

VERSUS ARTHRITIS

Versus Arthritis representation to the Budget - January 2021

1. Versus Arthritis welcomes the opportunity to provide input into the Budget 2021, this submission updates and builds on our representation to the Spending Review in September 2020.^{1,2}
2. Versus Arthritis is the charity formed by Arthritis Research UK and Arthritis Care joining together. We work alongside volunteers, healthcare professionals, researchers and friends to do everything we can to push back against arthritis. Together, we develop breakthrough treatments, campaign for arthritis to be a priority and provide support. Our remit covers all musculoskeletal conditions which affect the joints, bones and muscles including osteoarthritis, rheumatoid arthritis, back pain and osteoporosis.³
3. Musculoskeletal conditions affect 18.8 million people in the UK and are the single biggest cause of pain and disability.⁴ Cumulatively, the healthcare costs of osteoarthritis and rheumatoid arthritis will reach £118.6 billion over the next decade.⁵ Musculoskeletal conditions account for a fifth of all sickness absence and result in the loss of around 28.2 million working days to the UK economy each year.⁶
4. This representation focuses on the following areas of budget which are important to people with arthritis and related musculoskeletal conditions:
 - **Healthcare services and public health:** Improving outcomes for people with musculoskeletal conditions through treatment, prevention, care and support.
 - **Employment:** Enabling people with musculoskeletal conditions to be in work.
 - **Cutting-edge research:** Supporting the economy through a vibrant science sector and addressing musculoskeletal conditions through long-term investment in research.
5. **Summary points:**

Healthcare services (Elective surgery and wider musculoskeletal healthcare services):

1. **Beyond the pandemic, NHS investment must support NHS Trusts to restore elective care activity in the short term. A long-term sustainable solution is also needed to address the backlog alongside the current and projected demand for joint replacement surgery.**

Public health (Public health spending, NHS Health Check):

2. **Actions set out in the 'Musculoskeletal health: 5 Year Prevention Strategic Framework for prevention across the life-course' must be fully resourced to ensure promotion of good musculoskeletal health.**
3. **The Budget must include additional investment to reverse cuts in public health spending, and place public health provision on long-term sustainable footing for the future.**
4. **The proposed expansion of the NHS Health Check should prioritise the inclusion of musculoskeletal conditions. The Government should also ensure the provision of funding to deliver the proposed expansion of the NHS Health Check programme and ensure this can be consistently implemented nationwide.**

Social care:

5. **Government should expand the funding for community equipment to ensure people with disabilities have access to the support they are entitled to, regardless of where they live.**
6. **Proposals for a long-term sustainable funding solution, necessary to unlock a fairer, high quality social care system, must urgently be brought forward for consultation. Any long-term funding mechanism should share the risk of social care costs across society and ensure that the system can meet increased future demand.**

Employment (Access to Work):

7. **The Department for Work and Pensions should undertake immediate and ongoing promotion of Access to Work to reach more people with musculoskeletal conditions and their employers. They should confirm the planned level of spend and how outcomes (i.e. any increase in the number of claimants in response to this promotion) will be assessed.**

Cutting-edge research:

8. **We ask the Government to support a time-limited Life Sciences-Charity Partnership Fund (LS-CPF) to help protect the contribution charities can make to the Government's vision for UK R&D as independent, strategic funders of high-quality science and innovation.**
9. **Versus Arthritis urges the Government to have a lasting impact on UK economic growth and recovery by securing the unique role medical research charities play in the UK's wider research and innovation ecosystem through the Life Sciences-Charity Partnership Fund (LS-CPF).**
10. **The National Institute for Health Research (NIHR) should be adequately resourced to deliver the commitments around research and innovation as set out in the NHS Long Term Plan.**
11. **The Government should prioritise investment into R&D that advances the use of digital data to drive improvement in healthcare and maximise patient benefit through digital transformation of data collection and utilisation.**
12. **We call on Government to catalyse investment and fund research where it is likely to be most impactful to address underserved and complex health conditions and ensure that investment in urgent, non-COVID-19 health-related research is not adversely affected by the ongoing pandemic.**
13. **We ask the Government to consider carefully the deployment and timing of the review of Quality-Related funding and Full Economic Cost and ask that the views of medical research charities are included to ensure their distinct knowledge and experience as funders of university research is captured.**
14. **We urge the Government to reconsider the intended allocation of existing commitments to support the UK's association to Horizon Europe and ask that additional resource is made available to prevent both a reversal in the progress to**

