For too long, arthritis has been dismissed and ignored. Together, we can change that.

Versus Arthritis is the UK’s largest arthritis charity. We are campaigners, carers, researchers, healthcare professionals, friends, parents, fundraisers and volunteers, all united in our ambition to ensure that one day, no one will have to live with the pain, fatigue and isolation caused by arthritis.

Arthritis is a set of serious conditions that impact the lives of over 10 million people in the UK. It can impact a person’s ability to work, look after family or live well. Arthritis must not be dismissed by people in positions of power.

We work with experts, policy makers, and people with arthritis, and understand what needs to change and how, so that everyone living with arthritis has access to the care and support they need to live the lives they choose.

A General Election is an important opportunity for our community – it is a time to come together and demand that the next UK Government makes arthritis a priority.
OUR 5 PRIORITIES

Ensure arthritis is a priority in national health plans including improved data

Bring down waiting times for people with arthritis and support them while waiting

Increase funding into musculoskeletal research to match its severe impact

Improve work-related support for people with arthritis

Strengthen care and support for children and young people with arthritis
Over 10 million people in the UK have arthritis. That’s over 15,000 people on average in each constituency that could be living with significant pain, fatigue and reduced mobility that arthritis can cause, impacting their ability to sleep, travel, socialise and enjoy life as they may wish. Many more people are living with arthritis but remain undiagnosed or waiting far too long for a diagnosis.

Deborah Alsina
Chief Executive at Versus Arthritis

Over the years, Versus Arthritis has been a pioneer in medical research into musculoskeletal conditions like arthritis, but the Government’s own research investment in this area hasn’t kept pace with its growing impact. Our community is being left behind.

UK-wide delays to life-changing treatment and support, like joint replacement surgery, are leaving too many people with arthritis waiting years in pain. It is unacceptable that anyone should be made to live with the devastating impact this can have on their mental health, finances, and relationships.

Arthritis can have a significant impact on people’s ability to work, too. Without the right employment support, people struggle to remain in work and are at risk of having to retire early. And despite public perception, arthritis affects people of all ages, including children and young people. Too often, they are unsupported in school and can struggle to take part in everyday activities.

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Deborah Alsina MBE
ENSURE ARTHRITIS IS A PRIORITY IN NATIONAL HEALTH PLANS INCLUDING IMPROVED DATA

THE PROBLEM
Arthritis isn’t prioritised – health plans in each nation do not recognise the huge prevalence, costs, and impact of arthritis. One in six of us – over 10 million people in the UK – live with the significant pain, fatigue, and disability arthritis can cause. Cumulatively, the healthcare costs of arthritis will reach a massive £118.6 billion over the next decade. But arthritis is still not taken seriously. Arthritis is often wrongly dismissed as an inevitable part of ageing, health funding is not proportionate to the problem, it can take far too long to get a diagnosis; and we lack good quality data on arthritis and musculoskeletal (MSK) health. This must change – arthritis needs to be taken seriously so that people get the care and support they need. Prioritisation in national plans is the first step.

INCREASING COST OF MSK CONDITIONS IN ENGLAND

£4.7BN 2013-14
£5.5BN 2019-20
£6.3BN 2022-23

MSK conditions accounted for the third largest area of NHS programme spending at £4.7 billion in 2013-14. This was 3.5% of total spending in 2013-14. If the proportion has stayed the same – MSK conditions will have accounted for £5.5 billion spending in 2019-20 and an estimated £6.3 billion in 2022-2023.

PIPPA’S STORY
“I started having issues with my knee when I was sixteen, and I had my first knee operation at eighteen. I’ve been told everything from ‘it’s wear and tear’ to ‘it’s inflammation and damage’ to ‘of course it’s arthritis’. There’s no consistent language or support, and not having a proper diagnosis after all these years is a really poor reflection on medical professionals.

They just tell me to go to physio and then say crack on. This is my seventh time self-referring to physio. I’ve got something that’s long term and it’s only going to get worse, but no-one checks in with me if I don’t contact them. It just doesn’t feel like you’re a priority, and that’s really hard.”
Pippa, 36

WHAT THE NEXT GOVERNMENT MUST DO:

• Prioritise arthritis nationally through permanent NHS leadership and in health plans.
• Secure MSK clinical leadership in every local health system and ensure people with arthritis are involved in the development of local plans.
• Improve the quality, availability, and use of UK-wide data on arthritis and MSK health.

