understand what's working well and what needs improvement across primary, secondary and community care.

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[2] Arthritis UK (2025) *Left Waiting, Left Behind: The Reality of Living with Arthritis*. Available at: https://www.arthritis-uk.org/policy-and-data/health-intelligence/left-waiting-left-behind-the-reality-of-living-with-arthritis/ (Accessed 7 January 2026).

[3] Arthritis UK (2025) *The State of Musculoskeletal Health – Arthritis and other musculoskeletal conditions in numbers*. Available at: https://www.arthritis-uk.org/policy-and-data/health-intelligence/the-state-of-musculoskeletal-health/ (Accessed 7 January 2026).

Methodology

Our research was informed by an advisory group of members drawn from the Department of Health and MSK clinicians working across primary, secondary and community care including orthopaedic surgery, rheumatology, general practice, physiotherapy, podiatry and specialist nursing.

The project involved direct engagement and consultation with:

- Those living with MSK conditions.
- Health and care professionals (HCPs) working in the field.
- Senior officials in the Department of Health.

Desk research was also conducted, informing the strategic and policy context within Northern Ireland and the other UK Nations.

To seek the views of a cross section of those living with MSK conditions, Arthritis UK brought together a number of patient focus groups across the five Health and Social Care Trusts (Trusts). Over a 3-month period between June and August 2025, 10 focus group discussions were undertaken involving 80 participants. These were largely in-person and facilitated by members of the Blueprint team (supported by Arthritis UK staff), using a semi-structured questionnaire.

Engagement with clinicians and key policy and decision makers was done using one-to-one interviews (22 in total). In parallel, the engagement process was informed by a detailed questionnaire completed by 130 HCPs including GPs, allied health professionals (AHPs), orthopaedic specialists, rheumatologists and specialist nurses.

Prioritising MSK healthcare in Northern Ireland

Informed by this engagement, the following report sets out four clear calls to action to improve MSK healthcare in Northern Ireland.

The focus is ‘systemic’ change, sitting largely with the Department of Health. However, many clinical responses also pointed to improved ways of working within Trusts, which, with support from management, could positively impact patient flow and waiting times. These clinical specifics are beyond the scope of this report, except to highlight the need for a cultural shift within healthcare to challenge embedded hierarchy and bureaucracy and empower service improvement at all levels.

Overall, clinicians were generous, both with their time and openness to working differently to bring about change. The term **‘moral injury’** was mentioned frequently, along with the burden and frustration of watching patients deteriorate while on waiting lists.

‘Frustration’ was the term used most frequently by both patients and clinicians; however, this also came with an appetite for change.

The following actions bring clarity and focus on how to deliver that change, detailing what is needed and achievable within Northern Ireland in a relatively short timeframe.

Call to action 1

Establish a strategic approach to MSK healthcare.

The current strategic drivers for the Health and Social Care (HSC) system in Northern Ireland are set out within the Minister's 3-Year Strategic Plan for the Health and Social Care System (published in 2024) with its supporting pillars of: Stabilisation, Reform and Delivery.

In support of this, the HSC NI Reset Plan 2025 sets out a number of commitments which could help improve MSK healthcare, such as:

- Supporting additional elective care.
- A renewed and concerted focus on prevention, health literacy, and empowering people to manage their own health.
- Developing a neighbourhood model with a new holistic model of primary care and early intervention.
- The roll out and expansion of Multi-Disciplinary Teams (MDTs).

MSK health sits across all these plans, however, there is currently no overarching strategic policy framework for MSK health or specific MSK leadership within the Department of Health (DoH).

There are key DoH policy areas which are relevant to MSK health, including: elective care, primary care, and the Chief Allied Health Professionals Office (CAHPO). However, there has been little policy activity in relation to rheumatology.

Within each Trust, MSK services, resources and key staff (for example, AHPs) are spread out over a number of directorates with little or no central coordination. This can lead to silo working and a lack of collaboration across service areas.

What's more, MSK health is multi-dimensional, impacting a person's physical, mental, emotional and economic wellbeing. Therefore, the healthcare response needs to be multi-dimensional in turn, involving a range of players including statutory, voluntary and community, plus the independent sector, acting in a coordinated manner.

