

Act Now for Arthritis:

Building a Healthier Scotland



A call for action in the next Scottish Parliament:

To transform musculoskeletal services, tackle orthopaedic waiting times, and deliver a long-term plan for better musculoskeletal health.

Research



Campaigning



Support



About Arthritis UK

Arthritis UK (formerly Versus Arthritis) is the leading arthritis charity, changing lives through research, campaigning and support.

1.7 million adults, young people and children in Scotland live with a musculoskeletal (MSK) condition such as arthritis.¹ That's one in three people living with the pain, fatigue, disability, mental and financial strain these conditions cause. Arthritis is one of the most common and impactful MSK conditions – affecting the ability to work, learn, care for family, move free from pain and live independently. Yet despite how many people are affected, arthritis remains poorly understood and far too little is done.

At Arthritis UK, we invest in life-changing research into better treatments, campaign on issues affecting people with arthritis, offer training to healthcare professionals, and support people through the daily challenges of life with arthritis.

Our support services include a free Helpline, an online community, local support groups, expert health information and online resources for arthritis conditions, covering topics such as treatments, exercise and self-management. Please signpost people with arthritis to us on: **0800 5200 520**.

For more information on our services, visit [arthritis-uk.org](https://www.arthritis-uk.org)

For services in Scotland, visit [arthritis-uk.org/in-your-area/scotland](https://www.arthritis-uk.org/in-your-area/scotland)



Foreword

Arthritis and other MSK conditions affect 1.7 million¹ people in Scotland, including 48,000 children and young people – yet they remain invisible in national health planning.



Despite being one of the top five Burdens of Disease,² arthritis and other MSK conditions have no strategy, no coordinating leadership, and insufficient investment. That must change.

This manifesto sets out a clear and achievable approach to turning awareness into action. It calls for a national MSK Action Plan, clinical leadership within the NHS, and a relentless focus on orthopaedic waiting times. These are not abstract policy asks – they are urgent priorities for the next Parliament.

People living with arthritis are being let down. They can wait years for diagnosis, struggle to access treatment, and face barriers to independence. They are also 20% less likely to be in work than someone without arthritis.^{3,4}

In Scotland's poorest communities, the impact is even greater, with people twice as likely to report an MSK condition as those in the most affluent – the highest disparity anywhere in the UK.⁵ Arthritis is a public health issue, an equality issue, and a workforce issue.

Future Members of the Scottish Parliament have the opportunity, and duty, to change this. By committing to the actions in this manifesto, you can help build a healthier Scotland where no one is held back because of arthritis. We must act now to create a future Scotland free from arthritis, where everyone can live the life they choose.



Lauren Bennie
Head of Nation,
Arthritis UK Scotland



Deborah Alsina MBE
Chief Executive,
Arthritis UK

The picture in Scotland today

One in three. That's an important figure when it comes to talking about MSK conditions in Scotland.

1 in 3



One in three people live with an MSK condition such as arthritis.

One in three report that their condition severely or very severely impacts their life.

One in three people diagnosed with rheumatoid arthritis on day one of the new Scottish Parliament will have been forced out of work by the end of that same parliament due to their condition.

A recent survey commissioned by Arthritis UK and carried out by YouGov⁶ surveyed 7,928 people living with arthritis in the UK, of which 1,021 were from Scotland. The results revealed a deeply shocking reality demanding urgent action.

62%

are living in pain most or all of the time due to their arthritis.

37%

felt their condition was not well managed.

45%

said their ability to exercise was affected severely or very severely by their symptoms.

69%

said waiting for treatment had an impact on their mental health.

49%

said their symptoms were not taken seriously by healthcare professionals.

56%

said arthritis had impacted their working lives.

Behind every data point is a person. These numbers represent real Scots with real hopes and dreams. So, as you reflect on these findings and Arthritis UK Scotland's calls to action, keep in mind those affected. Because by working together, we have a chance not just to change policy, but to transform lives.



Arthritis UK Scotland Manifesto 2026

Despite their scale and impact, MSK conditions like arthritis are not a priority in Scotland, and people living with these conditions are being badly let down. We are calling on all political parties to support action to make arthritis a priority.

Our calls

Call 1

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Make arthritis and musculoskeletal (MSK) conditions a public health and policy priority in Scotland.

