NICE National Institute for Health and Care Excellence

Health Tech programme

HTE10057: Digital technologies for managing mild to moderate symptoms of hip or knee osteoarthritis

Draft Guidance Collated Comments

Themes:

- **01 Scope of Technologies**
  Comments about inclusion/exclusion of digital platforms (e.g., myrecovery) and ensuring guidance reflects full NHS landscape.
- **02 Evidence Base and Data Gaps**
  Concerns about limited duration of trials, need for longitudinal data, and completeness of evidence.
- **03 Recommendations Framework**
  Views on conditional use, evidence generation period, and overall suitability of recommendations.
- **04 Equality and Digital Inclusion**
  Issues around access, digital literacy, device provision, language support, and accessibility formats.
- **05 Errors and Document Accuracy**
  Requests for corrections in draft guidance (e.g., mislabelling technologies, missing text).
- **06 Technology-Specific Details**
  Comments on pricing updates, naming conventions, medical device status, and product-specific clarifications.

Theme 1. Technologies in scope

Comment Number	Consultee number/ organisation name	Page number	Section number	Comment	NICE Response
1	Consultee 1 – HOPCo	NR	NR	We recognise the strong and systematic approach taken by NICE in reviewing the available evidence for digital technologies supporting self-management of mild to moderate osteoarthritis. However, we believe not all relevant evidence and technologies currently available to the NHS have been considered. In particular, there are additional DTAC-compliant digital platforms already deployed within NHS musculoskeletal pathways, such as the myrecovery app, that deliver	Thank you for your comment. This early value assessment focused on technologies to help people with symptoms of mild to moderate osteoarthritis. The myrecovery app was considered out of scope for this topic because it is designed for people who are having surgery rather than those with mild to moderate osteoarthritis. It is being considered in another early value assessment (HTE10069 Digital platforms to support rehabilitation before or after hip or knee replacement surgery).

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				comparable functionality to several of the technologies listed in this evaluation. myrecovery provides evidence-based education, remote exercise guidance, symptom tracking, and outcome measurement, and has demonstrated real-world implementation across multiple NHS Trusts for orthopaedic and musculoskeletal conditions, including osteoarthritis. Inclusion of such platforms in the evidence generation plan, or at least recognition of their availability to the NHS, would ensure the guidance reflects the full spectrum of digital support tools in active use. This would strengthen NICE's ability to evaluate effectiveness, equity, and interoperability across the evolving digital musculoskeletal ecosystem, and help ensure patient choice and consistency across NHS services.	
2	Consultee 1 - HOPCo	NR	NR	Overall, the recommendations are a sound and pragmatic basis for early guidance, particularly the conditional approach allowing NHS use during a structured evidence generation period. This balanced framework appropriately promotes innovation while maintaining safeguards for clinical and system risk. However, the scope could be broadened to ensure a more representative view of the digital MSK landscape within the NHS. By limiting inclusion to the eight named technologies, the guidance risks unintentionally overlooking other compliant and evidence-based platforms already active within NHS care pathways, such as myrecovery. Recognising and potentially incorporating these additional platforms in future iterations would support greater consistency, interoperability, and patient choice across NHS services. It would also help commissioners align procurement decisions with the most	Thank you for your comment and support for the recommendations in the draft guidance. This topic agreed by NICE Prioritisation board focussed on technologies for treating symptoms of mild to moderate osteoarthritis. Technologies which met the eligibility criteria described in the scope were identified in the scoping phase. Please see the response to comment 1 regarding myrecovery and the scope of this assessment.

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				comprehensive set of digital solutions currently in use, thereby strengthening the applicability and sustainability of the guidance.	

Theme 2. Evidence base

Comment Number	Consultee number/ organisation name	Page number	Section number	Comment	NICE Response/EAG considerations
3	Consultee 1 - HOPCo			We agree that the draft guidance provides a fair summary of the early clinical evidence and potential system benefits of digital technologies for osteoarthritis self-management. The reported improvements in pain, function, and patient engagement are consistent with early-stage findings from both trial and real-world implementations. However, we note that the evidence base used in the evaluation is relatively limited in duration (predominantly ≤12 weeks) and scope, and may therefore underestimate the wider clinical and resource impacts achievable through sustained digital engagement within integrated NHS pathways. Real-world data from other NHS-implemented platforms, such as myrecovery, suggest additional potential benefits in reducing outpatient attendances, supporting remote follow-up, and improving adherence to exercise-based rehabilitation over longer timeframes. Incorporating this type of longitudinal evidence in future reviews could provide a more complete understanding of both clinical	Thank you for your comment and your support for the draft guidance recommendations. The External assessment report refers to the limitations of the duration of the available evidence. The evidence generation plan published alongside the guidance outlines the possibility of using real world evidence to address the evidence gaps.

