

Our Strategy 2023 to 2028

Towards a future free from arthritis



We are
ArthritisUK

**New name.
New look.**

Same vision.

**A future free
from arthritis.**

Since the original publication of this strategy, we have rebranded from Versus Arthritis to Arthritis UK.

While our name and visual identity have changed, our vision, mission, values and priorities remain the same.

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Foreword

Over 10 million people in the UK live with arthritis.¹

In fact, every day around one thousand people are diagnosed with osteoarthritis², the most common form of arthritis, and every month over 2,000 people are diagnosed with rheumatoid arthritis³.

Many more live with arthritis but remain undiagnosed, untreated and unsupported.

For some, their condition is manageable, but for many others, the pain, fatigue and restricted joints arthritis can cause, places a huge strain on their mental wellbeing, finances and relationships.

An effective diagnosis along with personalised treatment and support can make the difference between remaining in work, being able to care for your family, or losing your independence altogether. In some cases, the chronic pain of arthritis can lead to isolation, depression and increasing poverty.

Additionally, if you are economically poor, you are more likely to develop arthritis ten to fifteen years earlier than if you are affluent⁴ and to be living with multiple long-term conditions which could adversely impact every aspect of your life⁵. Nearly half of women living in the most deprived parts of society report chronic pain, and some ethnic groups are more likely to have a musculoskeletal condition or to experience chronic pain than others, and their health outcomes are often worse.⁶

With UK-wide delays in treatment and growing economic pressure, it's more urgent than ever that we strive to understand the unmet needs of all people with arthritis, and to address inequalities such as these.

As we work towards our ultimate vision – a future free from arthritis – our five-year strategy aims to help people with arthritis to live well now, and to offer hope through our ongoing commitment to finding better treatments now and cures in the future. As a charity, we'll

do this by investing in world-class research, delivering high-quality services, and campaigning on issues that matter the most to people with arthritis.

Our work won't be easy, and we know that we can't do this alone, so partnership and collaboration will be at the core of how we work and behave. We look forward to working side by side with our volunteers, supporters and partners, in all four nations of the UK. We will also proactively seek and develop new partnerships in areas where we want to do more, including with people and organisations working with under-served communities.

To help us achieve success, we'll be integrating our values – United, Compassionate, Inclusive and Brave – and associated behaviours across all that we do and be accountable for effective delivery.

As with everything we do, this strategy was developed alongside people with arthritis and members of our wider community. Thank you to everyone who was involved – we look forward to continuing to work with you over the next five years.



Deborah Alsina MBE
Chief Executive



Kate Tompkins
Chair of the Board
of Trustees

Our strategy at a glance

The need for our work

Over 10 million

people in the UK have arthritis.¹

As well as pain, people with arthritis commonly experience

high levels

of fatigue, stiffness and loss of mobility and dexterity.

The healthcare cost of treating the two most common forms of arthritis will cumulatively reach

£118.6 billion

over the next decade.⁹

The cost of working days lost due to arthritis is estimated to reach

£4 billion

by 2040.⁹

People with arthritis are

20% less likely

to be in work compared to someone without arthritis.^{7,8}

Our vision

A future free from arthritis

Our mission

We won't rest until everyone with arthritis has access to the treatments and support they need to live the life they choose, with real hope of a cure in the future.

To deliver our mission we invest in world-class research, deliver high-quality services and campaign on the issues that matter most to people with arthritis.

Our goals

Strategic goals

1

Arthritis is prevented or diagnosed promptly and effectively.

2

Everyone has equitable access to personalised treatment and care and the range of targeted treatments and cures available has expanded.

3

People live well with arthritis and there is a strong community of support.

4

We will transform awareness of arthritis, build the charity's profile and a strong, active, loyal community of support.

5

We will ensure that Arthritis UK is a sustainable, effective and efficient charity and a great place to work and volunteer.

Who we are

With a legacy extending back to 1936, Arthritis UK is the UK's largest investor in arthritis research and support.

Over the last two decades, we have funded £367 million of research and been at the forefront of some of the most important advances in treatment including:

- Research that led to the development of the first generation of biologics – medicines that block specific parts of the immune system responsible for causing inflammation – and revolutionised the treatment of autoimmune inflammatory arthritis worldwide.
- The SYCAMORE study – funded jointly by Arthritis UK and the National Institute of Health Research – the results of which provided a new treatment option for uveitis (inflammation of the eye). This had a major impact on how young people with juvenile idiopathic arthritis (JIA) receive care around the world, reducing the risk of sight loss and improving their quality of life.
- Funding research that led to new treatments for early-stage osteoarthritis being available on the NHS. Autologous Chondrocyte Implantation (ACI) treatment can delay or prevent the need for knee replacement surgery, particularly helping younger people with knee osteoarthritis.

And we continue to lead the way in cutting-edge science that will make an impact in the future, including:

- Our largest single investment of £12 million, which helped bring together a consortium of funders. Totalling £25 million, the Advanced Pain Discovery Platform will help us better understand pain – the biggest issue for people with arthritis.
- Funding cutting-edge work into detecting the genetic markers of arthritis – vital for detecting and preventing arthritis before it starts, and developing new and personalised treatments.

We have funded

**over
£367 million**

of research over the past 20 years.



Yet this is only half our story. Arthritis UK also leads a range of initiatives designed to help everyone with arthritis to live the life they choose.

We provide evidence-based guides on the diagnosis, treatment and self-management of arthritis, and offer physical activity online resources and programmes.

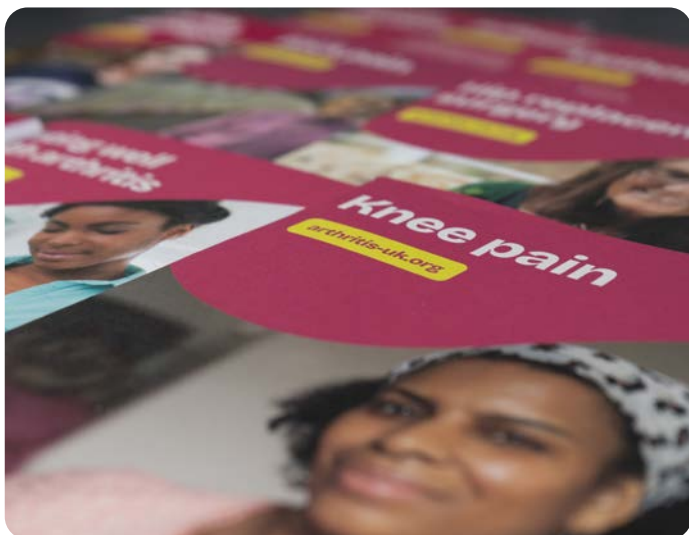
We have a UK-wide network of local branches and groups run by our wonderful volunteers, and an online community and Helpline, giving support and advice to thousands of people every day.

We train and educate health and care professionals; promote the importance of good

musculoskeletal (MSK) health, and use evidence we gather to influence national policies and workplace practice – campaigning tirelessly to make arthritis a policy and public health priority.

And because arthritis affects people of all ages, our dedicated Young People and Families team works with young people with arthritis, helping them to navigate the healthcare system and empowering them to manage their condition, both now and in the future.

Arthritis UK makes a real difference for so many, but there is still so much to be done.



