NICE National Institute for Health and Care Excellence

NICE quality standard

Osteoarthritis in over 16s

Quality standard
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This standard is based on NG226.

This standard should be read in conjunction with QS5, QS8, QS15, QS50, QS84, QS86 and QS85.

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Quality statement 1: Diagnosis

Quality statement

Adults aged 45 or over are diagnosed with osteoarthritis clinically without imaging if they have activity-related joint pain and any morning joint stiffness that lasts no longer than 30 minutes.

Rationale

There is often a poor link between changes visible on an X-ray, MRI or ultrasound scan and the symptoms of osteoarthritis; minimal changes can be associated with substantial pain, or modest structural changes to joints can occur with minimal accompanying symptoms. It is recommended that a clinical diagnosis of osteoarthritis is made for adults aged 45 years or over with typical symptoms without the need for further imaging. This will reduce both potential harm from exposure to radiation from X-rays and costs of unnecessary imaging procedures. However, if an alternative diagnosis is possible, it may be necessary to carry out further investigations, including imaging, to aid diagnosis.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that adults aged 45 or over are diagnosed with osteoarthritis clinically without imaging if they have activity-related joint pain and any morning joint stiffness that lasts no longer than 30 minutes.

Data source: Evidence can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

Process

Proportion of adults aged 45 years or over who have activity-related joint pain and in whom any morning joint stiffness lasts no longer than 30 minutes who are diagnosed with osteoarthritis clinically without imaging.

Numerator – the number in the denominator who are diagnosed with osteoarthritis clinically without imaging.

Denominator – the number of adults aged 45 years or over who have activity-related joint pain and in whom any morning joint stiffness lasts no longer than 30 minutes who are diagnosed with osteoarthritis.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

What the quality statement means for different audiences

Service providers (such as GPs and community healthcare providers) ensure that they have clear policies and processes for diagnosing osteoarthritis clinically. Service providers should also monitor the use of imaging for diagnosing osteoarthritis in adults to ensure that it is not being used inappropriately.

Healthcare professionals diagnose osteoarthritis in adults aged 45 years or over clinically without imaging if the person has typical symptoms.

Commissioners ensure that they commission services with clear policies and processes for diagnosing osteoarthritis clinically. Commissioners should also require providers to show that imaging is not being used inappropriately for diagnosing osteoarthritis in adults.

Adults aged 45 years or over who go to their GP with joint pain that is typical of osteoarthritis are usually diagnosed with osteoarthritis without the need for an X-ray or a scan. This is because the results of X-rays and scans do not explain symptoms or help when deciding about treatment, and will mean that people do not have unnecessary X-rays or scans.

Source guidance

Osteoarthritis in over 16s: diagnosis and management. NICE guideline NG226 (2022), recommendation 1.1.1

Definitions of terms used in this quality statement

Alternative diagnosis

If an alternative diagnosis is possible, it may be necessary to carry out imaging to confirm the diagnosis. Alternative diagnoses include gout, other inflammatory arthritides such as rheumatoid arthritis and septic arthritis, and cancer. A history of trauma, prolonged morning joint-related stiffness, rapid worsening of symptoms or deformity, or the presence of a hot swollen joint may indicate the need for further imaging to identify possible additional or alternative diagnoses. [Adapted from NICE's guideline on osteoarthritis in over 16s, recommendation 1.1.2, terms used in this guideline (atypical features); and expert opinion]

Quality statement 2: Assessment at diagnosis

This statement has been removed. For more details, see update information.

Quality statement 3: Information and support

Quality statement

Adults with osteoarthritis are given information about their condition and its management at diagnosis and follow-up appointments.

Rationale

Providing information and advice about osteoarthritis and its management supports adults to develop a greater understanding of the condition, its development over time and how to manage it. Tailored information on management, based on the person's symptoms and physical function, and taking into account any other long-term or ongoing conditions, can also support shared decision making and self-management strategies. Adults with osteoarthritis can also use advice on how to access additional sources of information after the consultation to provide ongoing support. Information can help them to actively participate in their care, and improve patient experience.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that adults with osteoarthritis are given information on their condition and its management at diagnosis and follow-up appointments.

Data source: Evidence can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service specifications.

Process

a) Proportion of adults newly diagnosed with osteoarthritis with a record of having received information about their condition and its management.

Numerator – the number in the denominator with a record of having received information about osteoarthritis and its management.

