The impact of the enhanced recovery pathway and other factors on outcomes and costs following hip and knee replacement: routine data study

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Declared competing interests of authors: Andrew Judge reports grants from the National Institute for Health Research (NIHR) Health Services and Delivery Research (HSDR) programme, during the conduct of the study; that he is a subpanel member of the NIHR Programme Grants for Applied Research programme (1 September 2015 to present); that he has received personal fees from Freshfields Bruckhaus Deringer (London, UK); and that he is a member of the Data Safety and Monitoring Board (which involved receipt of fees) from Anthera Pharmaceuticals (Hayward, CA, USA). Andrew Price reports personal fees from Zimmer Biomet (Warsaw, IN, USA), DePuy (Raynham, MA, USA) and Smith & Nephew (London, UK); and grants from NIHR and Versus Arthritis (Chesterfield, UK), outside the submitted work. Cyrus Cooper reports personal fees from Alliance for Better Bone Health [Proctor & Gamble Pharmaceuticals, Inc. (Cincinnati, OH, USA) and Sanofi S.A. (Paris, France)], Amgen Inc. ( Thousand Oaks, CA, USA), Eli Lilly and Company (Indianapolis, IN, USA), GlaxoSmithKline (Brentford, UK), Medtronic plc (Dublin, Ireland), Merck Sharp & Dohme (Kenilworth, NJ, USA), Novartis International AG (Basel, Switzerland), Pfizer Inc. (New York, NY, USA), F. Hoffmann-La Roche AG (Basel, Switzerland), Servier Laboratories (Suresnes, France), Takeda Pharmaceutical Company (Tokyo, Japan) and UCB Biopharma (Brussels, Belgium). Daniel Prieto-Alhambra is a member of the NIHR Health Technology Assessment Clinical Trials Committee (1 March 2018 to present); he reports grants from Amgen Inc., UCB Biopharma and Servier Laboratories and other from Janssen (Beerse, Belgium), outside the submitted work. George Peat holds an honorary public health academic contract with Public Health England (London, UK). Nigel Arden reports grants from the NIHR HSDR programme during the conduct of the study; grants from Bioiberica (Barcelona, Spain) and Merck Sharp & Dohme; and personal fees from Flexion Therapeutics (Burlington, MA, USA), Regeneron Pharmaceuticals (Tarrytown, NY, USA), Freshfields Bruckhaus Deringer, Eli Lilly and Company and Pfizer Inc., outside the submitted work.
Plain English summary

Osteoarthritis is a leading cause of pain and disability. Many people with severe hip or knee pain caused by osteoarthritis have an operation called joint replacement. This involves replacing the painful hip or knee joint with an artificial joint. Over 200,000 hip and knee replacement operations take place each year, funded by the NHS, and this number is expected to increase.

A new patient pathway for hip and knee replacement called ‘enhanced recovery’ has been introduced in NHS and private hospitals. It is hoped that this will benefit patients through patient education before and after surgery, and includes making changes around the home, exercises to strengthen the joint and changes to diet, to help reduce the risk of complications and speed up a patient’s recovery. Patients for whom it is suitable will benefit further by being able to return home earlier.

Over the past 10 years, there have been substantial reductions in pain and improvement in functionality of the joint after surgery, fewer complications and reduced need for future reoperation. Large reductions in length of stay and, in turn, hospital costs for the NHS have been achieved without an adverse impact on patient outcomes. There has been an encouraging trend towards reduction in length of stay and improved outcomes, but this started prior to the official launch of the enhanced recovery programme and is likely to reflect early adoption of elements of enhanced recovery in some hospitals.

Although national trends towards improved patient outcomes are encouraging, there is still substantial geographical variation in outcome between Clinical Commissioning Groups. This was not explained by a hospital treating more complex or the most sick patients, nor by factors such as bed availability, numbers of operating theatres and specialist surgeons, using new surgical techniques, or centralising care into specialist high-volume hospitals.
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This report

The research reported in this issue of the journal was funded by the HS&DR programme or one of its preceding programmes as project number 14/46/02. The contractual start date was in December 2015. The final report began editorial review in December 2018 and was accepted for publication in August 2019. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health and Social Care.

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