Osteoarthritis

NICE quality standard

Draft for consultation

November 2014

Introduction

This quality standard covers the assessment and management of osteoarthritis in adults aged 18 years and over. It does not cover the replacement of hip, knee or shoulder joints in adults with osteoarthritis, because this will be included in a future NICE guideline and quality standard. For more information see the topic overview.

Why this quality standard is needed

Osteoarthritis is the most common form of arthritis, and one of the leading causes of pain and disability worldwide. Pain, reduced function and effects on a person's ability to carry out their day-to-day activities can be important consequences of osteoarthritis. Pain is associated with changes in mood, sleep and coping abilities.

The number of people with osteoarthritis in England has been estimated at around 7.3 million, with a higher prevalence in women than in men. The prevalence of osteoarthritis increases with age, although contrary to popular belief it is not caused by ageing. There are complex genetic, environmental and lifestyle risk factors for osteoarthritis. The number of people in England with osteoarthritis is likely to increase because of an ageing population and rising levels of obesity.

Osteoarthritis has a significant negative impact on the UK economy because of the large number of people with the condition, the impact on their quality of life and ability to work, and the need for health, social care and welfare benefits.

Current treatments for osteoarthritis are concerned with managing symptoms such as pain, because there is no medication that has been proven to prevent the disease or modify its course. Recommended core treatments for osteoarthritis are physical

activity and exercise, weight loss if the person is overweight or obese, and provision of verbal and written patient information to enhance understanding of the condition. Medication is also used to help manage pain. Most hip and knee replacements are as a result of osteoarthritis.

Osteoarthritis is usually managed in primary care, but often it is not managed in the same way as other chronic conditions, with patients presenting to their GP as and when they need to rather than having regular reviews. There is often a lack of adequate symptom control among people with osteoarthritis. In addition, the Royal College of Surgeons' report Is access to surgery a postcode lottery? has highlighted wide variation in current practice in referral for hip replacement for people with osteoarthritis across clinical commissioning groups.

This quality standard focuses on improving the overall care of adults with osteoarthritis and the management of their condition, in order to improve symptom control, promote self-management and improve consistency of referral for joint surgery.

The quality standard is expected to contribute to improvements in the following outcomes:

- quality of life for people with long-term conditions
- prevalence of disability
- management of chronic pain
- self-management of long-term conditions
- patient experience of primary care.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- The Adult Social Care Outcomes Framework 2014/15 (Department of Health, November 2013)
- NHS Outcomes Framework 2014/15 (Department of Health, November 2013)
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, Parts 1A, 1B and 2 (Department of Health, November 2013).

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 The Adult Social Care Outcomes Framework 2014/15

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	***Overarching measure*** 1A Social care-related quality of life (NHSOF 2**) ***Outcome measure*** **People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation** 1I Proportion of people who use services and their carers, who reported that they had as much social contact as they would like (PHOF 1.18*)
2 Delaying and reducing the need for care and support	***Overarching measure*** 2A Permanent admissions to residential and nursing care homes, per 100,000 population ***Outcome measures*** **Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs** **Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services**
Aligning across the health and care system * Indicator shared with Public Health Outcomes Framework (PHOF) ** Indicator complementary with NHS Outcomes Framework (NHSOF)	

Table 2 NHS Outcomes Framework 2014/15

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	***Overarching indicator*** 2 Health-related quality of life for people with long-term conditions (ASCOF 1A**) ***Improvement areas*** **Ensuring people feel supported to manage their condition** 2.1 Proportion of people feeling supported to manage their condition **Improving functional ability in people with long-term conditions** 2.2 Employment of people with long-term conditions (ASCOF 1E**, PHOF 1.8*)
4 Ensuring that people have a positive experience of care	***Overarching indicator*** 4a Patient experience of primary care i GP services
Alignment across the health and social care system * Indicator shared with Public Health Outcomes Framework (PHOF) ** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)	

