NICE National Institute for Health and Care Excellence

NICE quality standard

# Osteoarthritis

Quality standard

Published: 11 June 2015
nice.org.uk/guidance/qs87

# Contents

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

## 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 a leading cause 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 Arthritis Research UK report Osteoarthritis in general practice estimates that the number of people with osteoarthritis in England is 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. For example, the Arthritis Research UK report projected an increase of 3.8% per year in the number of people with osteoarthritis of the knee between 2010 and 2020 (from 4.7 to 6.5 million).

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 their need for healthcare, social care and welfare benefits.

Current treatments for osteoarthritis focus on 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 providing verbal and written information to increase the person's 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 long-term 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. The Royal College of Surgeons' report Is access to surgery a postcode lottery? highlighted the differences in referral rates for hip replacement across clinical commissioning groups.

This quality standard focuses on improving the overall care of adults with osteoarthritis and the management of their condition, to improve symptom control, promote self-management and improve consistency of referral for consideration of joint surgery. This quality standard applies across the whole care pathway, but it will mainly be used in primary care by GPs and allied healthcare professionals.

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 improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for 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:

- NHS Outcomes Framework 2015–2016
- The Adult Social Care Outcomes Framework 2015–2016
- Public Health Outcomes Framework 2013–2016.

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

## Table 1 NHS Outcomes Framework 2015–2016

| Domain | Overarching indicators and improvement areas |
|---|---|
| 2 Enhancing quality of life for people with long-term conditions | *Overarching indicator*<br>2 Health-related quality of life for people with long-term conditions (ASCOF 1A**)<br>*Improvement areas*<br>**Ensuring people feel supported to manage their condition**<br>2.1 Proportion of people feeling supported to manage their condition<br>**Improving functional ability in people with long-term conditions**<br>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*<br>4a Patient experience of primary care<br>i GP services<br>4d Patient experience characterised as poor or worse<br>i Primary care |
| **Alignment with Adult Social Care Outcomes Framework and/or Public Health Outcomes Framework**<br>* Indicator shared with the Public Health Outcomes Framework (PHOF)<br>** Indicator complementary with the Adult Social Care Outcomes Framework (ASCOF) | |

## Table 2 The Adult Social Care Outcomes Framework 2015–2016

| Domain | Overarching and outcome measures |
|---|---|

| | |
|---|---|
| 1 Enhancing quality of life for people with care and support needs | *Overarching measure*<br>1A Social care-related quality of life (NHSOF 2**)<br>*Outcome measure*<br>**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**<br>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*<br>2A Permanent admissions to residential and nursing care homes, per 100,000 population<br>*Outcome measures*<br>**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**<br>**Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services** |
| **Aligning across the health and care system**<br>* Indicator shared with the Public Health Outcomes Framework (PHOF)<br>** Indicator complementary with the NHS Outcomes Framework (NHSOF) | |

Table 3 Public Health Outcomes Framework 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*<br>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*<br>Improvements against wider factors which affect health and wellbeing and health inequalities<br>*Indicators*<br>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**)<br>1.9 Sickness absence rate<br>1.18 Social isolation (ASCOF 1I**) |
| 2 Health improvement | *Objective*<br>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities<br>*Indicators*<br>2.12 Excess weight in adults<br>2.13 Proportion of physically active and inactive adults<br>2.24 Injuries due to falls in people aged 65 and over |
| 4 Healthcare public health and preventing premature mortality | *Objective*<br>Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities<br>*Indicators*<br>4.13 Health-related quality of life for older people<br>4.14 Hip fractures in people aged 65 and over |
| **Alignment across the health and social care system**<br>* Indicator shared with NHS Outcomes Framework (NHSOF)<br>** Indicator complementary with the 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 are 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 treatment and care.

## List of quality statements

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

Statement 2. Adults newly diagnosed with osteoarthritis have an assessment that includes pain, impact on daily activities and quality of life.

Statement 3. Adults with osteoarthritis participate in developing a self-management plan that directs them to any support they may need.

