

# Early Osteoarthritis of Hip and Knee Priority Setting Partnership Survey

## Introduction

The James Lind Alliance (JLA) brings together patients, carers and health and social care professionals in Priority Setting Partnerships (PSPs) to agree what research matters most in given disease areas.

Osteoarthritis is a condition that causes the joints to become painful and stiff. It is the most common type of arthritis in the UK. The severity of symptoms can vary greatly from person to person, and between different affected joints.

This PSP will address research needs for any stage of the disease or treatment, except hip and knee replacement surgery which was addressed in a previous PSP.

By taking part you will help to identify unanswered questions about diagnosing and treating osteoarthritis of the hip and knee at a time when new technologies and approaches are becoming available.

The survey will be open from March 25th to April 30th 2015. More information is available on the PSP website (see end of survey for link).

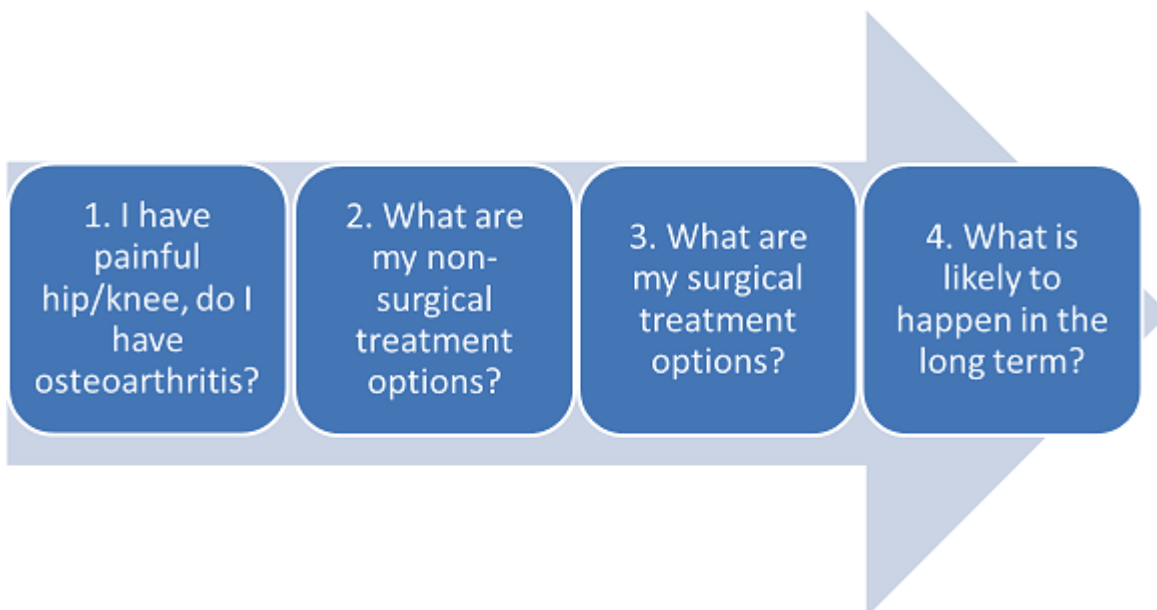
This is your chance to make your views known so please complete this survey if you: have been diagnosed with hip or knee osteoarthritis, think you might have it, or might be at risk of having it; are a carer of someone with it; or are a health, social care, alternative practitioner or professional caring for people with hip and knee osteoarthritis.

By participating in this survey you are agreeing to allow us to publish the questions you identify in the UK Database of Uncertainties about the Effects of Treatments (UK DUETs – [www.library.nhs.uk/duets](http://www.library.nhs.uk/duets)). We will convert the questions we receive into a format that can be published. Your name and details will not be published.

Please complete the survey on the following pages. To help you, examples are given.

## Section 1 - Questions you would like to see answered by future research

The diagram below shows the sort of questions we want you to think about. Please write your questions in the relevant boxes below. You can submit as many or as few as you like in each box.



