‘Maze’ not pathway

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INTRODUCTION:

Elective hip and knee replacement are the two most common total joint arthroplasty (TJA) procedures, and two of the most frequently performed and effective surgical procedures in the UK and globally. With an increasingly ageing population, and trend for TJA earlier in life, the predicted growth in global demand is likely to have a significant impact on health and care systems, such as the National Health Service (NHS) in England.

A care pathway is a multidisciplinary tool for planning the care of specific, well-defined groups of patients who have a predictable clinical course, such as TJA. Standardisation of care is important for national improvement programmes such as the English **‘Getting It Right First Time’ programme (GIRFT)**, which aims to tackle unwarranted variation in orthopaedic surgery across the NHS. GIRFT sought to develop a ‘best of the best’ clinical pathway to improve patient experience and expedite recovery following TJA. Although clinical perspectives are central to pathway development, **the views of current and future patients and their carers who must navigate them, are equally important** to optimise experience, outcomes, and efficiency. There was previously no evidence on how patients and public view planned improvements to the TJA pathway, and whether their priorities align with those of clinicians and managers.

METHODS & INVOLVEMENT:

This study addressed that gap by **exploring patient and public perceptions of planned improvements to the UK NHS elective total joint arthroplasty pathway**, including the factors that influenced this.

We used **three focus groups** (March – May 2018) co-facilitated by a researcher and the **patient advisor** (RM). Following advice from our patient advisor (RM), we also provided participants with a simplified illustration of the **UK TJA care pathway**, based on clinical guidance at the time.

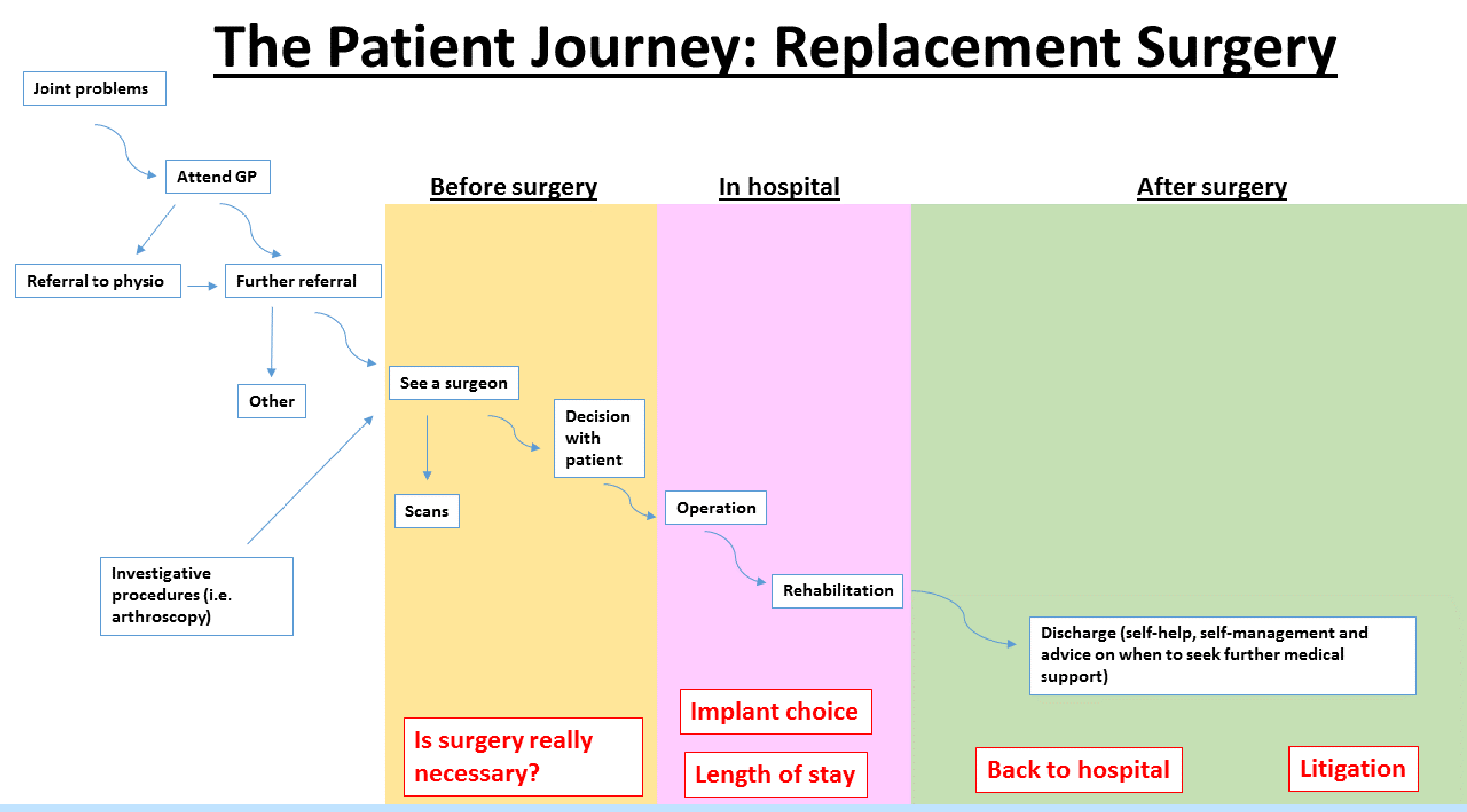
The pathway diagram and topic guides were piloted with a **research advisory panel of patient advisors** and refined initially, and then iteratively as the research progressed to take account of emerging findings. Preliminary results of the study were verbally presented to participating patient advisors. Transcripts were subject to **framework analysis** to identify thematic content.