Denominator – the number of adults newly diagnosed with osteoarthritis.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

b) Proportion of adults with osteoarthritis with a record of having received information about their condition and its management at follow-up appointments.

Numerator – the number in the denominator with a record of having received information about osteoarthritis and its management.

Denominator – the number of adults with osteoarthritis who attended a follow-up appointment.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

Outcome

Adults with osteoarthritis are satisfied that they have the knowledge and confidence they need to self-manage their condition.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient surveys.

What the quality statement means for different audiences

Service providers (GPs and community healthcare providers) ensure that processes are in

place so that adults with osteoarthritis are given tailored information to support self-management strategies. This should comprise information and advice about the condition, how it changes over time, core treatments, where to access further information on topics such as managing symptoms and specific types of exercise, and how to access additional sources of information.

Healthcare professionals give adults with osteoarthritis tailored information and advice to support self-management strategies. This should cover the condition, how it changes over time and of core treatments, where to access further information on topics such as managing symptoms and specific types of exercise, and how to access additional sources of information.

Commissioners ensure that they commission services in which adults with osteoarthritis are given tailored information about their condition. They should ensure that services have local arrangements in place to provide support, including services provided by the voluntary sector.

Adults with osteoarthritis are given tailored information and advice about their condition and its management, and are told where they can find further information, for example, about specific exercises, and support. This helps them to manage their condition, including improving their symptoms and quality of life.

Source guidance

Osteoarthritis in over 16s: diagnosis and management. NICE guideline NG226 (2022), recommendations 1.2.1 to 1.2.3

Definitions of terms used in this quality statement

Information about osteoarthritis and its management

Explain that:

- management should be guided by symptoms and physical function
- the core treatments are therapeutic exercise and weight management (if appropriate), along with information and support.

Advice should include sources of further information on:

- osteoarthritis and how it develops (including flares and progression over time), and information that challenges common misconceptions about the condition
- specific types of exercise
- managing their symptoms
- how to access additional sources of information and support after consultations, such as peer-to-peer support and support groups
- benefits and limitations of treatment.

The information should be delivered in a way to:

- enable patients to actively participate in their care
- put shared decision making into practice
- take account of multimorbidity.

The information given, as defined above, should be tailored to individual needs and abilities. [Adapted from NICE's guideline on osteoarthritis in over 16s, recommendations 1.2.1 to 1.2.3]

Equality and diversity considerations

Healthcare professionals should take into account cultural and communication needs (including any learning disabilities) when providing information and support for adults with osteoarthritis. This should include providing printed information for people who cannot access information online and providing information in accessible large print and easy read formats where required. For adults with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations.

Not all people will want to self-manage osteoarthritis or be able to do so, and healthcare professionals should identify people who may need additional support.

Quality statement 4: Therapeutic exercise

Quality statement

Adults with osteoarthritis are advised to do tailored therapeutic exercise.

Rationale

Therapeutic exercise is a core treatment for osteoarthritis that will help manage and reduce symptoms and improve or maintain physical function. It is important that people are advised to undertake specific exercise that is relevant for their condition, and that it is tailored to their needs, for example, muscle strengthening that targets affected joints and general aerobic fitness. Healthcare professionals will need to make a judgement about the best way to support people to exercise, because this will vary for each person depending on their needs, circumstances and self-motivation, and may change over time.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that adults with osteoarthritis are advised to do tailored therapeutic exercise.

Data source: Evidence can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service specifications.

Process

a) Proportion of adults newly diagnosed with osteoarthritis who receive advice on tailored therapeutic exercise.

Numerator – the number in the denominator who receive advice on tailored therapeutic exercise.

Denominator – the number of adults newly diagnosed with osteoarthritis.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

b) Proportion of adults with osteoarthritis who receive advice to do tailored therapeutic exercise at their follow-up appointment.

Numerator – the number in the denominator who receive advice to do tailored therapeutic exercise.

Denominator – the number of adults with osteoarthritis attending a follow-up appointment.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

Outcome

a) Physical activity in adults with osteoarthritis.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

b) Patient satisfaction with advice on exercise.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient surveys.

What the quality statement means for different audiences

Service providers (GPs and community healthcare providers) ensure that processes are in place so that adults with osteoarthritis are advised to do therapeutic exercise tailored to their needs, such as local muscle strengthening and general aerobic fitness. Advice is

given at both diagnosis and follow-up appointments. Service providers may compile information about local exercise classes, groups and facilities, so that people can be given information about any that are suitable.

