

The waiting game – how patient information can impact people's experiences on a hip or knee surgery waiting list

September 2024



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About Healthwatch North Somerset

Healthwatch North Somerset is the local health and social care champion and has a statutory duty and remit to provide a voice for people who use health and adult social care services. We give people an opportunity to have a say about their care or the care of their family, including those who are not usually heard.

We ensure that their views are taken to the people who make the decisions about services. Our expertise in engagement and coproduction during this project means we can provide detailed experiential evidence to statutory authorities and commissioners.

We share feedback with national stakeholders Healthwatch England, NHS England/Improvement and the Care Quality Commission (CQC) to ensure that your community's voice is heard. We make all findings public from our work with patients, families, carers, and citizens.

Healthwatch North Somerset is a place where people's experiences improve health and care. Healthwatch is committed to promoting equality and diversity and tackling social exclusion in all our activities. We aim to ensure equitable access to our initiatives and projects.

At Healthwatch North Somerset, we listen to patients' experiences of health and social care. We want to provide the opportunity for people to have their say about their local health and social care services, including those whose voice is not usually heard. We aim to highlight both good practice and areas for service improvement.

Healthwatch North Somerset is part of a combined contract for Healthwatch which fits into the footprint of the Integrated Care System in Bristol, North Somerset and South Gloucestershire (BNSSG).

Executive summary

We asked what information individuals were given about self-help strategies at the point of referral by their healthcare professional; 29% said they were given no information at all.

When asked if any further information about self-help was given at their pre-operation appointment; 42% said yes.

64% of respondents said that they had no communication about their expected surgery waiting times from either their GP practice or the hospital.

53% of respondents said they felt able to access information online or via an app.

15% of respondents felt that they would have liked more information about pain relief during their wait.

Recommendations

To have an agreed shared protocol used by the Hospitals and GP practices to set standards in relation to the type of communication patients have while waiting for hip and knee replacement ensuring patients are aware of what is available.

Primary and/or secondary services to establish a dedicated procedure for responding to service users' needs.

Hospital Trusts to provide consistent preoperative care information.

Health service providers to ensure that information is given with the options of easy read, large print and translations as required.

To maintain an accessible evaluation in BNSSG (Bristol North Somerset South Glos) of the Getting it Right First Time (GIRFT) implementation.

GP surgeries to provide appropriate condition-based referrals to evidence-based sessional exercise support to address the most common mobility needs.

Background

NHS England, in December 2022, announced that 800,000 people were on trauma and orthopaedic lists, making up 11% of the overall waiting list. (1)

The current average waiting time in England in 2024 for knee or hip replacements is 128 days, twice the waiting time experienced before 2020. 59% of treatments are delivered within this time, many patients are waiting longer.

An investment of £50 million in an Elective Care Centre at Southmead Hospital opens in 2025/26 and will add 6,500 operations per year to the BNSSG capacity.

This project was driven by Healthwatch's interest in speaking up for the needs of older residents in North Somerset. Individuals gave health related feedback about a lack of information and resources available to give patients support whilst waiting for hip or knee surgery.

Needing an operation is known to be painful and stressful for people, mentally and emotionally as well as physically. Several initiatives before and since the Covid pandemic and its impact on backlogs, aimed at improving perioperative care. Our survey aimed to find out if residents in North Somerset had benefitted from schemes or been supported in ways that met their needs during the wait.

Project aims

This project focussed on exploring the experiences of service users living in North Somerset who were waiting for a hip and/or knee replacement or surgery. The aim was to highlight what was working well for people, what was supporting their journey and to uncover gaps that they felt would improve services.

We wanted to hear from as many people as possible, and to reflect the diversity of the population of North Somerset.

Our objective was to create a survey that would be accessible to many individuals, including translating the survey into different languages when required. We intended to reach out to individuals who are harder to hear from. We did this by partnering with organisations who work in these communities.

Our desktop research investigated best practice on preoperative rehabilitation, communications and digital access and found the following sets of standards.

What is best practice?

NHS England says that patients taking simple steps before surgery or treatment to improve fitness, diet and mental health are helped to recover more quickly and reduce their chances of being re-admitted to hospital. At the same time, social prescribing enables health professionals to refer people to a range of non-clinical activities that can improve overall health and wellbeing such as gardening, healthy eating advice and exercise classes, financial and housing advice.

NICE, the National Institute for Health and Care Excellence provides care standards for GPs, local government, public health professionals, social care professionals and members of the public.

NICE guidelines include care before, during and after a planned knee, hip, or shoulder replacement. (NG 157, 1.1 and 1.2).(2) For preoperative rehabilitation NICE provides guidance that states care professionals should offer advice on exercises to do before and after surgery that will aid recovery, lifestyle, including weight management, diet and smoking cessation, and maximising functional independence and quality, before and after surgery.

Prehabilitation

NICE Guidelines state, "Adults who will have hip or knee replacement are given advice on preoperative rehabilitation when they are listed for surgery" to optimise patients' health whilst waiting for hip and knee replacement. NICE also states that: "It increases their ability to manage any complications, promotes understanding of and engagement with postoperative rehabilitation, and prepares patients for life with a joint replacement." (3)

NICE say that advice should be tailored to the persons individual needs, circumstances, and preferences. They also advise that information should be specific to the procedure and should be easily understood by the patient, family members or carers.

Their section, 'for patients' contains links to patient information leaflets, which can be found at nice.org.uk. The resource 'Fitter, Better, Sooner' from the Royal College of Anaesthetists (www.cpoc.org.uk) evidences the case for perioperative (before during and after surgery) care "from the moment surgery is contemplated through to full recovery" One of the key messages in this document is that it, "increases how prepared people feel for surgery." Given the importance of this we asked patients about what information they received at their preoperative appointment. (4)

Communication best practice

The Cureus Journal for Medical Science states, "with constantly evolving communication technologies, it is essential for all healthcare professionals to try utilising various methods in communicating with patients, this will lead to better healthcare outcomes and patient satisfaction. (5)

The NHS Getting It Right First-Time programme is clear on its communication policy throughout the preoperative stage (6)

"Undertake discussions of what should be consultation and through the care episode. "expected" and in discussing consent, "is an ongoing process that begins at the first care episode. (7)

The Getting It Right First Time (GIRFT) March 2023 report gives a guide to delivering preoperative ambulatory care for patients with hip and knee pain requiring joint replacement surgery. (8)

The report suggests 8 key principles during and after surgery, including length of hospital stay, recovery and rehabilitation.

Digital access

On digital access we looked back at Healthwatch Bristol, North Somerset and South Gloucestershire's combined feedback for 2023/24 and found many service-users struggle with digital access. A third of people who fed back about digital access reported having none and many people in an older age range either have no resources or do not feel confident using apps.

There is a wide range of online support options available for patients waiting for hip and knee replacement surgery. MyOp (University of Southampton) (9) aims to support patients before elective surgery. It combines evidence-based rehabilitation interventions with behavioural change techniques to improve physical and mental fitness and optimise nutrition. Users can access the app on a range of devices and use a series of platforms to self-assess area of physical fitness, psychological wellbeing, and nutritional status. The app then supports the patient to improve in these key areas. Patients are offered the opportunity to take part in physical and mental wellbeing programmes in the time proceeding their operation

In February 2022, the NHS launched an online platform My Planned Care which designed to empower patients awaiting their treatment(10). This platform was developed in conjunction with patient groups and is available to 5.5 million people. My planned care offers patients, their families, and carers the ability to search average waiting times in their area. The site is updated weekly.