Statement 4. Adults with osteoarthritis are advised to participate in muscle strengthening and aerobic exercise.

Statement 5. Adults with osteoarthritis who are overweight or obese are offered support to lose weight.

Statement 6. Adults with osteoarthritis discuss and agree the timing of their next review with their primary healthcare team.

Statement 7. Adults with osteoarthritis are supported with non-surgical core treatments for at least 3 months before any referral for consideration of joint surgery.

Statement 8. Healthcare professionals do not use scoring tools to identify which adults with osteoarthritis are eligible for referral for consideration of joint surgery.

# Quality statement 1: Diagnosis

## *Quality statement*

Adults aged 45 or over are diagnosed with osteoarthritis clinically without investigations if they have activity-related joint pain and any morning joint stiffness 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 investigations. 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*

### Structure

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

***Data source:*** Local data collection.

### 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 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 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:* Local data collection.

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

**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 investigations if the person has typical symptoms.

**Commissioners** (such as clinical commissioning groups and NHS England) 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.

## *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. 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 (2014) NICE guideline CG177, recommendation 1.1.1 (key priority for implementation)

## *Definitions of terms used in this quality statement*

### Alternative diagnosis

If an alternative diagnosis is possible, it may be necessary to carry out imaging or other investigations to confirm the diagnosis. Alternative diagnoses include gout, other inflammatory arthritides such as rheumatoid arthritis, septic arthritis and malignancy. A history of trauma, prolonged morning joint-related stiffness, rapid worsening of symptoms or the presence of a hot swollen joint may indicate the need for further investigations to identify possible additional or alternative diagnoses.

[Adapted from Osteoarthritis (NICE guideline CG177) recommendation 1.1.2, and expert opinion]

# Quality statement 2: Assessment at diagnosis

## *Quality statement*

Adults newly diagnosed with osteoarthritis have an assessment that includes pain, impact on daily activities and quality of life.

## *Rationale*

Adults with osteoarthritis may experience a number of challenges because of their symptoms, which may affect their ability to carry out their daily activities, work and enjoy a reasonable quality of life. It is important that an assessment is carried out at diagnosis that goes beyond the clinical presentation of osteoarthritis, to include pain, impact on daily activities and quality of life, while taking comorbidities into account. This will support self-management that empowers the person by focusing on their individual goals and preferences and allows healthcare professionals to give patient-centred advice and support that is positive and constructive. This has been shown to increase patient satisfaction and the effectiveness of the treatment plan, thereby reducing demand on the health service.

## *Quality measures*

### Structure

Evidence of local arrangements to ensure that adults newly diagnosed with osteoarthritis have an assessment that includes pain, impact on daily activities and quality of life.

***Data source:*** Local data collection.

### Process

Proportion of adults newly diagnosed with osteoarthritis who have an assessment that includes pain, impact on daily activities and quality of life.

Numerator – the number in the denominator who have an assessment that includes pain, impact on daily activities and quality of life.

Denominator – the number of adults newly diagnosed with osteoarthritis.

***Data source:*** Local data collection. Data on assessment of pain and function are included in the Keele Primary Care Consortium Osteoarthritis (OA) e-template for primary care consultations (endorsed by NICE).

### Outcome

Patient satisfaction with assessment 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 newly diagnosed with osteoarthritis to have an assessment that includes pain, impact on daily activities and quality of life.

**Healthcare professionals** carry out an assessment that includes pain, impact on daily activities and quality of life for people newly diagnosed with osteoarthritis.

**Commissioners** (such as clinical commissioning groups and NHS England) ensure that they commission services in which adults newly diagnosed with osteoarthritis have an assessment that includes pain, impact on daily activities and quality of life.

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

**Adults who have been diagnosed with osteoarthritis** have an assessment in which they are asked about their pain, how they are managing on a day-to-day basis and how the condition is affecting their life overall, including their mood. This will help when deciding the best way to try to improve their symptoms and quality of life.

