Implementation of an Osteoarthritis Hip and Knee Service (OAHKS) in a community health setting compared to the hospital setting: a feasibility study for a new care pathway

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What did we do?
• Set up OAHKS (assessment by an advanced musculoskeletal physiotherapist in place of an orthopaedic surgeon) in a community health setting for patients with hip and knee osteoarthritis over the age of 30.
• Examined feasibility1 (including patient and doctor satisfaction, referral rates for surgical opinion and waiting times) and compared between community OAHKS (n=40 patients) and hospital OAHKS (n=51 patients).

What did we find?
• Community OAHKS had high levels of satisfaction from patients and doctors, with small significant differences in favour of community OAHKS for internal factors such as time with a physiotherapist [MD=0.2 units (0.02 to 0.3), P=0.02] and external factors such as parking [MD=0.3 units (0.2 to 0.5), P<0.001].

Why did we do it?
• All patients with hip and knee osteoarthritis are recommended non surgical management, including exercise.2
• OAHKS clinics are traditionally located in a hospital, which often do not have onsite access to exercise programs.
• A community health setting has advantages of local, onsite exercise programs.

Key Findings
✓ It was feasible to establish OAHKS in a community setting.
✓ Community OAHKS was acceptable to patients and doctors.
✓ Quick access to OAHKS, an onsite exercise program, and substantially reduced rates of orthopaedic surgical referral is a potential benefit of community OAHKS; with future research required to ascertain sustainability.


Assessment was very comprehensive as reflected by the report (GP, community OAHKS)

I felt so comfortable and everything was explained in a way I could understand (patient, community OAHKS)

Glad to know more about this service and get to know & understand about my condition, learn how to manage the pain, how to do the right exercise, hopefully leading to better health (patient, community OAHKS)

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