ORCHA working with NHS clinicians have created a waiting well and beyond campaign(11) Mapping the most effective apps to create a page which features 10 that support the most common health needs of patients on the elective surgery waiting list. These include pain management, smoking cessation, sleep, and mental health wellbeing. Between August 2023 and November 2023, the page had over 6500 visits and 2096 health app downloads.

Local NHS providers and Orcha have validated resources that patients could use. (12) Orcha offers links to hundreds of apps that can help with health and wellbeing. Waiting Well offers a range of apps to help with lifestyle changes such as smoking cessation, drink free days, NHS food scanner, Active 10 walking tracker, Smiling Mind, mental health support, calorie counter, pain management, Sleepful, Sidekick Health and the NHS app.

Recovery

In the Health Services and Delivery Research, a lack of proactive perioperative planning with patients is linked to an “impact on the enhanced recovery pathway and other factors and outcomes and costs following hip and knee replacement.” It concludes that; “Time to surgery and cancellations were emotionally difficult. “(13)

The Enhanced Recovery Partnership Programme was implemented by the Department of Health and Social Care between April 2009 and March 2011 across all NHS hospitals. Its aims were to improve patient care preoperatively, perioperatively, and postoperatively. The key finding of the report was the variation in patient outcomes across the country. (14)

Other patient experiences include not being offered educational classes although patients questioned said that they valued preceptive education and emotional support was asked, respondents to the HSDR report described different experiences of being offered anaesthesia, some patient not being consulted until the of surgery which caused anxiety.

Methodology

We initiated the project by arranging a steering meeting; inviting individuals who are on a waiting list for hip and knee replacement operations. We reached out to GP practices in North Somerset asking if people were willing to share their waiting experiences with us. We did this by using social media and other online platforms. We printed posters for local community events and engagement activities.

Information about the project was given to North Somerset Council and community and local healthcare providers.

From the responses we received, we set up a co-design steering group. A set of semi-structured questions were developed before the steering meeting.

The steering group consisted of seven participants a mixture of male and female all waiting for a hip or knee replacement operation. All had different experiences of waiting; some felt they had received good support from health care settings and others had felt isolated with little or no support. The steering group were told that the aim of the discussion was to help structure questions for the survey from the topics and themes that arose.

The survey used the online platform Smart Survey and was promoted on social media platforms. It was also advertised through partners and community organisations, local councils, and hospitals.

Posters were created displaying a QR code that linked to the survey using a smart phone or device. The posters were displayed in community centres, leisure centres, hospital clinics, outpatient departments and in GP reception areas and were taken to healthcare and well-being events. A link to the survey on our website was published in newsletters within the voluntary sector and integrated health partners.

The survey was offered in different languages. Staff assisted respondents by filling the survey over the phone for them.

The survey included demographic questions to identify experiences common to people with protected characteristics or from inclusion groups. It also meant we could see how well our cohort mapped with the demographic makeup of the population of North Somerset. Respondents were encouraged from surgeries at St Georges, Sunnyside, Yatton, Congresbury and Langford, as well as Weston-super-Mare waiting for hip and knee replacement operations. Respondents were able to select 'Prefer not to say' as an option to all the demographic questions.

The survey ran throughout March 2024. (See Appendix 1)

Overall findings

- The total number of respondents was 74. Two thirds were over 65 years old.
- 29% of respondents said that they received no information to help their health and wellbeing whilst waiting for hip and knee replacement surgery.
- 64% received no communication about the waiting time for their operation.
- 53% of respondents were able to access information online or via an app if they were directed towards them.
- Individuals who were not able to access information online felt left behind and did not receive enough information via other means.

- 36% of respondents said they would like referrals for exercise classes and physiotherapy.
- 22 respondents were offered information on exercise.
- 53% of those surveyed stated that waiting for their operation had impacted on their mental health.
- 61% of those surveyed said that waiting had affected their family or social life.
- Participants said they felt like a burden on family members.
- The three biggest concerns were the lack of information about waiting times, the lack of support with correct and specific exercise and the pain.
- Participants spoke about sleep deprivation being a big issue.
- Of the respondents, 30% were male and 70% were females.

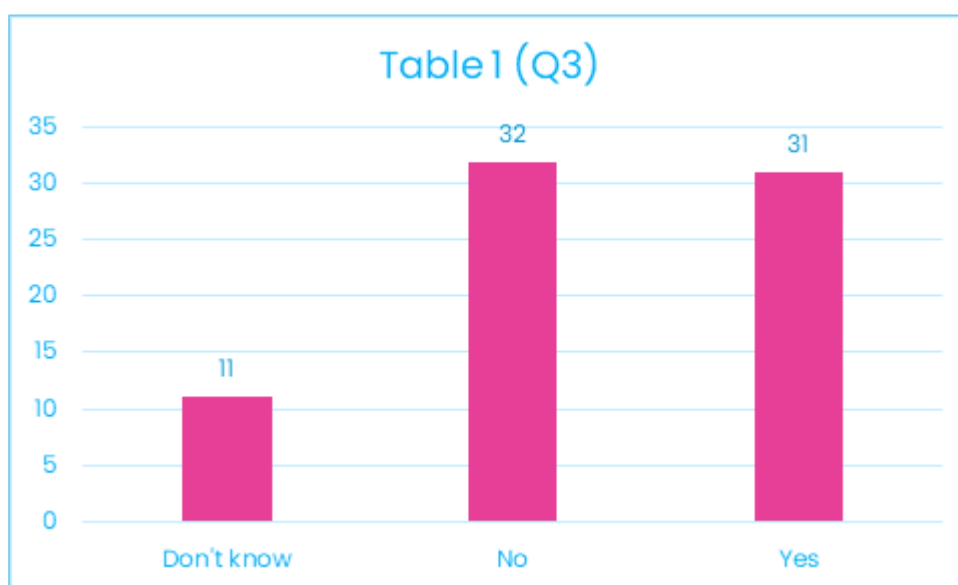
Thematic analysis

Prehabilitation

Nearly half of those responding to the survey had not been given preoperative wellbeing advice.

As shown in Table 1 below, 43% of our survey respondents said they were not or didn't know if they were given any information at their preoperative appointment about what they could do to help with their health and wellbeing whilst they were waiting for their operation. 42% said they were given some information.

Table 1. Were you given any information at your pre-op appointment about what you can do to help with your health and well-being whilst you are waiting for your operation?



This reflects the discussion at the steering meeting about information received inconsistently, with some people receiving detailed information that they were pleased with, and others feeling frustrated with the lack of resources.

One participant said:

“I have been given a thick file of exercises, to do by the hospital before and after my op, I have also got lots of facts sheets and special drinks to drink before going in for my operation.”