Healthcare professionals ensure that they advise adults with osteoarthritis at both diagnosis and follow-up appointments to do therapeutic exercise. This is tailored to the person's needs, and may involve local muscle strengthening and general aerobic fitness, and information on suitable local exercise classes, groups and facilities.

Commissioners ensure that they commission services in which adults with osteoarthritis are advised at both diagnosis and follow-up appointments to do therapeutic exercise which is tailored to their needs, such as local muscle strengthening and general aerobic fitness.

Adults with osteoarthritis are advised by their healthcare professional to exercise to strengthen the muscles that support their affected joints and help to improve their symptoms. The exercises are tailored to the person's needs and preferences, and may involve exercises to do at home or joining a local exercise class.

Source guidance

Osteoarthritis in over 16s: diagnosis and management. NICE guideline NG226 (2022), recommendations 1.2.2, 1.3.1 and 1.3.2

Definitions of terms used in this quality statement

Tailored therapeutic exercise

Exercise tailored to the needs of adults with osteoarthritis, such as local muscle strengthening and general aerobic fitness, to reduce their symptoms and improve or maintain physical functioning over the long term.

Therapeutic exercise should be offered to adults with newly diagnosed osteoarthritis and at follow-up appointments, along with information and support. [Adapted from NICE's guideline on osteoarthritis in over 16s, recommendation 1.3.1, rationale and impact section; and expert opinion]

Equality and diversity considerations

Healthcare professionals should take into account cultural and communication needs (including any learning disabilities) when providing information and support for adults with osteoarthritis. This should include providing printed information for people who cannot access information online and providing information in accessible large print and easy read formats where needed. For adults with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations.

All adults with osteoarthritis should be encouraged to exercise. If age, comorbidities, pain severity or disability are seen as a barrier, the person may need specific advice and support, such as offering supervised therapeutic exercise, to encourage participation, and should be advised that exercise may improve their symptoms.

Quality statement 5: Weight loss

Quality statement

Adults with osteoarthritis who are living with overweight or obesity are offered support to lose weight.

Rationale

Weight loss is a core treatment for osteoarthritis that will improve joint pain and function. Adults with osteoarthritis who are living with overweight or obesity should be offered support to help them to lose weight, which may include weight management programmes tailored to their individual needs. It is important that support and encouragement to lose weight are ongoing and reinforced at every opportunity. Ongoing weight management support may be needed to ensure that a lower weight is maintained.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that adults with osteoarthritis who are living with overweight or obesity are offered support to lose weight.

Data source: Evidence can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service specifications.

Process

Proportion of adults with osteoarthritis who are living with overweight or obesity who are offered support to lose weight.

Numerator – the number in the denominator who are offered support to lose weight.

Denominator – the number of adults with osteoarthritis who are living with overweight or obesity.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

Outcome

a) Weight loss in adults with osteoarthritis who are living with overweight or obesity.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

b) Patient satisfaction with support to lose weight.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient surveys.

What the quality statement means for different audiences

Service providers (GPs, community healthcare providers and hospitals) ensure that processes and referral pathways are in place so that adults with osteoarthritis who are living with overweight or obesity are offered support to lose weight.

Healthcare professionals ensure that they offer support to adults with osteoarthritis who are living with overweight or obesity to lose weight, such as referral to a weight management service.

Commissioners ensure that they commission services in which adults with osteoarthritis who are living with overweight or obesity are offered support to lose weight. Commissioners also ensure that there is sufficient capacity in weight management services to meet demand for adults with osteoarthritis.

Adults with osteoarthritis who are living with overweight or obesity are offered help to

lose weight, which can improve symptoms, such as pain, as well as general health and wellbeing.

Source guidance

Osteoarthritis in over 16s: diagnosis and management. NICE guideline NG226 (2022), recommendations 1.2.2 and 1.3.5

Definitions of terms used in this quality statement

Overweight or obesity

Body mass index (BMI) is used as a practical estimate to identify overweight and obesity. For information on thresholds for overweight or obesity, see NICE's guideline on obesity: identification, assessment and management. [NICE's guideline on obesity: identification, assessment and management, recommendations 1.2.4, 1.2.5, 1.2.7 to 1.2.10, 1.2.21 and 1.2.24]