Improve MSK services and MSK health in Scotland by developing and implementing a national MSK Action Plan and strengthening MSK clinical leadership, nationally and locally.

Call 2

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Commit to a relentless focus on tackling orthopaedic waiting times.

Clear the backlog and end the wait for thousands of people in the lifetime of the next parliament by committing to a five-year plan and multi-year funding to build on progress made in recent years.

Our ask of you

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If elected, be a voice for people with arthritis and MSK conditions in the Scottish Parliament and back our calls to action.

Make arthritis and musculoskeletal (MSK) conditions a public health and policy priority in Scotland.

MSK conditions are in the top five Burden of Disease conditions in Scotland,² alongside cancer, heart disease, mental health and diabetes.

Yet they are the only one without a strategy, and, according to the government's own reckoning, are therefore under-resourced: "Conditions that are major contributors to the burden of disease, but which happen not to have a strategy, receive less resource than conditions which have a framework or action plan." (Scottish Government, Long Term Conditions Framework Consultation, April 2025)

This lack of priority, coordination and leadership means that much-needed resources are being lost. For example, a national MSK helpline supporting 50,000 callers a year was closed in 2020,⁷ and the promised replacement 'MSK digital pathway' has not materialised.

A successful approach to tackling a long-term condition like arthritis requires a balance of cross-cutting measures alongside arthritis/MSK-specific work, the latter led by clinicians, and informed by people with lived experience.

Musculoskeletal conditions are one of the leading causes of disease and injury in Scotland and will remain so over the next 20 years.²



Amy, living with juvenile idiopathic arthritis (JIA)

For this to happen, the infrastructure of leadership and coordination around MSK health needs to be improved.

MSK Allied Health Professionals (MSK AHPs) are a vital part of the AHP workforce but have limited visibility and voice in NHS policy and leadership. They are key to driving change towards prevention-led healthcare in primary and community settings. We must build on existing MSK networks to establish new national MSK leadership.

This aligns with wider Scottish Government policy. The Population Health Framework⁸ and Service Renewal Framework⁹ both aim to strengthen community and primary care while supporting prevention. The MSK AHP workforce – physiotherapists, occupational therapists, podiatrists, orthotists – can be a driver for this. In recent years, MSK AHP's have led the growth of Community Appointment Days, which represents a systematic shift to the community.¹⁰ This is an example of an approach which reduces waiting times and has successful outcomes for patients.

Call 1

Make arthritis and musculoskeletal (MSK) conditions a public health and policy priority in Scotland.

“There is no escaping the reality of arthritis.”

Amy's story



It feels like rheumatology departments are overwhelmed by the number of patients they have, with most of my appointments being a rushed phone call. To me, making arthritis a priority would mean the ability to properly build a working relationship with my healthcare professionals.

For example, I haven't quite got to the right combination of medications even though it is three years since I started on a DMARD [disease-modifying anti-rheumatic drug]. This has meant long spells of steroids. Plus, my current medication has very serious effects on fertility. I don't think this was properly addressed at the time. Better information on what you're signing up for would make a big difference.

Furthermore, I don't think many people realise that taking medication does not take away the entire burden of the condition. I still struggle with weakness and stiffness, even when the disease is under control. There is no escaping the reality of arthritis.

Amy, 22, Dundee

1 in 3

women with rheumatoid arthritis developed depression within 5 years of diagnosis.¹⁷

Disease-modifying anti-rheumatic drugs (DMARDs)



DMARDs are essential medicines that treat the underlying cause of autoimmune inflammatory arthritis conditions such as rheumatoid arthritis, psoriatic arthritis and lupus, helping to improve symptoms such as pain, stiffness and swelling. Early access to DMARDs and proper monitoring services can prevent permanent joint damage, disability, and loss of employment. Delays in treatment can increase long-term healthcare costs and social care needs.

Call 1 policy actions

Make arthritis and musculoskeletal (MSK) conditions a public health and policy priority in Scotland.

1.7 million people in Scotland – **that's one in three Scots** – live with arthritis and other MSK conditions,¹ but there is no plan to tackle this. In fact, there's never been a plan. This needs to change.



Prioritise arthritis and MSK health in the Scottish Government's approach to long-term conditions.

This must be led by a new partnership of government, clinicians, researchers and the third sector alongside people living with arthritis and other MSK conditions. And it should lead to sustainable, community-driven improvement in health outcomes and a fairer distribution of resources.



