



**20 Million Reasons** ARMA Strategy 2026 – 2031



**Good musculoskeletal health underpins life at every stage. It allows us to start well, live well and age well. It enables us to move, participate, connect and find joy in everyday life.**

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# Welcome



## From our Chair

As Chair of ARMA, I am delighted to introduce our new strategy to our members, partners, stakeholders and colleagues.

I am proud of the strength and diversity of our membership, and of the shared commitment that brings us together. ARMA exists because no single organisation can achieve the change we need alone. By working together, we have a stronger voice and a greater ability to influence policy, services and public understanding.

This strategy sets a clear direction for the next five years. It reflects what our members have told us they want from ARMA: focus, ambition and impact. It also reflects our responsibility as trustees to ensure ARMA remains independent, credible and sustainable, so it can continue to deliver value for our members.

I would like to thank Adrian, my fellow trustees and everyone involved in shaping this strategy. I look forward to working with you to achieve our ambitions, together.

A handwritten signature in black ink, appearing to read 'Chris Martey', written over a light purple background.

**Chris Martey**  
Chair  
Arthritis and Musculoskeletal Alliance



## From our Chief Executive

Over **20 million people** live with MSK conditions in the UK.

It is a pleasure and a privilege to lead ARMA, and to support our members to achieve our shared ambitions.

From my first day, I have focused on listening to members and partners. This strategy is shaped by those conversations, reflecting on what we have achieved together, and what we must now do differently.

Members have been clear. If MSK health is going to be taken seriously, we must speak with one strong voice. They want ARMA to be bolder, more focused, and more influential, shaping political and health system priorities, and saying the things that need to be said.

ARMA exists to turn many voices into one national force for change.

There are **20 million reasons** this strategy matters. I look forward to working with you to make our vision a reality.

A handwritten signature in black ink, appearing to read 'Adrian Bradley', written over a light purple background.

**Adrian Bradley**  
Chief Executive  
Arthritis and Musculoskeletal Alliance





**MSK health is the foundation of a thriving country. When people can't move well, they struggle to learn, work, care, connect and stay independent. MSK problems drive inequality, disability and economic inactivity on a huge scale, yet remain overlooked in policy and investment. Making MSK health a national priority is one of the fastest ways to add years of healthy life, reduce pressure on services and unlock economic growth.**

# About us

The Arthritis and Musculoskeletal Alliance (ARMA) is the UK wide alliance bringing together patient organisations, professional bodies and research groups to improve bone, joint and muscle health.

We are an independent, member led charity, speaking with one clear voice for the **20 million people** living with musculoskeletal (MSK) conditions.

We are unique in bringing together the full range of professional disciplines across the MSK workforce spanning NHS, independent, social care and community settings.

MSK health is still not treated as a national priority. ARMA exists because **that won't change unless we act together.**

Our first priority is national influencing: building political commitment and senior leadership focus on MSK health, matched to its impact on people's lives and the economy.

By joining ARMA, members gain greater influence than acting alone. Together, we shape policy, amplify shared priorities, and turn evidence and lived experience into real change.

