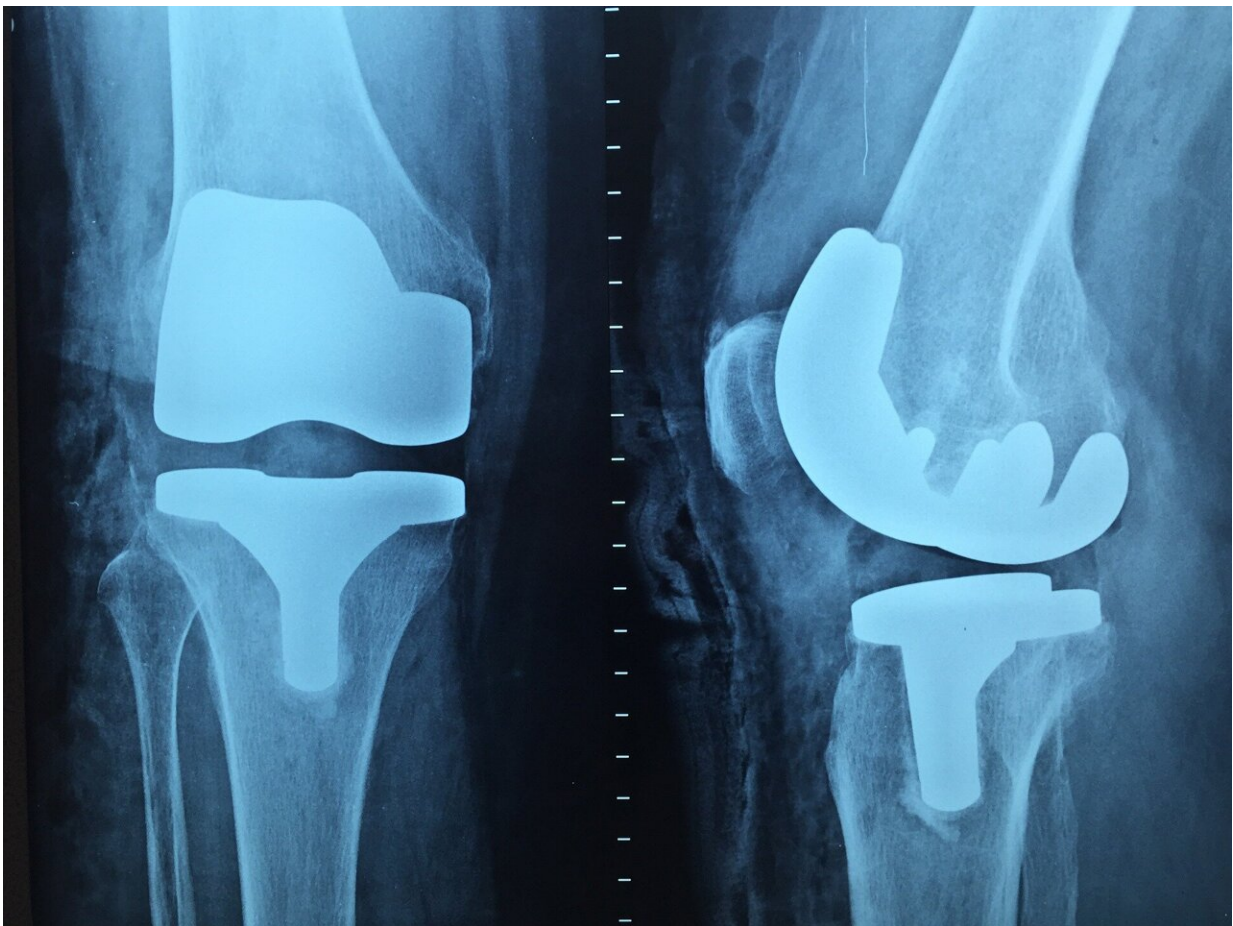


UK's NHS policies on patient's weight and access to hip replacement surgery are inappropriate, study finds

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Weight and body mass index (BMI) policies introduced by NHS commissioning groups in England are inappropriate and worsening health inequalities, according to a new study published in *BMC Medicine* today that analyzed nearly 490,000 hip surgeries. With one in ten people likely to need a joint replacement in their lifetime, many thousands of patients are directly affected by these policies.

Rules implemented by NHS clinical commissioning groups (CCGs) across England to change the access to hip and [knee replacement surgery](#) for patients who are overweight or obese have been in effect for over ten years. However, [regional differences](#) in this BMI mandate means some areas have no such policy while in other areas, patients are denied access to a hip replacement operation until their BMI is below a certain threshold or until they have waited extra time.

Researchers from the University of Bristol sought to assess the impact of these BMI policies on access to [hip replacement surgery](#) in England, and if there was any evidence of worsening health inequalities.

The team analyzed the rates of hip replacement [surgery](#) of 480,364 patients between January 2009 and December 2019 using data from the National Joint Registry (NJR). They then compared regions with and without a BMI policy.

Their results found policies to change access to hip replacement based on a patient's weight/BMI were linked with a decrease in surgery rates, particularly in those living in deprived areas, whereas rates rose in localities with no policy. Regions with strict BMI threshold policies were associated with the sharpest fall in rates (trend change of -1.39 operations per 100,000 population aged 40+ per quarter-year).

Some BMI policies add extra waiting time before surgery for hip replacement patients with a high BMI. The professional support

available to help patients reduce their weight in this time is very variable. There was an association with worsening symptom scores and worsening obesity with the introduction of these extra waiting time rules, showing the policies may in fact be counterproductive.

Dr. Joanna McLaughlin, NIHR Doctoral Research Fellow in the Bristol Medical School: Translational Health Sciences (THS) and lead author of the study, remarked, "NHS policy on whether people can immediately access referral for hip replacement surgery if they are overweight or obese varies depends on where you live in England. NICE guidance on arthritis was updated in October 2022, and it clearly states that BMI should not be used to exclude people from referral to surgery, but restrictive policies are still in use in some regions.

"Both this current study and our study on knee replacements published last June show these policies have concerning associations with a sharp drop in the rate of joint replacements, worsening symptom scores, and worsening health inequalities."

The research team urge commissioners and policy decision makers to reconsider restrictive policies that affect access to elective surgery as a matter of urgency. The researchers also suggest that the recent formation of Integrated Care Systems from existing CCG groups is an important opportunity for [positive changes](#) to policy position and there are encouraging signs that some regions are already taking these policy change steps.

More information: What effect have commissioners' policies for body mass index had on hip replacement surgery?: An interrupted time series analysis from the National Joint Registry for England, *BMC Medicine* (2023). [DOI: 10.1186/s12916-023-02899-3](https://doi.org/10.1186/s12916-023-02899-3)

Provided by University of Bristol

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