towards UK R&D investment of 2.4% of GDP by 2027, and a loss of commercial translation of new research outputs.

HEALTHCARE SERVICES AND PUBLIC HEALTH: Improving outcomes for people with musculoskeletal conditions through treatment, prevention, care and support.

6. Musculoskeletal conditions account for the third largest area of NHS spend, approximately £5 billion each year.⁷ Treating the two most common forms of arthritis, osteoarthritis and rheumatoid arthritis was estimated to have cost the NHS and wider healthcare system £10.2 billion in 2017.⁸

Elective surgery

7. In the context of all elective surgery, hip and knee replacements are the second and third most common operations taking place in the NHS.⁹ The National Joint Registry's 16th Annual Report in 2019 showed that there were 106,116 hip replacement procedures and 109,540 knee replacement procedures in 2018.¹⁰ Osteoarthritis was the primary cause of 90% and 98% of primary hip and knee replacements respectively in England, Wales and Northern Ireland in 2018.¹¹
8. The cancellation of planned care across NHS services due to the pandemic has had a significant impact on people with arthritis. Writing to NHS providers on 17 March 2020, NHS-England and Improvement (NHS-E/I) asked that all routine surgery be postponed from 15 April for at least three months.¹² Early surveys during the COVID-19 pandemic showed that arthritis was one of the highest ranking conditions for patients who had seen treatments cancelled by the NHS (68%).¹³
9. Figures for October 2020 showed that the number of people waiting more than 52 weeks for Trauma and Orthopaedic Surgery (including joint replacements) was the highest among all specialties of elective care. The increase in time spent waiting for surgery can have a significant negative impact on people with arthritis. A survey carried out by Versus Arthritis between 22 October and 4 December 2020 showed that more than half of respondents (51%) had experienced significantly worse pain levels, and almost three-quarters (72%) had experienced a decrease in their mental health whilst waiting for joint replacement surgery.¹⁴
10. We welcome the Government's commitment in the Spending Review of November 2020 to allocate £1 billion to reduce the backlog for elective surgery, which will be focused on patients who have waited more than 52 weeks.¹⁵ However, we await details of how this investment will be allocated to local NHS Trusts and what proportion of this funding will be used to help reduce waiting times for hip and knee joint replacement surgery.
11. Additionally, since the Spending Review in November, waiting times for elective surgery have been exacerbated by further postponement and/or cancellation of elective surgery by NHS Trusts as COVID-19 infection rates have again increased across England.
12. In the short term, reducing the backlog for elective surgery will require support for NHS Trusts in areas crucial to re-starting surgery, as identified by the Royal College of Surgeons in June 2020.¹⁶ This includes steps that will allow NHS Trusts to tackle COVID-19 infections in hospitals whilst also delivering non-COVID health services: the availability of COVID-light sites, access to independent sector facilities, rapid COVID-19 testing for both staff and patients, and sufficient levels of personal protection equipment (PPE equipment) to undertake surgery.

