



# A decade of better MSK health

Policy position paper. March 2026



## About ARMA

The Arthritis and Musculoskeletal Alliance (ARMA) is the umbrella organisation representing the collective voice of the **20 million people** living with MSK conditions.

ARMA brings together patients, professionals, researchers and partners to provide a unified, credible voice for MSK health across the UK.

This paper is part of ARMA's policy series and sets out our position and recommendations on how the 10 Year Health Plan for England can deliver a decade of better musculoskeletal health.<sup>(1)</sup> It identifies the change required to turn ambition into practical, system wide improvement for the **20 million people** affected by MSK conditions.

**20 million reasons.** One decade. One chance to get MSK health right.



**“MSK health must not be overlooked. It’s central to our nation’s health and prosperity. If we invest in prevention, whole system change and better treatment and care in every community, we can improve millions of lives and secure a decade of better health and wellbeing.”**

**Adrian Bradley**  
Chief Executive  
ARMA

# Introduction

Musculoskeletal (MSK) health is fundamental to how we live, work and age well.

When people cannot move freely, they lose independence, leave work earlier, struggle to learn and participate, and experience years of avoidable pain and disability.

Yet despite affecting **20 million people** in the UK and being one of the largest causes of disability, economic inactivity and pressure on health and care services, MSK health is still not treated as a national priority.

There are **20 million reasons** why this must change.

Improving MSK health is one of the most effective ways to increase healthy life expectancy, reduce inequalities, support people to remain in work and ease pressure across the NHS and social care.

The case for action is not only clinical, it is social and economic.

The Government's 10 Year Health Plan offers a critical opportunity to shift the system towards prevention, community based care and better use of digital innovation. For that shift to succeed, MSK health must be central to implementation, not peripheral. The scale of the need, the human impact and the potential return on investment demand nothing less.

This paper sets out ARMA's priorities for turning that opportunity into practical change.



## Executive summary

Musculoskeletal (MSK) conditions are the leading cause of pain and disability in the UK, affecting around **20 million people** and impacting individuals, families and society. They include a wide range of disorders, such as arthritis, back pain and osteoporosis, and affect people of all ages.

MSK conditions are the most common cause of workplace sickness absence, costing the UK economy billions each year in lost productivity. They place significant pressure on the NHS, accounting for around 30% of GP consultations and a substantial share of outpatient and surgical services.

Beyond these system impacts, MSK conditions limit mobility, independence and participation in work, family and community life. Many are long term and progressive, creating ongoing care needs. MSK health is fundamental to healthy life expectancy, independence and economic participation.

ARMA welcomes the ambitions in the Government's 10 Year Health Plan for England. For these ambitions to succeed, MSK health must be central to implementation.

We need a stronger focus on prevention, earlier diagnosis and intervention, effective self-management, timely access to specialist care, and public health action to support MSK health across the life course, particularly in underserved communities.

Success must be judged by what matters to people: less pain, better function, greater independence and the ability to work and participate.

We call for investment in proven, scalable interventions that reduce pain, maintain independence and help people stay in work. This must be matched by workforce development, collaboration across sectors and stronger cross government action.

This requires visible national political leadership and sustained prioritisation of MSK health. We set out a constructive partnership offer to Government and ten recommendations to translate the Plan's intent into improvements people will feel in daily life - for the **20 million people** living with MSK conditions.



# 1. Priority actions for change

To translate the ambitions of the 10 Year Health Plan into meaningful change for people with MSK conditions, ARMA calls for the following actions:

## 1. National MSK strategy

- Create a national MSK strategy aligned with the 10 Year Health Plan but that goes beyond the NHS, with clear objectives, funding commitments and accountability for prevention, diagnosis, early intervention, treatment and long term care.

## 2. Invest in prevention

- Prioritise prevention and early intervention across schools, workplaces and communities, including physical activity, workplace MSK health, Fracture Liaison Services and rapid access to community support.

## 3. Neighbourhood services

- Embed multidisciplinary MSK services in neighbourhood and primary care networks, providing timely, accessible, person centred support close to home and reducing reliance on hospital care.

## 4. Integrated care pathways

- Standardise MSK pathways across systems, ensuring smooth transitions between primary, community and specialist care, with mental health support integrated throughout.

## 5. Workforce development

- Invest in and expand the MSK workforce, with national workforce planning that strengthens multidisciplinary skills, community based roles and career pathways across health, care and community sectors.

## 6. Digital transformation

- Scale up effective digital tools for MSK care, rehabilitation and self-management, while tackling digital exclusion to ensure equitable access.

## 7. Equity and inclusion

- Target resources to reduce inequalities in MSK prevention, access, experience and outcomes, with focused action in underserved and deprived communities.

## 8. Patient voice and co-production

- Embed lived experience in the design, delivery and evaluation of MSK services and policy through meaningful co-production.

## 9. Research and Innovation

- Increase investment in MSK research and innovation, particularly in prevention, early intervention, self-management and digital care, and accelerate the translation of evidence into practice.