Support to lose weight

Support to help someone with osteoarthritis to lose weight should focus on multicomponent interventions, and may also include pharmacological and surgical interventions. The level of support should be determined by the person's symptoms and needs, and be responsive to changes over time. Weight management programmes should be delivered by a trained professional. They should include behaviour change strategies to increase physical activity and encourage healthy eating. [Adapted from NICE's guideline on obesity: identification, assessment and management, recommendations 1.2.12, 1.2.13, 1.2.15, 1.2.16, 1.2.28, 1.2.29, 1.4.1, 1.4.4, 1.8.6, 1.8.8, 1.10.1 and 1.10.2]

Equality and diversity considerations

Healthcare professionals should take into account cultural and communication needs (including any learning disabilities) when providing information and support for adults with osteoarthritis. This should include providing printed information for people who cannot access information online and providing information in accessible large print and easy read formats where needed. For adults with additional needs related to a disability, impairment

or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations.

When referring adults with osteoarthritis to a weight management service, any potential difficulties in accessing services, which may include distance, disability and financial obstacles, should be taken into account.

Quality statement 6: Follow-up

Quality statement

Adults with osteoarthritis discuss and agree their follow-up with their primary healthcare team.

Rationale

Most adults with osteoarthritis are able to self-manage their condition using information and guidance on management strategies. If these strategies are not improving symptoms, or if osteoarthritis was raised as a concern during an appointment for another health condition, then it is important they are able to initiate a follow-up appointment with their healthcare professional. Some adults with osteoarthritis may however need planned follow-up, to reflect individual needs and preferences, such as the need to monitor aspects of care or the ability to seek help for themselves. It is important that adults with osteoarthritis are advised to seek follow-up if they are having difficulties with the agreed management approach or if it is not working within an agreed follow-up time.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that adults with osteoarthritis discuss and agree their follow-up with their primary healthcare team.

Data source: Evidence can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service specifications and service protocols.

Process

Proportion of adults with osteoarthritis with a documented discussion to agree their follow-up.

Numerator – the number in the denominator with a documented discussion to agree their follow-up.

Denominator – the number of adults with osteoarthritis.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

Outcome

Levels of satisfaction with their current follow-up arrangements among adults with osteoarthritis.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient surveys.

What the quality statement means for different audiences

Service providers (general practices, primary and community healthcare providers) ensure that processes are in place for adults with osteoarthritis to discuss and agree follow-up arrangements with their healthcare professional, based on their individual needs.

Healthcare professionals discuss and agree follow-up arrangements with adults with osteoarthritis, based on their individual needs.

Commissioners ensure that they commission services in which processes are in place for adults with osteoarthritis to discuss and agree follow-up, based on their individual needs.

Adults with osteoarthritis discuss and agree (usually with their GP or practice nurse) follow-up arrangements, based on their needs and preferences. Most people will only have a follow-up appointment when they ask for one, although some people may need a

planned appointment.

Source guidance

Osteoarthritis in over 16s: diagnosis and management. NICE guideline NG226 (2022), recommendations 1.5.1 to 1.5.3

Follow-up

The 2 forms of follow-up offered to adults with osteoarthritis are patient-initiated follow-up and planned follow-up. The approach should be jointly discussed and agreed between the adult with osteoarthritis and their primary healthcare team.

Most adults with osteoarthritis, if self-management strategies are effective in improving their symptoms, have patient-initiated follow-up.

Some adults have planned follow-up, when their individual needs and preferences suggest that this is necessary, taking into account:

- treatments or interventions that need monitoring
- their ability to seek help for themselves
- their occupation and activities
- the severity of their symptoms or functional limitations.

Adults with osteoarthritis are to be advised to seek follow-up if planned management is not working within an agreed follow-up time or they are having difficulties with the agreed approaches. [Adapted from NICE's guideline on osteoarthritis in over 16s, recommendations 1.5.1 to 1.5.3]

Equality and diversity considerations

Healthcare professionals should take into account cultural and communication needs (including any learning disabilities) when arranging follow-up appointments for adults with osteoarthritis.

Quality statement 7: Core treatments before referral for consideration of joint surgery

Quality statement

Adults with osteoarthritis are supported with non-surgical core treatments for at least 3 months before any referral for consideration of joint surgery.