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BRING DOWN WAITING TIMES FOR PEOPLE WITH ARTHRITIS AND SUPPORT THEM WHILE WAITING

THE PROBLEM

There are over one million cases in the UK waiting for trauma and orthopaedic treatment. This is unacceptable. Urgent action is required to tackle these long waits.

Too many people with arthritis across the UK are waiting far too long to get a diagnosis or access the treatment they desperately need.

Through times of increased pressure on the NHS, planned care like hip and knee replacements are cancelled first, resulting in even longer waits for treatment. Such delays significantly impact people’s physical and mental health, affecting all aspects of daily life. This needs to urgently change.

Excellent support and care with clear communication is essential for people’s health and wellbeing as well as delivering better outcomes. Versus Arthritis has created a package of support which includes improved communication, physical activity programmes and wellbeing advice. We need to see local health systems improve the usage of these resources to better support people while they wait.

Increase in number of cases across UK waiting for trauma and orthopaedic treatment

683,565 TO 1,101,063

61% INCREASE

from December 2019 to December 2023

Robert’s Story

“I was put on a waiting list for a hip replacement in November 2022, and had my surgery in early 2024. For over a year, everything was a challenge: getting up, cooking, going to the loo, opening the wardrobe. I could walk a yard or two with a stick, but it was so painful – my life was on hold and that was very depressing. We were offered no support, so my partner had to do everything, and that was so hard on him. Having my surgery feels like an enormous weight has been lifted off our shoulders. But the long wait to get here means my recovery isn’t as quick as it might have been, and the change in my gait from being in pain so long is causing issues elsewhere. I just want to get my life back.”

Roberta, 75

WHAT THE NEXT GOVERNMENT MUST DO:

• Publish a comprehensive long-term plan to reduce waiting times, including improving the quality of published data.

• Reduce waiting times by protecting orthopaedic capacity through ringfencing staff, resources and facilities, using schemes like surgical hubs.

• Improve communication and support for people with arthritis to help them stay as well as they can while they wait for treatment.

What the next government must do:
INCREASE FUNDING INTO MUSCULOSKELETAL RESEARCH TO MATCH ITS SEVERE IMPACT

THE PROBLEM
Arthritis and MSK conditions make up a staggering 10.5% of the UK disability impact but the proportion of Government research funding into MSK conditions accounts for a fraction of that.

Research can make a life-changing impact on people with musculoskeletal (MSK) conditions like arthritis. Research that Versus Arthritis funded led to the creation of anti-TNF medications which transformed the treatment of inflammatory arthritis and changed the lives of almost two million people worldwide. We want more groundbreaking discoveries in the lab, clinic, and community to ensure people with arthritis can access the treatments they need.

While we acknowledge the Government currently funds £69 million of research into MSK conditions, it unfortunately doesn’t match the measurable impact the condition has, so it is vital that this investment is increased significantly. There also needs to be better promotion and ongoing sustained support for the research environment in the NHS and universities. Research isn’t an optional extra – it’s absolutely fundamental to give people the best outcomes possible.

THE GAP IN UK GOVERNMENT RESEARCH SPENDING ON MSK CONDITIONS

Current: £69m
Required: £114m

WHAT THE NEXT GOVERNMENT MUST DO:
• Increase funding into MSK research by at least £114 million to £183 million a year to match its substantial impact on the UK population.

• Incentivise charitable research in universities and the NHS through appropriate financial support.

• Strengthen the pipeline for Clinical Academics – the researchers of the future. Incentivise and facilitate this career path to maintain the UK’s position as a global leader in research.

DR DAVID’S STORY

“My lab focuses on osteoarthritis – a disease often described as ‘wear and tear’. In fact, the cartilage which protects the ends of our bones is destroyed in an active process, driven by enzymes acting like ‘molecular scissors’. We are working to understand these enzymes and how we can stop them. We are just one of many arthritis research groups across the country working at every stage – from discovery science to clinical trials. Musculoskeletal research relies heavily on funding from superb charities such as Versus Arthritis. A significant boost in government-funded arthritis research would help to truly unlock the potential of the UK’s world-leading life sciences sector, seeking the next breakthrough for these debilitating diseases.”

Dr David Wilkinson
Protein Biochemist, University of Liverpool
IMPROVE WORK-RELATED SUPPORT FOR PEOPLE WITH ARTHRITIS

THE PROBLEM
Too many people with arthritis and musculoskeletal conditions are not able to work when they want to. They are one of the main reasons (21%) given for economic inactivity caused by ill-health.