**Together, we will make MSK health impossible to ignore.**



# The burden of MSK conditions

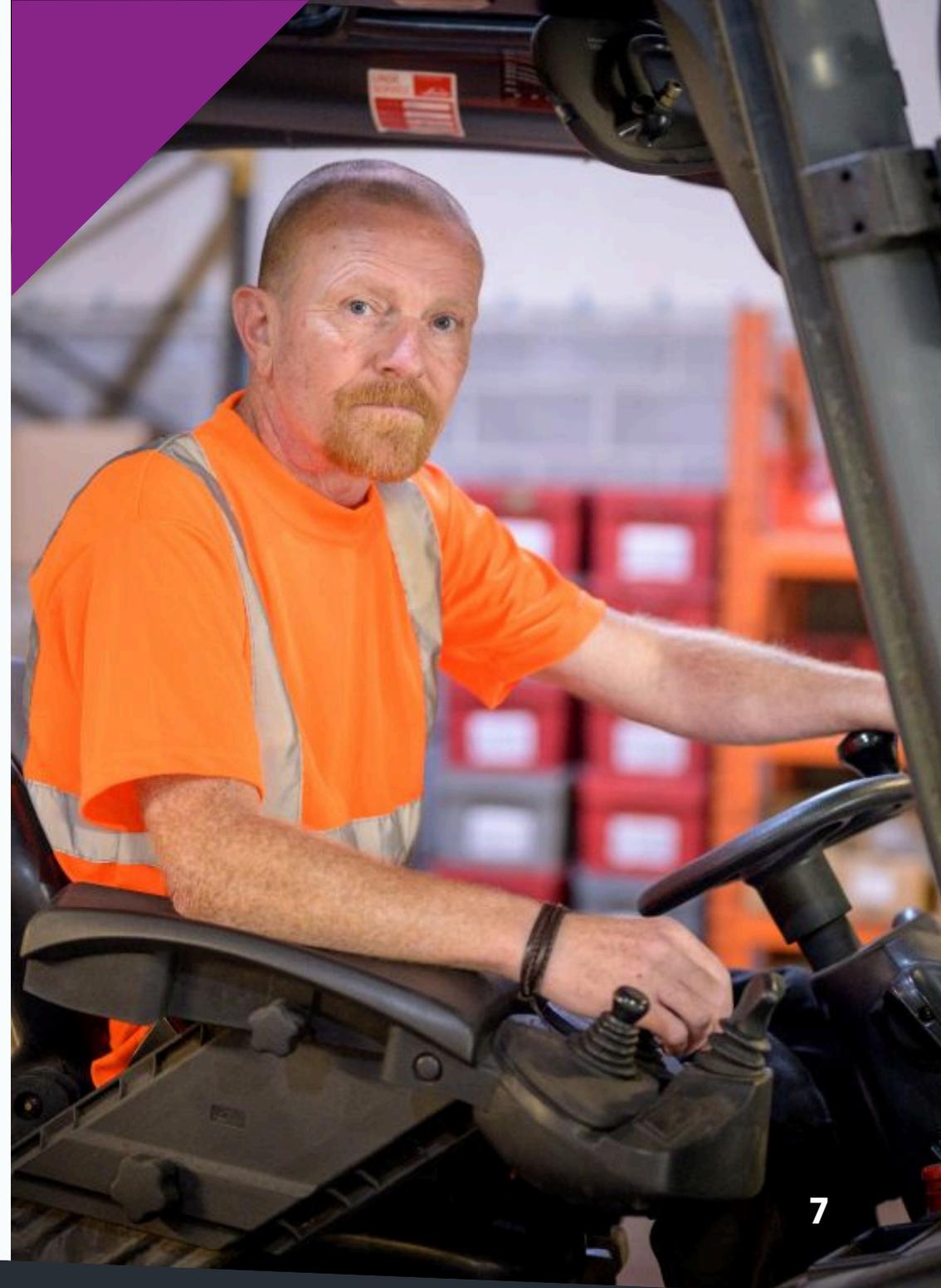
MSK conditions are the leading cause of disability in the UK. They affect the bones, joints, muscles, spine and connective tissues, and include common conditions such as arthritis, back pain and osteoporosis, as well as inflammatory, autoimmune and connective tissue disorders.

They are the most common cause of workplace sickness absence, costing the UK economy billions each year. They also account for up to 30% of GP consultations (in England) and a large share of outpatient care and surgery.

But the greatest impact is on people's lives. MSK conditions cause pain, fatigue and reduced mobility, limiting independence and participation in work, family and community life. Poor MSK health is a major reason people spend more years in poor health, reducing healthy life expectancy and widening inequalities.

**Overlook MSK health and people lose independence and the whole country pays the price.**

Reducing this burden requires primary prevention and public health action, timely access to treatment and specialist care, and sustained supported self management.



# Our case in numbers



**30%**  
of GP appointments  
are for MSK  
conditions.



MSK conditions cost  
the NHS  
**£5bn**  
each year.



People living with MSK  
conditions are  
**1.5x**  
more likely to report  
mental health  
concerns.



**30m**  
working days are lost  
each year to MSK  
conditions.



**I have often felt exhausted and disempowered by a fragmented system. Care still works on a single disease model. Professionals rely on patients to connect services. 'Shared care' can mean neither GP nor hospital takes responsibility. We need joined up, flexible, person centred care that recognises real lives.**

I developed rheumatoid arthritis in my 20s, followed by antiphospholipid syndrome, osteoporosis linked to long term steroids, and psoriasis. Research advances have given me back a quality of life that once felt impossible but I have often felt exhausted and disempowered by a fragmented system.