> **MSK is linked to so many issues it is difficult to give it a single spotlight; however, it follows that any response must be multi-facetted due to the impact upon health, education and employment welfare and economic inactivity.**
>
> Physiotherapist and Patient Lead

> **A regional MSK network would be helpful, allowing equalisation within Trusts and across waiting times and sharing expertise on what is working well.**
>
> Trauma and Orthopaedic Lead Nurse

> **We need an overarching strategy for MSK services in Northern Ireland to provide a framework that all health professionals work to, to ensure patients can access evidence-based interventions when they need them, to improve musculoskeletal health for all people in Northern Ireland.**
>
> Physiotherapy MSK Clinical Lead

Other UK nations have also faced increasing waits post-pandemic, but their performance remains considerably better than in Northern Ireland, reflecting more robust implementation practices. For example, other nations have rehabilitation frameworks in place, along with investment in elective care reform:

- **Wales**: In 2024, the Welsh Government developed 'Living with Arthritis and Musculoskeletal Conditions in Wales: A Framework for the Future 2024-2029' to guide service development and delivery. In addition, there is a policy lead at the centre of the Welsh government with an MSK National Strategic Clinical Network Leadership Group, an MSK Clinical Reference Group and Orthopaedic Strategic Clinical Network. This builds upon their 3P's policy framework – a model focused upon three key areas to support change:
    - Promote (improved health behaviours).
    - Prevent (worsening health).
    - Prepare (for treatment and recovery).
- **Scotland**: While the Scottish Government has no single strategy for MSK health, their 'Pain management – service delivery framework' (2022) and 'Rehab and Recovery framework' (2022) both address MSK health. The NHS Centre for Sustainable Development also has workstreams on OA and inflammatory arthritis, while the upcoming 'Long Term Conditions Framework' (due for publication in December 2025) will deliver cross-cutting measures across a range of conditions. What's more, the 'Population Health Framework' (2025) and 'Health and Social Care Service Renewal Framework' (2025), both identify MSK as a focus for activity.
- **England**: An elective recovery implementation plan was published in 2023, followed by an updated plan in January 2025. The updated plan set ambitious targets to bring down waiting lists in England by increasing capacity in surgical hubs. The publication of the '10 Year Health Plan' set out three shifts for health systems which neighbourhood health can help to deliver:
    - Treatment to prevention.
    - Hospital to community.
    - Analogue to digital.

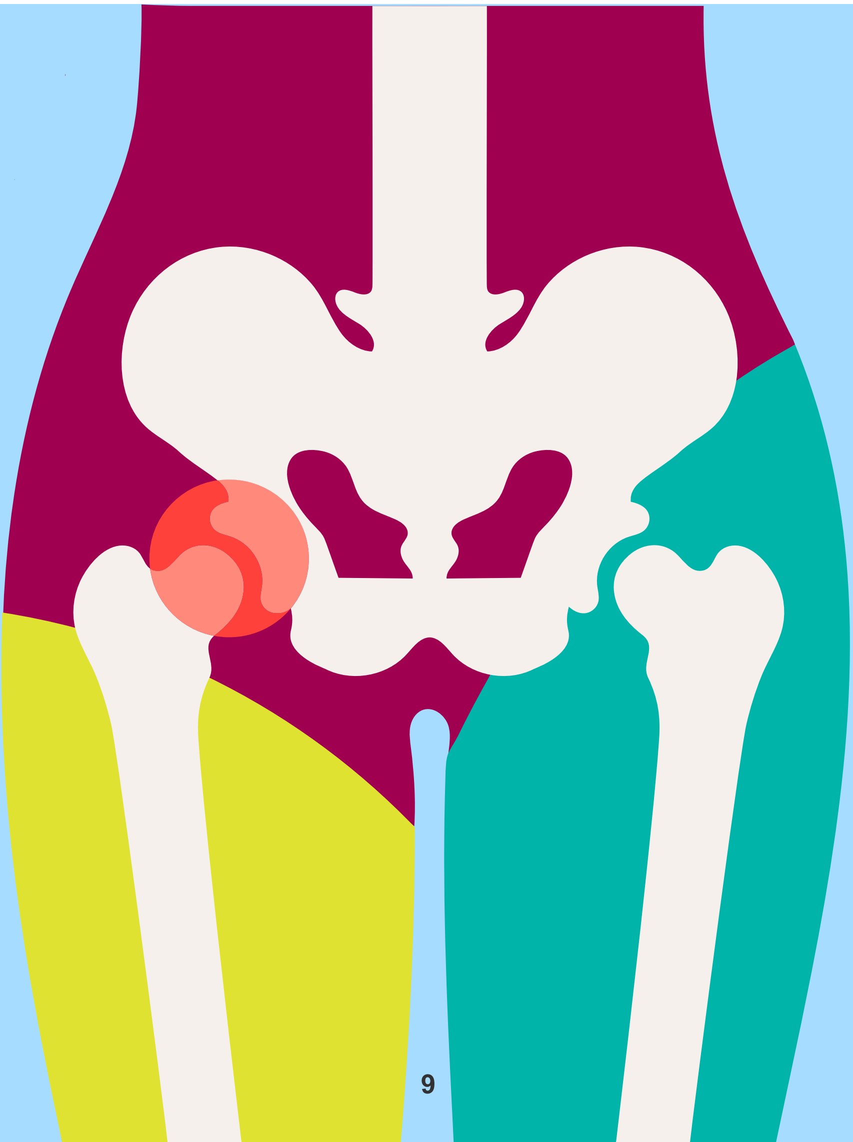
  Neighbourhood health will initially focus on people with long-term conditions (such as diabetes and arthritis) in areas of the highest deprivation. The plan sets out the intention to publish modern services frameworks (MSFs) for different conditions, although MSK health was not prioritised in the first wave of MSFs.