Arthritis and musculoskeletal (MSK) conditions have a severe impact on the economy, resulting in 23.4 million working days lost in 2022. The cost of working days lost due to osteoarthritis and rheumatoid arthritis was estimated at £2.58 billion in 2017 rising to £3.43 billion by 2030.

People with arthritis are up to 20% less likely to be in work than those without the condition. Employment support programmes like occupational health and Access to Work are a vital resource for people with arthritis and MSK conditions but uptake needs to be significantly improved. Many people are waiting far too long for the support that they need, with waiting times for Access to Work tripling between March 2021 and 2022. It is crucial that people with arthritis get the vital support to enter employment and thrive at work.

PERCENTAGE OF THOSE ECONOMICALLY INACTIVE

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<tr>
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<tr>
<td>of people with an MSK condition</td>
<td>34.9%</td>
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<tr>
<td>of people with no long-term condition</td>
<td>15.2%</td>
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KEN’S STORY
“I know that being a nurse hasn’t helped my condition – in fact, it’s probably resulted in more deterioration. So many NHS staff end up with some sort of musculoskeletal condition because of how physical the job is, but there’s no real support for us. I work as a bank nurse now, so I only have to work as many days as I feel able to, but even then, it’s hard. I’ve spoken with my managers to try and figure out a way to lessen the workload and make it easier, but nothing’s come of it. I’ve even had ergonomic assessments done, but the recommendations were ignored. We deserve better support than this.”

Ken, 64

WHAT THE NEXT GOVERNMENT MUST DO:

• Support more people with arthritis and MSK conditions to start and stay in work, by increasing access to occupational health and improving timely access to employment support programmes.

• Promote and improve awareness of the Access to Work programme through a targeted campaign, highlighting how it can support people with arthritis and MSK conditions.

• Listen and learn from people with arthritis when developing employment initiatives to support them to remain in or return to work.
STRENGTHEN CARE AND SUPPORT FOR CHILDREN AND YOUNG PEOPLE WITH ARTHRITIS

THE PROBLEM

Children and young people with arthritis don’t get the support they need to manage their condition or live healthy and happy lives.

An estimated 10,000 children under the age of 16 years old have Juvenile Idiopathic Arthritis (JIA) in the UK. JIA causes joint pain and swelling, loss of mobility or dexterity, and can cause extreme tiredness and fatigue in children, having a severe impact on them and their families. It can also affect mental health and wellbeing.

Children and young people with JIA require early diagnosis and referral for treatment to prevent long-term joint damage, pain, and disability. They need tailored support when transitioning to adult healthcare services and developmentally appropriate materials in both health and school settings. Support or signposting for associated mental health difficulties may also be critical.

A STUDY OF YOUNG PEOPLE WITH ARTHRITIS FOUND THAT...

60% required mental health support, with significant difficulties in accessing the care that they needed.

An estimated 10,000 children under the age of 16 in the UK have Juvenile Idiopathic Arthritis (JIA), a group of inflammatory conditions where arthritis is the main symptom.

JIA causes joint pain and swelling, loss of mobility or dexterity, and can cause extreme tiredness and fatigue in children, having a severe impact on them and their families. It can also affect mental health and wellbeing.

Children and young people with JIA require early diagnosis and referral for treatment to prevent long-term joint damage, pain, and disability. They need tailored support when transitioning to adult healthcare services and developmentally appropriate materials in both health and school settings. Support or signposting for associated mental health difficulties may also be critical.

SFIYAH’S STORY

“My JIA impacts me a lot. It stops me from doing a lot of things, like playing in the playground in school. I can’t run around as much because of my knees. It puts a lot of pressure on them. Sometimes I don’t feel included. In PE we play football or rugby and I can’t join in as much, it hurts my knee a lot to kick a ball. I can’t do the things I want to do.”

Sfiyah, 10

“Diagnosis was incredibly difficult. It took such a long time and it felt like healthcare professionals weren’t listening. We would like to see more support in schools. Sfiyah’s going to high school next year and we’ve found it difficult to highlight her needs. I don’t think schools understand. There’s a big stigma that arthritis is something older people get. We need more understanding.”

Parvina, Sfiyah’s mum

WHAT THE NEXT GOVERNMENT MUST DO:

• Improve mental health support for children and young people with arthritis and their families and expand access to this support.

• Enable schools to deliver individual plans of support which are co-created with young people with arthritis and their families.

• Work with health systems to deliver co-created wraparound support plans for every young person with arthritis transitioning from child to adult healthcare services.