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Royal College of General Practitioners and British Society for Rheumatology. A joint initiative for joint problems—how to manage demand

Sir, Musculoskeletal problems are common and most are managed outside the hospital setting; they account for 15–20% of all consultations with general practitioners (GPs). They are a major cause of disability in the community, particularly back pain in people of working age and osteoarthritis in older people. Recently, a number of studies have highlighted a lack of confidence and competence in managing such conditions in primary care. On the other hand, although secondary care has appropriate specialists, there is insufficient capacity to meet the demand, let alone the need, for the treatment of arthritis and related conditions. These issues raise concerns about the quality of care currently delivered to patients suffering from musculoskeletal problems.

With this in mind, the Research and Training Committee of the British Society for Rheumatology (BSR) approached the Royal College of General Practitioners to start a dialogue about how best to develop effective management strategies spanning primary and secondary care for people with musculoskeletal problems. The first step was to convene a one-day meeting to discuss strategies for managing the demand made by musculoskeletal and rheumatology problems on primary and secondary care. It was recognized that a unified approach was necessary to foster successful working
relationships across the whole health-care setting in order to provide a seamless service for dealing with these conditions.

This masterclass took place in March 2000 and consisted of formal presentations by nationally recognized experts in rheumatology from primary and secondary care, followed by a series of interactive workshops. Topics covered in the formal talks included the epidemiology of musculoskeletal problems, the GP’s role in their management, developing multidisciplinary working, back pain guidelines and how primary care groups (PCGs) might implement a musculoskeletal policy. Clinical issues relating to the above areas were discussed in the workshops and focused on topics such as osteoporosis, new drugs for rheumatoid arthritis, monitoring of second-line drugs, and aches and pains.

The meeting was very well received and there were lively discussions between the 56 delegates and speakers, consisting of GPs, rheumatologists and health-care professionals. The majority of delegates reported that the meeting had met its stated objectives and provided a good overview of the current situation with a very high standard of speakers throughout the day. The programme was felt to have a good balance and to be helpful in showing GPs how their PCGs could prepare to work differently and co-operatively with secondary care. There was particular interest about how to develop the model of ‘intermediate care’, taking into account the broader issues of multidisciplinary working and the most efficient use of the range of skills available across professions in primary and secondary care. New rheumatology drugs—how to use them, how to monitor them and how to afford them—was another area that attracted considerable interest and was highlighted as worthy of further discussion.

Overall, the meeting was a successful beginning to the BSR’s initiative to forge closer links between primary and secondary care. It will pave the way for the future development of effective care pathways for musculoskeletal and rheumatological conditions that are not restricted by professional boundaries.

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