## 10. Data and accountability

- Establish clear national MSK data standards and outcome measures, with transparent reporting to drive improvement, reduce variation and strengthen accountability.

## 2. The challenge

### Prevalence

MSK conditions include over 200 disorders affecting bones, joints, muscles, and connective tissues. Common MSK disorders such as osteoarthritis, rheumatoid arthritis, back and neck pain, fibromyalgia, and osteoporosis have a profound impact on individuals and healthcare systems.

- Over **20 million people** in the UK currently live with one or more MSK condition.<sup>(2)</sup>
- Osteoarthritis affects **8.5 million** adults.<sup>(3)</sup>
- Over **3.5 million** people live with osteoporosis.<sup>(4)</sup>
- Rheumatoid arthritis affects approximately **450,000** adults.<sup>(5)</sup>
- Back and neck pain remain the leading cause of disability worldwide.<sup>(6)</sup>

Behind these figures are **20 million individual stories** of pain, resilience, lost opportunity and unrealised potential. MSK conditions can be lifelong, progressive or episodic, with acute flares affecting function and wellbeing. Chronic pain, stiffness, swelling and fatigue reduce mobility and independence, diminishing quality of life.

### Economic impact

MSK conditions impose a financial burden on the NHS, social care, and the economy.

- NHS spending on MSK conditions is estimated at **£5 billion** annually.<sup>(7)</sup>
- Lost productivity due to MSK related conditions cost the UK economy approximately **£12 billion** in 2023.<sup>(8)</sup>
- MSK conditions account for around **30.6 million** lost working days annually.<sup>(9)</sup>
- People with MSK conditions are more likely to retire early due to ill health, exacerbating workforce shortages.<sup>(10)</sup>



### Co-morbidities and complexity

MSK conditions rarely occur in isolation. People living with MSK disorders frequently experience multiple co-morbidities, including mental health conditions, cardiovascular disease, diabetes, obesity, and respiratory illnesses. These overlapping health challenges compound disability, complicate treatment, and increase healthcare utilisation.

MSK and mental health are inherently linked, with each profoundly impacting the other. Chronic pain, functional limitations, and fatigue arising from MSK conditions significantly contribute to poor mental health outcomes such as anxiety and depression. Conversely, untreated or poorly managed mental health conditions worsen MSK symptoms and inhibit rehabilitation efforts.

Despite this, MSK health and mental health are rarely addressed together in service models. The result is fragmented care, poor outcomes, and preventable disability.



The integration of mental health support within MSK services is essential. This includes routine screening for depression and anxiety in MSK patients, referral pathways to psychological therapies, and training MSK clinicians in recognising and managing mental health issues. Collaborative care models that include mental health professionals alongside MSK specialists improve outcomes and patient satisfaction.

ARMA's Act Now: Musculoskeletal Health Inequalities and Deprivation report underscores the significant role of obesity in exacerbating MSK health disparities. The report highlights that individuals in deprived areas often experience earlier onset and greater severity of MSK conditions, with obesity acting as a critical risk factor.

It emphasizes the need for integrated services that address both obesity and MSK health, advocating for community based approaches, early intervention, and tailored support to mitigate these inequalities. Our report calls for a comprehensive strategy to tackle the interconnected challenges of obesity and MSK health in underserved populations.

### **3. The opportunity**

England's health system faces a combination of challenges including rising demand, constrained finances, wide inequalities and low public satisfaction. MSK conditions are the leading cause of years lived with disability, account for a large share of primary care consultations, and drive unplanned care from falls, fractures and pain crises.