Table 3 Public health outcomes framework for England, 2013–2016

Domain	Objectives and indicators
Vision: To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest	***Outcome measure*** Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life
1 Improving the wider determinants of health	***Objective*** Improvements against wider factors which affect health and wellbeing and health inequalities ***Indicators*** 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services (NHSOF 2.2*, ASCOF 1E**) 1.9 Sickness absence rate 1.18 Social isolation (ASCOF 1I**)
2 Health improvement	***Objective*** People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities ***Indicators*** 2.12 Excess weight in adults 2.13 Proportion of physically active and inactive adults
4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities ***Indicators*** 4.13 Health-related quality of life for older people
Alignment across the health and social care system * Indicator shared with NHS Outcomes Framework (NHSOF) ** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)	

Patient experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to osteoarthritis.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on patient experience in adult NHS services), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of

information to patients. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development source for quality standards that impact on patient experience and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for osteoarthritis specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole osteoarthritis care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to adults with osteoarthritis.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality osteoarthritis service are listed in Related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating adults with osteoarthritis should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training will be considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting adults with osteoarthritis. If appropriate, adults and healthcare professionals should

ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

Statement 1. Adults aged 45 years or over with activity-related joint pain and either no morning joint stiffness or morning joint stiffness that lasts no longer than 30 minutes are diagnosed with osteoarthritis clinically without investigations.

Statement 2. Adults have a holistic assessment when diagnosed with osteoarthritis.

Statement 3. Adults with osteoarthritis have an agreed self-management plan that identifies which services will support them.

Statement 4. Adults with osteoarthritis are advised to exercise, and if they are overweight or obese are offered support to lose weight.

Statement 5. Adults with symptomatic osteoarthritis have an agreed date for a holistic review.

Statement 6. Adults with osteoarthritis whose symptoms have a substantial impact on their quality of life and have not responded to treatment discuss referral for joint surgery with their GP.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 For each quality statement what do you think could be done to support improvement and help overcome barriers?

Questions about the individual quality statements

Question 4 For draft quality statement 5: Do you agree there should be an annual review for adults with osteoarthritis that meet the specific criteria?

Quality statement 1: Diagnosis

Quality statement

Adults aged 45 years or over with activity-related joint pain and either no morning joint stiffness or morning joint stiffness that lasts no longer than 30 minutes are diagnosed with osteoarthritis clinically without investigations.

Rationale

There is often a poor link between changes visible on an X-ray or MRI scan and the symptoms of osteoarthritis: minimal changes can be associated with a lot of pain, or modest structural changes to joints can occur with minimal accompanying symptoms. It is therefore recommended that a clinical diagnosis of osteoarthritis is made for adults aged 45 years or over with typical symptoms without the need for further investigations using imaging procedures. This will reduce both the potential harm resulting from exposure to radiation from X-rays and costs of unnecessary imaging procedures.

Quality measures

Structure

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

Data source: Local data collection.

Process

Proportion of adults aged 45 years or over presenting with activity-related joint pain and either no morning joint stiffness or morning joint stiffness that lasts no longer than 30 minutes who are diagnosed with osteoarthritis clinically without investigations.

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

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

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as GPs and NHS trusts) ensure that they have clear policies and processes for diagnosing osteoarthritis clinically without investigations in adults aged 45 years or over who have activity-related joint pain and either no morning joint stiffness or morning joint stiffness that lasts no longer than 30 minutes. 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 adults aged 45 years or over presenting with activity-related joint pain and either no morning joint stiffness or morning joint stiffness that lasts no longer than 30 minutes with osteoarthritis clinically without investigations.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services in which osteoarthritis is diagnosed clinically without investigations in adults aged 45 years or over presenting with activity-related joint pain and either no morning joint stiffness or morning joint stiffness that lasts no longer than 30 minutes. Commissioners should also require providers to demonstrate that imaging is not being used inappropriately for diagnosing osteoarthritis in adults.

What the quality statement means for patients, service users and carers

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. X-rays are not useful for diagnosing osteoarthritis or deciding on treatment.