13. In the longer term, there will be a need for investment to ensure that the waiting lists for joint replacement surgery (that were already at high levels before the pandemic) can be reduced. In May 2020, the Health Foundation estimated that the total direct cost of meeting the existing target of treating 92% of patients within 18 weeks would be £5.2 - £6.8 billion, including the elimination of the backlog for surgery by the end of March 2024.¹⁷
14. **Beyond the pandemic, NHS investment must support NHS Trusts to restore elective care activity in the short term. A long-term sustainable solution is also needed to address the backlog alongside the current and projected demand for joint replacement surgery.**
15. **Support for people waiting for treatment:** Recent developments make clear that more people will be on waiting lists for elective surgery for longer periods of time. It is important that the 2021 Budget considers measures that can provide support to help people with arthritis to maintain their physical and mental health whilst they wait. This includes the expansion of mental health support such as Improving Access to Psychological Therapies (IAPT) services for people with long-term conditions; supporting the delivery of interventions that help people remain fit for surgery; and promotion of the Access to Work programme (see 'Employment' below) which provide support for people with long-term health conditions or disability to remain in work.
16. **Physical activity:** Access to physical activity is crucial to preventing musculoskeletal problems. Regular physical activity can reduce joint and back pain by 25% and reduce the likelihood of impairment in walking and daily activities by a third.¹⁸ However, lockdown restrictions have placed severe strain on the leisure sector which provides many of the facilities that can support people to be more physically active. We support UK Active's proposals to provide greater financial support and relief to the leisure sector to ensure that facilities can re-open safely after lockdown restrictions have been removed.¹⁹

Wider musculoskeletal healthcare services

17. **Impact of the pandemic on musculoskeletal conditions:** Evidence indicates that the pandemic is increasing the prevalence of musculoskeletal conditions in the population in several ways. Research from the Office of National Statistics found that 8% of respondents who tested positive for COVID-19 report experiencing muscle pain (myalgia) at five weeks post-infection and NHS guidance recognises that being ill with COVID-19 may make pre-existing musculoskeletal pain worse.^{20,21} In addition to these direct effects, studies have found a significant increase in musculoskeletal pain among home workers in the early stages of the pandemic, with more than half of their survey respondents reporting new aches and pains compared to their normal physical condition.²² These changes will place an increasing burden on the healthcare services needed to address musculoskeletal conditions in the immediate future, such as physiotherapy, and will require additional NHS capacity and funding.

Public Health

18. Public health programmes focused on physical activity and weight management are essential to helping people maintain good musculoskeletal health.²³
19. Versus Arthritis welcomed the recognition of musculoskeletal conditions as the greatest cause of total years lived with disability in the Cabinet Office and Department of Health and Social Care (DHSC) consultation 'Advancing our health: prevention in the 2020s', along with the commitments to improve musculoskeletal health that were set out in the 'Musculoskeletal health: 5 Year Prevention Strategic Framework for prevention across the lifecourse', published by NHS England, PHE and Versus Arthritis.^{24, 25}

- 20. Actions set out in the ‘Musculoskeletal health: 5 Year Prevention Strategic Framework for prevention across the life-course’ must be fully resourced to ensure promotion of good musculoskeletal health.**
- 21. Future public health structures:** On 18 August 2020, Government has announced that Public Health England will be replaced by a National Institute for Health Protection, with the future structure of health improvement and prevention functions yet to be determined.²⁶ The Department of Health and Social Care (DHSC) should consult extensively to understand how a new system of prevention and health improvement can deliver the greatest value to people’s health and wellbeing.
- 22. Musculoskeletal conditions, health inequalities and the pandemic:** Evidence indicates that the communities most affected by COVID-19 are those that were already in poor health, demonstrating the importance of pro-active prevention in minimising the impact of both communicable diseases like COVID-19, and non-communicable diseases that make up the majority of UK’s disease burden.²⁷
- 23.** In 2014/15, the core public health grant was £2.9 billion in real terms, however by 2019/2020 it had fallen to £2.3 billion.²⁸ Additionally, public health spending cuts in the most deprived areas have been six times larger than in the least deprived, which risks widening health inequality. To reverse these cuts, £0.9 billion of annual funding is required, in addition to over £2 billion of investment needed in the most deprived areas.²⁹
- 24. The Budget must include additional investment to reverse the cuts in public health spending and place public health provision on long-term sustainable footing for the future.**