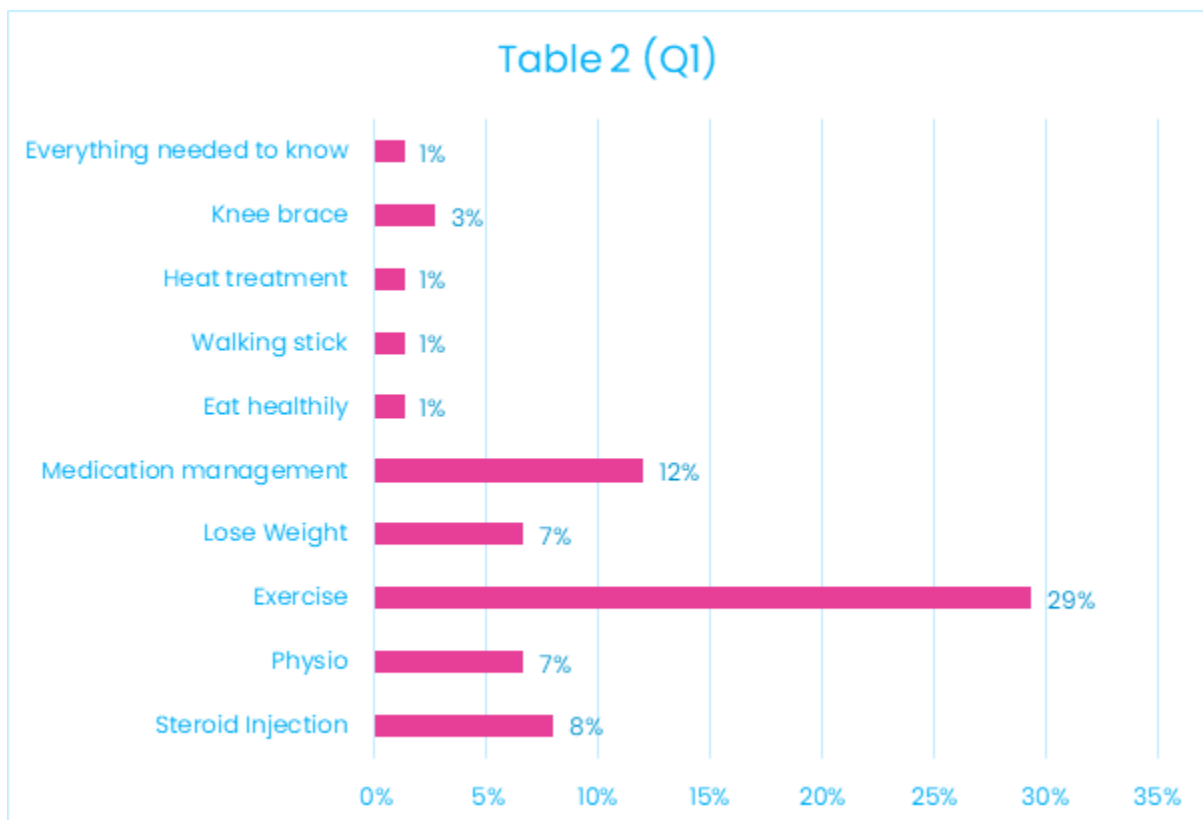
Another participant said:

“I’m very angry, I have not been given any of this by the hospital, my physio or my G.P.”

Information

The table below illustrates the different areas of information that the survey participants who answered yes were provided with. Information on exercise was the most common topic followed by medication management.

Table 2. What information did the healthcare professional who did your referral provide you with, to help with your health and well-being whilst you are waiting for your knee or hip replacement?

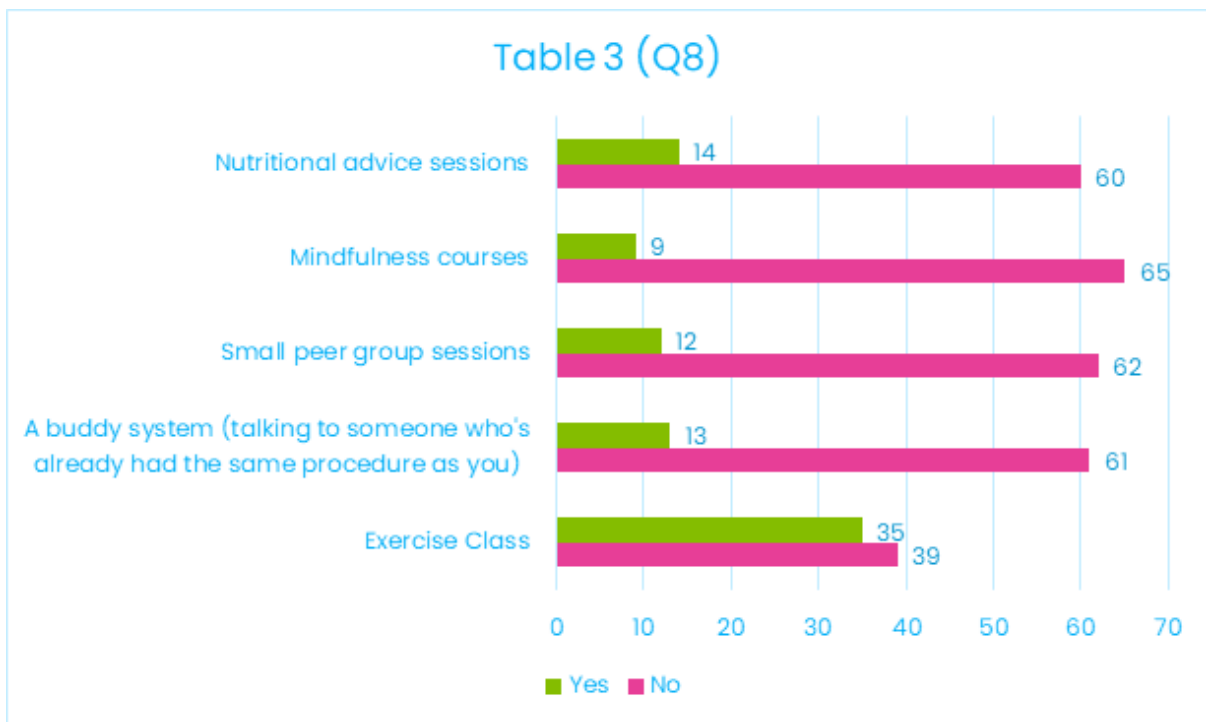


Of the respondents that said they were not provided with any preoperative information the key areas they thought would have been useful to receive information about were, exercise, weight management and pain control
One survey participant said:

“I’m worried about my weight gain because of the pain in my knees. I worry about how this will affect me long term”

Several of the steering group participants specifically wanted advice about pain relief at night. They described this as having a detrimental effect on their mental health. Furthermore, they discussed that no information was offered about how to manage any symptoms at night in preoperative care advice.

Table 3. If offered, would you be interested in attending or using any of the following, if they were tailored to your needs, whilst you are waiting for your operation?



From the five options, most people did not want access to additional services. Of those who did say yes, the highest number of respondents stated they would positively welcome some form of exercise class.

This was followed by those who would welcome information about nutrition. For a few people, peer support or a buddy system were important to them too.

Communication about waiting times

Our survey showed that respondents valued clear communication around the expected waiting time for the operation. However, two thirds of service users we heard from had received no clear information regarding this.

63% of the survey respondents said that there was a lack of communication about the initial waiting time and no further updates or support. (See table 4.)

Table 4. What communication have you had with either your GP practice or the hospital about your initial waiting time, and did they keep you updated?