Establish new national MSK leadership.

The Scottish Government must build on existing formal and informal MSK networks to create a new national MSK clinical group. NHS Scotland must develop a programme to promote leadership in NHS boards, ensuring MSK representation and driving NHS reform.



Embed the MSK workforce in long-term service renewal.

The MSK workforce must be embedded in collaborative, multi-year service change plans, as set out in the [Service Renewal Framework](#). This must include a sustained focus on developing community rehabilitation services, tackling waiting times for services like physiotherapy, and maximising opportunities for secondary prevention. It must also ensure a coordinated approach across NHS services, local authorities and the third sector, so people are better supported to wait well while awaiting treatment.



Commit to a relentless focus on tackling orthopaedic waiting times.

Orthopaedic waiting lists are historically higher than those of any other speciality and remain the single largest component of Scotland's overall waiting lists.

Despite their continued growth, successive attempts by the Scottish Government over the past five years to address this have failed,^b with targets missed, commitments abandoned and planning repeatedly started and stopped.

Encouragingly, there have been signs of progress. In 2024, record numbers of hip and knee replacements took place in Scotland,¹¹ and waiting times figures towards the end of 2025 showed real progress in bringing down long waits.¹²

However, orthopaedics remains the largest backlog, and over the next five years, the government and parliament need to tackle this historical injustice by consolidating and building on more recent progress.

Hip and knee replacement surgeries are highly effective treatments for advanced osteoarthritis, significantly improving pain, mobility and quality of life, with robust evidence supporting their clinical and cost-effectiveness. However, access to these surgeries is often limited by unfair restrictive policies based on a patient's body mass index.^c

People waiting more than six months for total hip or knee replacement experienced poorer quality of life and increased frailty.¹³



Bobby's story

"The wait was hellish."

I was diagnosed in 2020, then waited two and a half years for an appointment, and then was finally put on the waiting list for knee replacement surgery. My first was done in November 2023, and my second in August 2024. The wait was hellish at times. It was like someone was hitting my knees with a mash hammer. I have to go up chimneys for work, and I was really restricted in what I could do. I've worked every day since I left school and now it felt like I couldn't give it 100%. It hit me so hard. It was painful in the knees, but also painful in the head. It played havoc with my thoughts, my mind, my life. You feel like you're a burden when you can't do things. I just changed – I was always a happy-go-lucky guy, and here I was now, a doom-and-gloom guy.

Bobby, 75, Stranraer

^b The commitment made in the 2021 NHS Recovery Plan to develop a network of National Treatment Centres was suspended before full delivery. Targets for long waits were reset in 2022 and were missed.

^c Recent Freedom of Information requests suggest that as many as six NHS Boards in Scotland are restricting access based on body mass index without a patient/clinician conversation.¹⁶

Call 2 policy actions

Commit to a relentless focus on tackling orthopaedic waiting times.

Delays in orthopaedic surgery have a significant impact on people's quality of life. People living in the least affluent areas of Scotland are impacted most. Recent investment has brought about real improvements, particularly in relation to long waits, but this needs to be sustained with a renewed commitment in the new parliament.

-  **The 2026 Programme for Government must commit to sustained investment to tackle the orthopaedic backlog.**
Over £130 million has been invested in tackling waiting times over the past year, which has helped make a difference, particularly in relation to longer waits. But parts of Scotland continue to lose out and demand continues to grow. Capacity must be maintained, expanded and evenly distributed over the next five years to ensure lasting improvement.

-  **The Scottish Government must commit to a clinician-led Orthopaedic Recovery Plan which optimises NHS Board capacity alongside National Treatment Centres.**
It's time for a national delivery plan to tackle the orthopaedic waiting list. Arthritis UK Scotland has been calling for this since the NHS Recovery Plan in 2021. A public-facing plan creates a clear mechanism for holding the government to account by setting out how its targets will be met.

-  **The Scottish Government and NHS Scotland must ensure that access to surgery is based on clinical need. And to adhere to national guidance, Health Boards should review policies that unilaterally apply body mass index as eligibility criteria.**
This action must include growing and monitoring local and national infrastructure to support patients to 'wait well'.