NHS Health Check

- 25. NHS Health Check review:** Versus Arthritis supports the Government’s intention, announced in August 2019, to review how the current NHS Health Check can be expanded to deliver more value.³⁰ Over a four-year period, the NHS Health Check has been estimated to deliver £57 million in savings for the NHS budget, rising to £176 million over a fifteen-year period.³¹ However, despite a Government commitment to make the 2020s the ‘decade of prevention’ the net expenditure on delivering the NHS Health Check programme, has fallen every year since 2013.^{32,33}
- 26.** Musculoskeletal conditions account for the third largest area of direct spend.³⁴ Early intervention measures that help manage musculoskeletal problems are cost effective, and deliver savings in long-term healthcare costs.^{35,36,37} For example, for every £1 invested in the ‘STarT Back’ personalised care tool for back pain, £226 is saved in healthcare, quality of life and productivity gains.³⁸ Versus Arthritis is working to support work to pilot the inclusion of a digital tool as an initial step towards inclusion of musculoskeletal conditions in the NHS Health Check.
- 27. The proposed expansion of the NHS Health Check should prioritise the inclusion of musculoskeletal conditions. The Government should also ensure the provision of funding to deliver the proposed expansion of the NHS Health Check programme and ensure this can be consistently implemented nationwide.**

Social care

28. To help enable people with disabilities to live independently, under the Care Act 2014, local authorities are obligated to 'provide or arrange for services intended to prevent, reduce or delay care and support needs for adults and carers'.³⁹
29. A key part of this legislation for people with musculoskeletal conditions is the provision of home aids and adaptations that are designed to facilitate independent living. People with eligible needs are entitled to aids of any value and adaptations that cost less than £1000, otherwise known as community equipment, for free provided by their local authority. Despite the legal requirement to provide community equipment, due to reduced budgets, some local authorities have started lowering the pricing thresholds for equipment, limiting the amount of support available to those with eligible needs.⁴⁰
30. **The Government should expand the funding for community equipment to ensure people with disabilities have access to the support they are entitled to, regardless of where they live.**
31. The Disabled Facilities Grant (DFG) provides financial support for people with musculoskeletal conditions to access larger home modifications. The DFG provides a strong return on investment. The London School of Economics estimated that a spend of £270 million on DFGs is worth up to £567 million in health and social care savings and quality of life gains.⁴¹
32. We welcome the Government's commitment in the Spending Review 2020 to provide £573 million for Disabled Facilities Grants and £71 million for the Care and Support Specialised Housing Fund to support people to live independently for longer.⁴² Government must provide certainty to local authorities that this budget will continue to be protected and increased to meet rising demand, and to help to avoid individuals moving into more expensive care settings.
33. Versus Arthritis is a member of the Care and Support Alliance and supports their work to reform and improve the provision of social care.⁴³
34. **Proposals for a long-term sustainable funding solution, necessary to unlock a fairer, high quality social care system, must urgently be brought forward for consultation. Any long-term funding mechanism should share the risk of social care costs across society and ensure that the system can meet increased future demand.**

EMPLOYMENT: enabling people with musculoskeletal conditions to be in work

35. The combined cost of worklessness and sickness absence in the UK is estimated to be around £100 billion annually, and musculoskeletal ill health is a key contributor to this figure. Arthritis and musculoskeletal conditions often limit people's mobility and dexterity and cause pain, affecting people's ability to work. People with musculoskeletal conditions face challenges with employment – they are less likely to be employed, more likely to experience sickness absence and face a disability 'pay-gap'.
36. In the UK, around 63% of working age adults with an musculoskeletal condition are in work compared to 82% of people with no health condition.⁴⁴ Musculoskeletal conditions result in the loss of around 28.2 million working days to the UK economy each year and account for a fifth of all sickness absence.^{45,46} In addition in 2018 people with a musculoskeletal condition were, on average, earning 9.5% less than their non-disabled counterparts.⁴⁷ Despite these difficulties, many people with musculoskeletal conditions want to work and value the economic, health and social benefits of working. They can thrive at work, with the right support.