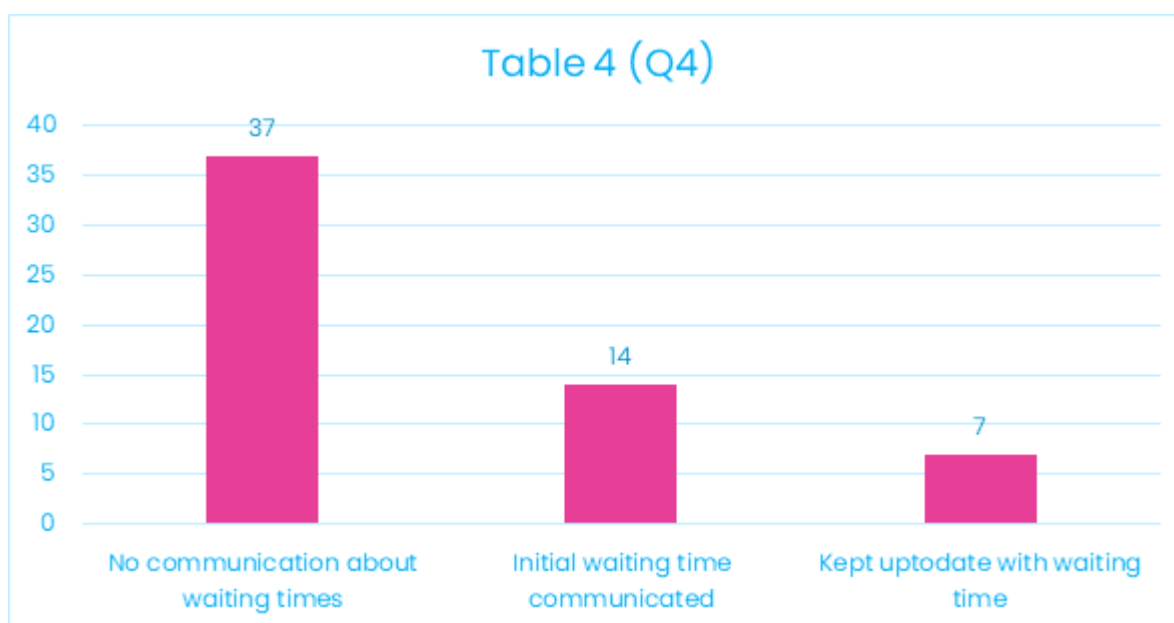
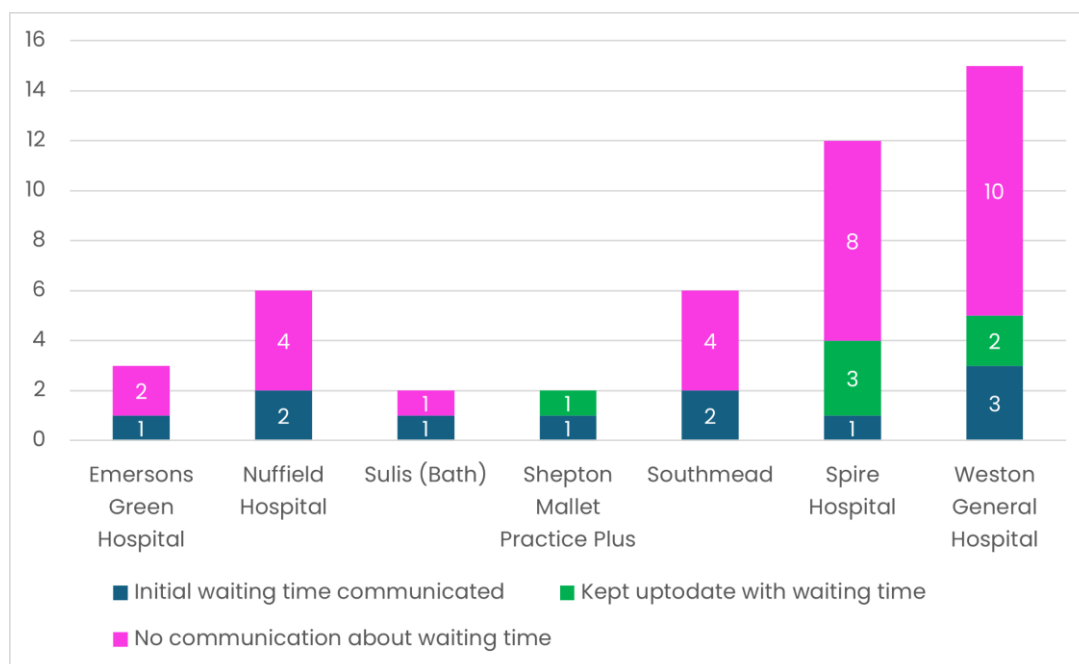


Table 4 shows 37 participants out of 74 had no communication about their expected waiting time for their operation.

Table 5 below shows the level of information offered to patients, which we found to be inconsistent both between settings and within a setting.

Table 5. Communication information given by the hospitals providing the operation.



Here we investigated whether information was provided about initial waiting time, updates given, or no information at all. Only 12% of respondents reported being given updates on their expected waiting times.

All those participants said the lack of information led to distress and anxiety and an inability to make plans.

One individual felt frustrated and said:

“I am unable to commit to any childcare duties for my grandchildren over the summer holidays as I just don’t know when my operation date will be.”

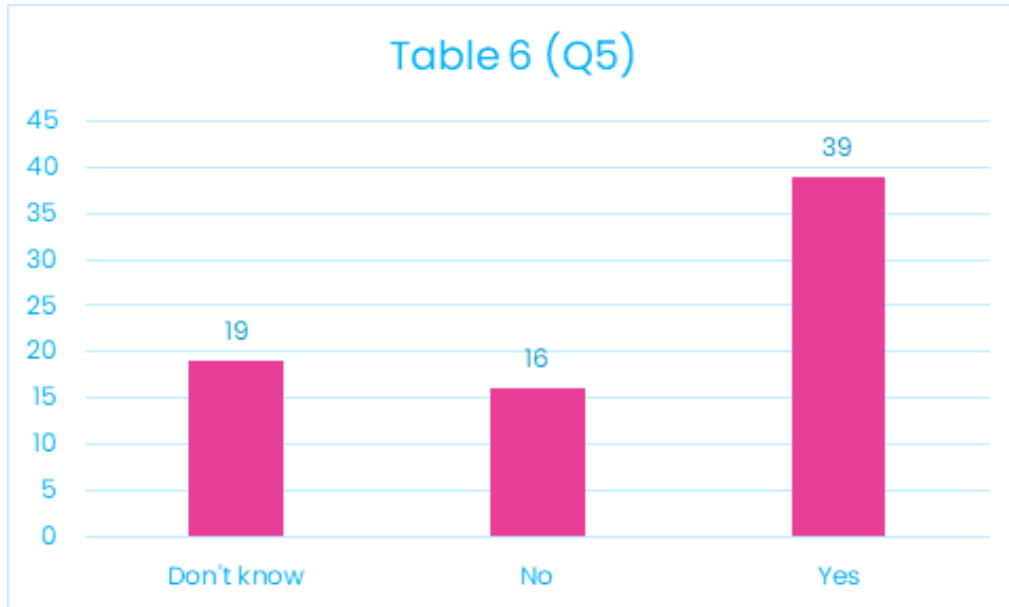
Another said “I feel like my whole life is on hold” ... “I feel useless and redundant and a burden to my family.”

One individual ran his own business, and said he was able to organise certain days and tasks but admitted that it would have caused a great deal of stress if he did not have that independence and flexibility.