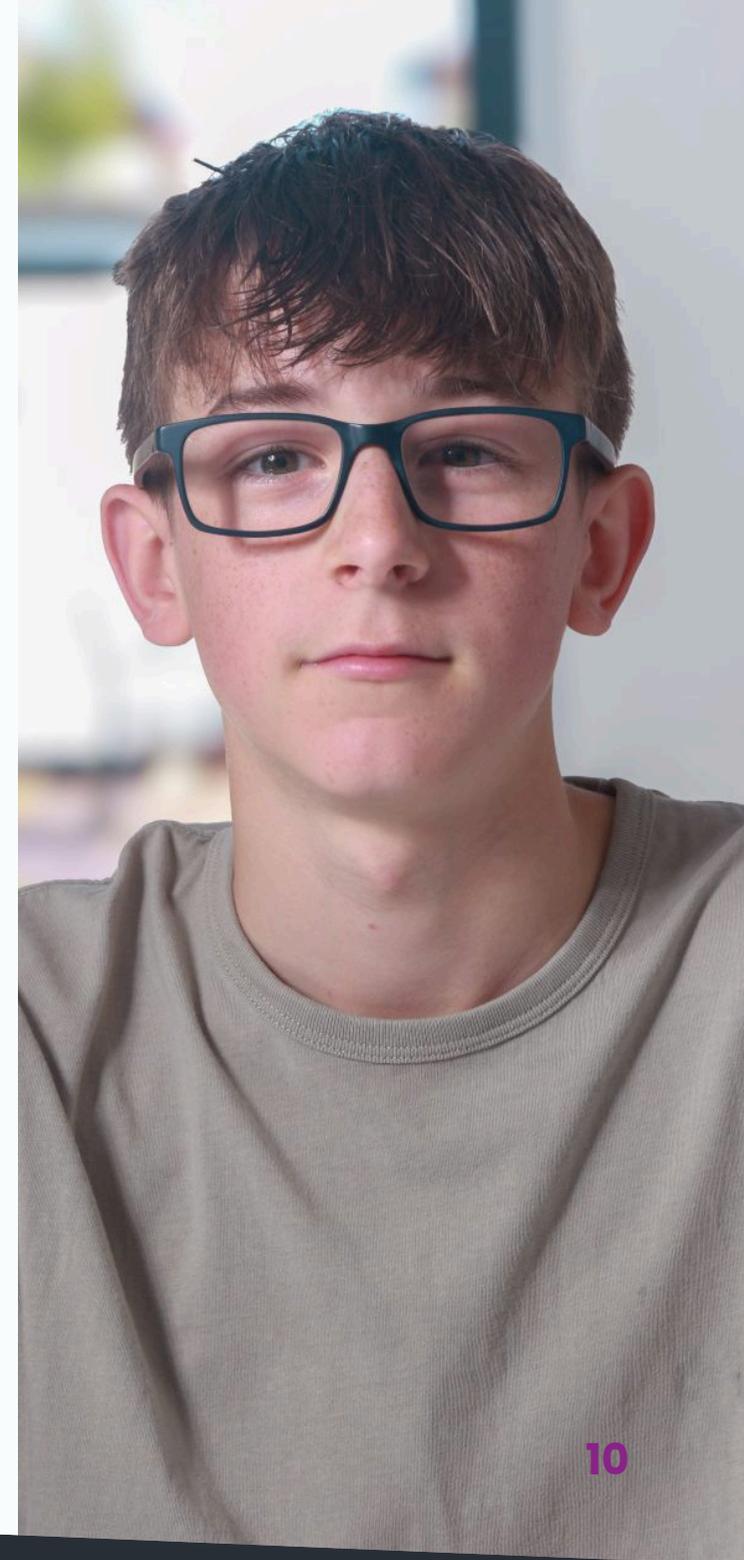
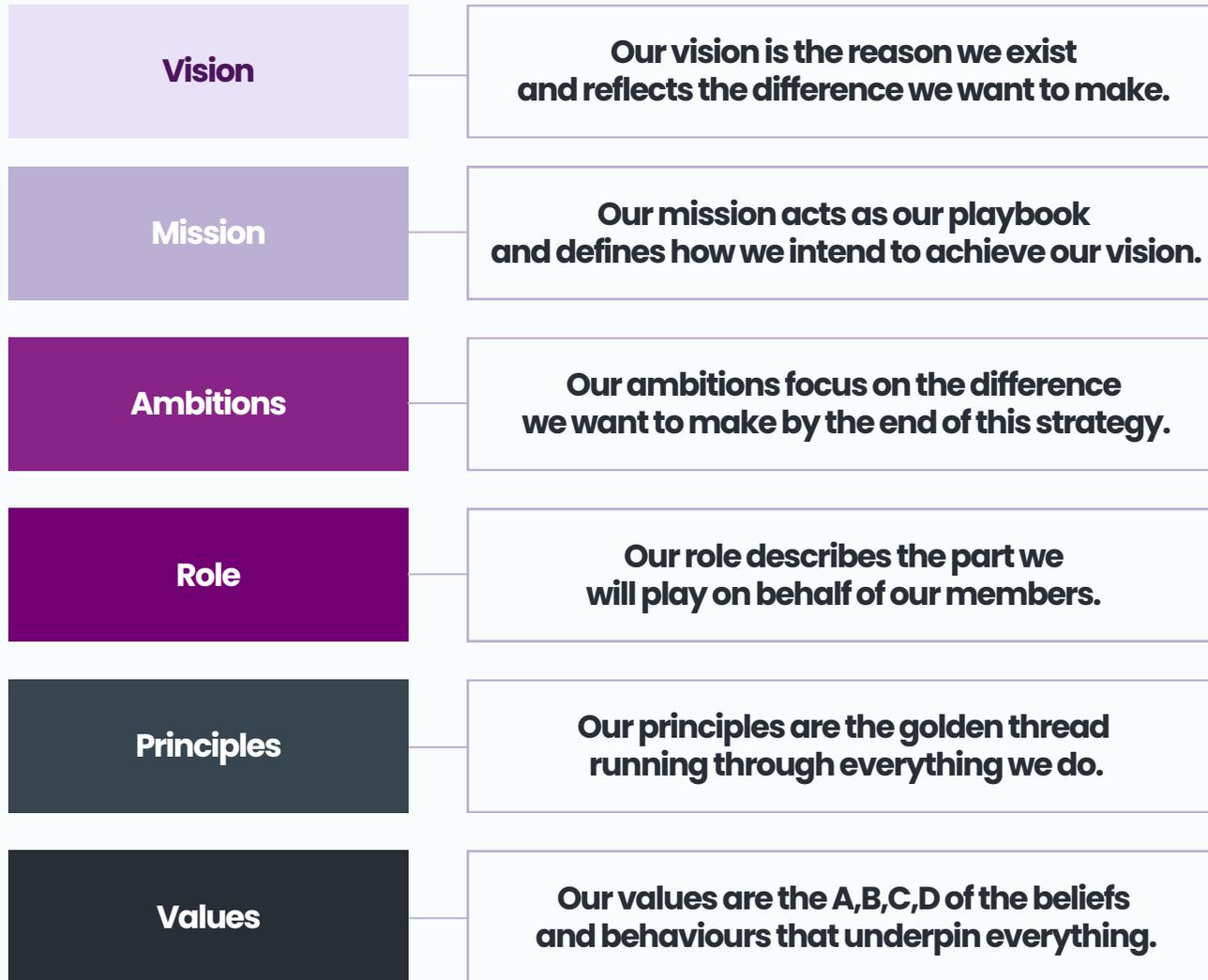
Many people who develop one MSK condition develop others, yet care still works on a single disease model. Professionals rarely look at you holistically and rely on patients to connect services. 'Shared care' can mean neither GP nor hospital takes responsibility. I travel across the city for routine blood monitoring, losing half a day for a five minute test.