Northern Ireland is faced with the reality that MSK conditions affect nearly a third of the total population. Given this figure is set to rise with an aging population combined with increasing co-morbidities and obesity, there is an urgent requirement to establish a strategic approach to MSK health now. Establishing such an approach is an investment in healthier futures, free from the physical, mental and financial burden of MSK conditions.

> **Northern Ireland is faced with the reality that MSK conditions affect nearly a third of the total population. And yet, there is no overarching policy framework to strategically direct MSK healthcare.**

What needs to happen

- ✓ **DoH to introduce MSK strategic leadership and policy coordination.** Given the scale and impact of arthritis, and the views of clinicians, we believe there is a need for a Clinical Lead role within the Department to have oversight of MSK healthcare policy and planning across the health system. This would bring the necessary focus to prioritise MSK care and treatment, delivering service efficiencies, reduced waiting times, and standardised care pathways that improve patient outcomes.
- ✓ **Arthritis UK in Northern Ireland to establish a Strategic Advisory Group for MSK Health.** In the current absence of policy coordination for MSK health as a whole, Arthritis UK in Northern Ireland to establish a Strategic Advisory Group for MSK Health in collaboration with DoH policy leads, SPPG (Strategic Planning and Performance Group) and clinical leads.
- ✓ **DoH to undertake a policy review** to drive reform within rheumatology in Northern Ireland.



Call to action 2

Improve care pathways and diagnosis.

For everyone

According to our research, the system in Northern Ireland is perceived as disjointed from both the patient and HCP perspectives. This is due to a number of factors, including the infrastructure of five separate Trusts operating independently, which makes regional coordination and sharing of resources difficult.

In addition, staff shortages due to unfilled vacancies, retirement of key personnel and limited workforce planning can result in further challenges.

For example, our report showed that:

- Treatment and support vary across and within Trusts depending upon where you live, your GP and individual consultants.
- The overwhelming majority of patients experienced an absence of a clear treatment pathway for their condition(s).
- The range and complexity of MSK conditions lends itself to the need for comprehensive training and awareness within primary care, as the first point of contact for diagnosis and treatment. But currently, within GP training there is limited time given to MSK conditions.

Our research also showed that there is considerable concern within rheumatology about the number of referrals it receives, evident in the waiting lists (with some patients waiting nearly eight years).

Conditions like fibromyalgia, along with soft-tissue problems, can be mistaken for inflammatory arthritis and patients may be referred to rheumatology. Even when GPs strongly suspect fibromyalgia, they may still seek a specialist's view to definitively rule out other conditions as diagnosis is often not straightforward.

