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The Impact of Chiropractors on Workplace Productivity in NHS MSK Pathways

Key points:

- MSK conditions are a prominent cause of work absence in the UK.
- There are currently long waiting times for MSK physiotherapy care that need addressing.
- If chiropractors were able to help address MSK physiotherapy waiting lists this could lead to shorter wait times and people returning to work sooner.
- There is potential capacity among chiropractors currently to treat around 114,000 additional patients on MSK waiting lists each year. However, this could be as high as 200,000 additional patients.
- Analysis shows that if those people were treated and returned to work more quickly, there would be an estimated annual productivity gain for the UK valued at around £399 million, based on UK median wage.
- The value of the annual productivity gain could increase to £1 billion if people are waiting 24 weeks to see a physiotherapist rather than 11 weeks.
- With consistent growth in the numbers of available chiropractic profession, the potential value of annual productivity gains could increase to £873 million by 2028.

What is the problem?

MSK conditions are a prominent cause of work absence in the UK, accounting for over 30 million working days lost in the UK each year [1]. These conditions include a wide range of issues affecting muscles, bones, and joints, such as back pain, arthritis, and repetitive strain injuries.

Community MSK waiting lists are rising due to increasing demand and workforce supply issues. The impact of the pandemic has further increased these backlogs [2]. Whilst attempts are being made to reduce waiting times, some areas still have waiting times of up to 24 weeks from referral in the worst affected areas [3]. Using the NHS England Community Health Services Waiting Lists data, it is estimated that the average waiting time for MSK physiotherapy services is around 11 weeks across the UK, although this will differ by area [4].

Faster access to multimodal care for some MSK conditions can reduce the number of sick days taken and ongoing treatment for condition management can support people to remain in work. When workers are unable to access treatment, this can result in longer periods of time out of work and the potential for more complex and expensive treatment needs. It can also mean that people who remain in work may not be able to work to full capacity, resulting in issues of presenteeism. This analysis focused on productivity costs only, but people may also potentially have better health outcomes and lower treatment costs if they are treated more quickly.

What is the solution?

Chiropractors are not currently classified as allied health professionals (AHPs) in the UK. As a result, chiropractic provision is not included in the MSK strategy adopted by the NHS to address the waiting lists for MSK treatment. This is contrary to current World Health Organisation guidelines which consider chiropractors as allied health workers and includes them in the guidance for non-surgical management of chronic low back pain [5].

The main underlying assumption in the analysis is that chiropractors can achieve equivalent return-to-work outcomes to physiotherapists and osteopaths. This assumption is informed by a pragmatic literature review, where we found no robust evidence to suggest that chiropractors achieved worse outcomes than the other two professions. The two papers that were found to relate most directly to our research were from Cifuentes et al. 2011 [6] and Blanchette et al. 2017 [7] whose results suggested improved outcomes in disability recurrence and duration of financial compensation for work-related low back pain. This assumption has to be considered alongside the caveat that chiropractors would need to operate within the clinical governance frameworks required of physiotherapists and osteopaths, if they were to be deployed within the NHS environment.

The General Chiropractic Council (GCC) is an independent statutory body established by, and accountable to, Parliament to regulate the chiropractic profession. A person must be registered with the GCC to describe themselves as a chiropractor. At the end of 2023, there were 3,499 practicing chiropractors registered with the GCC [8]. This number has been steadily growing. Analysis of a recent internal survey conducted by the British Chiropractic Association (BCA) to its members estimated that around 80% of chiropractors currently have capacity for additional people and have an average waiting time for an appointment of around one and a half weeks.

The survey respondents who reported additional capacity also estimated how many additional appointments they had per week. The 69 respondents reported an average of 9.9 appointments per week. This equates to around 16,000 appointments per week for BCA members. If this was applied to all practicing members registered with the GCC, this would equate to around 28,000 additional appointments per week.

Given that this is current capacity, using chiropractors to address MSK physiotherapy waiting lists would provide immediate additional capacity, after any additional training and clinical governance is completed to work with NHS patients.

What is the short-term impact?

If it is assumed that an average person needed six sessions of chiropractic to treat their MSK condition [9], there would be chiropractic capacity to treat an additional 114,424 people each year using BCA members, or an additional 200,185 people if the capacity survey is reflective of all practicing chiropractors registered with the GCC. The average number of physiotherapy appointments people with MSK conditions receive is 3.31 [10]. If chiropractors were able to achieve the same outcomes by administering the same treatments according to best practice guidelines in the same number of appointments, this would generate even more capacity.

If a person's absence from work was reduced from 11 weeks to 1.5 weeks and it is assumed that everyone is treated successfully, we estimate an average productivity gain per person (using median wages weighted by industry) valued at £5,349. This would mean a value of productivity gain of £612 million for 114,424 people, and £1 billion for 200,185 people. However, this does not account for natural drop-off from the waiting list, or the chance of unsuccessful treatment. Therefore, a Markov model was conducted to account for these factors and outcomes.

Using the Markov model approach, if a person's absence from work was reduced from 11 weeks to 2 weeks (rounded to be applied to weekly cycles in the model) by being seen by a chiropractor instead of the average current NHS wait, we estimate an average productivity gain per person valued at £3,489. For 114,424 people, this would mean a value of productivity gain of £399 million. For 200,185 people, this would mean a value of productivity gain of over £699 million. These estimates assume that a small portion of people are seen in one and half weeks whilst the rest must wait 11 weeks. A more likely scenario would be that the waiting list is shortened by a smaller amount across the population. However, this would not impact the value of the productivity gain, only the distribution of it.

If chiropractors could deliver care using the same number of appointments as the average MSK physiotherapist (3.31 appointments), we estimate productivity gains of £723 million for a cohort of 114,424 people.

A scenario was also run using minimum wages instead of median wages, to produce a more conservative estimate. For 114,424 people experiencing an 11-week wait, the estimated productivity gain was valued at £258 million. Alternatively, using average wages estimated a productivity gain value of £544 million.

Given that many areas of the UK face waiting times of more than 11 weeks, scenarios were also investigated using 18- and 24-week waits. If facing an 18-week wait, having 114,424 people treated by a chiropractor could result in productivity gains valued at £713 million. If facing a 24-week wait, having 114,424 people treated by a chiropractor could result in productivity gains valued at £1 billion.

Using data from 2015 to 2023 from the GCC, it is projected that around 4,374 chiropractors will be practicing in 2028. The predicted growth in the number of chiropractors is larger than the predicted growth of the population estimated by the Office for National Statistics [12]. This means that by 2028 chiropractors could potentially address a larger proportion of the MSK physiotherapy waiting list. Our projections suggest that around 250,000 people could be seen, assuming the same capacity per chiropractor, resulting in a productivity gain valued at around £873 million when median wages are applied in our analysis.

Recommendations

Key recommendations emerging from this research are:

- The NHS should consider commissioning pilot research studies to generate evidence to make the case for the use of chiropractors in providing treatment for people with MSK conditions to allow them to return to work more quickly.
- The NHS should consider how the potential use of chiropractors to provide treatment and advice for people with MSK conditions can help to address the demand, capacity and financial challenges facing the health and social care system. This would need to be within the constraints of clinical guidelines and governance, to ensure safety and effective outcomes.

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