



# Resource impact summary report

Resource impact

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The guideline covers the diagnosis, assessment and non-surgical management of osteoarthritis. It aims to improve management of osteoarthritis and the quality of life for people with osteoarthritis.

The number of people who have osteoarthritis is estimated to be around 13,000 per 100,000 population ([State of Musculoskeletal Health, Versus Arthritis, 2021](#)).

Most of the recommendations in the guideline reinforce best practice and do not need any additional resources to implement. Where a change is required to current practice, this may require additional resources to implement, which may be significant at a local level. Benefits derived from the change in practice may help mitigate any additional costs. When putting the guideline recommendations into practice it is important to follow the principles in [NICE's guideline on shared decision making](#).

Due to a lack of robust data on current practice and the variation across organisations and services, the size of the resource impact will need to be determined at a local level.

The recommendation which may have a significant resource impact is as follows:

**Recommendation 1.3.1 – offer tailored therapeutic exercise to all people with osteoarthritis (for example, local muscle strengthening, general aerobic fitness).**

Depending on current local practice, recommendation 1.3.1 may require additional resources and result in additional costs. The previous guideline recommended that people with osteoarthritis were advised to exercise as a core treatment. It is not expected that there will be an additional cost for providing unsupervised therapeutic exercise. However, there are anticipated to be additional costs to provide supervised therapeutic exercise for people with osteoarthritis, where this is not currently provided.

Local organisations can adjust the costs in the [local resource impact template](#) that accompanies this report.

Implementing the guideline may lead to the following benefits:

- regular and consistent exercise over a long period of time can reduce pain and increase functioning and quality of life. The evidence looked at during the development of this guideline, showed that exercise benefits people with osteoarthritis more than other interventions.
- a small decrease in the amount of plain film x-rays that are requested from primary care, to support a diagnosis of osteoarthritis. This is as a result of recommendation 1.1.2 to not routinely use imaging to diagnose osteoarthritis. Clinical experts believe other forms of imaging are rarely used for their diagnosis of osteoarthritis and therefore the usage level is unlikely to change.
- a small decrease in the amount of plain film x-rays that are requested. This is as a result of recommendation 1.5.4 to not routinely use imaging for follow-up or to guide non-surgical management of osteoarthritis. Clinical experts believe that other forms of imaging are rarely used to follow-up nonsurgical management of osteoarthritis and the usage level is unlikely to change. Clinicians should emphasis the adequacy of clinical diagnosis without imaging.

All of these benefits may provide savings to offset some of the potential costs identified above.

Recommendation 1.4.7 to not offer opioids to people with osteoarthritis supports [NICE's guideline on medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults](#). Potential savings associated with not routinely offering opioids to people with osteoarthritis can be accounted for in the [resource impact tools](#) that support that guideline.

Services for people with osteoarthritis are commissioned by integrated care systems. Providers are NHS hospital trusts, community providers and primary care providers. Tailored therapeutic exercise may be provided by the NHS or by third sector providers who also provide therapeutic exercise programmes.