## *Source guidance*

- Osteoarthritis (2014) NICE guideline CG177, recommendation 1.2.1

## *Definitions of terms used in this quality statement*

### Assessment

An assessment for people newly diagnosed with osteoarthritis includes:

- a pain assessment
- the impact on the person's day-to-day activities, including activities of daily living, employment and leisure activities
- the person's overall quality of life, including their mood.

The assessment should be adapted to meet the person's individual needs and take comorbidities into account.

[Adapted from Osteoarthritis (NICE guideline CG177) recommendations 1.2.1 and 1.2.3]

## *Equality and diversity considerations*

Healthcare professionals should take into account cultural and communication needs (including any learning disabilities) when assessing an adult newly diagnosed with osteoarthritis.

# Quality statement 3: Self-management

## *Quality statement*

Adults with osteoarthritis participate in developing a self-management plan that directs them to any support they may need.

## *Rationale*

Providing a framework that encourages and supports self-management is an important tool to support shared decision making and ensure that people are at the centre of their care. Self-management principles empower the person by enhancing their understanding and knowledge of osteoarthritis and its management, and by enabling them to identify their own priorities and goals for their treatment. This may include developing skills such as problem solving, goal setting, coping strategies and managing relationships. They can then use this knowledge and their skills to access resources and build on their own experiences of managing their osteoarthritis. Self-management can improve patient experience and health outcomes, as well as increasing adherence with the treatment plan and reducing reliance on healthcare interventions.

## *Quality measures*

### Structure

Evidence of local arrangements to ensure that adults with osteoarthritis participate in developing a self-management plan that directs them to any support they may need.

***Data source:*** Local data collection.

### Process

a) Proportion of adults with osteoarthritis with a record of having received written information about osteoarthritis and its management.

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

Denominator – the number of adults newly diagnosed with osteoarthritis.

*Data source:* Local data collection. Data on the provision of information about osteoarthritis are included in the Keele Primary Care Consortium Osteoarthritis (OA) e-template for primary care consultations (endorsed by NICE).

b) Proportion of adults diagnosed with osteoarthritis who participate in developing a self-management plan.

Numerator – the number in the denominator who participate in developing a self-management plan.

Denominator – the number of adults newly diagnosed 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).

c) Proportion of adults with osteoarthritis who participate in reviewing a self-management plan.

Numerator – the number in the denominator who participate in reviewing a self-management plan.

Denominator – the number of adults with osteoarthritis attending for a scheduled review of their care.

*Data source:* Local data collection.

### Outcome

Adults with osteoarthritis are satisfied that they have the knowledge and confidence they need 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 participate in developing a self-management plan that directs them

to any support they may need. Service providers should also agree local referral pathways that may include support provided by voluntary sector organisations.

**Healthcare professionals** work with adults with osteoarthritis to develop an individual self-management plan that gives the person information and advice and directs them to any support they may need to help them manage their condition.

**Commissioners** (such as clinical commissioning groups and NHS England) ensure that they commission services in which adults with osteoarthritis participate in developing a self-management plan that directs them to any support they made need, and which have local arrangements in place to ensure that support is available, including services provided by the voluntary sector. Commissioners should request monitoring data and consider an audit of community healthcare providers to check that self-management plans are in place for all adults with osteoarthritis. Commissioners should also ensure that community care providers have sufficient capacity to offer specialised support if needed, including from physiotherapists, occupational therapists, dietitians and podiatrists.

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

**Adults with osteoarthritis** agree a self-management plan with their GP or nurse that covers what they can do to help manage their condition, including improving their symptoms and quality of life. The plan should identify where they can get the support they may need to help them 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 and 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 should be provided in verbal and written formats. It can include:

- a record of the agreed approach to self-managing the condition, including individual goals
- information and advice about the condition and its treatment, including how to find support groups and online information sources

- advice and support to increase physical activity and exercise, including pacing strategies, that gives information about local services such as physiotherapy, or exercise classes, groups and facilities
- advice and support for people who are overweight or obese to lose weight, which may include referral to local resources such as weight-loss and exercise programmes
- details of self-management programmes available locally on an individual or group basis
- referral to local services such as occupational therapy, orthotics and podiatry that can provide advice on suitable footwear, orthotic devices (such as insoles and braces) and assistive devices (such as walking sticks and tap turners)
- pain management advice
- medicines management advice, including who can provide support (for example, community pharmacies)
- when to have a review of their osteoarthritis.