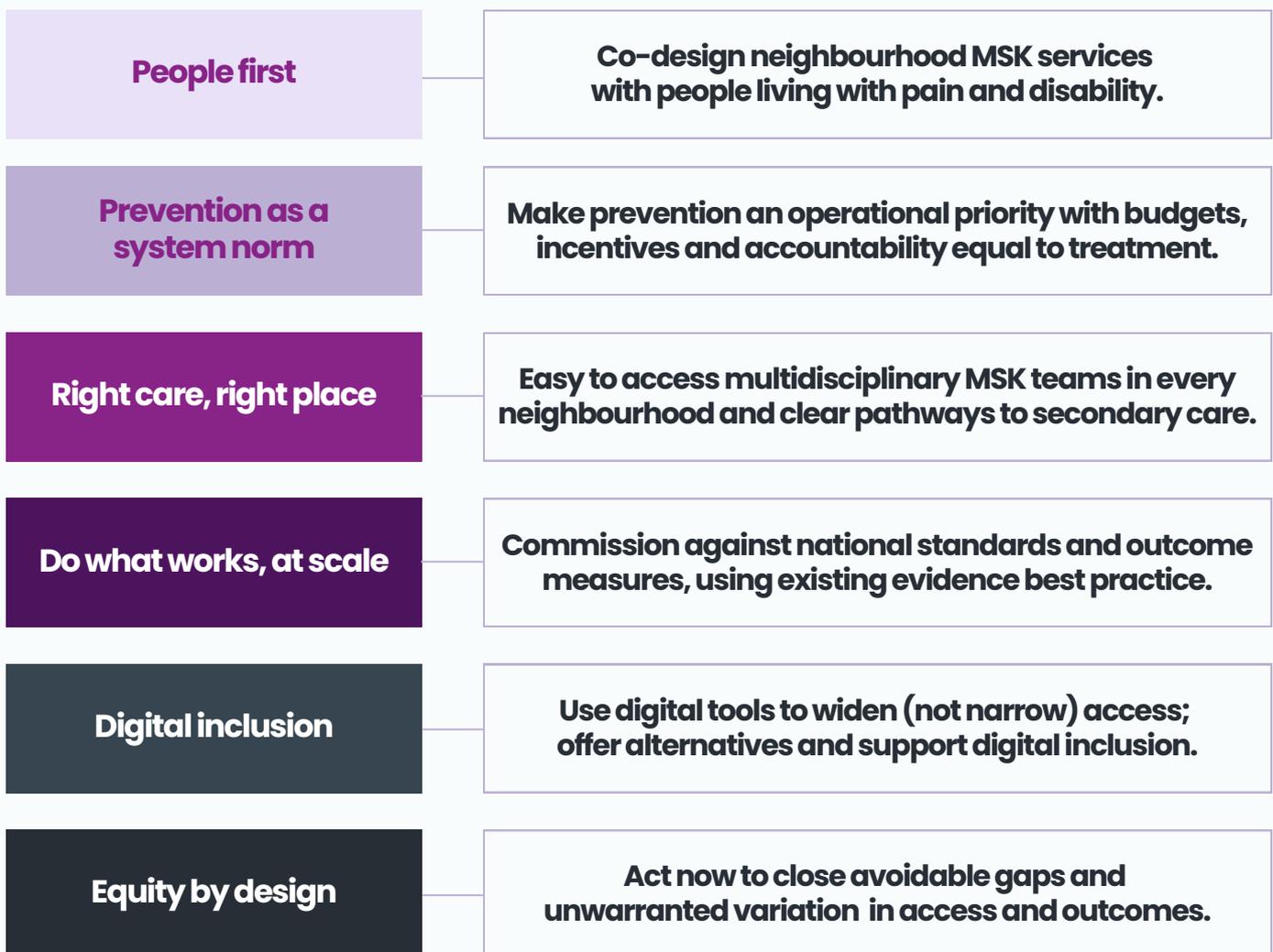
Waiting times for orthopaedics and rheumatology have lengthened since the pandemic, and the current economic climate amplifies the impact of untreated pain on families and employers.

Yet MSK offers high value solutions: prevention through physical activity, early diagnosis and management of inflammatory arthritis, fracture liaison services (FLS) to prevent repeat fractures, community rehabilitation, supported self-management and chronic pain care.

The 10 Year Health Plan offers a platform to make these solutions routine. Its three shifts align with what the MSK community has championed for years: delivering care close to home; empowering people with the right digital tools and data; and focusing upstream on the determinants of health.

MSK health is intrinsically linked with the major conditions the Government has prioritised. By addressing MSK health the Government has a chance to achieve its wider strategic ambitions.

## 4. Six key principles



## 5. From hospital to community

For MSK conditions, high quality care must be available close to home, not just in hospitals. Every Primary Care Network (PCN) should host, or have seamless access to, a Neighbourhood MSK Service.

This should deliver a consistent core offer, adapted to local needs and closely connected with community mental health, social care, housing, and employment support.

### The core offer

**Accessible first contact and triage** – First Contact Practitioners (FCPs) and community based rheumatology and orthopaedic triage should be available in every neighbourhood. Access routes should include same day digital or telephone advice, and self-referral where clinically safe. Referral to specialist care must be timely, based on transparent thresholds, to avoid unnecessary delays or duplication.

**Early intervention and rapid support.** Swift access to therapy and supported self-management is essential. This includes flare clinics for people with inflammatory arthritis, and robust red flag pathways for urgent or serious pathology.

### Rehabilitation across the pathway.

Rehabilitation should not be an afterthought. Community programmes must cover osteoarthritis and back pain, post fracture recovery, prehabilitation before surgery, and vocational rehabilitation to help people back to work.

**Community services.** Services should include physiotherapy, occupational therapy, podiatry, pain management, and inclusive group based education and exercise, integrated with voluntary sector provision and peer support networks. To be effective, group based exercise must be embedded in communities, culturally appropriate, accessible to all, and designed with inclusivity at their core. Private practice practitioners also have an important role to play in expanding access and supporting delivery across different settings.

**Integrated persistent pain clinics.** Clinics for persistent pain should combine physical, psychological, and social approaches. These must also support deprescribing and provide effective alternatives to long term opioid use.

### Services for children and young people.

Children must not be left behind. Local services should enable timely assessment and age appropriate support, including youth workers and peer support, for juvenile idiopathic arthritis, hypermobility syndromes, scoliosis, and sports related injuries.