People with arthritis often feel they've been brushed off with 'it's just a bit of pain,' or 'it's wear and tear,' or just a part of getting older. Arthritis might not be life threatening, but it's life destroying – particularly your ability to work. It shouldn't be something you just have to put up with and people need better diagnosis, treatment, and support.

Gareth, physical activity coordinator and volunteer

The need for our work

With one in six people in the UK living with arthritis, the likelihood is that you or someone you know is or will be affected by it.

Yet too few people get the help they need or know how to access it.

The impact of arthritis can be profound and reach far beyond painful, stiff and restricted joints, which can make it hard to get around or to use your hands. For the worst affected, even the simplest tasks like making a cup of tea can become impossible.

Arthritis can also cause severe fatigue and can place a heavy strain on people's wellbeing, mental health, relationships and financial security.

There are many different conditions that cause arthritis symptoms (painful, stiff, restricted joints), including osteoarthritis, autoimmune inflammatory arthritis such as rheumatoid arthritis, and juvenile idiopathic arthritis (JIA) which starts in children and young people before age 16.

People from the most deprived parts of society are more likely to be affected by arthritis, as are women and older people. And arthritis disproportionately affects people from some ethnic minority groups.

People from the most deprived parts of society are more likely to develop multiple long-term conditions, like arthritis,⁵ and to experience them

10-15 years earlier.⁴

Over 10 million

people in the UK have arthritis.¹

Arthritis and MSK conditions are a

leading cause

of disability.¹⁰

23.4 million

working days were lost in 2022 due to arthritis and musculoskeletal conditions.¹¹

People with arthritis are

20% less likely

to be in work than someone without arthritis.^{7,8}



I wasn't very open at the time about how difficult my life was. No one had any idea, though. It's all invisible. Being in constant pain affects your emotions, but you have to hold it in. And holding in the pain means you can't perform well at work or be normal with people.

Keir, physical activity coordinator and volunteer

Over the next decade, the healthcare cost of treating the two most common forms of arthritis will cumulatively reach

£118.6 billion.⁹



Many people face an agonising and worrying wait for diagnosis, treatment, surgery and the mental health support they need to manage their condition and to live well.

Without the right support, many are prevented from working or forced to retire early.

Working with health services, public health and arthritis experts, we must identify ways to reduce people's risk of developing arthritis, as well as reducing the impact of these painful and often disabling conditions for people that have them.

We must confront inequalities in musculoskeletal health; grow our community of support and awareness of arthritis; educate, research and campaign to ensure arthritis is prevented where possible. Where not preventable, it must be diagnosed, with treatment and support offered promptly and effectively. We must expand the range of treatments and, ultimately, cures available.

Where treatment delays are unavoidable, we want to see people supported while they wait, with help for their pain, support for their mental health and wellbeing, and access to physical activity resources, regardless of their age, background, or where they live. We want people to be fully supported to remain in or return to education and paid work if they wish to.

There is a myth that arthritis is insignificant. A fear that it is untreatable. A resignation to it being inevitable. We need to change this. And while arthritis can't currently be cured, there is already so much that can be done.

Arthritis UK is an organisation that puts people with arthritis first. We actively involve people with arthritis in our work, and 40%* of our staff live with arthritis or another musculoskeletal condition. We are uniquely positioned to tackle these challenges.

But we cannot do this alone. We will continue to build an alliance of strategic partners, health and care professionals, service providers, funders, donors and volunteers throughout the UK – all united behind our vision for a future free from arthritis.

Arthritis UK exists to drive positive change so that arthritis is given the focus and priority it needs to ensure it no longer dominates or destroys people's lives. We are determined and will work tirelessly to make our vision for the future a reality for all.

The delivery of this, our five year strategy, is our important next step towards achieving a future free from arthritis so that everyone can live the life that they choose. **Please join us.**

*40% of 189 respondents in an Arthritis UK staff survey taken in October 2022 reported having arthritis or another MSK condition.

Our vision

A future free from arthritis



Our mission

We won't rest until everyone with arthritis has access to the treatments and support they need to live the life they choose with real hope of a cure in the future.

To deliver our mission we invest in world-class research, deliver high-quality services and campaign on the issues that matter most to people with arthritis.

Our strategic focus

We are committed to ensuring that people with arthritis are at the heart of everything that we do and are able to live well today, while we work towards it being prevented or cured in the future.

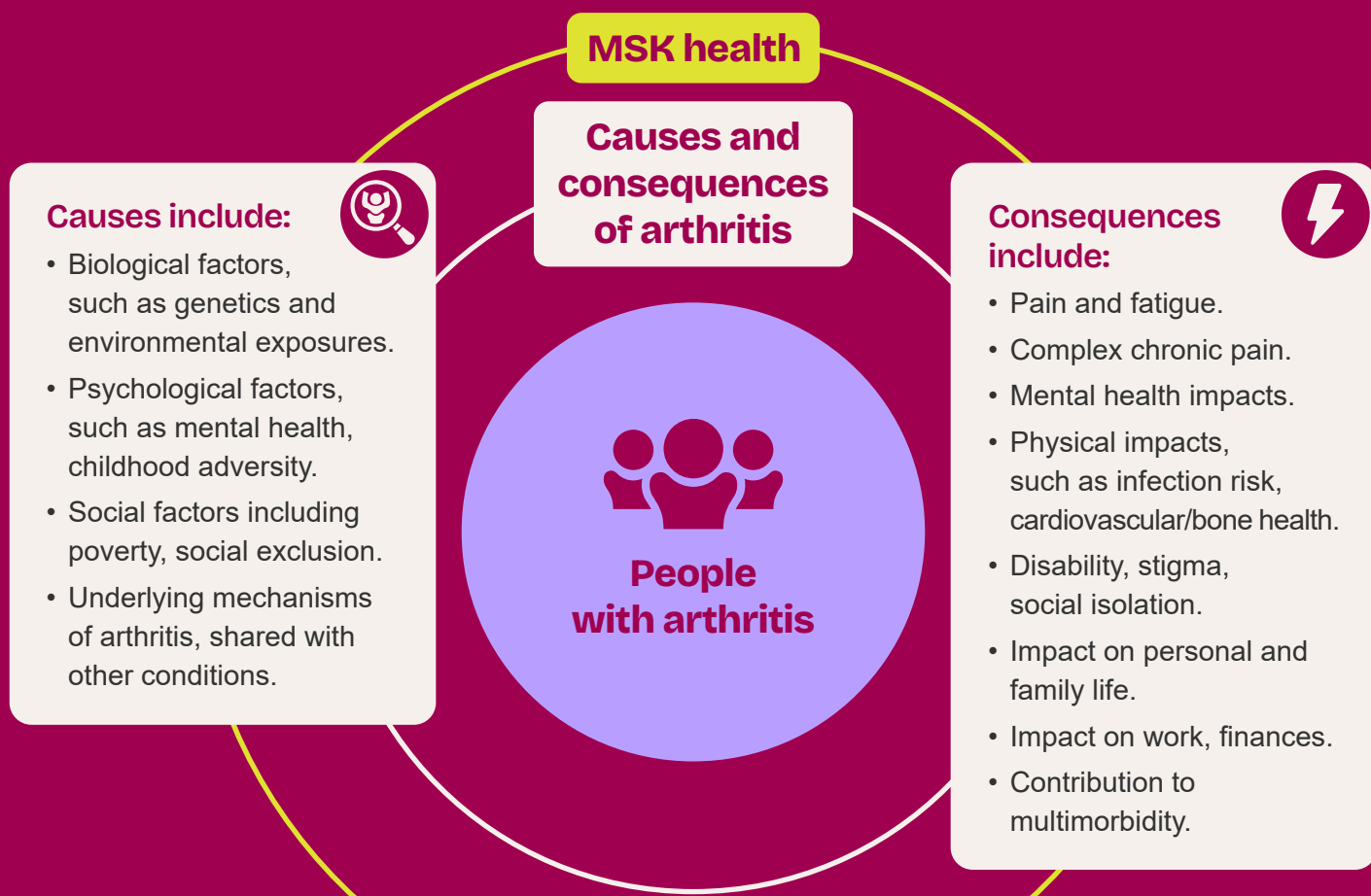
For these reasons, we are interested in both the causes and the consequences of arthritis, and in how arthritis co-exists with other long-term conditions, and their combined impact on people's lives. There are many different types of arthritis, but arthritis can also be a symptom in conditions such as lupus and polymyalgia rheumatica, and all are included in our focus.

