

## Statement from the BOA, BHS and BASK regarding newly published study about patients awaiting surgery

23 March 2021

A paper published today in the Bone and Joint Journal<sup>1</sup> has highlighted grave concerns about the very poor quality of life experienced by a proportion of patients waiting for hip and knee surgery during the Covid-19 pandemic. Covid-19 has meant that the maintenance of normal levels of elective surgery has not been possible within the NHS, with orthopaedics disproportionately affected. We now have a large number patients who have been waiting for many months for their surgery, and we need to emphasise the importance of resuming surgery on this group as rapidly as possible. We are working very actively with the NHS and other relevant stakeholders to address this as the UK emerges from the winter Covid-19 lockdown.

The patients involved in the study were asked to respond to a standard set of questions about their quality of life (called an EQ5D), and a concerning proportion reported very poor quality of life as a result of the pain, immobility and loss of function that end stage arthritis typically causes. Where a patient completing this survey scores less than zero in their responses, this may be equated to a position that is 'worse than death'. In this study, over one-third of patients waiting for total hip replacement and nearly one-quarter waiting for a knee replacement scored less than zero. These levels are almost double what they were prior to the pandemic. Increasing length of time on the waiting list was associated with decreasing quality of life.

This paper is a graphic demonstration of the awful situation that a significant number of patients awaiting major joint replacement are experiencing. The quality of life scores that are "worse than death" are emotive and rightly draw attention to the patients' plight. For these patients, the only effective solution is surgery, as this can alleviate their suffering and dramatically improve their quality of life. To do this in a humane timescale will require appropriate prioritisation, organisation and resource.

Our three organisations represent orthopaedic surgeons, who are doing all we can to support an effective restart of services as and when the Covid-19 pressures have eased sufficiently. We will work with NHS and other bodies to identify sustainable solutions to address the backlog of patients. We note that orthopaedics was specifically mentioned as a priority area in NHS England's plans in December and we urge all those involved in planning and implementing strategy for tackling the waiting lists to ensure that orthopaedic care is prioritised.

Bob Handley, President of the BOA commented:

*"We are well aware of the misery and despair caused by the pain and immobility of end stage arthritis, and that this has sadly only grown during the course of the pandemic. We urge those with oversight responsibilities to restore full services to prioritise and treat these orthopaedic patients as soon as possible. This is no time for nodding in agreement with no positive action. All who read and understand a paper such as this should recognise the great need of these patients and play what part they can to address the problem. If orthopaedic patients continue to be last in the queue when services resume, this will lead to a tsunami of further health and societal problems, affecting physical and mental health of these people as well as their ability to live independently and contribute to society."*

---

<sup>1</sup> ND Clement et al. 'The number of patients "worse than death" while waiting for a hip or knee arthroplasty has nearly doubled during the COVID-19 pandemic', published in Bone Joint J.