## Why it matters

Shifting MSK care from hospital to community settings reduces avoidable imaging, inappropriate prescribing, and unplanned hospital use. It enables earlier, local support that empowers people to self manage and stay well. Crucially, it also shortens surgical waits by optimising the health of those who do need hospital procedures.

Providing MSK care closer to home for children and young people is vital to improving outcomes. When care is more accessible, young patients spend less time away from education. It also leads to a reduction in missed appointments, as travel becomes less of a barrier for families. Ultimately, delivering care in community settings supports better health outcomes, which can lead to a reduced need for more complex interventions later in life and resulting in long term cost savings for the NHS.

## 6. From analogue to digital

The transition from analogue to digital services presents a significant opportunity to reshape MSK care, improving access, personalisation, and efficiency across the system. For too long, digital innovation in MSK has fallen behind other areas of healthcare. The 10 Year Health Plan offers the chance to embed digital approaches that make a tangible difference to people living with MSK conditions, as they do not perpetuate or exacerbate inequalities.

The key components of a digitally enabled MSK pathway include:

**Single digital entry point.** A unified MSK access route through the NHS App and local health system websites. This should include symptom checkers that can safely direct people to the right level of care – whether that is self-management support, a first contact practitioner (FCP), or urgent services. Integration with elective care booking systems and follow up platforms would streamline the patient journey and reduce administration.

**Shared care plans and remote monitoring.** Shared digital care plans should include patient reported outcome measures (PROMs), pain and function scores, and be accessible across all care settings. These tools can also support remote monitoring, for example tracking inflammatory arthritis flares or adherence to osteoporosis medication, enabling timely intervention without unnecessary clinic visits.

**Data for improvement.** A minimum MSK dataset spanning primary, community, and secondary care should be established. This must link to prescribing data, imaging results, waiting times, and work participation outcomes. Dashboards at Primary Care Network (PCN) and Integrated Care Board (ICB) level would provide local leaders with actionable intelligence for planning and quality improvement.

## Why it matters

Digitally enabled MSK pathways have the potential to transform care by improving continuity and reducing duplication. They can empower patients with greater ownership of their health, support clinicians to deliver personalised interventions, and generate the data needed for service innovation and accountability.

By embedding digital tools into every stage of the MSK pathway, the NHS can move from fragmented analogue processes to a coherent, learning system that delivers better outcomes for patients and more efficient use of resources.

## 7. From sickness to prevention

If the 10 Year Health Plan is to succeed, prevention must move from aspiration to operational reality, with protected budgets, measurable targets, and accountability. Many MSK conditions are both preventable and manageable, yet services remain skewed towards crisis care. A prevention first approach across the life course would reduce avoidable pain, disability, and cost while enhancing productivity and quality of life.

### Priorities for primary prevention

**Whole life course physical literacy.** Develop co-produced physical literacy standards for early years, schools, and colleges. Ensure universal daily movement opportunities, with progression to strength and balance activities in adolescence. Teacher training and stronger links with community sport are essential to embedding active habits for life.

**MSK friendly environments.** Embed MSK health into urban planning, transport, and public realm design. Safe pavements, benches, accessible parks, cycle routes, and adequate lighting should be co-designed with disabled people and older adults to ensure environments that support mobility for all.



**Active workplaces.** Introduce employer standards for MSK health, promoting workplace adjustments, safe working practices, and support for physical activity.

**Ringfenced prevention budgets.** Allocate protected prevention funding within Integrated Care Board (ICB) budgets, with outcomes tied to MSK indicators to ensure accountability and sustained investment.

## Priorities for secondary prevention

**Targeted programmes.** Expand social prescribing for MSK conditions, integrate weight management within osteoarthritis and back pain pathways, and commission culturally tailored interventions in high need communities.

**Measurement and accountability.** Publish annual MSK prevention indicators covering strength, balance, activity levels, falls, and fragility fractures, with trajectories at ICB level to drive improvement.

**Universal access.** To fragility prevention services (Fracture Liaison Services), falls prevention programmes, targeted weight and strength interventions for people with osteoarthritis or back pain, and integrate smoking cessation into orthopaedics and rheumatology.

**Evidence based group interventions.** Commission group education and exercise programmes for osteoarthritis and back pain in every Primary Care Network (PCN), with outcomes captured through patient reported measures.



**Reliable expert guidance and advice.** ARMA welcomes the launch of Diagnosis Connect<sup>(n)</sup> as an important step towards making it easier for patients to reach specialist charities. By supporting people at the point of diagnosis with clear, accessible information and resources, it could empower people to better understand their condition, engage in shared decision making, and access support for self-management and ongoing care. We look forward to ARMA members becoming involved.

## Why it matters

Preventing avoidable pain and disability is a human right, cost effective and central to economic growth. Shifting resources into prevention will reduce pressure on NHS services and enable more people to remain active, independent and economically productive. With **20 million reasons** already in the system, prevention is no longer optional – it is the only sustainable response.