[Adapted from Osteoarthritis (NICE guideline CG177) recommendations 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 and 1.7.1]

## *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.

Not all people 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

## *Quality statement*

Adults with osteoarthritis are advised to participate in muscle strengthening and aerobic exercise.

## *Rationale*

Exercise is a core treatment for osteoarthritis that will improve joint pain and function. It is important that people are advised to undertake specific exercise that is relevant for their condition, including muscle strengthening that targets affected joints and general aerobic exercise. Healthcare professionals will need to make a judgement about the best way to encourage participation in exercise, because this 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 is ongoing and reinforced at every opportunity.

## *Quality measures*

### Structure

Evidence of local arrangements to ensure that adults with osteoarthritis are advised to participate in muscle strengthening and aerobic exercise.

***Data source:*** Local data collection.

### Process

a) Proportion of adults diagnosed with osteoarthritis who receive advice on participating in muscle strengthening exercise.

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

Denominator – the number of adults newly diagnosed with osteoarthritis.

***Data source:*** Local data collection. Data on exercise advice are included in the 'care.data' extract from the Health and Social Care Information Centre (not specific to people with osteoarthritis). Data on exercise advice and referrals to physiotherapy are included in the Keele Primary Care Consortium Osteoarthritis (OA) e-template for primary care consultations (endorsed by NICE).

b) Proportion of adults diagnosed with osteoarthritis who receive advice on participating in aerobic exercise.

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

Denominator – the number of adults newly diagnosed with osteoarthritis.

***Data source:*** Local data collection. Data on exercise advice are included in the 'care.data' extract from the Health and Social Care Information Centre (not specific to people with osteoarthritis) and also in the Keele Primary Care Consortium Osteoarthritis (OA) e-template for primary care consultations (endorsed by NICE).

c) Proportion of adults with osteoarthritis who receive advice on participating in muscle strengthening and aerobic exercise at their review.

Numerator – the number in the denominator who receive advice on participating in muscle strengthening and aerobic exercise.

Denominator – the number of adults with osteoarthritis attending for a scheduled review of care.

***Data source:*** Local data collection. Data on exercise advice are included in the 'care.data' extract from the Health and Social Care Information Centre (not specific to people with osteoarthritis). Data on exercise advice and referrals to physiotherapy are included in the Keele Primary Care Consortium Osteoarthritis (OA) e-template for primary care consultations (endorsed by NICE).

## Outcome

a) Physical activity in adults with osteoarthritis.

***Data source:*** Local data collection.

b) Patient satisfaction with advice on exercise.

***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 and referral pathways are in place so that adults with osteoarthritis are advised and encouraged at both diagnosis and review to participate in muscle strengthening and aerobic exercise. It may be useful to 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 and encourage adults with osteoarthritis at both diagnosis and review to participate in muscle strengthening and aerobic exercise, and provide information about suitable local exercise classes, groups and facilities.

**Commissioners** (such as clinical commissioning groups and NHS England) ensure that they commission services in which adults with osteoarthritis are advised and encouraged at both diagnosis and review to participate in muscle strengthening and aerobic exercise. Commissioners also ensure that there is sufficient capacity in physiotherapy and exercise support resources to meet demand for adults with osteoarthritis.

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

**Adults with osteoarthritis** are advised and encouraged by healthcare professionals to exercise, both for general fitness and to strengthen the muscles that support their affected joints, because this may help to improve their symptoms.

## *Source guidance*

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

## *Definitions of terms used in this quality statement*

### Muscle strengthening exercise

Exercise to strengthen the muscles around the affected joint.

[Adapted from Osteoarthritis (NICE guideline CG177) full guideline section 8.1]

### Aerobic exercise

Aerobic exercise aims to improve general mobility, function, cardiovascular fitness, wellbeing and self-efficacy, and could include cycling, swimming or exercise at a gym.