Living with MSK conditions makes staying in work harder. I left a profession I loved because flexibility and understanding were not there. Many hide conditions, fear flare ups and struggle with rigid systems. We need joined up, flexible, person centred care that recognises real lives.

**Jane Taylor**  
Person with lived experience



# Our strategic framework





**Our vision.**  
**Better MSK health for everyone.**

# Our mission.

**Unite patients, professionals and researchers to champion MSK health, influence national policy and drive lasting change so everyone can live well.**



# Our ambitions



**A whole system approach to better MSK health for everyone.**

**Better MSK prevention, treatment, care and outcomes.**

**An alliance that strengthens collaboration and shared impact.**

**A strong, sustainable and member led charity.**



## **Ambition 1.**

### **A whole system approach to better MSK health.**

#### **Headline goal**

Make MSK health a national priority so more people can live well, move well and stay independent.

#### **Together, we will:**

- Make the social and economic case for MSK health, securing stronger political and senior NHS leadership commitment to change.
- Embed MSK health across the life course in health, education, work, planning, food and transport policy.
- Promote neighbourhood led approaches that prevent avoidable MSK problems and create the conditions for good MSK health through joined up action beyond the NHS.

#### **Progress by 2031:**

- Commitments in major cross government policies including employment, economic growth and productivity, education and skills, housing and planning, transport and active travel, and disability and social security.
- A clear shift in national policy and investment towards prevention and physical activity across health, education, workforce and economic plans.
- MSK health embedded in local plans and neighbourhood approaches in more areas.

## Ambition 2.

# Better MSK prevention, treatment, care and outcomes.

### Headline goal

Improve MSK outcomes by ensuring people can access timely, person centred care and treatment, backed by a strong MSK workforce across NHS, independent and community settings.

### Together, we will:

- Embed MSK in long term condition plans, service standards and care pathways so people get the right support.
- Advocate for earlier diagnosis and shorter waits across primary, community and secondary care, including fair access to medicines.
- Strengthen delivery and accountability through workforce planning, digital inclusion, innovation and better data.

### Progress by 2031:

- National MSK strategies shaping service standards and commissioning across the UK.
- Shorter waits, earlier diagnosis and fairer access to MSK assessment, treatment, rehabilitation and medicines.
- MSK outcomes routinely tracked and reported, including pain, function, independence, work participation and quality of life.





### **Ambition 3.**

## **An alliance that strengthens collaboration and shared impact.**

#### **Headline goal**

Build unity and shared action across the MSK community so members achieve more together than any organisation can alone.

#### **Together, we will:**

- Connect members through working groups, events and shared learning.
- Amplify our voice through joint advocacy and campaigns.
- Build cross sector partnerships to turn evidence into policy and practice.

#### **Progress by 2031:**

- More members actively involved in joint work, publications and campaigns.
- Recognition as a national cross sector convenor and credible voice.
- ARMA outputs and influence cited by policymakers, NHS bodies and parliamentary groups.

## **Ambition 4.**

# **A strong, sustainable and member led charity.**

### **Headline goal**

Strengthen ARMA's governance, communications and finances so we deliver value and influence for members.

### **Together, we will:**

- Grow and engage our membership through better two way communication and stronger digital platforms.
- Secure diversified funding that supports growth and protects our independence.
- Operate transparently and responsibly, publishing annual impact reports and upholding high standards of governance and environmental responsibility.

### **Progress by 2031:**

- Stable, diverse membership across patient, professional, research, VCSE and community partners.
- More diversified income, reducing reliance on any single source.
- High member confidence and satisfaction, with clear evidence of impact.



# Our role

We have worked with our members and partners to define the role ARMA must play to achieve our vision.

As a result, we are clearer about where we add value and what we need to do to be more effective.

ARMA's membership is broad and diverse. That is what makes us unique and it is our greatest strength. Together, we can make change happen faster and at greater scale than any organisation can alone.

We bring people and organisations together across sectors, policy areas and professional boundaries to build shared priorities, unlock solutions and create momentum.

We do this through the lens of our guiding principles and values.

Our role is best described in three words:

**Convene, collaborate and campaign.**





## **Convene**

We bring people together to share and learn. Using our independence and neutrality, we act as a bridge between organisations.

By connecting charities, professional bodies, research institutes, government departments and other partners, we help join up efforts and strengthen our collective voice.

## **Collaborate**

We build relationships that turn shared ideas into practical solutions and lasting change.

Using our reach and connections, we bring members and partners together so everyone can contribute, shape priorities and drive progress.

## **Campaign**

We turn many voices into one powerful force for change.

We campaign so MSK health is no longer overlooked but treated as essential to the nation's wellbeing and prosperity.

# Our guiding principles

## **People first.**

Focus on outcomes that matter.

## **Equity by design.**

Tackle avoidable inequalities.

## **Better together.**

Change happens through shared action.

## **Independent and trusted.**

Integrity, transparency & accountability.



# Our values

## **Ambitious.**

For what we can achieve together.