Rationale

Core treatments for adults with osteoarthritis are verbal and written information to support a better understanding of the condition, tailored therapeutic exercise and weight management for people who are also living with overweight or obesity. Core treatments support the person to self-manage their condition and help to relieve symptoms. It is therefore important that these treatments are tried before a surgical solution is explored. Ensuring that core treatments are tried first will help to reduce unnecessary referrals. People who do go on to have surgery are likely to have improved outcomes if core treatments are undertaken pre-operatively.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that adults with osteoarthritis are supported with non-surgical core treatments for at least 3 months before any referral for consideration of joint surgery.

Data source: Evidence can be collected from information recorded locally by healthcare

professionals and provider organisations, for example, from service specifications.

Process

Proportion of adults with osteoarthritis referred for consideration of joint surgery who were supported with non-surgical core treatments for at least 3 months.

Numerator – the number in the denominator who were supported with non-surgical core treatments for at least 3 months.

Denominator – the number of adults with osteoarthritis referred for consideration of joint surgery.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

What the quality statement means for different audiences

Service providers (GPs, community healthcare providers and hospitals) ensure that policies and processes are in place so that adults with osteoarthritis are not referred for consideration of joint surgery until they have been supported with non-surgical core treatments for at least 3 months.

Healthcare professionals ensure that they do not refer adults with osteoarthritis for consideration of joint surgery until the person has been supported with non-surgical core treatments for at least 3 months.

Commissioners ensure that they commission services in which adults with osteoarthritis are not referred for consideration of joint surgery until they have been supported with non-surgical core treatments for at least 3 months. Commissioners should consider audits of people referred for consideration of joint surgery to ensure that the patient record shows that they were supported with core treatments for at least 3 months before referral.

Adults with osteoarthritis are given information, and are advised and supported to exercise and (if appropriate) lose weight to help with joint pain and stiffness, for at least 3 months before any referral for possible joint surgery.

Source guidance

Osteoarthritis in over 16s: diagnosis and management. NICE guideline NG226 (2022), recommendations 1.2.2 and 1.6.1, and expert opinion

Definitions of terms used in this quality statement

Core treatments

Core treatments for osteoarthritis include:

- explanation and ongoing advice and information about the condition and its management
- therapeutic exercise, tailored to the adult's individual needs, for example, local muscle strengthening and general aerobic fitness
- weight management (if appropriate).

[Adapted from NICE's guideline on osteoarthritis in over 16s, recommendations 1.2.2, 1.2.3, 1.3.1 and 1.3.2]

Support with non-surgical core treatments

Healthcare professionals will need to make a judgement about the best way to encourage people to participate in exercise, because this will vary for each person depending on their needs, circumstances and self-motivation, and may change over time. Support to increase physical activity and encourage participation in tailored therapeutic exercise will include advice and information, and may include information about local services such as physiotherapy or exercise classes, groups and facilities.

Support to help someone with osteoarthritis to lose weight should focus on multicomponent interventions, and may also include pharmacological and surgical interventions. The level of support should be determined by the person's symptoms and needs, and be responsive to changes over time. Weight management programmes should be delivered by a trained professional. They should include behaviour change strategies to increase physical activity and encourage healthy eating. [Adapted from NICE's guideline on osteoarthritis in over 16s, recommendations 1.2.2, 1.2.3, 1.3.1 to 1.3.3 and 1.3.5; NICE's

guideline on obesity: identification, assessment and management, recommendations 1.2.15, 1.2.16, 1.2.28, 1.2.29, 1.4.1, 1.4.4, 1.8.8, 1.10.1, 1.10.2; and expert opinion]

Equality and diversity considerations

Healthcare professionals should take into account cultural and communication needs (including any learning disabilities) when providing information and support for adults with osteoarthritis. This should include providing printed information for people who cannot access information online and providing information in accessible large print and easy read formats where needed.

All adults with osteoarthritis should be encouraged to exercise. If age, comorbidities, pain severity or disability are seen as a barrier, the person may need specific advice and support (such as supervised therapeutic exercise) to encourage participation, and should be advised that exercise may improve their symptoms.

When referring adults with osteoarthritis to a weight management service, any potential difficulties in accessing services, which may include distance, disability and financial obstacles, should be taken into account.

Quality statement 8: Referral for consideration of joint surgery

Quality statement

Healthcare professionals do not use scoring tools to identify which adults with osteoarthritis are eligible for referral for consideration of joint surgery.