Source guidance

- Osteoarthritis (2014) NICE guideline CG177, recommendation 1.1.1 (key priority for implementation)

Definitions of terms used in this quality statement

Diagnosed clinically without investigations

Adults aged 45 years or over with relevant symptoms have osteoarthritis diagnosed clinically without the need for an X-ray or other imaging investigations. [Adapted from Osteoarthritis (NICE guideline CG177) recommendation 1.1.1]

However, if an alternative diagnosis is possible, it may be necessary to carry out imaging to confirm the diagnosis. [Expert opinion]

Quality statement 2: Holistic assessment

Quality statement

Adults have a holistic assessment when diagnosed with osteoarthritis.

Rationale

Adults with osteoarthritis may experience a number of challenges as a consequence of their symptoms that may affect their ability to carry out their daily activities, work and enjoy a reasonable quality of life. It is therefore important that a holistic assessment of the person's medical, social and psychological needs is carried out at diagnosis to support a tailored approach to management options relevant to individual goals.

Quality measures

Structure

Evidence of local arrangements to ensure that adults have a holistic assessment when diagnosed with osteoarthritis.

Data source: Local data collection.

Process

Proportion of adults with osteoarthritis who had a holistic assessment at diagnosis.

Numerator – the number in the denominator who had a holistic assessment at diagnosis.

Denominator – the number of adults newly diagnosed with osteoarthritis.

Data source: Local data collection.

Outcome

Patient satisfaction with assessment and review of their osteoarthritis.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as, GPs, community healthcare providers and hospitals) ensure that systems and resources are in place for adults to have a holistic assessment when diagnosed with osteoarthritis.

Healthcare professionals carry out a holistic assessment for adults when diagnosing osteoarthritis.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services that carry out holistic assessments when adults are diagnosed with osteoarthritis.

What the quality statement means for patients, service users and carers

Adults have an assessment in which they are asked questions about their symptoms including pain and movement, how they are coping on a day-to-day basis, and how their work, social life, relationships, mood, sleep and any other aspects of their life are being affected when they are diagnosed with osteoarthritis.

Source guidance

- Osteoarthritis (2014) NICE guideline CG177, recommendation 1.2.1.

Definitions of terms used in this quality statement

Holistic assessment

A holistic assessment of osteoarthritis includes:

- the effect on a person's function, quality of life, occupation, mood, sleep, relationships and leisure activities
- a pain assessment
- the impact of comorbidities
- identifying the person's knowledge about osteoarthritis and its treatment, and their expectations

- the person's priorities for ongoing participation in activities, which can then be used to set goals in their osteoarthritis self-management plan.

The assessment should be adapted to meet the person's individual needs. [Adapted from Osteoarthritis (NICE guideline CG177) recommendation 1.2.1]

Equality and diversity considerations

Healthcare professionals should take into account cultural and communication needs when carrying out a holistic assessment for an adult with osteoarthritis.

Quality statement 3: Self-management plan

Quality statement

Adults with osteoarthritis have an agreed self-management plan that identifies which services will support them.

Rationale

Providing a framework that encourages and supports self-management is an important part of helping adults with osteoarthritis. Self-management principles empower the person by enhancing their understanding and knowledge of the condition and its management and by enabling them to identify their own priorities and goals for the treatment of their osteoarthritis. They can then use this knowledge and their skills to access appropriate resources and build on their own experiences of managing their osteoarthritis. Self-management can improve patient experience and health outcomes, as well as improving adherence to treatment.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with osteoarthritis have an agreed self-management plan that identifies which services will support them.

Data source: Local data collection.

Process

a) Proportion of adults with osteoarthritis with a record of receiving verbal advice and written information about osteoarthritis and its management.

Numerator – the number in the denominator with a record of receiving verbal advice and written information about osteoarthritis and its management.

Denominator – the number of adults with osteoarthritis.

Data source: Local data collection.

b) Proportion of adults with osteoarthritis with a record of self-identifying goals for the management of their osteoarthritis.

Numerator – the number in the denominator with a record of self-identifying goals for the management of their osteoarthritis.

Denominator – the number of adults with osteoarthritis.

Data source: Local data collection.

c) Proportion of adults with osteoarthritis who have an agreed self-management plan that identifies which services will support them.

Numerator – the number in the denominator who have an agreed self-management plan that identifies which services will support them.

Denominator – the number of adults with osteoarthritis.