## 8. Workforce

A skilled, multi-disciplinary workforce is fundamental to delivering integrated, high quality MSK care. Meeting the rising demand for MSK services requires not only sufficient workforce numbers, but also the right skills, deployment models, and collaboration across professional and sectoral boundaries.

There is also a skilled and diverse MSK workforce that remains underused. Expanding multi-disciplinary teams to better integrate these professionals would support a national MSK strategy, improve outcomes, reduce waiting times, and save costs. More must be done to fully utilise their expertise and develop their skills and capacity.

### Priorities for workforce development

**MSK knowledge and skills.** All health professionals who encounter MSK conditions, whether in primary, community, or secondary care, should receive appropriate training in MSK clinical knowledge, early identification, and evidence based management. This must be coupled with behavioural change and communication skills to support self-management and promote physical activity effectively.

**Multi-disciplinary teams.** Allied Health Professionals, nurses, pharmacists, community based clinicians, therapists and mental health professionals have important roles in MSK care. Integrated multi-disciplinary teams working at neighbourhood and PCN level are essential to deliver person centred support, reduce fragmentation, and address both physical and psychosocial aspects of MSK conditions.

**Cross professional collaboration.** Breaking down traditional silos between professions is critical. Shared training, joint clinics, and integrated planning can help create a culture of collaboration and mutual respect, ensuring patients experience seamless, holistic care.

**Workforce planning and retention.** ICBs and national bodies must ensure workforce planning includes MSK expertise, with clear pathways for recruitment, training, and career development. Retention strategies including support for wellbeing, flexible working, and professional development, are vital to sustain capacity and prevent burnout.

**Prevention and community expertise.** The MSK workforce extends beyond traditional clinical services and settings. Community based therapists (including chiropractors, sports therapists and others) are seen by large numbers of people with MSK conditions. Sport, leisure, and fitness professionals, when trained or educated in MSK health, can play an important role in prevention, rehabilitation, and promoting long term activity. Partnerships between health and leisure sectors should be formalised and resourced to support whole population MSK health.

### Why it matters

Without a workforce that is large enough, skilled enough, and connected enough, ambitions for improved MSK prevention and care will not be realised.

## 9. Elective recovery and surgical pathways

Elective recovery is a defining challenge for the NHS over the coming decade. For people with MSK conditions, timely access to surgery can mean the difference between independence and disability, employment and early exit from the workforce.

Yet access to orthopaedic surgery remains inconsistent, with significant variation in referral practices, waiting times, and outcomes. To restore fairness and improve efficiency, the NHS must embed standardisation, transparency, and patient centred care throughout elective MSK pathways.

### Key priorities for reform

**Best practice pathways.** National adoption of evidence based pathways for hip and knee osteoarthritis, shoulder, and spinal conditions. Referral thresholds should be based on pain, function, and shared decision making with patients.

**Shared decision making.** Consistent use of decision aids and structured conversations to ensure patients are fully informed about risks, benefits, alternatives, and recovery expectations, leading to higher satisfaction and better outcomes.

**Prehabilitation and supported recovery.** Systematic deployment of prehabilitation – combining physical conditioning, nutritional support, and mental wellbeing interventions – prior to surgery. Patients who are not yet fit for surgery should have rapid access to community support, including weight management, physiotherapy, smoking cessation, and pain management services, to help them optimise health while waiting.

**Transparency and accountability.** Publish waiting times and outcome dashboards at provider and population subgroup level, disaggregated by deprivation, ethnicity, gender, and disability. This will shine a light on inequalities and enable targeted action to close gaps.

### Why it matters

Reducing unwarranted variation in surgical access and outcomes is essential to restoring equity, tackling backlog pressures, and ensuring public confidence in the NHS. Standardised, patient centred pathways and investment in prehabilitation can shorten recovery times, improve long term outcomes, and make best use of scarce surgical capacity.

## 10. Persistent pain and safer prescribing

Persistent pain is one of the most challenging aspects of MSK health, affecting quality of life, mental wellbeing, and economic participation.

Too often, people living with chronic pain are offered prescriptions as the main or only intervention, despite strong evidence that integrated, multi-disciplinary approaches deliver better outcomes.

Yet we know that pain services and outcomes are not prioritised for commissioning. Two thirds of ICBs make no meaningful reference to chronic pain services in their Joint Forward Plan and only one in six have any indication of the outcomes they expect those services to deliver for patients.<sup>(12)</sup>

## Key priorities for action

### **Integrated multidisciplinary pain services.**

Commission and resource multidisciplinary pain services in every Integrated Care System (ICS). These should bring together physiotherapy, occupational therapy, psychology, pharmacy, pain medicine, and peer support, offering both group programmes and flexible digital options. Such services should focus on improving function, self-management, and quality of life, not just pain intensity.