[Adapted from Osteoarthritis (NICE guideline CG177) full guideline section 8.1, 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 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 overweight or obese 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 overweight or obese should be offered support to help them to lose weight, which may include weight-loss 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*

### Structure

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

***Data source:*** Local data collection.

### Process

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 are included in the 'care.data' extract for the Health and Social Care Information Centre (not specific to people with osteoarthritis). Data on BMI values and weight advice are included in the Keele Primary Care Consortium Osteoarthritis (OA) e-template for primary care consultations (endorsed by NICE).

## Outcome

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

*Data source:* Local data collection. Data on BMI values are included in the 'care.data' extract for the Health and Social Care Information Centre (not specific to people with osteoarthritis). Data on BMI values are also included in the Keele Primary Care Consortium Osteoarthritis (OA) e-template for primary care consultations (endorsed by NICE).

b) Patient satisfaction with support to lose weight.

*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 processes and referral pathways are in place so that adults with osteoarthritis who are overweight or obese are offered support to lose weight.

**Healthcare professionals** ensure that they offer support to adults with osteoarthritis 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 adults with osteoarthritis who are overweight or obese are offered support to lose weight. Commissioners also ensure that there is sufficient capacity in weight-loss services to meet demand for adults with osteoarthritis.

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

**Adults with osteoarthritis who are overweight or obese** are offered help to lose weight, because being overweight can make joint pain worse and losing weight should improve symptoms.

## *Source guidance*

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

## *Definitions of terms used in this quality statement*

### Overweight or obese

An adult with a BMI of 25–29.9 kg/$m^2$ is classified as overweight and an adult with a BMI of 30 kg/$m^2$ or more is classified as 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 body fat in adults who are very muscular, so BMI should be interpreted with caution in this group. Some other population groups, such as people of Asian family origin and older people, have comorbidity risk factors that are of concern at different BMIs (lower for adults of an Asian family origin and higher for older people).

[Adapted from Obesity: identification, assessment and management of overweight and obesity in children, young people and adults (NICE guideline CG189) recommendations 1.2.7 and 1.2.8]

### Support to lose weight

Support to help someone with osteoarthritis to lose weight should focus on diet and physical activity, and may also include pharmacological and surgical interventions. The level of support should be determined by the person's 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. Pharmacological and surgical treatment options should be considered only after dietary, exercise and behavioural approaches have been tried and evaluated.

[Adapted from Obesity: identification, assessment and management of overweight and obesity in children, young people and adults (NICE guideline CG189) recommendations 1.2.11, 1.4.1, 1.4.4 and 1.10.1]

## *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.

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

## Quality statement 6: Timing of review

### *Quality statement*

Adults with osteoarthritis discuss and agree the timing of their next review with their primary healthcare team.

### *Rationale*

Adults with osteoarthritis should be offered regular reviews to assess the progress of the condition and its impact on their quality of life, provide support for self-management and review treatments to reduce further deterioration and the need for additional medication and/or referral for surgery. It is important to address appropriate medication use, including prescribed and over-the-counter analgesics, monitor side effects and review polypharmacy. The timing of reviews will depend on individual needs, including severity of symptoms and response to treatment. It is important that adults with osteoarthritis are made aware of the need for reviews, and for the timing to be discussed and agreed with their primary healthcare team.

### *Quality measures*

#### Structure

Evidence of local arrangements to ensure that adults with osteoarthritis discuss and agree the timing of their next review with their primary healthcare team.

***Data source:*** Local data collection.

#### Process

Proportion of adults with osteoarthritis with an agreed date for a review.

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

Denominator – the number of adults with osteoarthritis.

***Data source:*** Local data collection.

## Outcome

Adults with osteoarthritis are confident that their needs will be reviewed regularly.

*Data source:* Local data collection.

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

**Service providers** (general practices, primary and community healthcare providers) ensure that processes are in place for adults with osteoarthritis to discuss and agree the timing of their next review based on the person's individual needs.