Arthritis is a musculoskeletal (MSK) condition. Governments and the NHS focus upon all MSK conditions, not simply arthritis. Therefore, we

will too, through our policy and influencing and health intelligence work.

Specifically, we want to ensure that arthritis is not overlooked and that people with arthritis are able to access the diagnosis, treatment and care that they need wherever they live in the UK.

We also recognise that our work will be of value to people with other MSK conditions (such as those living with back pain) and will seek to translate it to the wider MSK community where appropriate.



In order to deliver impact for people with arthritis, we remain committed to being involved in musculoskeletal (MSK) health generally, when this benefits people with arthritis – for example in policy and health intelligence.

Our values and behaviours

We are a values-driven organisation, so our values and behaviours are central to our work, the decisions we make, and how we behave and treat each other and those we work alongside. They are as follows:



United

We unite as a community to ensure better outcomes for people with arthritis now and long into the future. We strive to increase access to support and treatment whilst using our expertise to further research into prevention and cure.

We are collaborative, connecting and building partnerships to deliver better impact and sustainability. We are passionate – strong and united, we make a difference for and with people with arthritis. We celebrate successes, big and small, valuing the part everyone plays.



Inclusive

Our variety of knowledge and experience helps us to succeed. We aim to represent the communities we serve. Valuing and respecting different views and diverse perspectives, creating accessible ways to contribute meaningfully.

We are authentic, and we celebrate what makes us unique. We are respectful – we make our voice heard, whilst valuing others and challenging considerately. We champion fairness and equity every day.



Compassionate

We truly care about people with arthritis, they are at the heart of everything that we do. We work hard to understand everyone's experiences, challenges and needs to ensure the best support, advice, information and action to help people live well with arthritis.

We are empathetic, actively listening to understand and take action. We care about each other and people with arthritis and always try to make a positive difference. We are supportive, considering each other's wellbeing in everything that we do.



Brave

We use evidence and expertise to challenge inequality and drive change. Being brave, owning our decisions and actions to stand up for people with arthritis whilst working towards prevention and cure.

We are bold in our approach, using evidence and expertise to stand up for what is right, driving solutions-focused action.

We learn from everything we do, staying curious in exploration, whether we fail or succeed. We are accountable – we make an impact and get things done, communicating transparently and owning our actions and decisions.

Our goals

Our strategy consists of three long-term strategic goals and two short-term organisational goals.

They outline the changes we want to see and the actions we will take, over the course of 2023-2028 and beyond.

We recognise that to help us deliver on our longer-term goals, it will be important to develop our current partnerships and build new relationships where we want to have greater impact.

We will also consider the following cross-cutting themes in our strategic goals:

- The impact of arthritis across life course.
- Addressing health inequalities associated with arthritis.

Our two short-term organisational goals will help us in delivering our mission for people living with arthritis.

Long-term strategic goals

Goal 1

Arthritis is prevented or diagnosed promptly and effectively.

Goal 2

Everyone has equitable access to personalised treatment and care and the range of targeted treatments and cures available has expanded.

Goal 3

People live well with arthritis and there is a strong community of support.

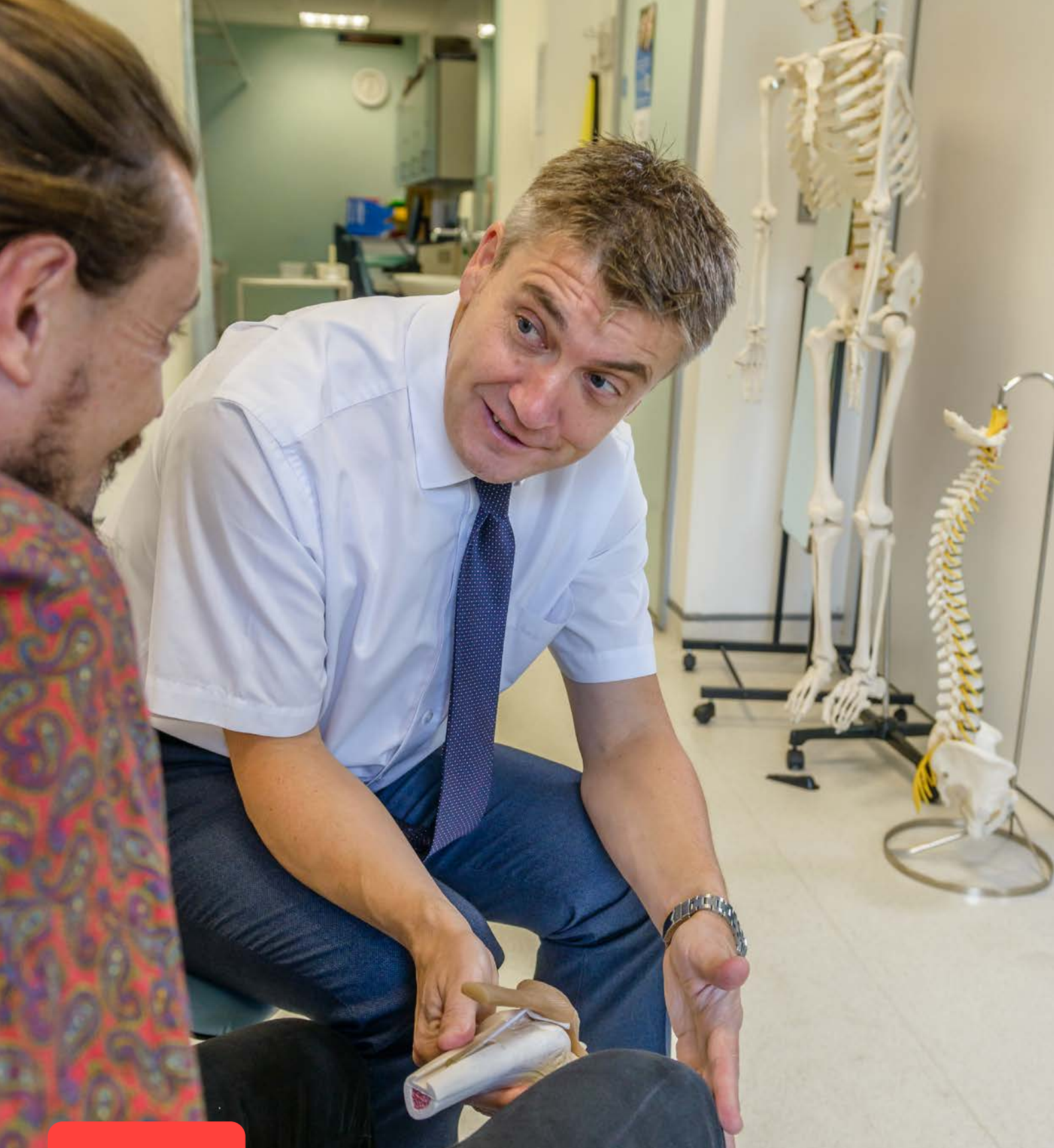
Short-term strategic goals

Goal 4

We will transform awareness of arthritis, build the charity's profile and a strong, active, loyal community of support.