Digital support

47% of respondents to our questionnaire were either unable or unsure whether they could access information online while they were waiting for surgery as shown in the table below.

Table 6. Are you able to access information online or by using an app to help with your health and well-being whilst you are waiting for your operation?



Of the individuals who were able to access information online, 50% were able to name the app or websites they used; NHS online resources, the Nuffield Hospital app, Myprogram and Mymobility app.

The steering group were specifically asked if any of them had used the Waiting Well app. This app is used by University Hospitals Bristol and Weston. Survey respondents who had been able to access online resources said what they had found useful.

“NHS app, they are useful”

“Mostly NHS information from their website, but there is copious information online about total knee replacements mostly useful, but you have to be selective in your reading.”

“I was advised to download an app on my phone and have been religiously doing all the pre-op exercises every day when prompted and keeping a record on the app.”

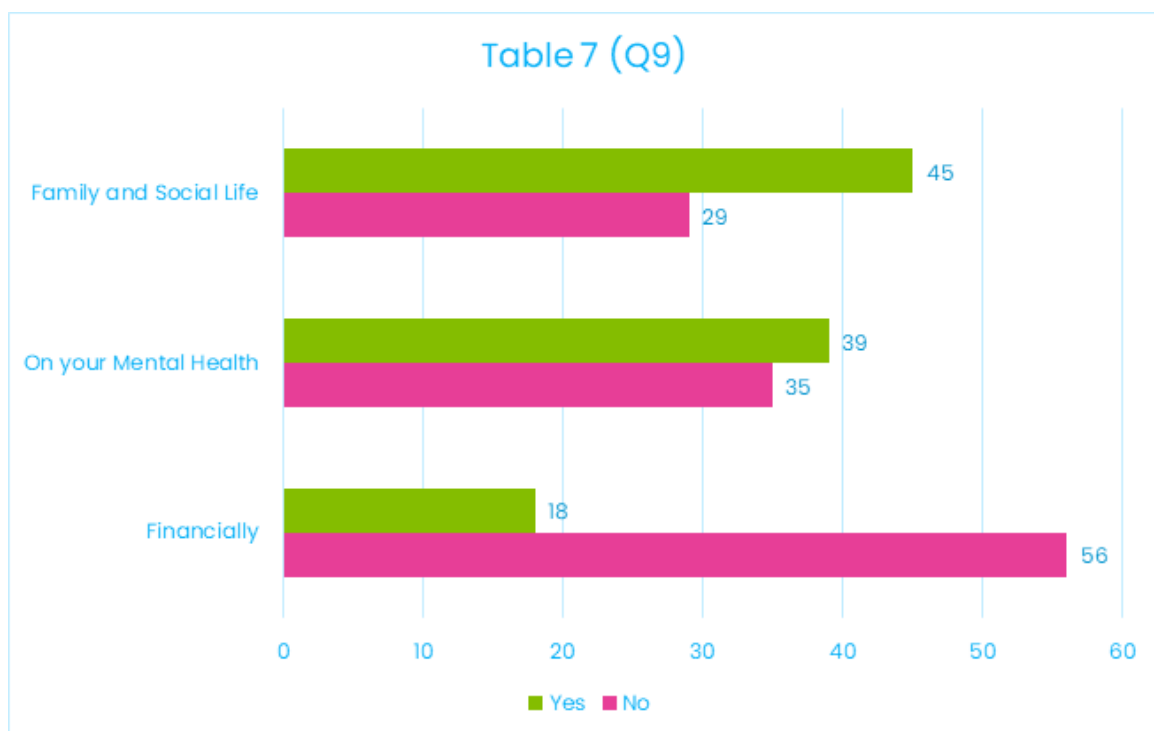
“All the information on the app is very comprehensive. The exercises are well presented.”

“Danger of having almost too much information. Some apps or sites are more suitable for some and not others, it’s a case of finding what works best for you.”

Impact of waiting on health and wellbeing

The service users told us that long waiting times and uncertainty coupled with a lack of communication led to detrimental affect on people’s physical and mental outcomes.

Table 7. Has the wait for your hip or knee replacement had a negative effect on you in any of the following ways (please select all that are relevant)



53% of survey respondents said their mental health was negatively affected.

“The recent increase pain in my hip is depressing at times”

“The wait is causing me to be very depressed”

“It has a negative effect on your mental health because if you are in pain every day then it will drag you down. It affects your social life because you do not feel able to do all the things you used to do because of restricted movement and pain, and it

makes you irritable because you are in pain so it can influence others around you.”

61% stated that the wait was having a negative effect on their family and social life.

“I can no longer enjoy walking, or going out”

“I have given up a hobby which I have pursued for forty years, Country walks are curtailed, and I desperately want to enjoy my daughter’s wedding”

“I’m now housebound and I’m unable to drive to see family and friends”

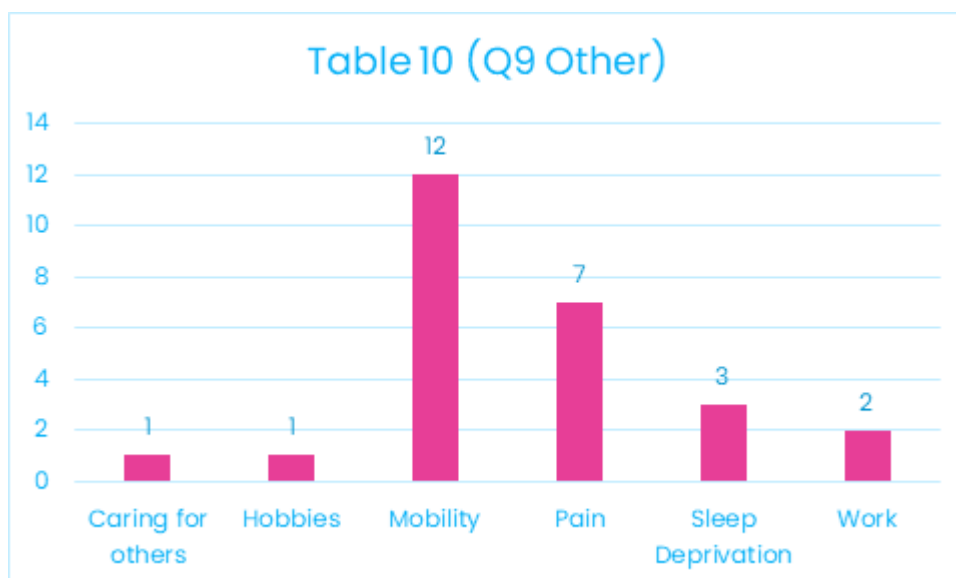
“Despite trying to keep pain at a minimum, with painkillers and knee patches, obtained online, according to my wife I “have become grumpier over the last month or so!”

In terms of finances, a quarter of respondents said their finances were affected negatively.

“I am a foster carer and love what I do but I have struggled in the past looking after children (can’t get down on the floor or take them for walks) and not having TKR means presently that I cannot do the job to my full ability and therefore considering giving up when there are so many children needing homes”

Additional areas of participants lives were also affected, and this information came from later questions in the survey.

Table 10. What other areas of your life were negatively affected by your wait for an operation?



Equity and consistency

Survey responses suggested inconsistency across several key areas including waiting times, communication, support, and the provision of resources.

