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## **ACCESS TO ORTHOPAEDIC SECONDARY HEALTHCARE**

The British Orthopaedic Association's Patient Liaison Group has concerns about the restricted access to orthopaedic healthcare being imposed by some Commissioning Groups on certain patient groups. We feel strongly as a patient group that there should be no such barriers to surgery unless there is clear clinical evidence that deferring surgery is in the best interests of the patient.

A recent investigation from 91 trusts in England show that 25 have imposed some form of restrictions to referrals since April 2011.<sup>1</sup>

This issue has become more evident in recent months with the tightening of healthcare budgets and attempts at the PCT / Clinical Commissioning Group level to reduce referrals into secondary care. There have been a variety of strategies used but the introduction or expansion of 'interface services' (usually physiotherapy led) that work to strict protocols act as barriers to specialist consultant referral.

Examples of patient types that may be refused referral for orthopaedic surgery include:

- Smokers.
- Obese people (as defined by a variable BMI). For example NHS Bedfordshire and Hertfordshire have barred people with a BMI of greater than 35 from surgery.
- A score of <20 on the Oxford Hip and Knee Scores as a threshold to referral. (These tools have neither been designed nor validated as a referral tool.)

This group feels that it is unethical to restrict access to secondary healthcare for such criteria when it could be perceived as being a cost saving exercise, and unless there is clear clinical evidence (and supported by NICE guidelines) to support the decision. In certain cases there is no clear evidence to support the decision making and as such cannot be supported by the Group.

In conclusion: the integrity of the patient/doctor relationship (either in primary or secondary care) should not be compromised by artificial barriers designed to reduce referral to specialist consultants. In the three instances stated above the patient's GP is best placed to know the immediacy by which that patient should be treated. Whether over-weight, a smoker or borderline Oxford Score the GP and the Surgeon/Anaesthetist should be the only arbiters of a patient's suitability for surgery.

<sup>1</sup> Pulse Magazine 20/07/11