- 37. Employment, disability and the pandemic:** There are concerns that people with disability, including those with musculoskeletal conditions, may be further disadvantaged in the current employment environment. Work by Citizen's Advice in August 2020, found that 51% of people facing redundancy due to COVID-19 are disabled or have a long-term health condition.⁴⁸ Data from the Office of National Statistics indicates that, between January-March 2020 and April-June 2020, there was a slight fall in the employment rate among disabled people.⁴⁹ Available data also indicates an increase in musculoskeletal conditions among homeworkers during the early stages of the pandemic, which could in turn impact people's ability to work.^{50,51}
- 38. Progress in closing the disability employment gap:** Versus Arthritis welcomed the Government's 2017 pledge to get '1 million more people with disabilities into employment over the next ten years' and a 2015 pledge to 'halve the disability employment gap'. There has been some progress toward this goal; data from the Office of National Statistics indicates that between April-June 2013 and April-June 2020, the disability employment gap reduced by 5 percentage points.⁵² However, the rate of change is gradual, and to meet the Government's commitments, an additional 350,000 disabled people in employment and a further 12% reduction in disability employment gap is required by 2027.⁵³
- 39.** In July 2020, the Government introduced new measures to help support people to return to work, some of which would be available to disabled people.⁵⁴ There are already several schemes which provide support for disabled people or people with long-term health conditions to remain in, or return to, work including Access to Work, the Work and Health Programme and Intensive Personalised Employment Support.^{55,56} It is important that changes to these schemes, and new schemes, are integrated so that people can access the most appropriate support.
- 40.** The Department for Work and Pensions should ensure that the needs of disabled people and people with health conditions are taken into account as any new employment support schemes are introduced, and also that those providing employment support schemes have the expertise to support people with disabilities and long-term health conditions.

Access to Work

- 41.** Access to Work is a programme designed to help people with disabilities and long-term health conditions find and stay in work through providing financial support to overcome work-related barriers.
- 42.** Despite being the leading cause of disability in the workforce, only 11.9% of the total Access to Work spend for 2017/2018 was allocated to support people with musculoskeletal conditions.⁵⁷ A 2018 Versus Arthritis survey indicated that 59% of respondents had never heard of the Access to Work scheme or how it could help them enter and remain in work.⁵⁸
- 43.** There have been some changes to Access to Work during the recent pandemic including help for people for equipment to use at home as well as from their normal workplace; funds for some of those unable to use public transport to travel safely; some personal protective equipment costs for support workers; and increased mental health support.⁵⁹ The Department for Work and Pensions (DWP) should report on the levels of uptake of these new provisions.
- 44.** We appreciate the Minister for Disabled People, Health and Work's response to a recent Parliamentary Question which indicated that *'to ensure that Access to Work information reaches as many people as possible, the Department is planning to supplement [this] already extensive promotion with paid advertising from January 2021. Final proposals are currently being worked on for the paid advertising campaign and detailed media planning will determine final spend.'*⁶⁰

45. **The Department for Work and Pensions should undertake immediate and ongoing promotion of Access to Work to reach more people with musculoskeletal conditions and their employers. They should confirm the planned level of spend and how outcomes (i.e. any increase in the number of claimants in response to this promotion) will be assessed.**

CUTTING-EDGE RESEARCH: supporting the economy through a vibrant science sector and addressing musculoskeletal conditions through long-term investment in research.