Our ask of you



If elected, be a strong voice for people with arthritis in the Scottish Parliament

As a future member of the Scottish Parliament (MSP), you can be a voice for people with arthritis and MSK conditions. Be aware of the impact of these conditions on your constituents. Recognise the need for a new approach to ensure that Scotland is a country where people with arthritis can live the life they choose.

Arthritis is often called a 'hidden' condition because you can't always see how it affects someone. Your constituents need their MSPs to champion high-quality MSK healthcare in your region so they can easily access the services they need. By working with Arthritis UK Scotland, you can make a difference to thousands of your constituents living with arthritis.



Support our calls and raise awareness

Drive service improvement and make arthritis more visible by championing our calls. Engage your constituents with arthritis to understand the challenges they face, and work with Arthritis UK Scotland to advocate for better MSK services in your constituency. A greater awareness of the impact of arthritis will ensure arthritis becomes the national public priority.



Work with us

We are an experienced public policy team supported by our research community and can help you with policy development and scrutiny.

Our campaigning ethos is not just to highlight issues, but to help develop and deliver solutions. We're committed to working constructively with the next Scottish Government, MSPs, NHS Scotland and other stakeholders, to improve prevention, diagnosis, treatment and support for everyone affected by arthritis.



Signpost to us

Our services include self-management resources, local support groups, an online community and free Helpline: **0800 5200 520**. Please signpost constituents to us at [arthritis-uk.org](https://www.arthritis-uk.org)

You can also connect with us on social media:

 [/ArthritisUK](https://www.facebook.com/ArthritisUK)

 [@ArthritisUKOrg](https://twitter.com/ArthritisUKOrg)

Let's work together to make sure that people with arthritis in Scotland can live more active, and less painful lives.

Arthritis UK Scotland can help you with your work in Parliament.



Email Scotland's Policy and Influencing Team to start your conversation: publicaffairs@arthritis-uk.org

About arthritis and MSK conditions

Arthritis refers to painful, stiff, or restricted joints.

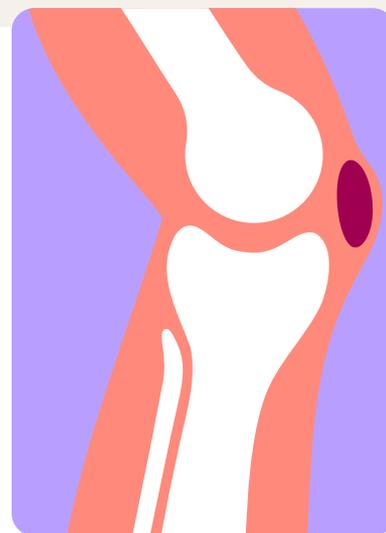
These symptoms are common in conditions that cause joint damage or inflammation, including osteoarthritis, autoimmune inflammatory forms of arthritis (such as axial spondyloarthritis, psoriatic arthritis and rheumatoid arthritis), crystal arthritis (such as gout), or as a symptom of inflammatory connective tissue diseases (such as lupus).

Arthritis is also used as an umbrella term for a range of conditions where arthritis is their main symptom. Although there's no cure for arthritis, treatments have improved greatly in recent years and, for many types of arthritis (particularly inflammatory arthritis), there's a clear benefit in starting treatment at an early stage.

Musculoskeletal (MSK) conditions are problems with the muscles, bones, joints and adjacent connective tissues.

Arthritis and MSK conditions can impact every aspect of life and are among the biggest causes of persistent pain, disability and working days lost.

They can reduce mobility (ability to move around) and dexterity (ability to use your hands). They can reduce your independence and affect your ability to work, socialise and travel. They can also affect your emotional and mental health. Arthritis is often regarded as a 'hidden' condition due to the nature of its symptoms. Arthritis and MSK conditions can strike at any age. There are currently around 48,000 children and young people in Scotland with an MSK condition and 600,000 across the UK.¹



1 in 3

people in Scotland live with a musculoskeletal condition like arthritis.¹

MSK conditions

are the main cause of chronic pain in the Scottish population, including children.¹⁴

£4 billion

Estimated cost of working days lost in the UK due to rheumatoid arthritis and osteoarthritis by 2040.¹⁵

More on the impact of arthritis and MSK conditions:

[The State of Musculoskeletal Health](#) and [Left Waiting, Left Behind: The Reality of Living with Arthritis](#)



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