This included areas expressly highlighted by NICE guidance regarding preoperative support which emphasise the importance of:

- Exercises to do before and after that will aid recovery.
- Lifestyle, including weight management diet and smoking cessation.
- Information on preparing for surgery, including steps people can take to optimise their recovery.
- Wellbeing including physical and mental health, and emotional wellbeing.
- Maximising financial independence and quality of life before and after surgery.
- Information on what to expect before, after and during their surgery, including length of hospital stay recovery and rehabilitation.

From our survey results, questions around equity of access to information and communication arise. Within North Somerset all service users are not receiving the same or similar quality of care. The survey responses indicate that within the region and even in some cases, within the same hospital, the experience of the patient is varied. Whilst the actual preparation for a person's operation may be similar, what is provided to patients before hip or knee replacement surgery is quite different.

Table 11. What has not helped with your health and well-being whilst waiting for your hip or knee operation?

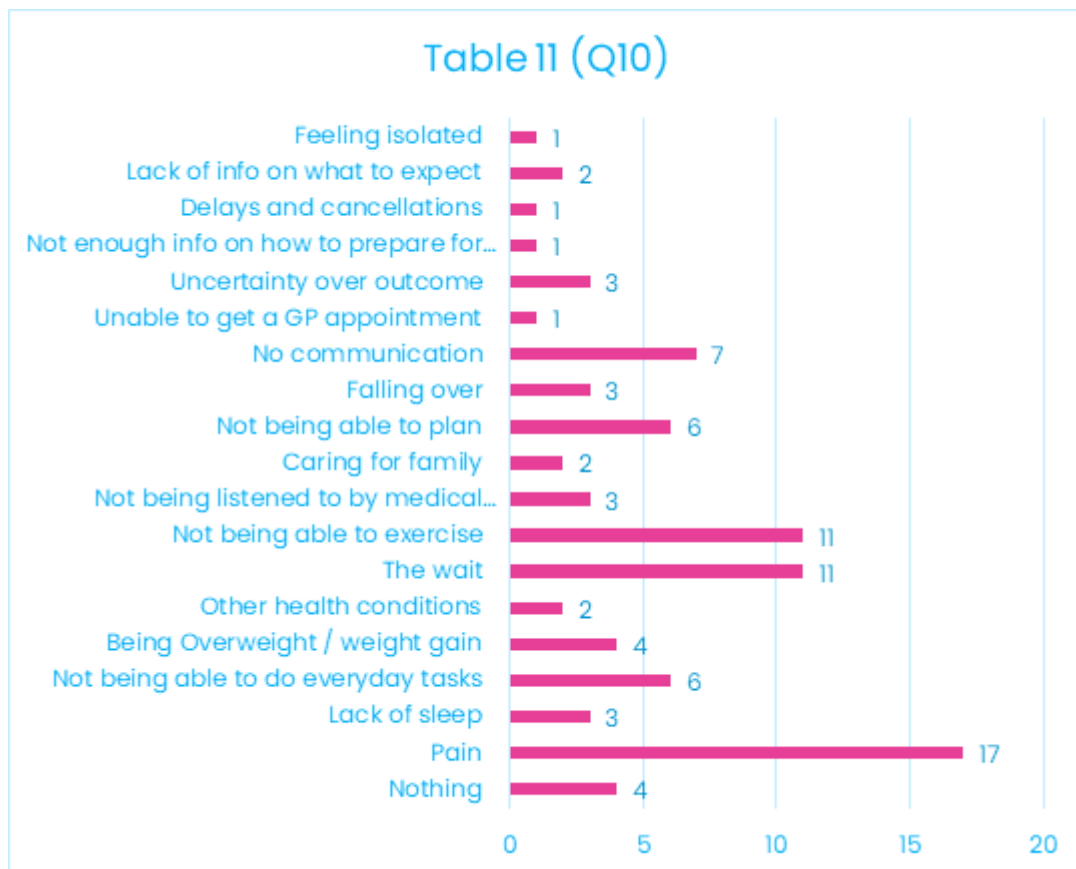
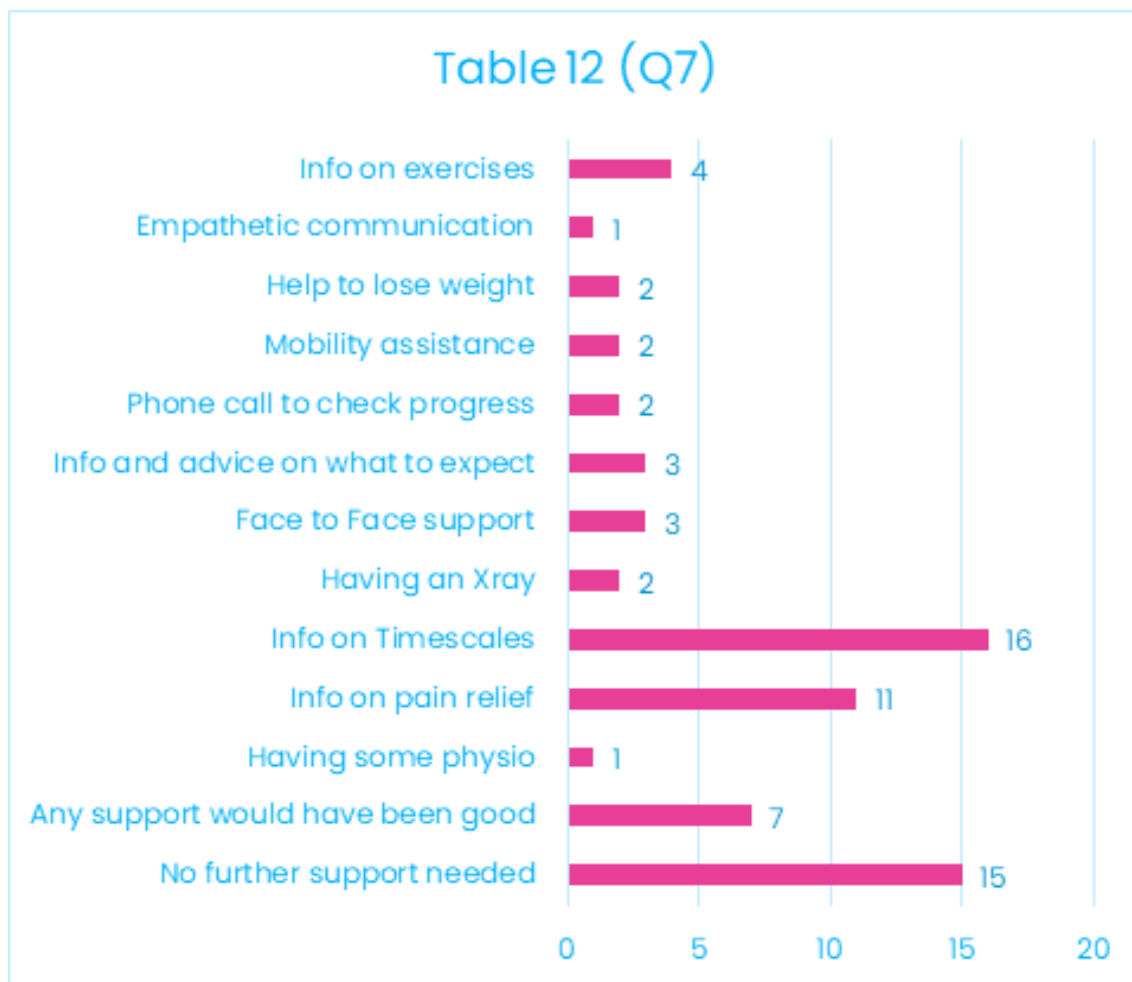


Table 11 above shows a range of concerns by the survey respondents. Participants of the survey and members of the steering group had personal needs and each recounted unique experiences with their care. While there is a need for personalisation for individuals waiting for surgery, the findings suggest there would be a benefit for everyone from having information, communications and choice clarified and standardised.