Goal 5

We will ensure Arthritis UK is a sustainable, effective charity and a great place to work and volunteer.



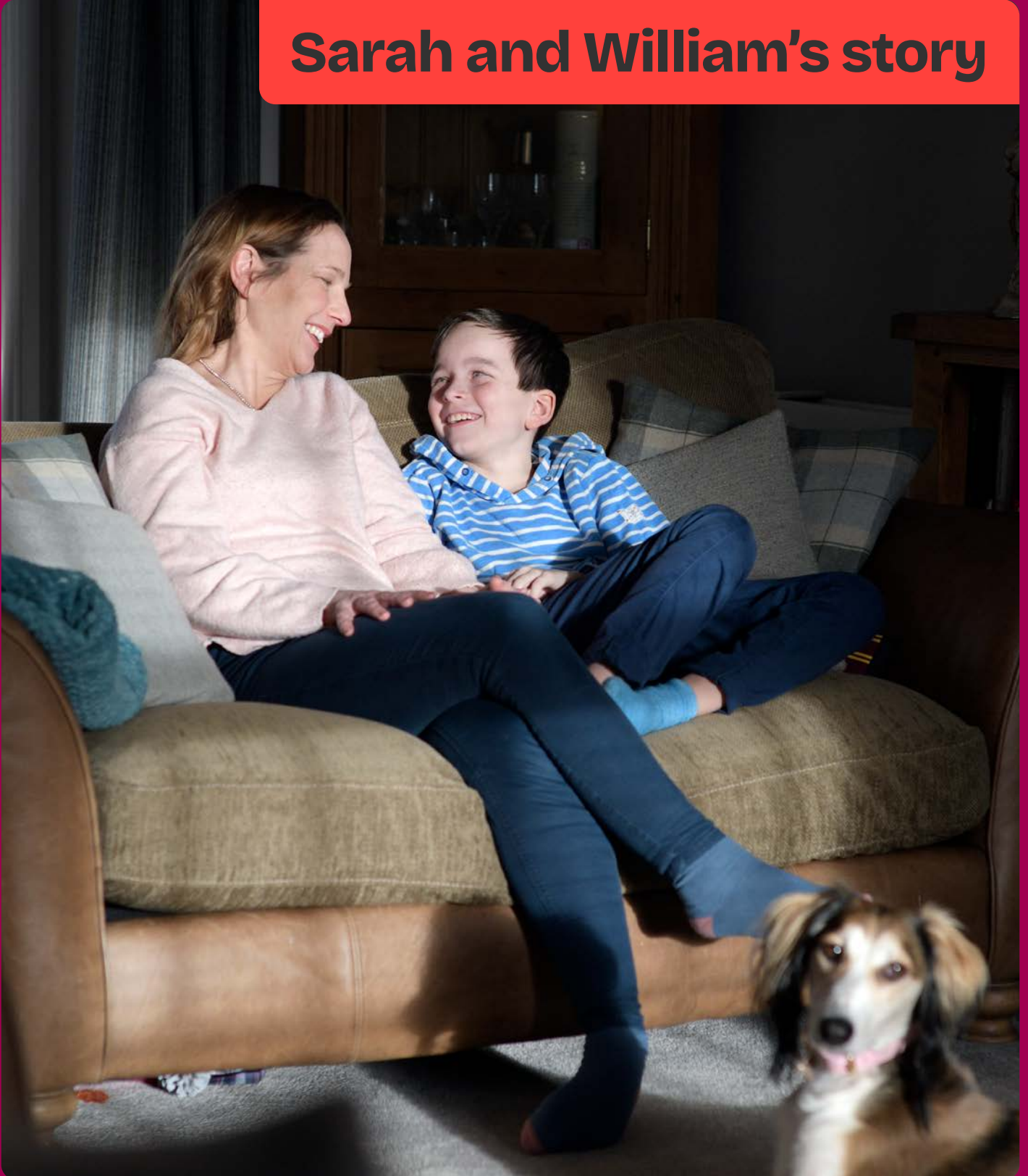
Goal 1

Arthritis is prevented or diagnosed promptly and effectively.



Getting the arthritis diagnosis is important in understanding arthritis yourself and looking for understanding from others. When you can't do something it's because you have a condition and not because you're lazy – it's important for others to realise that.

Sarah and William's story



“I had terrible psoriasis as a child and had to go into hospital as a teenager when I was about 15 or 16.

It was all skin related though – I didn’t have any muscular or bone concerns. When I joined the police force, I was injured on duty in 2002. Following that, I started getting uncomfortable back pain, but the doctors thought it was because I was pregnant with my first child.

I continued getting pain in my neck after he was born, so I requested to see another GP and have an X-ray on my back. The doctor called me 48 hours later and said I had arthritis showing up in the neck area and I needed to see a rheumatologist. The rheumatologist diagnosed me with psoriatic arthritis in that one appointment. My diagnosis is important for my mental health. I tend to just crack on with things, but I know I’ve got a condition and I need to look after myself.

My third child William was diagnosed with juvenile idiopathic arthritis (JIA) at 7 as he had problems walking. He had always walked on his toes and would bring his feet inwards.

William had a very difficult diagnosis journey. The fact that William is autistic led doctors to think he had a sensory issue, which was frustrating. Scans finally revealed arthritis and enthesitis. Getting the diagnosis was incredibly important as it led to lots of support from William’s occupational therapist and the children’s rheumatology department at our hospital.

William’s diagnosis has also been important in school and at choir. Sometimes he needs to sit down or take a break. It’s not that he’s being naughty, he just might not be able to do something and needs extra help. When you say he’s got arthritis people are shocked and taken aback by it.



For William, I hope there will be a better understanding of arthritis and that it isn’t just about pain. I’d like a better understanding of fatigue and flare-ups and for people to understand that William can be bouncing and leaping off the furniture one day, but he might still wake up at 3 am in pain. Pain doesn’t often stop children; they still want to play, explore and be included.

William might not be able to play games like other people, but he still wants to be involved in some way. I think that’s an important message. I’d like there to be more awareness about hidden disability.

After my own diagnosis, my arthritis developed quite fast over the next 10 years. My back had naturally fused with the arthritis and spondylitis had developed. I medically retired in 2015 because of this. Effectively, arthritis cost me my career. But on the other hand, I wouldn’t have been able to be there for William if I had stayed in the police force.

