Health and Work strategy plan: Musculoskeletal disorders

Work-related musculoskeletal disorders (WRMSDs) are the most common cause of occupational ill health. They include disorders of the back, upper limbs and lower limbs, and impair a large proportion of the adult population’s quality of life.

Work activities that present a risk of WRMSDs range from lifting heavy loads and assembly-line work through to using display screen equipment. Back injuries are most commonly associated with lifting and handling activities, upper limb disorders with repetitive tasks and display screen use, and lower limb disorders with tasks involving prolonged kneeling or standing.

WRMSDs are prevalent in all sectors but there are significantly higher than average rates in agriculture and fisheries, construction, transportation and storage, and health and social care. The risk of an individual suffering from a WRMSD is increased if they are suffering from stress. WRMSDs may also be impacted by an individual’s activities outside work and their general health and fitness.

Current position

Labour Force Survey (LFS) data points to an overall general decline in the prevalence of WRMSDs until 2011/12 when this decline plateaued. In 2015/16 there were approximately 539,000 cases, each resulting in an average of 16 working days lost. Of these cases, 176,000 were new.

The total number of working days lost due to WRMSDs in 2015/16 was 8.8 million, at an overall economic cost to Great Britain of over £5 billion. WRMSDs represent 41% of all work-related ill-health cases and 34% of all associated working days lost.

HSE statistics site: www.hse.gov.uk/statistics

Priorities

Our overarching aim is to reduce both the incidence rate and severity of WRMSDs and our approach recognises the complexities involved.

Risk factors are managed most effectively if a whole-system approach is taken encompassing prevention – HSE’s own regulatory focus – and roles best championed by others. These include the early identification of symptoms, rehabilitation and well-being more generally.

Future priorities include:

- secure stakeholder commitment to driving improved health outcomes;
- targeted interventions in high-risk sectors;
- promoting the business benefits of effective MSD management;
- sharing industry successes and developing our evidence base.

The next page shows how we’ll tackle these priorities.
What HSE will do to #HelpGBworkwell

We will use relevant and appropriate communication activity and tools to raise awareness and drive behaviour change by:

- doing insight research to determine the most appropriate means to influence our target audiences;
- developing a communications strategy based on this insight research to promote business and personal benefits of effective management of MSD risk factors, and to share business success;
- agreeing the strategy and implementing it from 2017 onwards;
- refreshing our web-based and other guidance, including up-to-date information on the use of display screen equipment;
- developing and promoting digital versions of our MSD tools.

We will work with a wide range of partners representing employers, workers, public-sector and third-party organisations to raise awareness and improve exposure control by:

- establishing a cross-HSE steering group on MSDs to support HSE sector leads and their specific MSD initiatives and link with our efforts on work-related stress. The group will meet early in 2017 and agree a suite of sector-specific initiatives;
- engaging and working with key MSD stakeholders to maximise external synergies. Engagement strategy to be in place in 2017.

We will focus regulatory activities on those sectors and activities which give rise to the greatest risk and severity of MSDs by:

- continuing the intervention programmes focused on the control of MSDs in food manufacturing and construction, and evaluating the findings to inform future approaches;
- identifying a second tranche of industry sectors/occupations in 2017 where regulatory interventions are appropriate;
- seeking to maximise the effectiveness of investigations and publicity arising from enforcement outcomes through evaluation and stakeholder engagement.

We will develop the evidence base to continue our understanding of current MSDs, identifying emerging issues, and seek new and improved means of controlling risks by:

- developing a suite of leading indicators to measure MSD risk management in individual businesses/sectors by the end of 2017;
- doing research in the food and drink manufacturing sector to identify cultural barriers to preventing further improvement in MSD risk control. We will disseminate outcomes, including the development of MSD management tools, across all sectors;
- reviewing and revising current MSD research proposals, to reflect HSE’s current priorities and acquired insight knowledge, producing draft recommendations by the end of 2017.