For a GP to confidently diagnose and manage a chronic pain condition, such as fibromyalgia, they need additional training and support.

Treatment is best managed in primary care with support from MDTs alongside community and voluntary resources. However, many GPs still do not have access to MDTs and may be unaware of support programmes within the voluntary sector to help patients self-manage their condition.

> **Additional primary care education and integration with secondary care might help to streamline referrals.**
>
> Consultant Rheumatologist

> **A specific rheumatology MDT, purpose-built assessment and treatment facility where all staff are working together and patients can be treated holistically [would be beneficial] – a one-stop assessment clinic as opposed to the current fragmented approach where patients see a consultant and then are referred out to core AHP services.**
>
> Occupational Therapist

Improving diagnosis within primary care will provide better care pathways and address waiting times. Feedback suggests this requires GPs and rheumatologists to co-design better diagnostic pathways for suspected inflammatory conditions, alongside additional GP training and resource. In fact, 88% of GPs who responded said they would be welcome further professional training in MSK conditions.

The independent sector has now become an established part of the patient pathway. In some cases funded by the HSC in order to reduce waiting times. However, provision is typically focused on lower-complexity cases that can be delivered safely and efficiently outside the HSC. It will, however, be important to ensure that use of the independent sector is strategically managed to maintain equity of access and avoid entrenching a two-tier system. Over time, efforts should focus on reducing reliance on the independent sector by strengthening internal HSC capacity and resilience.

Due to the long waits and unbearable pain, some patients opt to pay for their treatment privately. However, this is only an option for those who can afford it or are willing to put themselves into debt by borrowing the money. This also applies to the DoH Waiting List Reimbursement Scheme, which requires upfront payment by the patient.

Patients accessing treatment within the independent sector also expressed some concern about the consistency of follow-up care.

> **We need more time spent at triage, at the start of the patient journey. Does the patient really need to go onto this waiting list? Should all referrals be accepted or are there other avenues that should be explored first?**
>
> Physiotherapist

> **[My] GP insisted on a rheumatology referral, even though [they] suspected fibromyalgia. I waited years to see someone but [received] no treatment plan as a result.**
>
> Patient

What needs to happen

- ✓ In collaboration with clinical leads, **DoH to ensure consistent patient pathways for treating OA and inflammatory arthritis** through effective diagnosing, triaging and referral.
- ✓ **DoH to increase GP and medical students' education and training** in diagnosing and treating arthritis and other MSK conditions. Arthritis UK to support with specialist advice, training and information, such as its 'MSK Core Skills' training and British Society for Rheumatology-accredited short courses.

For young people

Young people also live with MSK conditions that can be both life-limiting and lifelong. For those young people, getting a timely diagnosis can sometimes be difficult.

One of the other key challenges is the transition process from children's services into adult services. Having been supported by the same team and consultant for many years, the subsequent transition into the adult rheumatology clinic can be unsettling and disruptive for the young person and their family, and feedback clearly indicates the process is unsatisfactory.

The transition process also provides a challenge to the adult rheumatology staff, who are already coping with excessive waiting lists and ongoing referrals.

For example, at the start of the process, young people receive a letter about their referral into adult services, which puts them onto a waiting list to see an adult rheumatologist. But due to the length of the waiting lists, this means there is a gap in care and communication, and a long wait to transition to adult services with no funding for 'introductory clinics'.

> **I was moved to adult services without much information on what to do in the event I needed help urgently. During this time, I had a huge flare up which left me unable to use my arms or eat properly and I found myself in a situation where I didn't have my consultant's contact number and it took weeks to finally get an emergency appointment.**
>
> Patient

> **My child's diagnosis was challenging as GPs don't expect a child to have arthritis, there is a lack of understanding that it can affect children too.**
>
> Parent/Carer

> **I was told I was moving to adults and that the appointment could take up to 2 years, it was very worrying.**
>
> Patient

> **I am worried about going to adults as my mum usually helps me out with all this stuff.**
>
> Patient

> **As a parent, a longer period to adjust to the transition would be helpful, the thought of transitioning from [paediatrics] will be scary for me and my child, we need a plan and communication.**
>
> Parent/Carer

What needs to happen

✓ **DoH to improve the pathway for young people transitioning to adult services** through long-term transition planning including exploring the potential of:

- An **introductory clinic** between paediatric patients and clinicians in adult services.
- A **specialist support pathway** for young people to support transition from teens to adults with resourced staffing support from adult and paediatric teams.