William has received excellent care for his arthritis, and I want any parent to trust their instinct to seek answers if they feel their child is struggling with pain or development.”



Versus Arthritis [now Arthritis UK] has helped with education around arthritis, and we’ve been learning as a family. We had support from the Young People and Families team. It helps to know Versus Arthritis [now Arthritis UK] is campaigning to get arthritis recognised.

The scale of the problem

Every day around

1,000 people

are diagnosed with osteoarthritis, the most common form of arthritis.²

MSK conditions account for

1 in 7

GP consultations.¹²



Only **44%** of people with suspected inflammatory arthritis receive a rheumatology appointment within 3 weeks of a rheumatology clinic receiving a referral.¹³

Around

10,000 children

in the UK have juvenile idiopathic arthritis (JIA).^{14,15}



What we'll do

Over the next five years, we will work with research organisations, professional bodies and strategic partners to build a shared agenda towards preventing and curing arthritis in the future.

- ✓ We will promote the accurate and consistent collection of data across healthcare settings, looking at variations in effective and timely diagnosis and the impact of health inequalities on people with arthritis. We will begin to address these through partnerships, research, services and influencing activity.
- ✓ We will work with public health professionals to build greater public awareness of arthritis so that people take action when they have concerns.
- ✓ We will deliver training and create opportunities for researchers and healthcare professionals to acquire new skills and relevant expertise to ensure that people with arthritis can access a diagnosis promptly and receive appropriate treatment and care.
- ✓ We will work with research organisations and other key stakeholders to build a shared agenda towards preventing and curing arthritis in the future.
- ✓ We will continue to invest in research to develop effective diagnostic tools, to spot the biological signs of arthritis and to better understand people's genetic risk factors; and deliver findings, including risk scores, that can be translated into clinical practice.



Goal 2

Everyone has equitable access to personalised treatment and care and the range of targeted treatments and cures available has expanded.



We need to cater to the needs of the deprived population – that's my main ask.

Asim's story





“Where I work as a GP, I see a lot of inequality in accessing services such as GP services and primary care.

Areas of high deprivation have a lack of primary care services, and even getting to see a clinician who can diagnose people with arthritis, and access to physical therapy, is a huge problem.

Recommended therapies aren't available quickly; there are such long waiting times. There's a lack of community programmes like swimming; so they end up being prescribed medications to use as a go-between before they get access to physical therapy.

The subsequent impact of arthritis on the day-to-day is profound – people can become debilitated by it. Their mental health is hugely impacted.

My mother is 78 and needs a knee replacement. She was referred just over 18 months ago, and she still doesn't have a date. She's struggling to move around the house and go to her local shops.

I do feel there's some discrepancy with regards to those who are affected the most – particularly ethnic minorities. Versus Arthritis [now Arthritis UK] has done a lot of work on inequalities in healthcare but the problem is language and access to culturally appropriate services. People struggle when English is not their first language.

Unfortunately, I believe, there is some unconscious bias issues from healthcare professionals. If you shout the loudest with appropriate language you'll get support, and if you don't, you'll be at the back of the waiting list.

There's a need for both patient and clinician education about how to manage chronic pain better. We need a wider education programme for prevention that covers lifestyle, weight management, and the psychological impact as well.”



I think people experiencing inequalities are at risk of being sidelined. It's important to look out for those who are often overlooked.

The scale of the problem



Despite arthritis and MSK conditions being a leading cause of disability, they receive just **3.4%** of total health research funding.¹⁷

Black people and people from Pakistani and Bangladeshi backgrounds are

more likely

to report having chronic pain than people of other ethnic backgrounds.¹⁶

Nearly half 

of women living in the most deprived section of society in England report chronic pain.⁶

Nearly

3 years'

wait on average for patients in the **Highlands** needing orthopaedic surgery, compared to an average wait of just over a year in **central Scotland**.²⁰

63%

of people are waiting over a year for trauma and orthopaedic surgery in **Northern Ireland**.¹⁸

30%

of people are waiting over a year for trauma and orthopaedic treatment in **Wales**, compared to 4% in 2019.¹⁹

39%

of inflammatory arthritis patients are referred within 3 working days in the **East of England** compared to 72% in the **Northeast**.²¹



What we'll do

Our aim is to support people of all ages across the UK to understand their diagnosis, navigate the healthcare system and be active partners in decisions about their treatment and care.

- ✓ We will partner with organisations that work within under-served communities, to learn and develop a plan for how we can extend and diversify the reach and impact of our services, ensuring identified unmet needs inform our research agenda and the support we provide.
- ✓ We will deliver policy analysis to understand the gaps in access to, and variation in, personalised treatment and care. We will work in collaboration with people with arthritis, health and social care providers and decision makers to improve access, options and care pathways.
- ✓ To maximise our investments in research and improvements in care we will look at more innovative models of collaboration and involvement with commercial partners.
- ✓ We will invest in ambitious precision medicine approaches, targeted treatments and personalised interventions that develop reliable ways to halt or reverse disease progression.
- ✓ We will work with governments, professional bodies, health and care professionals and researchers to make certain that research evidence and research-driven solutions are rapidly implemented into healthcare policy and practice.