Table 12. What further support would you have liked from your GP surgery or the hospital to help with your health and well-being whilst waiting for your operation?



This range of support, which respondents would have liked to have been offered whilst waiting for their operation, highlights the opportunities for both standardisation and personalisation of the offer.

The impact upon respondents' mental health is of particular concern with 52% of patients reporting a negative effect with a further 60% suggesting a negative effect on their family and social life.

Recommendations

- To have an agreed shared protocol used by the Hospitals and G.P practices to set standards in relation to the type of communication patients have while waiting for hip and knee replacement ensuring patients are aware of what is available.
- Primary and/or secondary services to establish a dedicated procedure for responding to service users' needs.
- Hospital Trusts to provide consistent preoperative care information.
- Health service providers to ensure that information is given with the options of easy read, large print and translations as required.
- To maintain an accessible evaluation in BNSSG (Bristol North Somerset South Glos) of the Getting it Right First Time (GIRFT) implementation.
- GP surgeries to provide appropriate condition-based referrals to evidence-based sessional exercise support to address the most common mobility needs.

Provider responses

Paula Clarke, Executive Managing Director, Weston General Hospital (WGH) and Chair of BNSSG One Trauma and Orthopaedics Clinical Network Board

This response has been developed by representatives of the BNSSG One T&O (Trauma and Orthopaedics) Clinical Network Board. The BNSSG One T&O Clinical Network Board works collaboratively to provide leadership, expertise and insight to inform service developments and deliver improvements in quality and outcomes across T&O patient pathways. The Network is made up of patient representation, both BNSSG Trusts – North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) – Sirona Care and Health, representatives from Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) and other partners from across the system involved in the elective orthopaedic pathways.

The voice of patients and the public is of utmost value to us, and we are fully supportive of the work led by Healthwatch. We would like to thank the Healthwatch North Somerset team for sharing this report and extend our thanks to the patient population that shared their time, experiences and thoughts for this piece of work.

We are pleased to offer our initial response to the recommendations below. We acknowledge that the pathways that are the focus of this report cross several system partners, including the ICB, NBT, UHBW, Sirona Care and Health, General Practice and a number of Independent Sector providers. As such, action we take related to the recommendations will be a collaborative effort among the relevant system partners.

[Continued on next page]

Recommendation	Response
<p>To have an agreed shared protocol used by the Hospitals and G.P practices to set standards in relation to the type of communication patients have while waiting for hip and knee replacement ensuring patients are aware of what is available</p>	<p>Reflecting on the finding in the report of variation in the communications and information received by the participants, we commit to working across system partners to ensure that information and resources are more widely promoted and more consistently shared.</p> <p>We will continue our long-standing commitment to improving communication with patients, as well as promote the resources, information and tools we have developed to support patients while they wait. This will include raising awareness of digital resources such as Waiting for your hospital care - NHS BNSSG ICB and specifically for those waiting for hip or knee replacement surgery, the resources and support available on My Joint Health Hub - msk (bnssg.nhs.uk) as well as the various apps and support tools we offer.</p> <p>We will continue raising awareness among patients of the waiting time information available, including for example, through our website How long will I wait for a hospital appointment? - NHS BNSSG ICB and also available through the website My Planned Care NHS.</p> <p>We will continue our system wide commitment to the Accessible Information Standard, expanding the accessibility of resources for our population including provision of resources in various languages.</p>
<p>Primary and/or secondary services to establish a dedicated procedure for responding to service users' needs.</p>	<p>We would like to work with the Healthwatch team to further explore this recommendation. We know that patients need to be able to access useful information while awaiting their procedure and have been working to improve this, including with our service user representation in One T&O. We would like to work with Healthwatch to understand, from the patient experiences shared for this report, what we could learn from what is working well and why, to help us identify what the main improvements could be.</p>
<p>Hospital Trusts to provide consistent preoperative care information.</p>	<p>We understand from the patient experiences shared in the report, that there was not consistency in preoperative information received. Across the BNSSG system we have evidence-based resources and information, and we commit to raising greater awareness of these and sharing them more consistently across pathways.</p> <p>There is an important piece of work underway across the Trusts in relation to perioperative pathways (pathways close to or around the time of the operation) that will strengthen this as we move forward. This work has commenced in orthopaedics. This work will help us understand how the perioperative resources, information and tools we have to support and optimise patients for their surgery are made available and enable us to identify opportunities for improvement.</p> <p>Although this recommendation is specific to the Trusts, we note that the findings show a number of respondents were waiting for their surgery at Independent Sector hospital sites. As such, we will explore with those Independent Sector providers noted in the report that we directly contract with, their approaches and practice in relation to provision and timing of preoperative care information.</p>

<p>Health service providers to ensure that information is provided with the options of easy read, large print and translations as required.</p>	<p>We fully support the importance of this recommendation and recognise its relevance across all aspects of our communications.</p> <p>Providers across the BNSSG system are committed to compliance with the Accessible Information Standard, ensuring we provide communications, information, and resources that are accessible to all our patients. There is well-established work in this area underway across the system and within provider organisations, which will continue to develop and expand. We will continually work to identify gaps and areas for improvement as well as draw learning from best practice from within our system and further afield.</p> <p>We note that this recommendation is aimed at supporting inclusion and promoting use of the Accessible Information Standards in all communications from all services, and is not intended as a comment on a lack of provision of information in accessible formats resulting from the specific findings of this report.</p>
<p>To maintain an accessible evaluation in BNSSG (Bristol North Somerset South Glos) of the Getting it Right First Time (GIRFT) implementation.</p>	<p>BNSSG is fully engaged in the extensive NHS-wide GIRFT programme. In addition to annual BNSSG GIRFT focussed meetings with NHSE, hosted visits to the Trusts, regular engagement with NHSE at the southwest and national level, the Trusts supported by the ICB, take part in regular GIRFT speciality reviews. For example, in May 2024 an Anaesthesia and Perioperative Medicine Gateway Review took place, where we shared with NHSE the work underway in orthopaedics.</p> <p>There are well-established programmes of work at Trust and system level, with governance structures that support the various areas of the GIRFT programme, including following up on recommendations that result from the GIRFT speciality and service reviews. We will continue with all established programmes of work related to GIRFT and continue engaging with NHSE on all aspects, including routine speciality reviews.</p>
<p>GP surgeries to provide appropriate condition-based referrals to evidence-based sessional exercise support to address the most common mobility needs</p>	<p>General Practice across BNSSG refer patients to a range of resources and condition appropriate sessional exercise support and physiotherapy across our secondary care and community care providers. This is in addition to referring patients to free evidence-based exercise courses that we offer across a number of leisure centres, local gyms and community spaces across the system – such as Escape Pain courses.</p> <p>We will review demand across BNSSG to guide consideration on where to host more courses, such as Escape Pain, to ensure this provision is equitably available across BNSSG.</p>