Mental health and wellbeing

The engagement process highlighted the devastating impact MSK conditions can have on mental health and wellbeing. This is exacerbated by the length of time people have to wait for treatment.

Not only did many patients highlight that their individual conditions had deteriorated while waiting for diagnosis and treatment, but there were also reports that they had developed related health issues during their wait. In particular, mental health conditions such as anxiety and depression.

The debilitating impact of fibromyalgia, both physically and mentally, was particularly mentioned due to delays in diagnosis. That said, there is a need for a timely diagnosis with all MSK conditions, plus greater integration of psychological services and support for patients.

The issue of mental health and wellbeing was also reflected in feedback from HCPs as they attempt to manage waiting lists and respond to the understandable frustration and anger displayed by patients and their families. This is both in terms of recognising the impact on the mental health of the patients and also on the mental health of staff.

> **There is vicarious trauma being experienced by clinicians as they see the suffering their patients have on a daily basis, and from working within a dysfunctional system that increases suffering for everyone, most of all patients and their families/carers.**
>
> GP

> **Many patients live with chronic pain or fear of something that has not yet been diagnosed. This mental burden becomes bigger whilst the patient waits to be seen and then by the time they are seen it can be very hard to adequately reassure, because people are in the chronic pain cycle or their lifestyle has been impacted by chronic pain whilst awaiting assessment.**
>
> Rheumatologist

What needs to happen

- ✓ **Mental health services should be an integral part of the care pathway for MSK conditions,** so that patients have access to mental health support throughout their treatment journey as needed. HCPs should also look to Arthritis UK to help support patients with managing their MSK condition, which will in turn support their mental health.

Call to action 3

Transform waiting times, patient support and communication.

Tackling waiting lists and support while waiting

Waiting lists are acknowledged as one of the most challenging aspects of the MSK health environment. And while COVID-19 had a significant impact upon capacity, waiting lists in Northern Ireland were already the longest in the UK before March 2020.

> **Long waits increase chronicity of condition and demands on primary care to meet patients' needs until [the] secondary care appointment. This has detrimental effects on socio-economic activity, psychological wellbeing of patients, carers and their families.**
>
> Physiotherapy MSK Clinical Lead

> **Patients who have waited a long time require more interventions and more review appointments. Staff feel frustrated because earlier treatments would have had a better outcome for the patient.**
>
> Podiatry Manager

The full scale of patient waits can be masked by the published waiting times data, as waiting times are split into the wait for a first outpatient appointment with a consultant, followed by the subsequent wait for inpatient/day case treatment. At time of publication nearly 51,000 people were waiting for that first appointment to see a consultant in orthopaedics and rheumatology, with some waiting almost eight years for rheumatology and over three for orthopaedics. In addition, over 23,000 were waiting to be admitted for orthopaedic surgery, with a median wait of 76 weeks and a longest wait of up to six years.[4,5] These numbers aren't just statistics. They represent lives lived in limbo and in pain.

In response to the scale of the problem, the DoH has appointed a Regional Clinical Director for Elective Care and invested in new waiting list initiatives, including the Waiting List Reimbursement Scheme. These initiatives are welcome, but the message was clear from orthopaedic specialists, the volume of surgery needs to increase, and currently orthopaedic surgeons in Northern Ireland have less theatre time than elsewhere in the UK.

As stated in the DoH Elective Care Framework 2024,[6] this requires a radical reorganisation of theatre spaces and staffing so that productivity

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[4] Northern Ireland Statistics & Research Agency (2025) *Northern Ireland Outpatient Waiting Time Statistics* Available at: https://datavis.nisra.gov.uk/health/ni-outpatient-waiting-times-sep-25.html (Accessed 7 January 2026).

[5] Northern Ireland Statistics & Research Agency (2025) *Northern Ireland Inpatient and Day Case Waiting Time Statistics* Available at: https://datavis.nisra.gov.uk/health/ni-inpatient-day-case-waiting-times-sep-25.html (Accessed 7 January 2026).