**Healthcare professionals** discuss and agree the timing of the next review with adults with osteoarthritis, based on the person's individual needs.

**Commissioners** (clinical commissioning groups and NHS England) ensure that they commission services in which processes are in place for adults with osteoarthritis to discuss and agree the timing of their next review based on the person's individual needs.

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

**Adults with osteoarthritis** discuss and agree (usually with their GP or practice nurse) when they should have their next review to check how well they are managing and if they need any more support. The timing of their next review will depend on how much their osteoarthritis is affecting them and how well any treatment is working.

## *Source guidance*

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

## *Equality and diversity considerations*

Healthcare professionals should take into account cultural and communication needs (including any learning disabilities) when arranging reviews 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, activity and exercise, and weight loss if the person is overweight or obese. 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. Currently a relatively low proportion of people referred for possible joint surgery progress to hip or knee replacements, and ensuring that core treatments are tried first will help to reduce referrals that may not be needed. People who do go on to have surgery are likely to have improved outcomes if core treatments are undertaken pre-operatively.

## *Quality measures*

### 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:* Local data collection.

### 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:*** 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 are not referred for consideration of joint surgery until they have been supported with non-surgical core treatments for at least 3 months. Hospitals should provide information to commissioners about inappropriate referrals and referrals for people who have not been offered 3 months of core treatments.

**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** (clinical commissioning groups and NHS England) 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.

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

**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 (2014) NICE guideline CG177, recommendations 1.2.5 (key priority for implementation) and 1.6.1, and expert opinion

## *Definitions of terms used in this quality statement*

### Core treatments

Core treatments for osteoarthritis include:

- ongoing verbal and written information about the condition and its management
- advice on physical activity and exercise for muscle strengthening and general fitness
- support to lose weight if the person is overweight or obese.

[Adapted from Osteoarthritis (NICE guideline CG177) recommendations 1.2.5, 1.3.1, 1.4.1 (key priorities for implementation) and 1.4.3]

### 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 exercise will include advice and information, which 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 diet and physical activity, and may also include pharmacological and surgical interventions. The level of support should be determined by the person's 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. Pharmacological and surgical treatment options should be considered only after dietary, exercise and behavioural approaches have been tried and evaluated.

[Adapted from Osteoarthritis (NICE guideline CG177) recommendations 1.2.5, 1.4.1 (key priorities for implementation) and 1.4.3, and Obesity: identification, assessment and management of overweight and obesity in children, young people and adults (NICE guideline CG189) recommendations 1.2.11, 1.4.1, 1.4.4 and 1.10.1, 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 to encourage participation, and should be advised that exercise may improve their symptoms.

When referring adults with osteoarthritis to a weight loss 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*

There is currently considerable variation in the criteria used to decide whether an adult with osteoarthritis is eligible for referral for consideration of joint surgery in England, with no evidence to support the range of scoring tools used and the decisions made. The person 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*

#### 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:*** Local data collection.

#### 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:*** Local data collection.

## Outcome

Patient-reported health outcomes for adults 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 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** (clinical commissioning groups and NHS England) 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.

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

**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 (2014) NICE guideline CG177, recommendations 1.6.2 (key priority for implementation) and 1.6.5

## *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. The commonest are the New Zealand score and the Oxford Hip or Knee score. Many (such as the Oxford tools) were designed to measure population-based changes after surgery, and none have been validated for assessing appropriateness of referral.

[Adapted from Osteoarthritis (2014) NICE guideline CG177, full guideline section 11.1.7]

## *Equality and diversity considerations*

Age, sex, obesity, smoking, disability (including learning disabilities) and comorbidities should not be barriers to referral for consideration of joint surgery.