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				outcomes and system efficiencies achievable with digital MSK support tools.	
4	Consultee 2 – TrackActive Me			One of the documents states "A clinical expert advised that they expect the digital technologies to be suitable for around only 25% of people with mild to moderate symptoms of hip or knee osteoarthritis" - What is the evidence for this 25% figure?	Thank you for your comment. The EAG has clarified that this estimate that digital technologies would be suitable for around 25% of people with mild to moderate symptoms of hip or knee osteoarthritis is based on the expertise and experience of a clinical expert, as indicated in the quoted statement. The expert indicated that uptake is influenced by factors such as age and digital literacy. The estimate is based on their personal experience with referring people to use the getUbetter app in clinical practice. The expert judged that approximately digital technologies would be suitable for 20-25% of people with mild to moderate symptoms of hip or knee osteoarthritis in routine practice.
5	Consultee 3 - Sword Health			Has all of the relevant evidence been taken into account? Yes.	Thank you for your comment.
6	Consultee 3 - Sword Health			Are the summaries of clinical and resource savings reasonable interpretations of the evidence? Yes.	Thank you for your comment. .

Table 3. Recommendation framework

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7	Consultee 3 - Sword Health			Are the recommendations sound and a suitable basis for guidance to the NHS? Yes.	Thank you for your comment.

Theme 4. Digital inclusion

Comment Number	Consultee number/ organisation name	Page number	Section number	Comment	NICE Response/EAG considerations
8	Consultee 1 - HOPCo			We welcome the inclusion of digital inclusion and accessibility considerations within the draft guidance. However, additional equality factors merit further attention. First, digital capability and access to technology vary substantially across patient populations, particularly among older adults, people in socioeconomically deprived areas, and those with limited access to suitable devices or reliable internet connections. Addressing these barriers may require locally supported onboarding and digital literacy initiatives to ensure equitable access to digital care pathways. Second, it would be valuable to highlight the need for technologies to be available in multiple languages and accessible formats (e.g., large text, screen-reader compatibility, and easy-read versions), to better serve diverse populations and those with sensory, cognitive, or literacy challenges. Finally, equality of access should extend to platform choice. Recognising a broader range of NHS-available, DTAC-compliant tools — such as myrecovery — would help ensure that patients and clinicians can select solutions best suited to individual needs and abilities, supporting more equitable outcomes across the NHS.	Thank you for your comment. Sections 3.19 and 3.20 of the draft guidance summarise the committee considerations related to digital inclusion and accessibility. These sections refer to the need to address wider digital accessibility, improve digital literacy and promote increased availability of technologies in additional languages or easy-read format. Further details can be found in the equality impact assessment document published with the guidance. Please see the response to comment 1 regarding myrecovery and the scope of this assessment.
9	Consultee 3 - Sword Health			Are there any equality issues that need special consideration and are not covered in the medical technology consultation document? No.	Thank you for your comment.

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10	Consultee 3 - Sword Health		3.19	Sword provides a Thrive Pad to every patient as part of the programme, so there is no need for patients to have their own device. For patients who do not have access to WiFi at home, a WiFi hotspot is provided free of charge.	Thank you for highlighting the steps Sword Thrive is taking to address the issue of digital inclusion and accessibility.
11	Consultee 3 - Sword Health		3.20	Exercise instructions are provided in visual and audio format on the Thrive pad, including an avatar performing the exercises in real time for the patient to follow.	Thank you for highlighting the steps Sword Thrive is taking to address the issue of digital inclusion and accessibility.

Theme 5. Errors and accuracy

Comment Number	Consultee number/ organisation name	Page number	Section number	Comment	NICE Response/EAG considerations
12	Consultee 2 - TrackActive Me			I reviewed the 270-page "supporting documentation" downloadable document and found a couple of errors or text missing.... 1. Page 102. Can we amend the last sentence to say: The baseline value is stated to be the “user’s first symptom rating”, and the users were described as having completed at least one program session. 2. Page 118 The text within the TrackActive Me section says "EQL" when that is not us. We are TrackActive Me. EQL is Phio. Can we amend this as it looks like a mistake?	Thank you for your comments about the external assessment report. The external assessment group have corrected the report.

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13	Consultee 3 – Sword Health			Please can we request that all references are changed from “Thrive” to “Sword Thrive”.	Thank you for flagging this factual inaccuracy. The guidance has been updated.

Theme 6. Technology details

Comment Number	Consultee number/ organisation name	Page number	Section number	Comment	NICE Response/EAG considerations
14	Consultee 3 - Sword Health			Sword Thrive pricing has been updated and is now £250 for 1 year of access.	Thank you for informing us of the updated list price for Sword Thrive. The guidance has been updated with the new list price and a note added to highlight the change. This change in list price does not impact the conclusion for Sword Thrive.
15	Consultee 3 - Sword Health			Is it possible to please include information on the products' medical device status in the public-facing information.	Thank you for your comment. The regulatory status of a medical device is part of the criteria considered at scoping for an early value assessment (see 2.1.10 and 2.1.11 in the NICE HealthTech program manual). Medical device regulation status is not part of the clinical and economic evidence assessment so is not reported in the external assessment report. But, we have included details on regulatory status within Table 1 of the final guidance.