[6] Department of Health (2024) *Elective Care Framework 2024*. Available at: https://www.health-ni.gov.uk/sites/default/files/publications/health/Elective%20Care%20Framework%20-%20May%202024.pdf (Accessed 7 January 2026).

can be increased and maximised, including during evenings and weekends. This level of reform is beyond the scope of this project but needs highlighting as a fundamental factor in sustainably tackling waiting lists now and in the future.

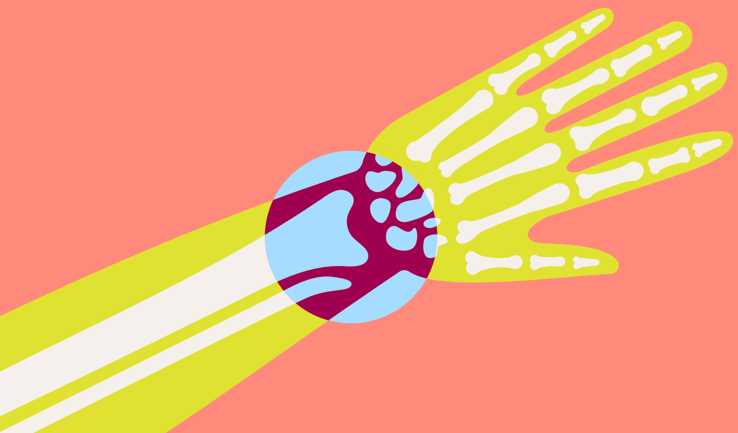
In addition, we found that rheumatology waiting times are compounded by the number of referrals from primary care, back log of review patients with inflammatory arthritis and staff shortages.

Much more can be done to support the tens of thousands of patients on waiting lists, to help them stay as well as they can, stay active and be able to access treatment when the time comes. The DoH has committed to developing a policy which will set out parameters and actions for improved patient communication and support. It is imperative that this policy is implemented at pace once published.

> **There should be more proactive, pre-operative holistic programmes. This will support patients to prepare themselves better while they wait, maintaining a higher level of health status and placing reduced burden on healthcare services pre- and post-operatively. We have commenced a waiting well initiative in the Western Trust which has been shown to improve service users' pre-operative physical and mental health with some subsequently removing themselves from active waiting lists.**
>
> Arthroplasty Practitioner

What needs to happen

- **DoH to implement its 'Support While Waiting' policy and sustain ongoing investment in 'waiting well' initiatives** to ensure a positive step change in patient experience and support.
- DoH to ensure continued ringfenced funding to **increase orthopaedic capacity and drive down waiting times.**



Communication and signposting

A 2023 NI Public Service Ombudsman report into patient communication found that "...the system for communicating with patients on healthcare waiting lists is in 'disarray', and [the investigation] concluded that significant and repeated failures across the system amounted to 'systemic maladministration'."[7]

Our research backs up those findings, with patients unsure how long they will have to wait for treatment, who to contact if their circumstances change, or how to manage their condition in the meantime.

Many patients reported that the lack of communication and 'not knowing what was happening' had a detrimental effect on their mental health, causing stress and anxiety.

That said, HSC staff are very conscious of the limited and poor communication systems currently in place. When patients finally get their consultation, they are often are feeling frustrated and angry.

Northern Ireland's new 'single digital care record' programme, Encompass, ought to make a positive difference to communication through the My Care app. However, this app needs to be promoted much more widely to improve patient uptake.

In addition, a number of patients highlighted the negative impact of arthritis on their employment status, flagging a need for information and guidance on navigating employment and benefits support. Patients also felt that benefits assessors, particularly for Personal Independence Payment (PIP), needed a better understanding of MSK conditions, which have fluctuating symptoms.

> **No communication whilst on the list. I had to ring the hospital and GP.**
>
> Patient

> **In the last 2 years, I've had several letters asking if I want to be on waiting lists – I was on three or four waiting lists [and] the letter did not specify which one it was referring to.**
>
> Patient

> **There's no communication about how long we might have to wait and no support or advice offered. It's like being deafened by silence as all I can think about is the pain and the lack of support.**
>
> Patient

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[7] Northern Ireland Public Services Ombudsman (2023) *'Forgotten' An investigation into healthcare waiting list communications*. Available at: https://www.nipso.org.uk/our-findings/search-our-findings/communications-patients-healthcare-waiting-lists (Accessed 7 January 2026).

