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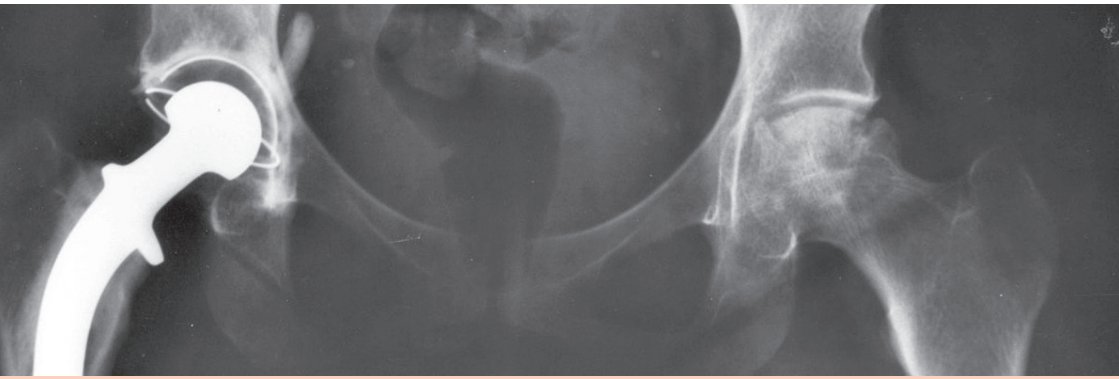
Brokering Innovation Through Evidence

How do comorbidities impact on the referral pathway to access joint replacement surgery in the NHS? An interview study with healthcare professionals in the NHS



Hip and knee joint replacements are two of the most common and effective interventions in the UK. Many patients undergoing joint replacement surgery have at least one comorbid condition (a condition that is present in addition to the joint problem but is an unrelated condition).

In the English National Health Service (NHS), the referral pathway to joint replacement surgery connects primary care, intermediate services and specialist orthopaedic surgeons in secondary care. General practitioners (GPs) are the "gatekeepers" to secondary care, assessing the patient first in primary care and referring them on to the most appropriate orthopaedic service in secondary care. In certain areas of the country there is an extra step, with GPs referring patients to intermediate musculoskeletal assessment centres (intermediate services) run by physiotherapists or GPs. Introduced in 2006 to reduce waiting times for specialist care, they act as a one-stop-shop for distinguishing patients into those who can benefit from local community services (e.g. physiotherapy, diabetes clinic) and those who need immediate referral to an orthopaedic surgeon. These centres are located in either community or secondary care. In areas without such centres, this triage is undertaken by the surgeons in secondary care.

Evidence suggests that there is wide variation in access to joint replacement surgery in the UK which can be partly linked to a lack of consensus about the impact of comorbidities on the risk and benefits of replacement surgery. In addition, there is also lack of consensus at the commissioning level with some regional commissioners of joint replacement services having sought to limit access to surgery by imposing minimum thresholds for severity of preoperative function (measured by the Oxford Hip and Knee score) and pain and the requirement that a patient's the body mass index is lower than 30 kg/m2. This variation

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in access, and rationing of care means it is important to understand the views of healthcare professionals on the management, referral and selection of patients with comorbidities for joint replacement surgery.

What was the aim of the project?

This project aimed to understand the views of GPs, intermediate care professionals (physiotherapists or GPs) and orthopaedic surgeons on the management, referral and selection of patients with comorbidities along the referral pathway to access joint replacement surgery.

What we did

We interviewed 20 healthcare professionals, GPs, intermediate care professionals and orthopaedic surgeons in England who work across the referral pathway to joint replacement surgery. They were asked to talk about their experiences of referring and selecting patients with comorbidities for joint replacement surgery.

What we found

In general, the presence of comorbidities was not seen as a barrier to being referred or selected for joint replacement but was seen as a challenge in managing a patients' journey across the referral pathway. Each health professional group concentrated on different aspects of the patients' condition which appeared to affect how they managed patients with comorbidities. GPs focused on the long-term impact that comorbidities have on the patients' everyday life. Intermediate care professionals focused on the short-term impact of comorbidities on the patients' likelihood of being selected for surgery by orthopaedic surgeons. Orthopaedic surgeons focused on the short-term impact of comorbidities on the surgery itself. This implied there was a disagreement about different professionals' roles and responsibilities in the management of patients with comorbidities. None of the professionals believed it was their responsibility to address comorbidities in preparation for surgery. This disagreement was identified as a reason why some patients seem to 'get lost' in the referral system when they were considered to be unprepared for surgery by orthopaedic surgeons and sent back to their GPs Patients were then potentially left to manage their own comorbidities before being reconsidered for joint replacement.

Recommendations

Research on access to joint replacement surgery has predominantly used quantitative methods (numerical data extracted from medical records) to compare characteristics of patients who needed a hip replacement with those who received it. Our qualitative study looked directly at the referral pathway. Patients with comorbidities may access specialist care in terms of surgical consultation but then may not receive a hip or knee replacement. Access to joint replacement surgery seems to be complicated by a fragmented management of patients with comorbidities across the system. This may create an implicit barrier and make the current pathway less suitable for patients with comorbidities.

What next?

While this study has demonstrated that access to joint replacement surgery may be complicated by fragmented management of patients with comorbidities across the system, a larger qualitative study with both patients and healthcare professionals as participants would be useful to further explore the journey along the referral pathway.

Find out more

Podmore B, Hutchings A, Durand MA, et al.
Comorbidities and the referral pathway to access joint replacement surgery: an exploratory qualitative study.
BMC Health Serv Res. 2018;18(1):754. Published 2018 Oct 3. doi:10.1186/s12913-018-3565-0
www.ncbi.nlm.nih.gov/pmc/articles/PMC6171304

Further reading

How does having a long-term condition impact on access to and outcomes of hip and knee replacement surgery?
https://clahrc-norththames.nihr.ac.uk/methods_theme/long-term-condition-hip-knee-replacement

Many CCGs are ignoring clinical evidence in their surgical commissioning policies
Royal College of Surgeons press release, July 14 2014
www.rcseng.ac.uk/news-and-events/media-centre/press-releases/many-ccgs-are-ignoring-clinical-evidence-in-their-surgical-commissioning-policies

The Oxford Knee Score (OKS), University of Oxford/ Nuffield Orthopaedic Centre
https://innovation.ox.ac.uk/outcome-measures/oxford-knee-score-oks

The Oxford Hip Score (OHS), University of Oxford/ Nuffield Orthopaedic Centre
https://innovation.ox.ac.uk/outcome-measures/oxford-hip-score-ohs

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