### **Safer prescribing and deprescribing.**

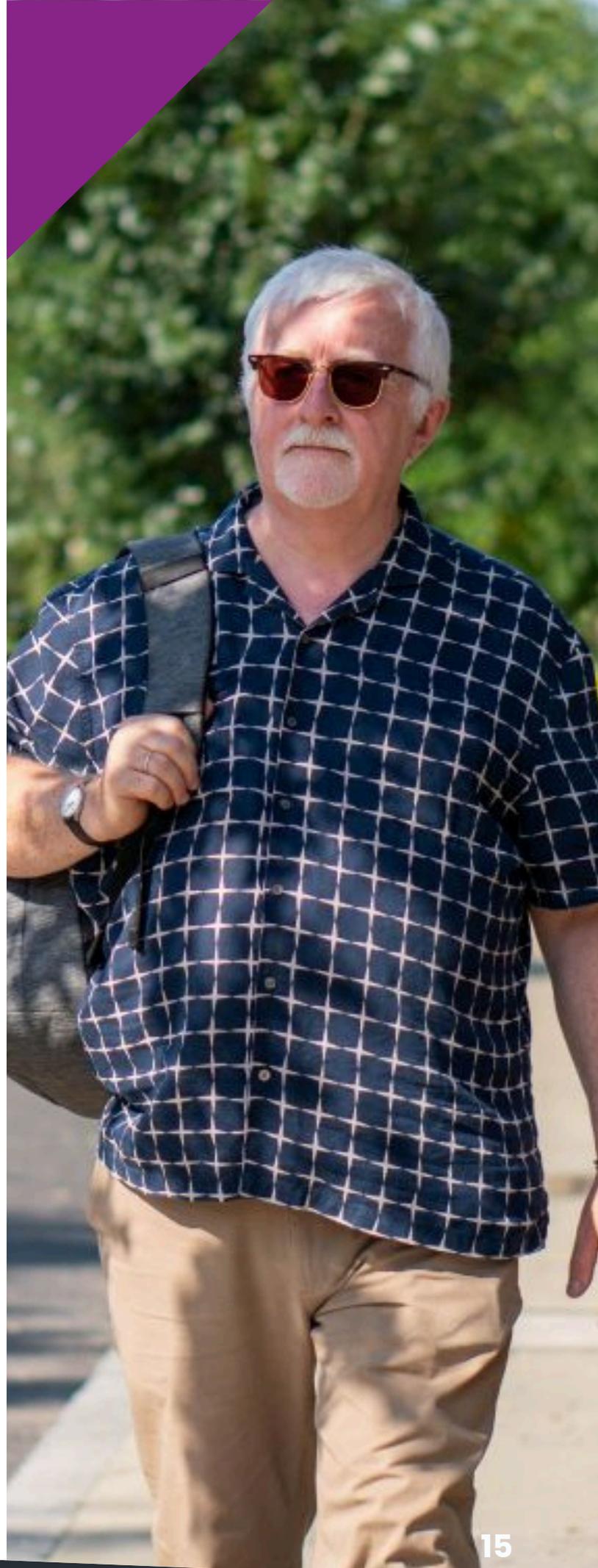
Implement structured medication reviews for people on long term opioids or gabapentinoids, with clear deprescribing pathways. These reviews must be underpinned by shared decision making and access to safe, effective alternatives including exercise based programmes, cognitive behavioural approaches, and personalised flare plans.

### **Building pain literacy across society.**

Develop and disseminate accessible pain literacy resources for the public, schools, and workplaces, co-designed with people with lived experience. Increasing understanding of pain mechanisms and management can reduce stigma, empower individuals, and support earlier engagement with self-management and non-pharmacological care.

## Why it matters

Persistent pain drives avoidable disability, health care costs, and lost productivity. By shifting from a prescription first approach to integrated, person centred care, the NHS can improve outcomes, reduce harm from long term medication use, and give people living with pain the tools and support they need to live well.



## 11. Children and young people

Children and young people are a critical focus for the 10 Year Health Plan, yet MSK health is overlooked. For many of the **20 million people** living with MSK conditions, foundations were laid in childhood, and the next generation must not become the next statistic. Establishing healthy habits early in life is essential to preventing MSK conditions in adulthood and reducing long term demand on health services, with evidence showing childhood physical literacy, activity levels and early detection shape lifelong outcomes.<sup>(13)</sup>

It is equally important to recognise that many children are affected by non-preventable, chronic MSK conditions such as juvenile idiopathic arthritis. Swift diagnosis and timely, effective treatment are vital to preventing irreversible joint damage and long term disability. A comprehensive approach must also support children living with ongoing rheumatological conditions to improve lifelong health outcomes.

Only half of children are meeting recommended activity guidelines.<sup>(14)</sup> Rising rates of childhood obesity are contributing to increased MSK strain.<sup>(15)</sup> Limited awareness of paediatric MSK conditions leads to delayed diagnosis and support.<sup>(16)</sup> Specialist services are rare and hard to access for many families.

The Plan's emphasis on prevention and neighbourhood services should provide a clear framework to strengthen MSK health in childhood. Schools, community organisations, and paediatric services can play a central role in fostering physical literacy, promoting safe participation in sport, and identifying problems early.