46. **Versus Arthritis as a funder of research:** Since genetics was first shown to play a role in rheumatoid arthritis in 1953, through to the licensing of the first anti-TNF therapy in 2000, and transformational non-drug interventions such as ESCAPE-pain⁶¹ and STarTBack⁶², Versus Arthritis' investment in research has delivered breakthroughs which directly improve the lived experience of people with arthritis and related conditions.⁶³ Over the last decade, we have invested in the region of £1/4 billion in medical, health and clinical research. We support research individually and in partnership with Government, other charities, universities, hospitals, and commercial organisations to maximise impact. Versus Arthritis was the fourth largest charitable funder of medical research in the UK in 2018 and the largest public funder of research into musculoskeletal conditions.⁶⁴ We have £132.4 million currently invested in cutting-edge research across the UK, from lab-based projects to clinical trials, to projects impacting on health services.
47. **Impact of COVID-19 on medical research charity investment in UK Research and Development (R&D):** Medical research charity investment in high-quality cutting-edge research, careers and infrastructure has a significant and direct benefit to the UK economy. Charities are often the only funders in early-stage, discovery research which de-risks complex research questions and facilitates investment from industry and other funders. Versus Arthritis is a member of the Association of Medical Research Charities (AMRC) whose members invested £1.9 billion in medical research in 2019, representing half of all UK publicly funded medical research.⁶⁵ AMRC charities face an unprecedented shortfall in charitable funding, a gap of at least £310m in the current financial year.⁶⁶ The impact of COVID on medical research charitable funding is both immediate and long-term. Forty percent of charity-funded early career scientists have considered leaving research since the beginning of the pandemic⁶⁷ while a recent analysis predicts a total of £7.8 billion investment in UK medical research by 2027 is at risk as a result of the impact of COVID-19 on charities.⁶⁸
48. **We ask the Government to support a time-limited Life Sciences-Charity Partnership Fund (LS-CPF) to help protect the contribution charities can make to the Government's vision for UK R&D as independent, strategic funders of high-quality science and innovation.**
49. **Disease-specific research funded over many years underpins our emerging understanding of COVID-19 and other serious health conditions.** For example, in the late 1980s, ground-breaking research showed that a molecule called Tumour Necrosis Factor (TNF) which occurs naturally in the body plays a key role in inflammation. Early, innovative trials funded by Versus Arthritis led to the introduction of a new class of game-changing treatments known as biological therapies, with the first anti-TNF therapy licensed in 2000. The output from this charity-funded research, which initially focussed on a single condition – rheumatoid arthritis - has since been shown to be beneficial for a range of common inflammatory-mediated conditions and may have a role in reducing the severity of COVID-19.⁶⁹
50. Our researchers have responded flexibly and creatively to COVID-19 but our funded research activity has been profoundly affected by the pandemic. Versus Arthritis anticipates a 40% reduction in our research investment in 2020/21, and this reduction may be sustained for several years to come. The impact is greater than a reduction in new funding commitments, but

will also require us to make difficult choices about our ability to divert funds to supplement, sustain and protect valuable research activity across our existing portfolio due to delays caused in large part by COVID-19. Not only will this affect the level of funding available to support musculoskeletal health research in the UK, for which Versus Arthritis has been the largest single public investor, there is also a genuine risk to future investment in ground-breaking, cross-disciplinary research which has application far beyond the disease focus of individual charities.

