

MEDIA RELEASE

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Just after Christmas is the worst time to need hip or knee joint replacement – just before is the best

Medical Technology Group calls for fair access for all patients

Research from the Medical Technology Group reveals that just after Christmas may be the worst time of year to need hip or knee joint replacement - and that just after may be the best time.

Like a postcode lottery, this time-of-year lottery means the outcomes for individual patients can be radically different, in this case dependent on the financial calendar.

March is the busiest month for operations, so patients starting the average 15-week wait for a new hip or knee are better starting their wait just before Christmas. Those who start their wait after Christmas may have the longest wait.

The research shows that over the last ten years there were an average of **498** fewer hip procedures and **641** fewer knee procedures in April than in March, coinciding with the end of the financial year. The implication, the Medical Technology Group report says, is “that financial calendars for trusts are driving outcomes for patients”.

There is also new evidence of a postcode lottery in hip and knee treatments, with dramatic variation in waiting times and half of local trusts reporting patients being held back from treatment.

[Click here to read the report, including a full breakdown by region and local trusts](#)

Barbara Harpham, chair of the Medical Technology Group, said: “If you need a new hip or knee, it shouldn’t matter when in the year it is, or where in the country you live. There is a postcode lottery and a time-of-year lottery, and it isn’t good enough for patients. It is vital that the government stops restrictions on knees and hips operations for people who need them.”

The key findings of the report are:

- **46,501** hip procedures were performed by the NHS in March over the last ten years – compared to **41,519** in April. This is a difference of **4,982** or **11%**.
- **49,351** knee procedures were performed by the NHS in March from 2004 to 2013 – compared to **42,944** in April. This is a difference of **6,407** or **13%**.

The postcode lottery persisted in 2012. Patients in London waited **33%** longer than patients in the East Midlands for a hip operation in 2012. Londoners waited an average of **121** days compared to **91** days for patients in the East Midlands.

Average waiting times for hip joint replacement were:

Hip	Average waiting time in days (2012)	Variation from best performing region
London	121	30 (33%)
South West	112	21 (23%)
North West	102	11 (12%)
Yorkshire and the Humber	100	9 (10%)
South East	99	8 (9%)
North East	99	8 (9%)
Eastern	97	6 (7%)
West Midlands	91	0
East Midlands	91	0

Average waiting times for knee joint replacement were:

Knee	Average waiting time in days (2012)	Variation from best performing region
London	121	28 (31%)
South West	114	21 (23%)
North East	105	12 (13%)
Yorkshire and the Humber	104	11 (12%)
South East	104	11 (12%)
West Midlands	103	10 (11%)
North West	101	8 (8%)
Eastern	94	1 (1%)
East Midlands	93	

- **33 (49%)** of **67** trusts across England who responded to our Freedom of Information request confirmed that Commissioners are applying more stringent conditions before referring patients to their trust. See Notes below for a full list.
- There is also great variation in the number of knee and hip procedures are performed in each region – and by each hospital trust. The trusts that perform more procedures also do them better. See Appendix 1 and Appendix 2 of the report for data by region and by hospital trust.
- Demand for hip and knee joint replacement has increased hugely in recent years - up **92%** from **72,006** operations a decade ago to **138,281** in 2012.
- **31** per cent of women and **42** per cent of men receiving an artificial hip are of working age.
- In 2009 in the region of 11,000 people in England and Wales were enabled to return to work by a hip replacement surgery, saving the UK welfare system £37.4 million each year of their working lives.
- **87%** of hip joint replacement patients and **78%** of knee joint replacement patients report an improved condition after their operation, according the NHS's Patient Reported Outcomes Measures. This is higher than for any other procedure and suggests more hip and knee procedures are one of the best ways to improve outcomes for patients.

The Medical Technology Group is calling for:

- Clinical Commissioning Groups to stop imposing more restrictive conditions before they refer patients.
- Trusts to ensure greater equity of access throughout the year.
- Trusts to have strategies in place to improve patient outcomes from joint replacement.

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For more information or to arrange an interview with Barbara Harpham, chair of the Medical Technology Group, please contact:

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Notes for editors

The research used data from Freedom of Information requests to acute trusts in England and Wales, the National Joint Registry and Patient Reported Outcomes Measures.

The full report, including a breakdown by region can be found at:

http://www.mtg.org.uk/images/Spotlight/Hip_and_Knee_Replacements_-_Combating_Patient_Lotteries.pdf

ABHI, AdvaMed, AntiCoagulation Europe, ARMA, Arrhythmia Alliance, Arthritis Care, Atrial Fibrillation Association, BD, Bladder and Bowel Foundation, Boston Scientific, British Cardiac Patients Association, C R Bard, Cardiomyopathy Association, Diabetes UK, Eucomed, FABLE, FEMISA, Heart Research UK, ICD Group, INPUT, International Alliance of Patients' Organizations, JDRF, Johnson & Johnson, Lindsay Leg Club, Medtronic, National Rheumatoid Arthritis Society, Pancreatic Cancer UK, Pelvic Pain Support Network, Pumping Marvellous Foundation, Roche Diagnostics, SADS UK , St Jude Medical, STARS, Stryker , The Circulation Foundation, The Patients Association, Transplant Support Network



About the Medical Technology Group

The Medical Technology Group (MTG) is a coalition of patient groups, research charities and medical device manufacturers working to make medical technologies available to everyone who needs them. Uptake of medical technology in the UK is not as good as it should be, given its great potential to provide value for money to the NHS, patients and taxpayers. The MTG believes that patients and clinicians need better information about medical technologies so that they can make informed choices about their medical care. <http://www.mtg.org.uk/>