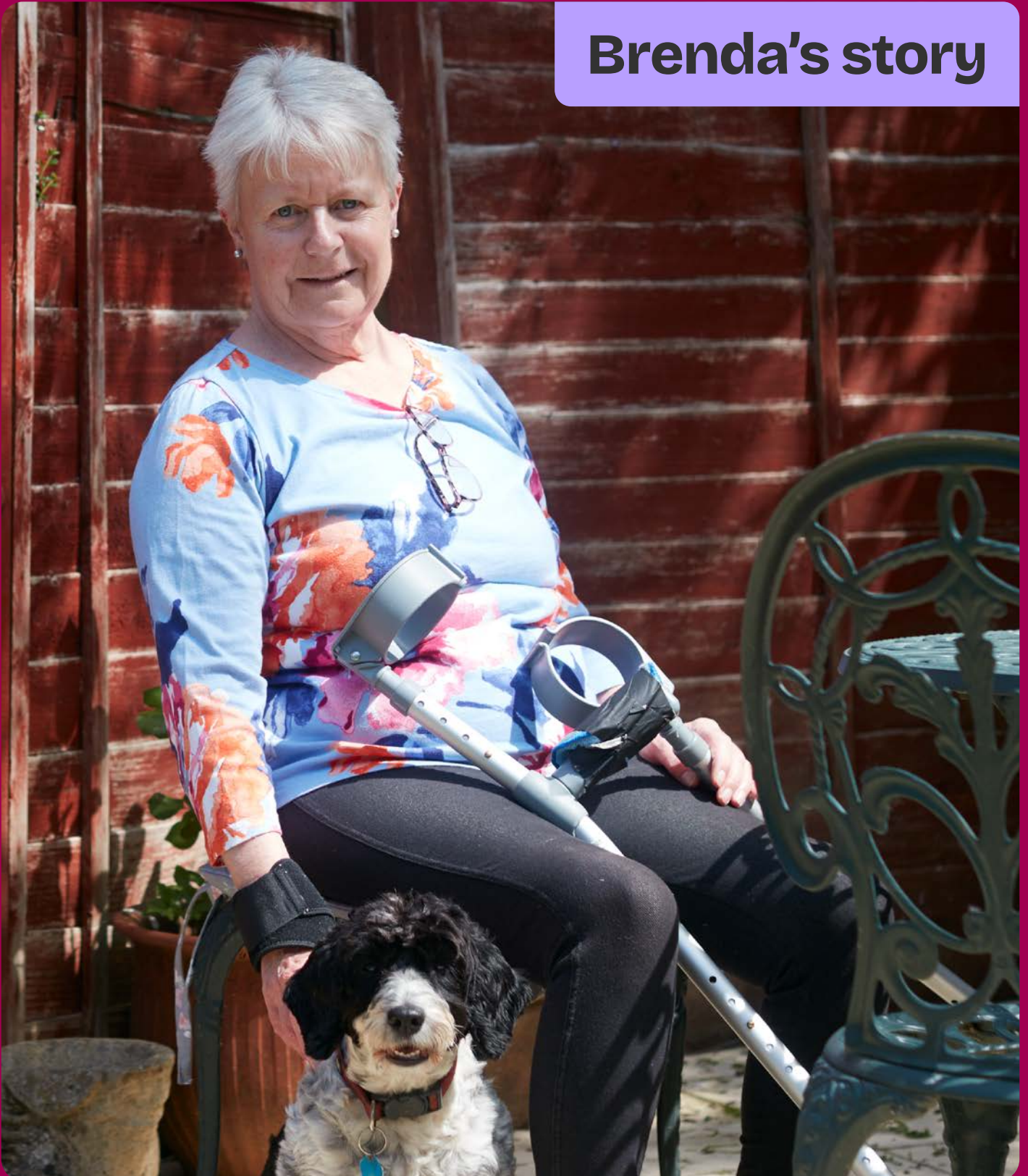
Goal 3

People live well with arthritis and there is a strong community of support.



When you think the whole world is against you and no one understands you, Versus Arthritis [now Arthritis UK] is there. I feel so supported, which is why I feel so strongly about campaigning and raising funds. I've got so much more out of it than I put in.

Brenda's story



“I was having a really bad day – I had lots of bad days waiting for a hip replacement.

You don't think you can make it one day to the other sometimes. I was sat in dire pain thinking there must be someone who can help me. I was googling on my laptop and Versus Arthritis [now Arthritis UK] came up. I found I didn't really need to go any further, everything I needed was right there.

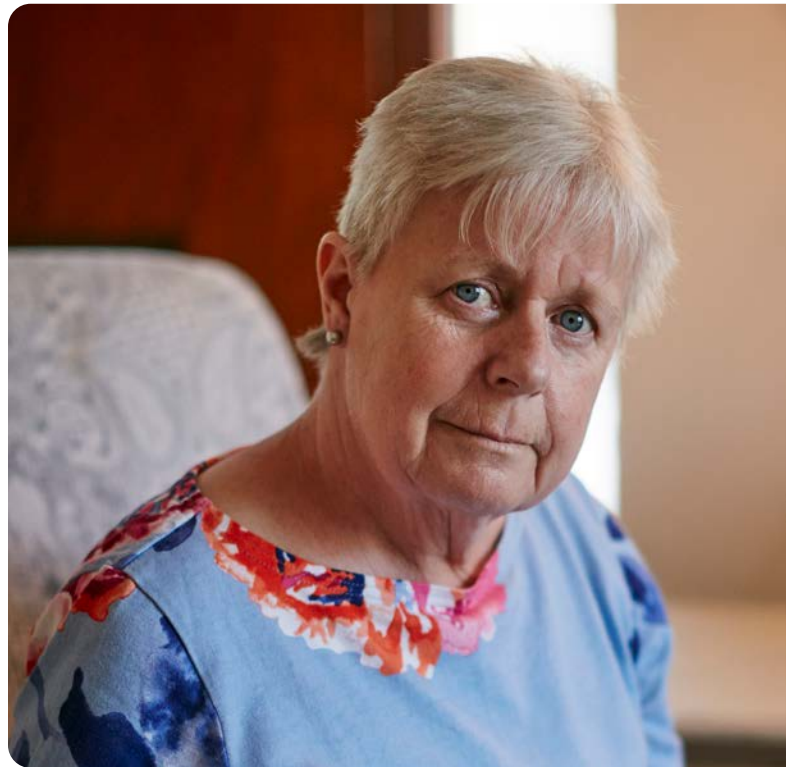
From the website I got the feeling of not being alone. I got comfort from knowing there were all these other people out there having the same day I was having.

I quite quickly felt a big part of a community of people that understood the pain, the isolation, what the different drugs do to you, how tired they make you feel. I felt so supported, even though it was all virtual. It was such a happy feeling.

I think the reason I'm such a fan of Versus Arthritis [now Arthritis UK] is that there is such a lack of understanding out there – I'd get comments like 'you're not that old' or 'I get stiff joints in the morning!' but this wasn't just stiff joints, it was immobilising.

The value of VA [Arthritis UK] is that understanding. My friends didn't understand, my daughter only understood because she saw me in that state every day. If I told people I had arthritis they'd be like 'you can still meet me for a coffee!' But I couldn't. I couldn't drive, I couldn't walk. I'll never take going for a coffee for granted now.

I also found the Let's Move with Leon exercises really helpful. It's because someone understood. Leon understands the pain and knows the limits of what you can and can't do. It's about listening to your body's limitations. He knows the exercises that are going to help you.



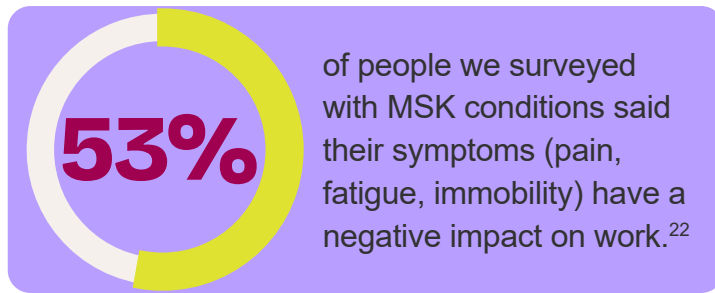
I make sure I do things I enjoy, depending on how I feel. I love gardening so I love doing that. I love my dogs and walking them. I enjoy cooking, so I spend a lot of time in the kitchen and baking. I make sure once a day I do something that's not a chore.

I love knitting, and I'm doing the Versus Arthritis [now Arthritis UK] knitting challenge at the moment. I'm on the Facebook group. Everyone's showing people what they've made and exchanging messages. You feel part of a group with a common interest – it's great. It's a lovely hobby, I find it very therapeutic.”

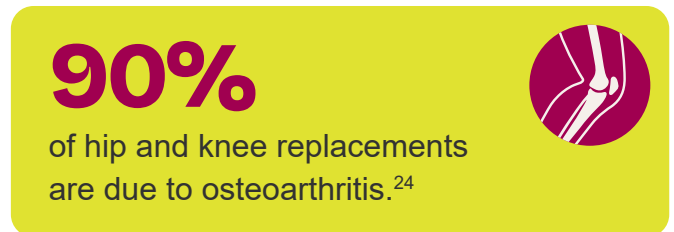
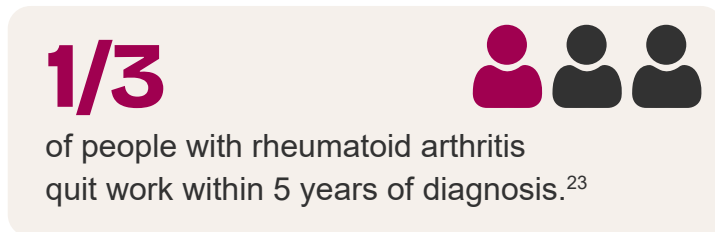


A sense of community stops the loneliness and the isolation. The VA [Arthritis UK] community and sense of belonging has been priceless. It's that understanding of what the condition is like for people and how it impacts their life.