What needs to happen

✓ **DoH to ensure Trusts regularly and effectively communicate with patients on waiting lists** utilising examples of best practice in other devolved nations. Better communication should include:

- A **single point of contact** who can answer patient queries and help with their concerns.
- **Regular updates** about when people will have their surgery or first consultant appointment, and the care and services they should expect in the meantime, including signposting to relevant statutory, community and voluntary support.
- DoH working cross-departmentally (particularly with the Department for Communities) to **ensure patients are signposted to benefits and employment support/advice** to help them find or stay in work if they choose.

Call to action 4

Increase public awareness of MSK health and patient education.

Given the length of waiting lists and the importance of waiting well, more needs to be done to engage with the public about the importance and value of taking an active role in their own MSK health and how to do that for themselves. This will encourage a greater sense of empowerment.

Employers are also a key stakeholder. By promoting better MSK health within the workplace and offering appropriate support to staff with MSK conditions, they can help people with MSK conditions to thrive at work and remain in their roles for longer. This requires employers to have access to good information and guidance about MSK conditions, plus access to advice on reasonable adjustments and additional government support available. As an example, Arthritis UK has developed a 'Work Adjustment Plan' to help people with arthritis find solutions to work-related barriers, whether they are currently in work or looking for work.

> **Sometimes patients 'wait' rather than engage in a self-management/proactive approach and become increasingly deconditioned. This can mean that patients have more chronic problems by the time that we see them and require more intensive interventions.**
>
> Occupational Therapist

> **We need more change around the narrative of MSK health. For example, public health campaigns. Public videos to demystify the condition. Advice on how to manage pain successfully. Communication and education need to be prioritised. Public health messaging using influencers to get the message out to look after your body from early doors.**
>
> Physiotherapist and Patient Lead

For individuals faced with an MSK diagnosis, there is a need to provide information, guidance and education to support them in the management of their condition both day-to-day and for the long term.

Likewise for those facing long waits for surgery, additional information and support can be the difference between them being well enough for surgery or not when the time comes.

Informed and educated patients can be active partners in care rather than passive recipients. For example, many patients believe that nothing can be done about OA and are fearful for their future. But great strides have been made in our understanding of this condition and if given more information and better support, we can better help people come to terms with their diagnosis, its implications and what they can do to in terms of self-management.

And this is not only true for people with OA. It is important to provide information about what all MSK patients can do at home to help themselves. For example, advice about physical activity, sleep hygiene, nutrition and weight management, and how to prevent social isolation. This will support patients to live well and help prevent their condition deteriorating while waiting for a diagnosis and treatment.

Finally, patients also referenced the need for more education about their medication, particularly for managing pain, acknowledging that there can be a lack of time given to explaining the side effects and dangers of addiction while taking drugs such as tramadol or morphine.

Informed and educated patients can be active partners in care rather than passive recipients.

> **Patient education is essential to fix the expectation of a quick diagnosis and quick fix.**
>
> Physiotherapist

> **I welcomed guidance to take responsibility for my own health.**
>
> Patient

> **When I received my diagnosis, I felt abandoned. I wasn't told anything about what I needed to do to manage my condition, like keeping active, so things deteriorated.**
>
> Patient

What needs to happen

- ✓ **DoH, SPPG and the Public Health Agency (PHA) to recognise arthritis as a major public health issue and instigate a public awareness campaign** to highlight the reality of the condition and what proactive steps people can take to look after their MSK health from an early age.
- ✓ **DoH and Trusts should involve voluntary organisations, such as Arthritis UK, in providing expert health information, patient education and patient-centred innovation** in secondary care through the use of hubs, mega clinics and community appointment days.

Conclusion

Having listened to people with lived experience, clinicians and senior decision makers it is clear that change is desperately needed and needed now; this report presents four calls to action to urgently prioritise and transform the MSK health of people in Northern Ireland.