Data source: Local data collection. Data on self-management plans are included in the 'care.data' extract for the Health and Social Care Information Centre (not specific to people with osteoarthritis).

Outcome

Adults with osteoarthritis are able to self-manage their condition.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (GPs and community healthcare providers) ensure that processes are in place so that adults with osteoarthritis have an agreed self-management plan that identifies which services will support them. Service providers should also agree local referral pathways that may include support provided by third sector organisations.

Healthcare professionals work with adults with osteoarthritis to agree a self-management plan, provide support and advice and identify which services will help them to manage their condition.

Commissioners (such as clinical commissioning groups [CCGs] and NHS England) ensure that they commission services which ensure adults with osteoarthritis have an agreed self-management plan that identifies which services will support them, and have local arrangements in place to ensure that support is provided. CCGs should request monitoring data and consider an audit of community healthcare providers to check that self-management plans are in place for adults with osteoarthritis.

What the quality statement means for patients, service users and carers

Adults with osteoarthritis have a plan that is agreed with their healthcare professional covering what they can do to help to manage their condition, including improving their symptoms and quality of life. The plan should identify the services that will help and support them to do this.

Source guidance

- Osteoarthritis (2014) NICE guideline CG177, recommendations 1.2.5, 1.3.1, 1.3.2 (key priorities for implementation), 1.2.2, 1.3.3.

Definitions of terms used in this quality statement

Self-management plan

A self-management plan is jointly developed with the person with osteoarthritis and may include:

- verbal and written information and advice about the condition and its treatment
- advice and support to increase physical activity and exercise, including pacing strategies, that may include signposting to local resources such as exercise classes.
- advice and support for people who are overweight or obese to lose weight that may include referral to local resources such as weight-loss and exercise programmes.
- using suitable footwear and assistive devices, such as walking sticks
- pain management

- medicines management advice and support
- any specific self-management programmes needed on an individual or group basis
- agreed individual goals for the management of osteoarthritis.

[Adapted from Osteoarthritis (NICE guideline CG177) recommendations 1.2.5. 1.3.1, 1.3.2, 1.4.1 (key priorities for implementation), 1.2.2, 1.3.3, 1.4.3, 1.4.7, 1.4.8, 1.4.9, section 1.5 and expert opinion]

Equality and diversity considerations

Healthcare professionals should take into account cultural and communication needs when providing information and support for adults with osteoarthritis.

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

Quality statement 4: Exercise and weight loss

Quality statement

Adults with osteoarthritis are advised to exercise, and if they are overweight or obese are offered support to lose weight.

Rationale

Exercise and weight loss are core treatments for osteoarthritis that will improve joint pain and function and should be offered for a minimum of 3 months. Adults with osteoarthritis who are overweight or obese should be offered support to help them to lose weight, which may include weight-loss programmes tailored to their individual needs. The best way to encourage participation in exercise and weight loss programmes will vary for each person depending on their needs, circumstances and self-motivation, and may change over time. It is important that support and encouragement to exercise and lose weight is ongoing and reinforced at every opportunity.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with osteoarthritis are encouraged to exercise, and if they are overweight or obese are offered support to lose weight.

Data source: Local data collection.

Process

a) Proportion of adults with osteoarthritis who receive advice on exercise.

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

Denominator – the number of adults with osteoarthritis.

Data source: Local data collection. Data on exercise advice is included in the 'care.data' extract for the Health and Social Care Information Centre (not specific to people with osteoarthritis).

b) Proportion of adults with osteoarthritis who are overweight or obese 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 overweight or obese.

Data source: Local data collection. Data on BMI values and dietary advice is included in the 'care.data' extract for the Health and Social Care Information Centre (not specific to people with osteoarthritis).

Outcome

a) Physical activity among adults with osteoarthritis.

Data source: Local data collection.

b) Weight loss among adults with osteoarthritis who are overweight or obese.

Data source: Local data collection. Data on BMI values is included in the 'care.data' extract for the Health and Social Care Information Centre (not specific to people with osteoarthritis).

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (GPs and community healthcare providers) ensure that processes and referral pathways are in place so that all adults with osteoarthritis are advised to exercise, and those who are overweight or obese are offered support to lose weight.