Rationale

Evidence for the Oxford Hip and Knee scores, Knee injury and Osteoarthritis Outcome Score (KOOS), and Hip disability and Osteoarthritis Outcome Score (HOOS) showed that these numerical scales alone were unlikely to determine whether someone should have surgery, and are not recommended for making decisions on eligibility for joint surgery. The adult with osteoarthritis should be given support and advice by their healthcare professional to reach a shared decision on whether surgery is likely to be beneficial, based on the severity of their symptoms, their general health, their expectations of lifestyle and activity, and the effectiveness of any non-surgical treatments. Ensuring that inappropriate scoring tools are not used will improve equality of access to surgery.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that healthcare professionals do not use scoring tools to identify which adults with osteoarthritis are eligible for referral for consideration of joint surgery.

Data source: Evidence can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service specifications and

local commissioning agreements for joint replacement surgery.

Process

Proportion of adults with osteoarthritis referred for consideration of joint surgery whose referral is based on a scoring tool.

Numerator – the number in the denominator for whom the referral decision is based on a scoring tool.

Denominator – the number of adults with osteoarthritis referred for consideration of joint surgery.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records or referral records.

Outcome

Patient-reported health outcomes for adults with osteoarthritis.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, using a questionnaire or patient-reported outcome measure.

What the quality statement means for different audiences

Service providers (GPs, community healthcare providers and hospitals) ensure that scoring tools are not used to identify which adults with osteoarthritis are eligible for referral for consideration of joint surgery. Decisions on referral thresholds should instead be based on discussions between patient representatives, referring clinicians and surgeons.

Healthcare professionals ensure that they do not use scoring tools to identify which adults with osteoarthritis are eligible for referral for consideration of joint surgery.

Commissioners ensure that they commission services that do not use scoring tools to identify which adults with osteoarthritis are eligible for referral for consideration of joint surgery. Commissioners should not restrict referral pathways on the basis of arbitrary referral thresholds, but should ensure that thresholds are agreed with patient representatives, referring clinicians and surgeons.

Adults with osteoarthritis who are considering joint surgery discuss this with their healthcare professional to decide if it is right for them, and are not denied a referral because they have not met particular requirements.

Source guidance

Osteoarthritis in over 16s: diagnosis and management. NICE guideline NG226 (2022), recommendations 1.6.2 and 1.6.3

Definitions of terms used in this quality statement

Scoring tools

The use of orthopaedic scores and questionnaire-based assessments to identify people who are eligible for referral for consideration of joint surgery has become widespread. These usually assess pain, functional impairment and sometimes radiographic damage. Evidence for the Oxford Hip and Knee scores, Knee injury and Osteoarthritis Outcome Score (KOOS), and Hip disability and Osteoarthritis Outcome Score (HOOS) showed that these numerical scales alone were unlikely to determine whether someone should have surgery, so they were not recommended for use. [Adapted from NICE's guideline on osteoarthritis in over 16s, rationale and impact section]

Equality and diversity considerations

Age, sex or gender, overweight, obesity, smoking, disability (including learning disabilities) and comorbidities should not be barriers to referral for consideration of joint surgery [NICE's guideline on osteoarthritis in over 16s, recommendation 1.6.3].

Update information

October 2022: Changes have been made to align this quality standard with the updated NICE guideline on osteoarthritis in over 16s, as follows:

- The title of the quality standard was changed to reflect that the updated NICE guideline on osteoarthritis covers people over 16.
- Statement 2 was removed because it was no longer supported by the updated guideline.
- Statement 3 was amended to reflect the updated guideline's focus on information and support rather than developing and reviewing a self-management plan.
- Statement 6 was amended to reflect the updated guideline's holistic, symptom-led approach to follow-up and patient-initiated follow-up.
- Definitions, links to source guidance, terminology and data sources, have been updated throughout.

Definitions in statements 5 and 7 were also updated to reflect updated recommendations in NICE's guideline on obesity: identification, assessment and management.

The previous version of the quality standard for osteoarthritis in over 16s is available as a pdf.

Minor changes since publication

July 2023: Changes have been made to align this quality standard with the updated NICE guideline on obesity: identification, assessment and management. Source guidance references have been updated for the definitions in statements 5 and 7.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource

impact work for the source guidance. Organisations are encouraged to use the resource impact products for NICE's guideline on osteoarthritis in over 16s to help estimate local costs.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- British Association of Prosthetists and Orthotists
- Chartered Society of Physiotherapy
- Primary Care Rheumatology & Musculoskeletal Medicine Society
- Royal College of General Practitioners (RCGP)
- Royal College of Radiologists