### Key priorities for action

Integrated Care Boards (ICBs) should commission accessible, community based paediatric MSK services, including physiotherapy and occupational therapy, to prevent escalation of problems.

Young patients and their families must be able to access specialist surgical services, when necessary, locally, reducing the need to spend long periods away from home and delays in accessing treatment.

Young people and families should be involved in the design of health promotion campaigns and MSK services, ensuring they reflect the real needs and experiences of children and adolescents.

### Why it matters

Addressing MSK health in children and young people is both a moral and economic imperative. Early action prevents future pain, disability, and lost productivity, while enabling young people to thrive physically, socially, and academically. If the 10 Year Health Plan is to succeed in its prevention first ambition, children's MSK health must be a core priority.

## 12. The bigger picture

The 10 Year Health Plan sets out an ambitious and forward looking roadmap with the potential to significantly improve outcomes for people with MSK conditions. Improving MSK health, however, depends as much on the conditions in which people live, work and move as on the services they receive. The Plan does not exist in isolation. Its success will depend on how it aligns with, and is supported by, wider policy across government, health, work, innovation and the social, economic and environmental factors that shape MSK health.

The ongoing work of the Government's Joint Work and Health Directorate is important to the future of MSK care. This cross-government initiative recognises the critical link between health and employment, and the need to improve outcomes in both areas. Evidence consistently shows that people with MSK conditions want to remain in work but often need tailored support. Remaining in employment is not only economically important but vital for people's physical and mental wellbeing. Government, the NHS, employers and communities all have a role in enabling people with MSK conditions to stay in or return to work.

The upcoming 10 Year NHS Workforce Plan will also be pivotal. Its implementation will determine how systems can deliver the priorities set out in the 10 Year Health Plan, particularly amid growing demand and rising MSK waiting lists. To avoid further deterioration in people's conditions, the plan must include a clear approach to multidisciplinary workforce planning and investment, ensuring the right professionals are available, in the right place, at the right time.

The 10 Year Health Plan also intersects with the Life Sciences Sector Plan, highlighting the role of innovation and technology in MSK care. Emerging technologies, from wearable monitoring devices and rehabilitation robotics to advanced prosthetics, can enhance care, reduce NHS pressures and support recovery.

We recognise the challenges of delivering the Plan's ambitions for MSK care amid funding pressures and structural change. Ongoing cuts and mergers, alongside evidence that many ICBs give insufficient attention to MSK and chronic pain, risk stalling progress. Continued leadership, investment and system wide prioritisation across health and beyond the NHS will be essential.

Long overdue social care reforms are not expected until at least 2028, when the Independent Commission on Social Care will publish its final report. Without reform, older people with MSK conditions risk avoidable hospital admissions and loss of independence. A functioning social care system is essential.

**The 10 Year Health Plan is a plan for the NHS but not yet a plan for health.**

We must look beyond NHS services to the wider conditions that shape people's lives. We need collective vision and ambition across government to tackle the root causes of pain, immobility and ill health, and to create environments that make it easier to move, work, participate and live independently. Only by thinking and acting across policy areas can we shift from managing illness to creating the conditions for lifelong MSK health.

## 13. A moment to act

The scale of MSK conditions, their impact on people's lives, and their cost to society are no longer in doubt. The evidence is clear. The solutions are known. What has been missing is consistent political priority and system wide action at the scale required.

The 10 Year Health Plan provides the platform. ARMA's strategy sets the ambition.

The actions in this paper set out the practical steps to turn intent into real change so that people will feel in less pain, have better mobility, enjoy greater independence and live better for longer.

MSK health underpins healthy ageing, economic participation and community wellbeing. If we want people to stay in work, reduce pressure on services and narrow inequalities in healthy life expectancy, MSK health cannot sit at the margins of policy.

Government, NHS leaders, local systems and partners now have a clear route forward. ARMA and our members stand ready to work in partnership to deliver it.

**The question is not whether we know what to do. It is whether we will finally respond to the 20 million reasons – the scale, impact and human cost of MSK conditions – and give MSK health the priority it demands.**