The scale of the problem



Depression is **4 times more** common among people in chronic pain compared to those without chronic pain.²⁵



What we'll do

We want people with arthritis to live the lives they choose – whether at home, school or work – with dignity, choice and purpose.

- ✓ To that end, we will develop and deliver evidence-based living well services in person and by using digital technologies that support people (including those at higher risk) to improve their understanding of their conditions. And we will work hard to improve access to the range of support measures needed to manage the practical and psychosocial complexities of life with arthritis.
- ✓ We will champion access to the everyday tools and adaptations they need in their homes, education settings and workplaces.
- ✓ We commit to partnering with individuals and organisations that work within under-served communities, to extend and diversify the reach and impact of our services so that we can better help to address health inequalities and unmet needs they identify.
- ✓ And we must invest in understanding the social and psychological factors influencing disease progression, outcomes, and the impact this has on people's lives. We will share our learning, and campaign for better mental health and holistic support.



People don't talk about the mental impact, but arthritis goes hand in hand with mental health. It's so important to strengthen your network. February is hard for me because it's when I got my diagnosis. I'll reach out to people around this time of year and get extra support. For me, that's really important.

Jade, volunteer

Goal 4

We will transform awareness of arthritis, build the charity's profile and a strong, active, loyal community.





The fact that my GP didn't know what was causing my pain for all those years shows the lack of awareness about it. I was told I'd broken my fingers! That's really what lead me on this road around raising awareness.

Ian's story





“I’d suffered with the symptoms of psoriatic arthritis for a long time, but I just got on with it because I was young.

When I got older, I started getting lots of other illnesses and had a hand operation, a knee operation and a major back operation. I was off work for 6 months.

It was all connected.

I went back and forth to the GP, and they just didn’t know what it was. My wife worked at a GP surgery, and she saw a patient coming in with psoriatic arthritis. We googled it and took what I’d found to the GP. The GP agreed that’s what it seemed like.

What I’ve learnt is that I had a massive lack of awareness of arthritis. I’d known about my psoriasis for a long time, but when I was diagnosed, I started to look into the different types of arthritis.

I had always thought arthritis was ‘wear and tear’ and it only impacted old people. So, when I heard about all the different types like JIA and inflammatory arthritis, it was a huge education for me. Now, I try to bring that to other people.

A lot of people think they just have to cope. They don’t know about medications – the biologics. It’s been a journey to push a friend to get to that point of understanding there are things they can do to get better.

It helps me being able to talk about my story. When I was diagnosed, I didn’t tell anyone except my wife. I didn’t even tell my children. What led me to start to push out the message was starting running. When I got to the point where I wanted to do the London Marathon, I knew I wanted to do it for Versus Arthritis [now Arthritis UK]. When I went on that journey, I started to learn more about arthritis and what the charity does.”

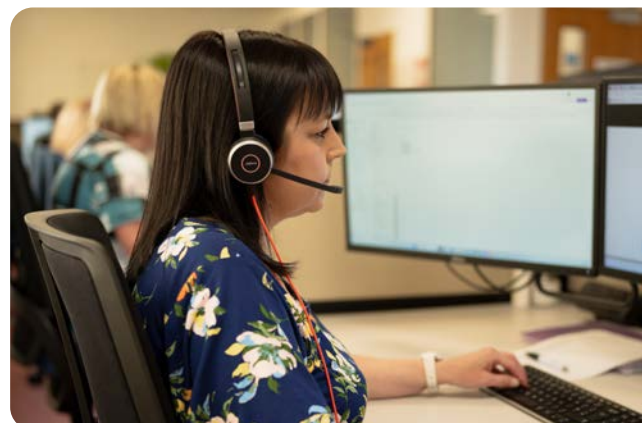


When I got older, I started getting lots of other illnesses and had a hand operation, a knee operation and a major back operation. I was off work for 6 months.

Our priorities

Over the next five years:

- ✔ We will continue to galvanise and grow our network and build a strong community of people with lived experience of arthritis (particularly from under-served communities), researchers, health and care professionals, fundraisers, advocates and influencers.
- ✔ This will enable us to increase awareness of arthritis and Arthritis UK. We will proactively build a loyal and active community by better understanding our audiences, creating a clear accessible brand, content and products which inspire people to engage with our work.
- ✔ At the same time, we will develop our use of digital technology and channels to enable us to create and deliver personalised content, build on our services, and to extend our reach.
- ✔ We will also build a positive culture to develop partnership working across the MSK and charity sector.



Goal 5

We will ensure Arthritis UK is a sustainable, effective charity and a great place to work and volunteer.





I feel privileged to work on the helpline and it's a true honour to be there for others. When people with arthritis take ownership and empower themselves, it inspires me.

Sarah's story





“Versus Arthritis [now Arthritis UK] offers hope.

The people, the organisation and the charity – I don’t know what I would’ve done without them. When I first had my joint pain, I thought I was going mad. Knowing there are people out there that get it and have a wealth of information and support gives you hope.

It gives you a sense that people are backing your corner and doing their utmost to try and find a cure for the pain and fatigue.

In regard to my support group, their determination to not let the condition beat them inspires me.

I don’t always share with my group if I’m struggling because I feel I need to show up for them and support them, but the fact that they always ask how I am makes me grateful that there are people who look out for me.

We create so much laughter and joy in our group. We’re all slightly mad, strong willed, passionate, outspoken at times... it is wonderful.

The sense of trying to live life the best we can and taking each day is so inspiring. The optimism. It stands for a lot.”



If there can’t yet be a cure, I hope for an early diagnosis, for people to be taken seriously when they say they’re in pain, and for a support network to be put in place straight away.

Our priorities

To transform diagnosis, expand available treatments and increase awareness of arthritis, we commit to being the best organisation we can be.

- ✓ We will be a values-based, mission-focused charity with a positive inclusive culture, exemplified through our actions, behaviours and communications. As set out in our Arthritis UK Equity, Diversity and Inclusion (EDI) Framework 2025 to 2028, we will continue to build our understanding and awareness of diversity, inclusion, accessibility and anti-racism, ensuring it is at the heart of everything we do.
- ✓ We will create and implement a long-term financial strategy which delivers best use of resources, champions income generation and builds our financial sustainability – ensuring we have the best governance and foundations to deliver an efficient, successful and cost-effective operation.
- ✓ We will transform our use of data and digital technology to improve efficiency, extend our reach and to better understand our impact.
- ✓ As well as building and integrating our volunteer and involved communities, ensuring that people with arthritis continue to be active partners across our work, we want to become an employer of choice that is disability confident, making sure all staff and volunteers have the tools, knowledge and skills they need to do their roles effectively and to maintain a good home-work life balance.
- ✓ Finally, we will work to better understand and demonstrate the impact that we have as a charity, so that we can be led by the change we make for people with arthritis.