# 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.

## *Information for the public*

NICE has produced information for the public about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

## 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:

- Arthritis Research UK (2014) Musculoskeletal health: A public health approach
- 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*

- Obesity: identification, assessment and management of overweight and obesity in children, young people and adults (2014) NICE guideline CG189
- Health and Social Care Information Centre (2014) Care.data
- Keele Primary Care Consortium (2013) Osteoarthritis (OA) e-template for primary care consultations

## Related NICE quality standards

### *Published*

- Falls in older people: assessment after a fall and preventing further falls (2015) NICE quality standard 86
- Managing medicines in care homes (2015) NICE quality standard 85
- Physical activity: encouraging activity in all people in contact with the NHS (2015) NICE quality standard 84
- 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

### *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:

**Ms Deryn Bishop**
Public Health Behaviour Change Specialist, Solihull Public Health Department

**Dr Alastair Bradley**
General Medical Practitioner, Tramways Medical Centre/Academic Unit of Primary Medical Care, University of Sheffield

**Jan Dawson**
Registered Dietician, Manchester City Council

**Dr Matthew Fay**
GP, Westcliffe Medical Practice, Shipley, West Yorkshire

**Dr Malcolm Fisk**
Co-Director, Ageing Society Grand Challenge Initiative, Coventry University

**Ms Margaret Goose**
Lay member

**Dr Madhavan Krishnaswamy**
Consultant Clinical Oncologist, Southend University Hospital NHS Trust

**Mrs Geeta Kumar**
Clinical Director, Women's Services (East) Betsi Cadwaladr University Health Board

**Mrs Rhian Last**
Clinical Lead, Education for Health

**Dr Hugh McIntyre (Chair)**
Consultant Physician, East Sussex Healthcare Trust

**Ms Ann Nevinson**
Lay member

**Dr Jane O'Grady**
Director of Public Health, Buckinghamshire County Council

**Mrs Jane Orr-Campbell**
Director, Orr-Campbell Consultancy, Bedfordshire

**Professor Gillian Parker**
Professor of Social Policy Research and Director, Social Policy Research Unit, University of York

**Mr David Pugh**
Independent Consultant, Gloucestershire County Council

**Dr Eve Scott**
Head of Safety and Risk, The Christie NHS Foundation Trust, Manchester

**Dr Jim Stephenson**
Consultant Medical Microbiologist, Epsom and St Helier NHS Trust

**Mr Darryl Thompson**
Registered Nurse (Mental Health), South West Yorkshire Partnership NHS Foundation Trust

**Mrs Julia Thompson**
Health Improvement Principal, Sheffield City Council

**Mrs Sarah Williamson**
Clinical Quality Assurance and Performance Manager, NHS Stockport Clinical Commissioning Group

The following specialist members joined the committee to develop this quality standard:

**Dr Ian Bernstein**
Musculoskeletal Physician and GP, London North West Healthcare NHS Trust and Gordon House Surgery

**Mrs Anna Clark-Frew**
Senior Occupational Therapist, Oxford Health NHS Foundation Trust

**Professor Philip Conaghan**
Professor of Musculoskeletal Medicine, University of Leeds and NIHR Leeds Musculoskeletal Biomedical Research Unit

**Ms Jo Cumming**
Lay member

**Professor Krysia Dziedzic**
Arthritis Research UK Professor of Musculoskeletal Therapies, Research Institute of Primary Care and Health Sciences, Keele University; NICE Fellow

**Mr Robert Middleton**
Consultant Orthopaedic Surgeon, Royal Bournemouth Hospital

**Dr Elspeth Wise**
GP, Washington Primary Care Walk-in Centre, Newcastle-upon-Tyne

## *NICE project team*

**Mark Minchin**
Associate Director

**Shirley Crawshaw**
Consultant Clinical Adviser

**Rachel Neary-Jones**
Programme Manager

**Craig Grime**
Technical Adviser

**Melanie Carr**
Technical Analyst

**Esther Clifford**
Project Manager

**Jenny Mills**
Coordinator

## Changes after publication

**November 2015:** Keele Primary Care Consortium Osteoarthritis (OA) e-template for primary care consultations has been added to relevant data source sections.

## 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.



ISBN: 978-1-4731-1245-2

### *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 Society
- Royal College of General Practitioners
- Royal College of Radiologists