RESULTS:

17 individuals agreed to participate, although 3 withdrew on the day. Two because of heavy snowfall (Group 2 and Group 3) and one due to fears of cultural stigma from openly discussing experiences (Group 2). **14 individuals aged 60+ took part.**

Two focus groups including patients who had undergone TJA in the previous two years (Group 1: n=5; Group 2: n=4) and the other individuals who had not but were aged 60+ (Group 3: n= 5). 50% were female, 9 had undergone TJA surgery, 6 had not.

Participants’ perspectives were categorised into themes and **mapped onto stages of the TJA pathway**.



Although perioperative care is often the focus of improvement efforts, participants argued that the **patient journey begins before individuals present to primary care**.

> ***‘…… that’s [pointing to the first part of the pathway diagram] probably where most problems, as far as I’m concerned, arose. In that trying to see a consultant was very difficult.’ (Quote 1, Group 1)***

> ***‘…if you like, you’d need a referral to Social Services. I think that should be part of the pre-operative planning rather than suddenly realising afterwards-’ (Quote 9, Group 3)***

Participants had concerns about **other aspects of the pathway**, such as **obtaining a surgical referral**, with **pre-referral interventions** aimed at potentially avoiding the need for surgery (i.e. physiotherapy) being perceived as a mechanism to **restrict access to secondary care**.

Patient experience was also conceptualised as a ***‘maze’***, rather than the logical, sequential process set out in clinical guidelines; exacerbated by a **lack of information, knowledge, and power imbalances**.

> ***‘– I was just taken aback by how much I felt like a widget on a production line.’ (Quote 8, Group 1)***

STRENGTHS & LIMITATIONS:

- **First study** to look at the **entire TJA pathway** - from the **perspective of patients and the public** and explore how their **priorities differ** from those of clinicians and managers seeking to improve care
- **Co-producing research** with a patient advisor ensured the **patient perspective was central** from planning -> data collection -> analysis -> dissemination
- We sought to recruit via a **wide range of different channels** (i.e. professional societies, patient groups, and local community groups - including multi-faith organisations), but we were **not able to recruit a diverse sample** with respect to ethnicity (one participant withdrew because of fears of cultural stigma).
- Participants volunteered to participate (potential **self-selection bias**)

CONCLUSION:

The linear conceptualisation of the TJA pathway is at odds with patient experience. Improvement programmes focussed on perioperative care fail to consider patient concerns and priorities.

Patients, users and carers should be directly involved in improvement programmes, to ensure that patient experience is optimised, as well as informing related processes and important outcomes of care.

AUTHORS:

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