D&I (Diversity and Inclusion) is one of those things I'm really passionate about, especially having been diagnosed with arthritis. It's been nice trying to work with an organisation that understands the arthritis/disability part but wants to try and fit in the other parts too.

Safia, volunteer



Join us

Donate

With your generosity and support we can provide vital support to people living with arthritis today and continue our work towards a future free from arthritis. Find out about different [ways to give](#) on our website.



Volunteer

Do something amazing by [volunteering](#) and help us support millions of people living with arthritis today.



Campaign

Wherever you are, find out how you can join us in our fight against arthritis by [campaigning](#).



Visit our website

Visit our [website](#) to find out about all the different ways to get involved, to help us continue to support cutting-edge [research](#) and help transform the lives of people living with arthritis.



Stay in touch

Stay in touch through our monthly e-newsletter full of advice, inspirational stories and more. Visit our [sign up page](#).



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We are here for you and your loved ones through our [Helpline](#), [online community](#), [information](#) and [local support groups](#).



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If you would like to join our growing online community, head over to [Facebook](#), [X](#), [Instagram](#), [YouTube](#), [TikTok](#) and [LinkedIn](#) to experience and share our stories and join in with conversations.



References

1. Jordan, K. P., et al. (2010). Annual consultation prevalence of regional musculoskeletal problems in primary care: an observational study. *BMC musculoskeletal disorders*, 11, 144.
2. Swain, S., et al. (2020). Trends in incidence and prevalence of osteoarthritis in the United Kingdom: findings from the Clinical Practice Research Datalink (CPRD). *Osteoarthritis and Cartilage*, 28, 6. <https://doi.org/10.1016/j.joca.2020.03.004>
3. Scott, I. C., et al. (2022). Rheumatoid arthritis, psoriatic arthritis, and axial spondyloarthritis epidemiology in England from 2004 to 2020: An observational study using primary care electronic health record data. *The Lancet*, 23, 100519.
4. Cassell, A., et al. (2018). The epidemiology of multimorbidity in primary care: a retrospective cohort study. *British Journal of General Practice*, 68, 669.
5. Barnett, K., et al. (2012). Epidemiology of multimorbidity and implications for health care, research and medical education: a cross-sectional study. *The Lancet*, 380, 9836.
6. Versus Arthritis Chronic Pain Report: Unseen Unequal Unfair (2021).
7. Rajah N, Webb EJD, Hulme C, Kingsbury SR, West R, Martin A. How does arthritis affect employment? Longitudinal evidence on 18,000 British adults with arthritis compared to matched controls. *Soc Sci Med* [Internet]. 2023 Mar 1 [cited 2024 Nov 12];321. Available from: <https://pubmed.ncbi.nlm.nih.gov/36732169>
8. Martin A, Rajah N, Webb E, Conaghan P, Hulme C, Kingsbury S, et al. How does arthritis affect employment in the UK? [Internet]. Leeds; 2023 [cited 2024 Nov 12]. Available from: <https://www.nuffieldfoundation.org/wp-content/uploads/2020/04/Final-report-How-does-arthritis-affect-employment-in-the-UK.pdf>
9. The Cost of Arthritis: Calculation conducted on behalf of Arthritis Research UK. (2017) York Health Economics Consortium. Unpublished.
10. Global Burden of Disease Collaborative Network. Results. 2024 [cited 2024 Nov 7]. Global Burden of Disease Study 2021. Available from: <https://vizhub.healthdata.org/gbd-results>
11. Office for National Statistics. Sickness absence in the UK labour market - Office for National Statistics [Internet]. 2023 [cited 2024 Nov 13]. Available from: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/sicknessabsenceinthelabourmarket>
12. Jordan, K. P., et al. (2010). Annual consultation prevalence of regional musculoskeletal problems in primary care: an observational study. *BMC Musculoskeletal Disorders*, 11, 144.
13. British Society for Rheumatology. National Early Inflammatory Arthritis Audit, State of the Nation Summary Report 2024 [Internet]. 2024 [cited 2024 Nov 14]. Available from: <https://www.rheumatology.org.uk/Portals/0/Documents/Guidelines/NEIAA/REF.%20428%20NEIAA%20State%20of%20the%20Nation%20Summary%20Report%202024%20Final%20Draft.pdf?ver=gfczWuTaAO8NNXoC6VLTGw%3d%3d>
14. Humphreys J. JIA Additional Rates and Standardisation. 2023.
15. Costello RE, Kearsley-Fleet L, McDonagh JE, Hyrich KL, Humphreys JH. Continuing specialist care into adulthood in young people with juvenile idiopathic arthritis: a retrospective cohort study using electronic health records in England. *Rheumatology (Oxford)* [Internet]. 2023 May 1 [cited 2024 Sep 26];62(5):1936–43. Available from: <https://pubmed.ncbi.nlm.nih.gov/36135794>

16. Musculoskeletal health: trends, risk factors and disparities in England. (2022) Office for Health Improvement and Disparities. <https://fingertips.phe.org.uk/static-reports/musculoskeletal-conditions/musculoskeletal-health-trends-risk-factors-and-disparities-in-england.html>
17. Versus Arthritis' response to the Call for Evidence: APPG for Medical Research - Health Disparities Inquiry. (2022).
18. Hospital waiting times statistics (February 2023). Department of Health.
19. Welsh Government (2025) NHS waiting lists: referral to treatment pathways waiting to start treatment, November 2025. Available at: https://stats.gov.wales/en-GB/6bd7d5c9-844e-4e7c-85ba-7256e39f7214?page_size=100&filter%5BDateCode%5D.20250930%5B%5D=20250930&filter%5BSpecialtyCode%5D.T%5B%5D=T&filter%5BSpecialtyCode%5D.T%5B%5D.191%5B%5D=191&filter%5BSpecialtyCode%5D.T%5B%5D.410%5B%5D=410&filter%5BSpecialtyCode%5D.T%5B%5D.110%5B%5D=110&filter%5BStageOfPathwayCode%5D.T%5B%5D=T&filter%5BAgeGroupAtReferralCode%5D.T%5B%5D=T&dataViewsChoice=filter#data (Accessed: 28 Jan 2026).
20. Farrow, L., et al. (2022). Predicted waiting times for orthopaedic surgery: an urgent need to address the deficit in capacity. *Bone & Joint Research*, 11, 12.
21. *British Society for Rheumatology. National Early Inflammatory Arthritis Audit (NEIAA) Year 4 Annual Report*. s.l. : HQIP, 2022.
22. Versus Arthritis. Unmet Needs Research - Survey Data. (2020). Unpublished.
23. Young, A., et al. (2002). Which patients stop working because of rheumatoid arthritis? Results of five years' follow up in 732 patients from the Early RA Study (ERAS). *Annals of the rheumatic diseases*, 61, 4. <https://doi.org/10.1136/ard.61.4.335>
24. 17th Annual Report. National Joint Registry for England, Wales, Northern Ireland, and the Isle of Man, NJR Reports. (2020). National Joint Registry. <https://reports.njrcentre.org.uk>
25. Lepine, J. and Briley, M. (2004). The epidemiology of pain in depression. *Human Psychopharmacology*, 10, 1.

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