

Socio-economic inequalities in access to joint replacement surgery in England

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Researchers investigated inequalities in provision of joint replacement for osteoarthritis. Credit: Towfiqu barbhuiya, Pexels (CC0, <https://creativecommons.org/publicdomain/zero/1.0/>)

The provision of joint replacement surgery in England is subject to socio-

economic inequalities, despite a years-long effort to reduce them. A study of hip and knee surgeries over a ten-year period, published April 27 in the open access journal *PLOS Medicine*, concludes that care providers must take further action to address variation in access to these frequently performed operations.

Joint replacements are cost-effective elective surgeries that are frequently performed in developed settings around the world. As populations age and obesity rises, the need for these surgeries is likely to increase, which will place an increasing public health burden on health systems. People living in the most deprived areas have the greatest need for surgery, and inequalities were reported in the U.K. over a decade ago. National Health Service (NHS) England has tried to address this, in part by delivering part of its publicly funded orthopedic activities within the [private sector](#). With growing financial strain in the NHS, the current picture is unclear.

Erik Lenguerrand of the University of Bristol, U.K., and colleagues merged data from the National Joint Registry and the Office for National Statistics official population statistics to investigate inequalities in provision of joint replacement for osteoarthritis. They identified all primary hip and knee replacements for osteoarthritis between 2007 and 2017 in England (675,342 hip and 834,146 knee replacements overall). Despite an overall improvement in the numbers of operations performed and less geographical variation in rates of surgery, inequalities between the most and least affluent areas remained large, and inequalities between most and least affluent areas have remained fairly constant.

For knee replacement, the social deprivation inequalities were only observed for the privately funded procedures, whereas for hip replacement, evidence of disparities was observed for both publicly and privately funded procedures. These findings could help healthcare commissioners to identify how joint replacement provision should be

provided in the NHS to best address these disparities. One limitation was that this study was unable to investigate inequalities by certain important domains, such as ethnicity.

Lenguerrand adds, "Our study has shown that over the last decade socioeconomic inequalities in access to hip and [knee](#) replacement surgery remain wide, where those living in the most deprived areas have the least access to this [surgery](#), even though they have the greatest clinical need."

More information: Inequalities in provision of hip and knee replacement surgery for osteoarthritis by age, sex, and social deprivation in England between 2007–2017: A population-based cohort study of the National Joint Registry, *PLOS Medicine* (2023). [DOI: 10.1371/journal.pmed.1004210](#)

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