Healthcare professionals ensure that they advise all adults with osteoarthritis to exercise, and offer support to those who are overweight or obese to lose weight (such as referral to a weight-loss service).

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services in which all adults with osteoarthritis are advised to exercise and those who are overweight or obese are offered support to lose weight.

Clinical commissioning groups ensure that there is sufficient capacity in weight-loss services to meet demand for people with osteoarthritis.

What the quality statement means for patients, service users and carers

Adults with osteoarthritis are encouraged to exercise and given advice about how this can improve their symptoms. If they are overweight or obese they are offered help to lose weight, because being overweight can make joint pain worse.

Source guidance

- Osteoarthritis (2014) NICE guideline CG177, recommendations 1.2.5, 1.4.1 (key priorities for implementation) and 1.4.3.

Definitions of terms used in this quality statement

Exercise

Exercise for adults with osteoarthritis should include local muscle strengthening as well as general aerobic fitness. [Adapted from Osteoarthritis (NICE guideline CG177) recommendation 1.4.1 (key priority for implementation)]

Overweight or obese

An adult with a BMI of 25–29.9 kg/m^2 is overweight and an adult with a BMI of 30 or more is obese. Waist circumference may be used in addition to BMI to identify health risk in people with a BMI below 35 kg/m^2. BMI may be a less accurate measure of adiposity in adults who are highly muscular, so BMI should be interpreted with caution in this group. [Adapted from Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (NICE guideline CG43) recommendations 1.2.2.3, 1.2.2.7 and 1.2.2.8]

Support to lose weight

The level of support offered to help someone lose weight should be determined by the person's needs, and be responsive to changes over time. It will include advice and may also include referral to an appropriate weight management programme if agreed with the person with osteoarthritis. Weight management programmes for people who are actively trying to lose weight should be delivered by an appropriately

trained professional and include behaviour change strategies to increase the person's physical activity levels or decrease inactivity, improve eating behaviour and the quality of the person's diet, and reduce energy intake. Other pharmacological and surgical treatment options should only be considered after dietary, exercise and behavioural approaches have been tried and evaluated. [Adapted from Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (NICE guideline CG43) recommendations 1.2.4.1, 1.2.4.4, 1.2.4.15, and 1.2.5.1]

Please note: the content and definitions of the final version of the quality statement will be amended in line with the updated NICE CG43.

Equality and diversity considerations

Healthcare professionals should take into account cultural and communication needs when providing information and support for adults with osteoarthritis.

All adults with osteoarthritis should be encouraged to exercise, irrespective of age, comorbidities, pain severity or disability.

Quality statement 5: Review

Quality statement

Adults with symptomatic osteoarthritis have an agreed date for a holistic review.

Rationale

Adults who experience symptoms of osteoarthritis should be offered a regular review to assess the progress of the condition and its impact on the person's quality of life, provide support for self-management, and review treatment, including prescribed and over-the-counter medication. It is important to address high levels of medication and polypharmacy. Core treatments should be emphasised, and are likely to benefit people with comorbidities in improving both their osteoarthritis and other conditions. Annual reviews should be considered for adults with osteoarthritis who have troublesome joint pain, more than 1 joint with symptoms or comorbidities, or are taking regular medication for their osteoarthritis.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with symptomatic osteoarthritis have an agreed date for a holistic review.

Data source: Local data collection.

Process

a) Proportion of adults with symptomatic osteoarthritis who have an agreed date for a holistic review.

Numerator – the number in the denominator who have an agreed date for a holistic review.

Denominator – the number of adults with symptomatic osteoarthritis.

Data source: Local data collection.

b) Proportion of adults with osteoarthritis who have troublesome joint pain or more than 1 joint with symptoms or comorbidities or who are taking regular medication for their osteoarthritis who have an agreed date for a holistic annual review.

Numerator – the number in the denominator who have an agreed date for a holistic annual review.

Denominator – the number of adults with osteoarthritis who have troublesome joint pain or more than 1 joint with symptoms or comorbidities or who are taking regular medication for their osteoarthritis.