# References

1. Department of Health and Social Care (2025) Fit for the future: 10 Year Health Plan for England. London: DHSC. Available at: <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>
2. Arthritis UK (2025) The State of Musculoskeletal Health. London: Versus Arthritis. Available at: [https://www.arthritis-uk.org/media/flpbvm2m/arthritisuk\\_state\\_of\\_msk\\_health\\_report\\_2025.pdf](https://www.arthritis-uk.org/media/flpbvm2m/arthritisuk_state_of_msk_health_report_2025.pdf)
3. NHS England (n.d.) Musculoskeletal health. Available at: <https://www.england.nhs.uk/elective-care/best-practice-solutions/musculoskeletal/>
4. International Osteoporosis Foundation (2019) Broken bones, broken lives: A roadmap to solve the fragility fracture crisis in Europe. Nyon: IOF. Available at: <https://www.osteoporosis.foundation/broken-bones-broken-lives>
5. Arthritis UK (2025) The State of Musculoskeletal Health. London: Versus Arthritis. Available at: [https://www.arthritis-uk.org/media/flpbvm2m/arthritisuk\\_state\\_of\\_msk\\_health\\_report\\_2025.pdf](https://www.arthritis-uk.org/media/flpbvm2m/arthritisuk_state_of_msk_health_report_2025.pdf)
6. World Health Organization (2023) Low back pain fact sheet. Available at: <https://www.who.int/news-room/fact-sheets/detail/low-back-pain>
7. Department of Health and Social Care (n.d.) Musculoskeletal health: applying All Our Health. London: DHSC. Available at: <https://www.gov.uk/government/publications/musculoskeletal-health-applying-all-our-health>
8. Zurich UK and Centre for Economics and Business Research (2024) Work absences due to long-term sickness could cost the economy £66.3bn a year – 2023 analysis. Available at: <https://www.zurich.co.uk/media-centre/work-absences-due-to-long-term-sickness>
9. NHS England (2025) Musculoskeletal health. Available at: <https://www.england.nhs.uk/elective-care/best-practice-solutions/musculoskeletal/>
10. UK Health Security Agency (2016) Preventing musculoskeletal disorders has wider impacts for public health. London: UKHSA. Available at: <https://ukhsa.blog.gov.uk/2016/01/11/preventing-musculoskeletal-disorders-has-wider-impacts-for-public-health/>
11. Department of Health and Social Care, Prime Minister's Office and The Rt Hon Wes Streeting MP (2025) Available at: <https://www.gov.uk/government/news/patients-with-long-term-conditions-to-receive-help-from-charities>
12. Arthritis and Musculoskeletal Alliance (ARMA) (2025) ICB approach to musculoskeletal services. Available at: <https://arma.uk.net/icb/>
13. Caldwell, H.A.T. et al. (2020) Physical literacy, physical activity, and health indicators in school-age children, International Journal of Environmental Research and Public Health, 17(15), p.5367. Available at: <https://pubmed.ncbi.nlm.nih.gov/32722472/>
14. Sport England (2025) Active Lives Children and Young People Survey – Academic Year 2024-25. Available at: <https://www.sportengland.org/research-and-data/data/active-lives>

## References

15. Queen Mary University of London (2024) School-age girls with obesity are more likely to experience joint and muscle pain, Archives of Disease in Childhood. Available at: <https://www.qmul.ac.uk/ceg/news/items/school-age-girls-with-obesity-are-more-likely-to-experience-joint-and-muscle-pain.html>
16. Foster, H.E., et al. (2020) Improving musculoskeletal health for children and young people, Paediatric Musculoskeletal Task Force, Journal of Clinical & Translational Rheumatology. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7382962>

© March 2026 Arthritis and Musculoskeletal Alliance

While we try to make every attempt to ensure that the information in this report is correct, we do not give any express or implied warranty as to its accuracy. We do not accept liability for any error or omission.

Any part of this publication may be freely reproduced for non-commercial purposes and with the appropriate acknowledgement.



## Our current members

Arthritis Action, Arthritis UK, BackCare, British Association of Sports & Exercise Medicine, British Association of Sport Rehabilitators, British Chiropractic Association, British Dietetic Association, British Orthopaedic Association, British Society of Physical & Rehabilitation Medicine, Chartered Society of Physiotherapy, CCAA Kids with Arthritis, Cornwall Arthritis Trust, Ehlers Danlos Support UK, Faculty of Sport and Exercise Medicine (UK), Fibromyalgia Action UK, Hypermobility Syndrome Association, Institute of Osteopathy, Lupus UK, McTimoney Chiropractic Association, Musculoskeletal Association of Chartered Physiotherapists, National Axial Spondyloarthritis Society, National Rheumatoid Arthritis Society, National Spine Network, Orthopaedic Research UK, Physiotherapy Pain Association, Primary Care Rheumatology Musculoskeletal Medicine Society, Psoriasis Association, Rheumatology Pharmacists UK, Royal College of Chiropractors, Royal Osteoporosis Society, Scleroderma and Raynaud's UK, Society of Musculoskeletal Medicine, The Society of Sports Therapists, UK Gout Society.

## Our associate members

Apos Health, getUBetter, Good Boost, National Orthopaedic Alliance, PhysioFast Online, UCB.

## Get in touch

If you want to join us please get in touch. We would love to hear from you. Visit our website for more information.



[projects@arma.uk.net](mailto:projects@arma.uk.net)



020 3856 1978



[www.arma.uk.net](http://www.arma.uk.net)



ARMA LinkedIn



@WeAreARMA

# Better MSK health for everyone.

c/o International House  
109 - 111 Fulham Palace Road  
London  
W6 8JA

Email: [projects@arma.uk.net](mailto:projects@arma.uk.net)  
Visit: [www.arma.uk.net](http://www.arma.uk.net)

Registered charity in England and Wales no 1108851  
Registered company limited by guarantee in England and Wales no 05380237

Published March 2026