- 51. Versus Arthritis urges the Government to have a lasting impact on UK economic growth and recovery by securing the unique role medical research charities play in the UK's wider research and innovation ecosystem through the Life Sciences-Charity Partnership Fund (LS-CPF).**
- 52. Government investment in the UK R&D sector:** Versus Arthritis welcomes the Government's stated commitment to increase public R&D investment to £22 billion per year by 2024-25. The allocation of £14.6 billion for R&D in 2020/21 along with multiyear settlements for the Department for Business, Energy and Industrial Strategy (BEIS) and the National Academies announced in the 2020 Spending Review demonstrates the Government's prioritisation of R&D investment as a central pillar of the UK's post-COVID economy. However, sustained investment is also essential to support the National Institute for Health Research (NIHR) in delivering the benefits research and innovation can make to patients and the critical importance of research and innovation to drive future medical advance.⁷⁰ We also welcome NHS-X's vision of researchers being viewed as an integral part of a modern and digitised NHS⁷¹ and consider data to be essential in driving long term improvements in musculoskeletal health at a local and national level.
- 53. The National Institute for Health Research (NIHR) should be adequately resourced to deliver the commitments around research and innovation as set out in the NHS Long Term Plan.**
- 54. The Government should prioritise investment into R&D that advances the use of digital data to drive improvement in healthcare and maximise patient benefit through digital transformation of data collection and utilisation.**
- 55. Addressing underserved health through Government investment in R&D:** Even pre-COVID, there were inequalities to address in public funding across underserved health conditions, including musculoskeletal health.⁷² Musculoskeletal conditions were consistently ranked second for Years Lost to Disability globally over a 15 year period,⁷³ while low back and neck pain are the greatest cause of Years Lost to Disability in each of the individual UK nations and 18 other 'comparator' countries.⁷⁴ One in eight people in England report living with at least two long-term conditions, at least one of which is arthritis or a related musculoskeletal condition.⁷⁵ Despite this, UK public funding for research into arthritis and related conditions has been essentially static since 2014, with these conditions accounting for 22.4% of Years Lost to Disability in the UK, but only receiving 3.4% of total health research funding.⁷⁶
- 56. We call on Government to catalyse investment and fund research where it is likely to be most impactful to address underserved and complex health conditions and ensure that investment in urgent, non-COVID-19 health-related research is not adversely affected by the ongoing pandemic.**
- 57. Government funding mechanisms for university R&D:** Versus Arthritis acknowledges the Government's commitment in the BEIS UK R&D Roadmap to review the mechanisms used to support university research in England and the incentives that these create within the R&D system including Quality-Related (QR) funding, which includes the **Charity Research Support**

Fund (CRSF), and the payment of Full Economic Cost (FEC).⁷⁷ It is important to recognise that COVID-19 has resulted in a challenging time for medical research charities. Any reduction in support in real terms or increase in the proportion of FEC which charity funders are required to pay could exacerbate this. Now more than ever, Government support for the charitable sector through consistent and sustained funding mechanisms is vital.

- 58. We ask the Government to consider carefully the deployment and timing of the review of Quality-Related funding and Full Economic Cost and ask that the views of medical research charities are included to ensure their distinct knowledge and experience as funders of university research is captured.**
- 59. UK involvement in EU R&D:** Musculoskeletal research in the UK has improved health and clinical outcomes across the EU and globally. UK researchers are involved in almost all rheumatoid arthritis research programmes at EU level.⁷⁸ Versus Arthritis welcomes the Trade and Cooperation Agreement provisions which will facilitate UK association to Horizon Europe. However, we are concerned that the Government intends to fund the UK's participation in EU science programmes through its existing commitment to raise public investment in R&D to £22 billion per year by 2024/25, rather than through new investment.⁷⁹ There is a risk this will reduce the UK's progress towards the Government's commitment to build towards UK R&D investment of 2.4% of GDP by 2027. Furthermore, we are concerned that the decision that the UK will not participate in the European Innovation Council Fund established under Horizon Europe risks reducing the speed of translation of new research into public benefits. It is essential to use public research funding to help incentivise industry co-investment and sustain the flow of ideas from the research base into commercial uses.⁸⁰
- 60. We urge the Government to reconsider the intended allocation of existing commitments to support the UK's association to Horizon Europe and ask that additional resource is made available to prevent both a reversal in the progress to towards UK R&D investment of 2.4% of GDP by 2027 and a loss of commercial translation of new research outputs.**

Versus Arthritis Policy team, January 2021

For further information please contact policy@versusarthritis.org

1 [Guidance for submitting your Budget representation - GOV.UK \(www.gov.uk\)](#)

2 Versus Arthritis (2020). Representation to the Comprehensive Spending Review

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