Data source: Local data collection.

Outcome

Adults with osteoarthritis are able to self-manage their condition.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (GPs and community healthcare providers) ensure that processes are in place for adults with osteoarthritis to have an agreed date for a holistic review, with an annual review considered for those with troublesome joint pain or more than 1 joint with symptoms or comorbidities, or who are taking regular medication for their osteoarthritis.

Healthcare professionals offer a date for a holistic review to adults with symptomatic osteoarthritis, with an annual review considered if they have troublesome joint pain or more than 1 joint with symptoms or comorbidities or are taking regular medication for their osteoarthritis.

Commissioners (clinical commissioning groups and NHS England) ensure that they commission services in which adults with symptomatic osteoarthritis have a date for a holistic review, with an annual review considered if they have troublesome joint pain or more than 1 joint with symptoms or comorbidities or are taking regular medication for their osteoarthritis.

What the quality statement means for patients, service users and carers

Adults with osteoarthritis that causes symptoms such as pain or stiffness are offered an appointment (usually with their GP) to review their condition. If their joint pain is causing problems, more than 1 joint is affected, they have other health problems or they are taking regular medication for their osteoarthritis they should be offered an appointment annually.

Source guidance

- Osteoarthritis (2014) NICE guideline CG177, recommendations 1.7.1 and 1.7.2 (key priorities for implementation)

Definitions of terms used in this quality statement

Symptomatic osteoarthritis

Osteoarthritis diagnosed on the basis of symptoms such as pain or stiffness which may or may not correspond with structural changes in the appearance of joints observed by imaging. [Adapted from NICE clinical guideline 177 recommendation 1.1.1]

Holistic review

A holistic review for adults with osteoarthritis should include:

- monitoring the person's symptoms and the ongoing impact of the condition on their everyday activities and quality of life
- monitoring the long-term course of the condition
- discussing the person's knowledge of the condition, any concerns they have, their personal preferences and their ability to access services
- reviewing the effectiveness and tolerability of all treatments
- support for self-management.

[Adapted from Osteoarthritis (NICE guideline CG177) recommendation 1.7.1 (key priority for implementation)]

Equality and diversity considerations

Healthcare professionals should take into account cultural and communication needs when carrying out reviews for adults with osteoarthritis.

Question for consultation

Do you agree there should be an annual review for adults with osteoarthritis that meet the specific criteria?

Quality statement 6: Joint surgery

Quality statement

Adults with osteoarthritis whose symptoms have a substantial impact on their quality of life and have not responded to treatment discuss referral for joint surgery with their GP.

Rationale

There is currently considerable variation in the criteria used to decide if someone should be referred for joint surgery across England, with no evidence to support the range of scoring tools used and the decisions made. Ultimately it is the person with osteoarthritis who is best placed, with appropriate support and advice, to decide 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. Discussing referral for joint surgery with adults with osteoarthritis whose symptoms have a substantial impact on their quality of life and have not responded to treatment will improve equality of access to surgery, while ensuring that inappropriate scoring tools and arbitrary decision criteria are not used.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with osteoarthritis whose symptoms have a substantial impact on their quality of life and have not responded to treatment discuss referral for joint surgery with their GP

Data source: Local data collection.

Process

Proportion of adults with osteoarthritis whose symptoms have a substantial impact on their quality of life and have not responded to treatment who have a recorded discussion about referral for joint surgery with their GP.

Numerator – the number in the denominator who have a recorded discussion about referral for joint surgery with their GP.

Denominator – the number of adults with osteoarthritis whose symptoms have a substantial impact on their quality of life and have not responded to treatment.

Data source: Local data collection.

Outcome

Patient-reported health outcomes for people with osteoarthritis.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (GPs, community healthcare providers and hospitals) ensure that policies and processes are in place so that adults with osteoarthritis whose symptoms have a substantial impact on their quality of life and have not responded to treatment discuss referral for joint surgery with their GP. Service providers should also ensure that scoring tools and other criteria are not used to identify people who are eligible for referral.

Healthcare professionals discuss referral for joint surgery with adults with osteoarthritis whose symptoms have a substantial impact on their quality of life and have not responded to treatment, and also ensure that they do not use scoring tools or other criteria to identify people who are eligible for referral.