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**1. What questions do you have about finding out if you've got osteoarthritis (e.g. diagnosis, tests for osteoarthritis, information about osteoarthritis)?**

**2. What questions do you have about non-surgical treatments? Examples might be exercise, diet, medicines, pain relief, alternative medicine - please put your treatment questions where you think they belong.**

**3. What questions do you have about surgical treatments? Examples might be keyhole operation, open operation, realignment operation, please put your treatment questions where you think they belong.**

**4. What questions do you have about the likely development and outcome of osteoarthritis of hip and knee (prognosis)?**

**5. Do you have any other questions you would like to add?**

## Section 2 - Some questions about you

It would be really helpful to know a little more about you, so we would be grateful if you could answer the questions in this section. If there are particular questions that you would prefer not to answer, then just leave them blank.

**\*6. Which of these best describes you?**

- I have been diagnosed with early osteoarthritis (of hip/knee)
- I think I might have/ be at risk of osteoarthritis (of hip/knee)
- I am a carer, parent, or relative, of a person with osteoarthritis (of hip/knee)
- I am a carer, parent, or relative, of someone who might have/ be at risk of osteoarthritis (of hip/knee)
- I am a health care professional
- I am part of an organisation representing and/ or supporting people with osteoarthritis
- Other (please specify)

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## Section 2 - Some questions about you (cont)

**\*7. You only need to answer this question if you are answering as a person with osteoarthritis (hip/knee) or a carer, parent or relative. Are you [or the person you support] being treated:**

- In the community (e.g. by your GP, alternative practitioner)
- At a hospital
- Are you/they managing your/their own condition?
- Or a combination of the above (please specify in the box below):
- Prefer not to say

If a combination, please specify

**8. You only need to answer this question if you are answering as a person with osteoarthritis (hip/knee) or a carer, parent or relative.**

**At what age did you [or the person you support] first experience symptoms of osteoarthritis of hip or knee?**

## Section 2 - Some questions about you (cont)

**9. You only need to answer this question if you are answering as a health care professional or support worker.<br><br>In which area do you primarily work?**

- Community
- Hospital
- Intermediate Care
- Support group/ charity

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**10. You only need to answer this question if you are answering as a health care professional or support worker.**

## What is your profession?

- Acupuncturist
- Chiropractor
- General Practitioner
- Health Service Manager
- Health Support Worker
- Health Visitor
- Nurse
- Occupational Health practitioner
- Occupational Therapist
- Orthopaedic Surgeon
- Massage therapist
- Prosthetist or Orthotist
- Osteopath
- Paediatric Surgeon
- Paediatric Nurse
- Personal Trainer
- Physiotherapist
- Pharmacist
- Podiatrist
- Primary Care Practice Nurse with OA specialism or Health & Exercise remit
- Radiographer
- Radiologist
- Rheumatologist
- Social Worker
- Sports therapist
- Sport and Exercise Medicine consultant
- Other (please specify)

## Section 2 - More about you

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## \*11. What is your gender?

- Male
- Female
- Prefer not to say

## \*12. What is your ethnic group?

- Asian/ Asian British
- Black/ African/ Caribbean/ Black British
- Mixed/ multiple ethnicity
- White
- Prefer not to say
- Other (please specify)

## 13. How old are you?

Please enter your age in numbers

## 14. Please tell us the first half of your home postcode (e.g. OX11)

## And finally...

Next steps

**\*15. Would you like to be invited to take part in the next stage of the project, which is to vote for the questions you think are most important of all those submitted? You will be able to vote even if you haven't submitted any questions or taken part in the survey.**

- Yes
- No

**16. If you answered 'yes', please provide details for your preferred method of contact - e-mail or postal address - together with your name, which will be kept confidential and securely, in accordance with the Data Protection Act.**

**Thank you for completing this survey - please click DONE to exit.**

These are our contact details:

James Lind Alliance Project Manager/ Hub Co-ordinator  
NIHR Oxford Biomedical Research Centre,

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