The waiting lists demonstrate that we are already beyond crisis point. The scale of arthritis and MSK conditions within Northern Ireland is undeniable, and the burden on the individual, our healthcare services and society weighs heavily.

Short-term funding and interim fixes cannot bring about the transformation required. Instead, in the context of well-publicised budgetary pressures within the Northern Ireland health system, sustainable and affordable change must be implemented.

This was reflected in the responses of those who contributed to this report. While bringing different experiences and expertise, they identified common ground in terms of themes, priorities and possible solutions. All gave freely of their time, reflecting a desire to change the current landscape and a commitment to wanting to deliver better solutions.

Our four calls to action focus on improved methods of working across the DoH, community, primary and secondary care settings, in addition to encouraging the public to take an active approach to managing their health.

The emphasis is deliberately on strategic change and ways of working, as opposed to funding demands. That being said, we are in danger of lurching from crisis to crisis without sustained investment.

We believe this report can be a catalyst to put in place actions that are achievable within the next five years, making a real difference to patients and clinicians.

Summary of calls to action

Calls to action	What needs to happen
Establish a strategic approach to MSK healthcare	• **DoH to introduce MSK strategic leadership and policy coordination.** Given the scale and impact of arthritis, and the views of clinicians, we believe there is a need for a Clinical Lead role within the Department to have oversight of MSK healthcare policy and planning across the health system. This would bring the necessary focus to prioritise MSK care and treatment, delivering service efficiencies, reduced waiting times, and standardised care pathways that improve patient outcomes. • In the current absence of MSK leadership, **Arthritis UK in Northern Ireland to establish a Strategic Advisory Group for MSK Health** in collaboration with DoH policy leads, SPPG and clinical leads. • **DoH to undertake a policy review** to drive reform within rheumatology in Northern Ireland.
Improve care pathways and diagnosis	**For everyone** • In collaboration with clinical leads, **DoH to ensure consistent patient pathways for treating OA and inflammatory arthritis** through effective diagnosing, triaging and referral. • **DoH to increase GP and medical students' education and training** in diagnosing and treating arthritis and other MSK conditions. Arthritis UK to support with specialist advice, training and information, such as its 'MSK Core Skills' training and British Society for Rheumatology-accredited short courses. **For young people** • **DoH to improve the pathway for young people transitioning to adult services** through long-term transition planning including exploring the potential of: ◦ An **introductory clinic** between paediatric patients and clinicians in adult services. ◦ A **specialist support pathway** for young people to support transition from teens to adults with resourced staffing support from adult and paediatric teams. **Mental health and wellbeing** • **Mental health services should be an integral part of the care pathway for MSK conditions**, so that patients have access to mental health support throughout their treatment journey as needed. HCPs should also look to Arthritis UK to help support patients with managing their MSK condition, which will in turn support their mental health.

Transform waiting times, patient support and communication

Tackling waiting lists and support while waiting

- **DoH to implement its ‘Support While Waiting’ policy and sustain ongoing investment in ‘waiting well’ initiatives** to ensure a positive step change in patient experience and support.
- DoH to ensure continued ringfenced funding to **increase orthopaedic capacity and drive down waiting times.**

Communications and signposting

- **DoH to ensure Trusts regularly and effectively communicate with patients on waiting lists** utilising examples of best practice in other devolved nations. Better communication should include:
    - A **single point of contact** who can answer patient queries and help with their concerns.
    - **Regular updates** about when people will have their surgery or first consultant appointment, and the care and services they should expect in the meantime, including signposting to relevant statutory, community and voluntary support.
    - DoH working cross-departmentally (particularly with the Department for Communities) to **ensure patients are signposted to benefits and employment support/advice** to help them find or stay in work if they choose.

Increase public awareness of MSK health and patient education

- **DoH, SPPG and the PHA to recognise arthritis as a major public health issue and instigate a public awareness campaign** to highlight the reality of the condition and what proactive steps people can take to look after their MSK health from an early age.
- **DoH and Trusts should involve voluntary organisations, such as Arthritis UK, in providing expert health information, patient education and patient-centred innovation** in secondary care through the use of hubs, mega clinics and community appointment days.

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Get in touch

If you have questions about this report or want to support the actions, contact us on:

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