Commissioners (clinical commissioning groups and NHS England) ensure that they commission services in which adults with osteoarthritis whose symptoms have a substantial impact on their quality of life and have not responded to treatment discuss referral for joint surgery with their GP. Clinical commissioning groups should review the use of any referral criteria and processes including scoring tools for osteoarthritis.

What the quality statement means for patients, service users and carers

Adults with osteoarthritis who have tried a number of treatments and still have a lot of joint pain and stiffness that is affecting their quality of life discuss referral for possible joint surgery with their GP.

Source guidance

- Osteoarthritis (2014) NICE guideline CG177, recommendations 1.6.2, 1.6.4 (key priorities for implementation), 1.6.3 and 1.6.5.

Definitions of terms used in this quality statement

Substantial impact on quality of life

A holistic review of the impact of osteoarthritis will enable the healthcare professional to make a judgement about the impact of the condition on the overall quality of life of the person. [Adapted from Osteoarthritis (NICE guideline CG177) recommendation 1.2.1]

Treatment for osteoarthritis

Treatment for osteoarthritis includes all non-surgical treatment options including core treatments for at least 3 months (verbal and written information, physical activity and exercise, and support to lose weight), support for self-management, manipulation and stretching, aids and devices, thermotherapy, electrotherapy and pharmacological management. Decisions about which treatment options are used will be based on the individual needs of the person with osteoarthritis and will take into account any comorbidities. [Adapted from Osteoarthritis (NICE guideline CG177) recommendation 1.2.5, 1.3.1, 1.3.2, 1.4.1 (key priorities for implementation) and 1.3.4, 1.4.2, 1.4.3, 1.4.4, 1.4.7. 1.4.8, 1.4.9, section 1.5]

Equality and diversity considerations

Age, sex, obesity, smoking and comorbidities should not be barriers to referral for consideration of joint surgery.

Status of this quality standard

This is the draft quality standard released for consultation from 21 November to 19 December 2014. It is not NICE's final quality standard on osteoarthritis. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 19 December 2014. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from May 2015.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

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, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in Development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between healthcare professionals and adults with osteoarthritis is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Adults with osteoarthritis should have access to an interpreter or advocate if needed.

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.

Development sources

Further explanation of the methodology used can be found in the quality standards Process guide.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Osteoarthritis (2014) NICE guideline CG177

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- National Prescribing Centre (2008) A guide to medication review
- Department of Health (2006) The musculoskeletal services framework
- Department of Health (2005) National service framework for long-term conditions
- Department of Health (2001) National service framework for older people
- Department of Health (2001) Medicines and older people: implementing medicines-related aspects of the national service framework for older people

Definitions and data sources for the quality measures

- Health and Social Care Information Centre (2014) Care.data
- NHS England (2014) GP Patient Survey
- Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (2006) NICE guideline CG43

Related NICE quality standards

Published

- Mental wellbeing of older people in care homes (2013) NICE quality standard 50
- Patient experience in adult NHS services (2012) NICE quality standard 15
- Depression in adults (2011) NICE quality standard 8
- Chronic kidney disease (2011) NICE quality standard 5

In development

- Physical activity: encouraging activity in all people in contact with the NHS (staff, patients and carers). Publication expected January 2015.
- Falls. Publication expected March 2015.
- Managing medicines in care homes. Publication expected March 2015.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Elective joint replacement (hip, knees and shoulder).
- Falls: regaining independence for older people who experience a fall.
- Home care.
- Long-term conditions, people with comorbidities, complex needs.
- Medicines management: managing the use of medicines in community settings for people receiving social care.
- Medicines optimisation (covering medicines adherence and safe prescribing).
- Obesity (adults) (healthcare).
- Obesity (prevention and management in adults) (public health).
- Pain management (young people and adults).
- Social care of older people with more than one physical or mental health long-term condition in residential or community settings.

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 3. Membership of this Committee is as follows:

Dr Alastair Bradley

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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.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard will be incorporated into the NICE pathway on osteoarthritis.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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