## **Bold.**

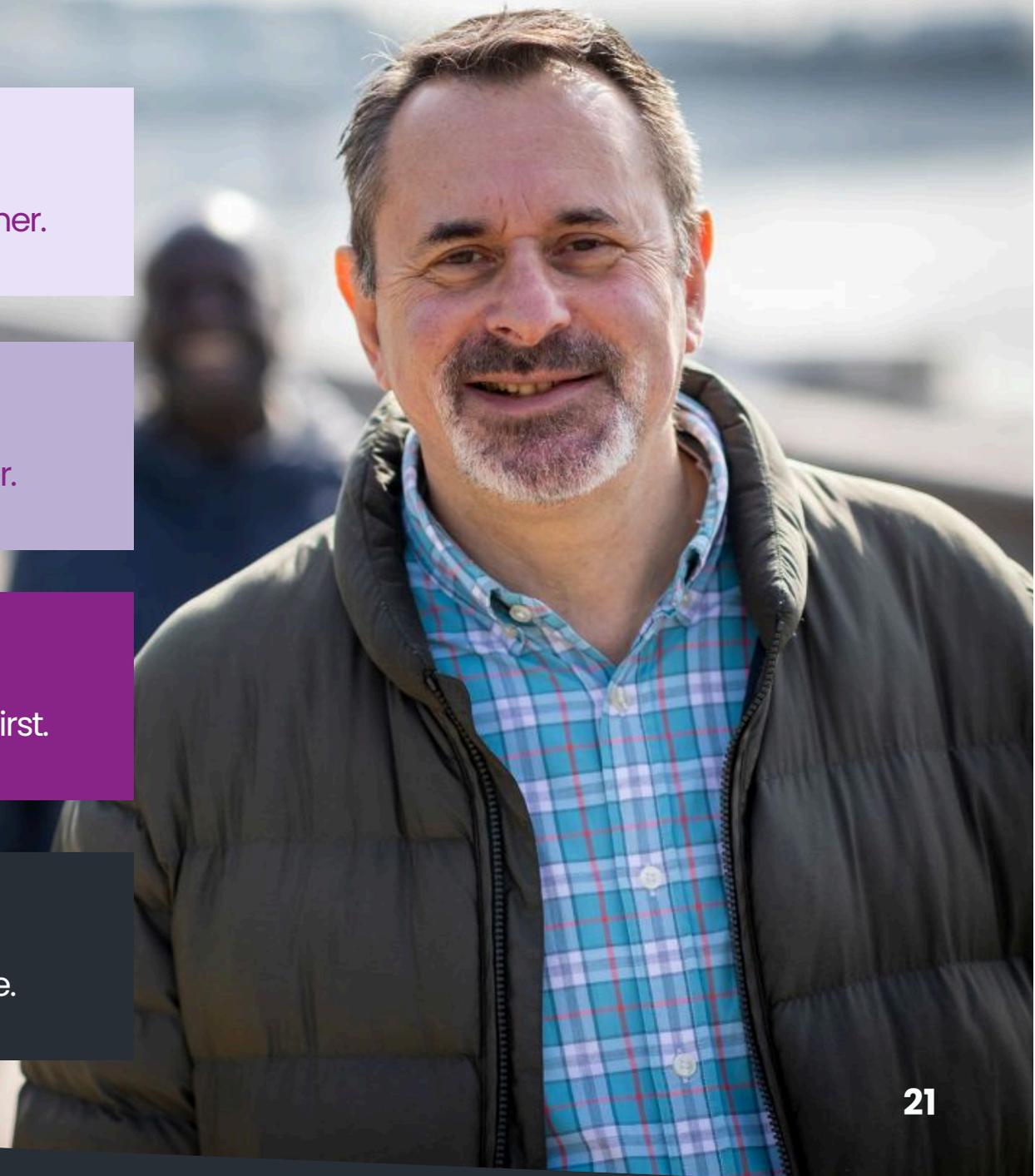
Willing to speak truth to power.

## **Compassionate.**

Putting people & communities first.

## **Determined.**

Persistent in pursuit of change.



# ARMA on one page



To change systems, we must influence.  
 To influence well, we must collaborate.  
 To collaborate well, we must be strong and sustainable.

Vision	Mission	Ambitions	Role	Principles	Values
<p>Better MSK health for everyone.</p>	<p>Unite patients, professionals and researchers to champion MSK health, influence national policy and drive lasting change so everyone can live well.</p>	<p>A whole system approach to better MSK health.</p> <p>Better MSK prevention, treatment, care and outcomes.</p> <p>An alliance that strengthens collaboration and shared impact.</p> <p>A strong, sustainable and member led charity.</p>	<p>Convene.</p> <p>Collaborate.</p> <p>Campaign.</p>	<p>People first.</p> <p>Equity by design.</p> <p>Better together.</p> <p>Independent and trusted.</p>	<p>Ambitious.</p> <p>Bold.</p> <p>Compassionate.</p> <p>Determined.</p>



## 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.

The following organisations are associate members: Apos Health, getUBetter, Good Boost, National Orthopaedic Alliance, PhysioFast Online, UCB.

## For more information



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



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



[ARMA LinkedIn](#)

# Better MSK health for everyone.

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)

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