Appendices

Demographics

Table 13. Please tell us your gender

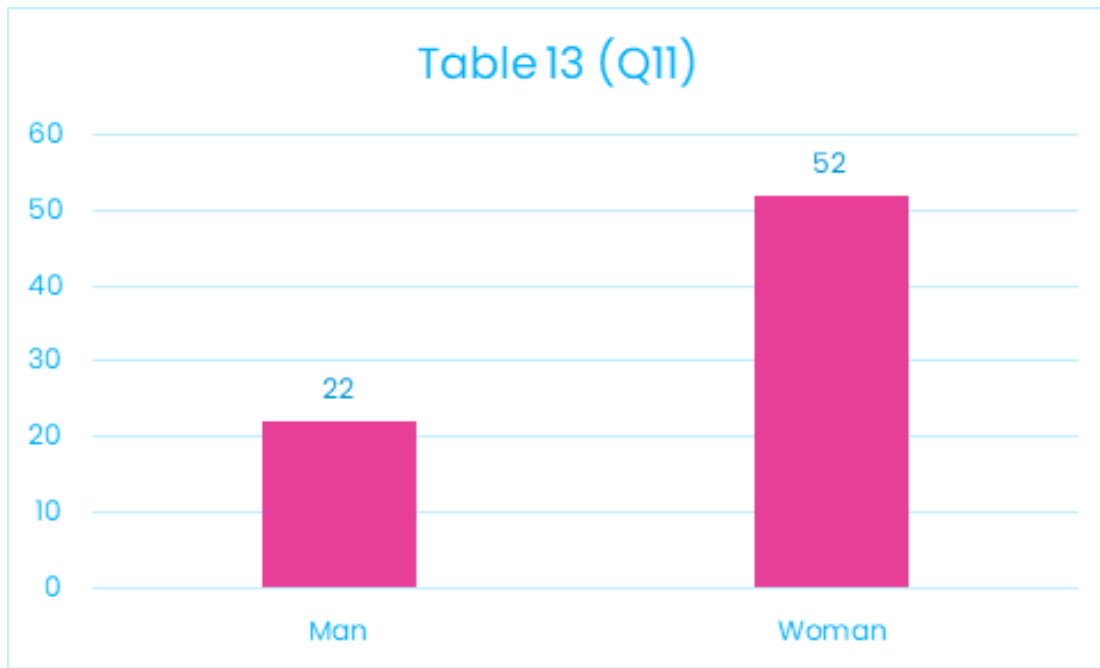


Table 14. Is your gender identity the same as your sex recorded at birth?

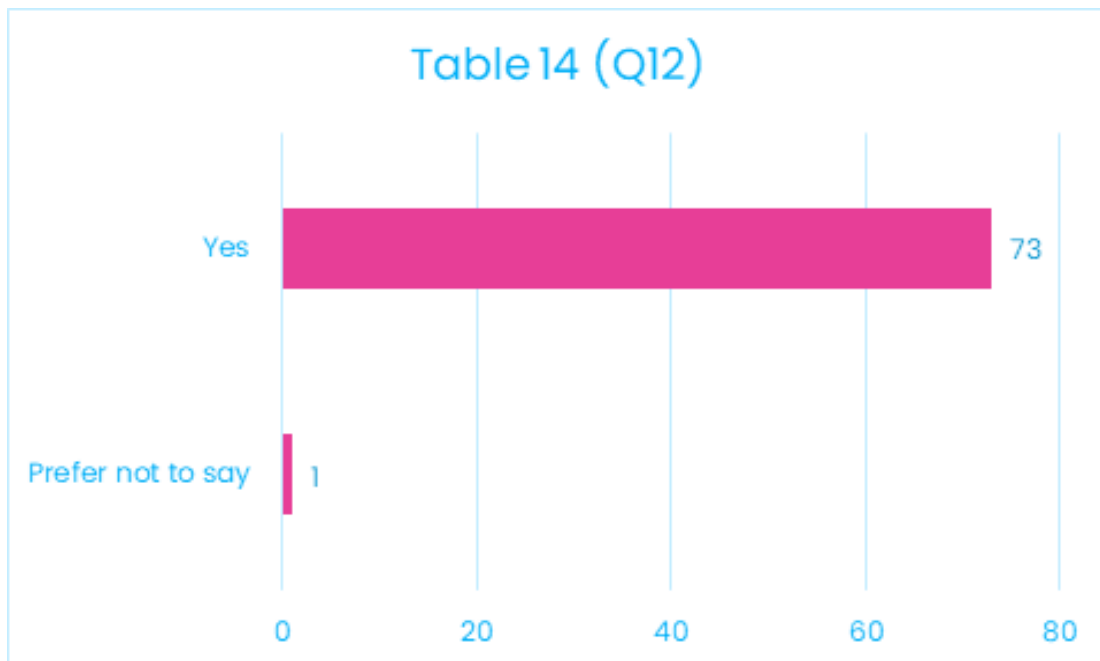


Table 15. Please tell us your age

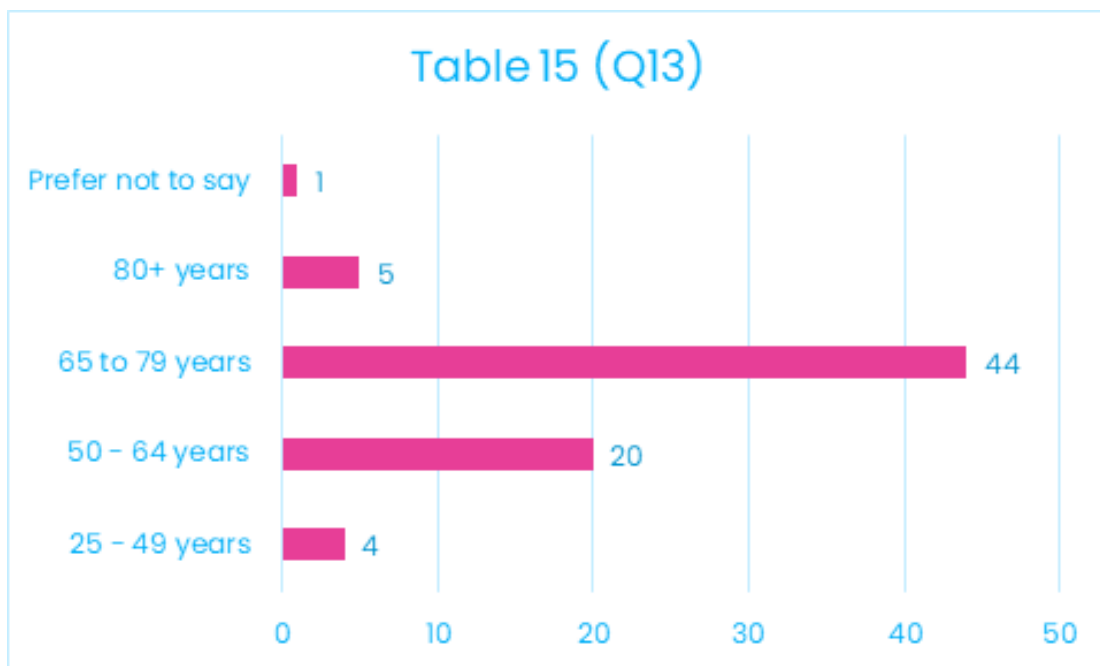


Table 16. Please select your ethnicity

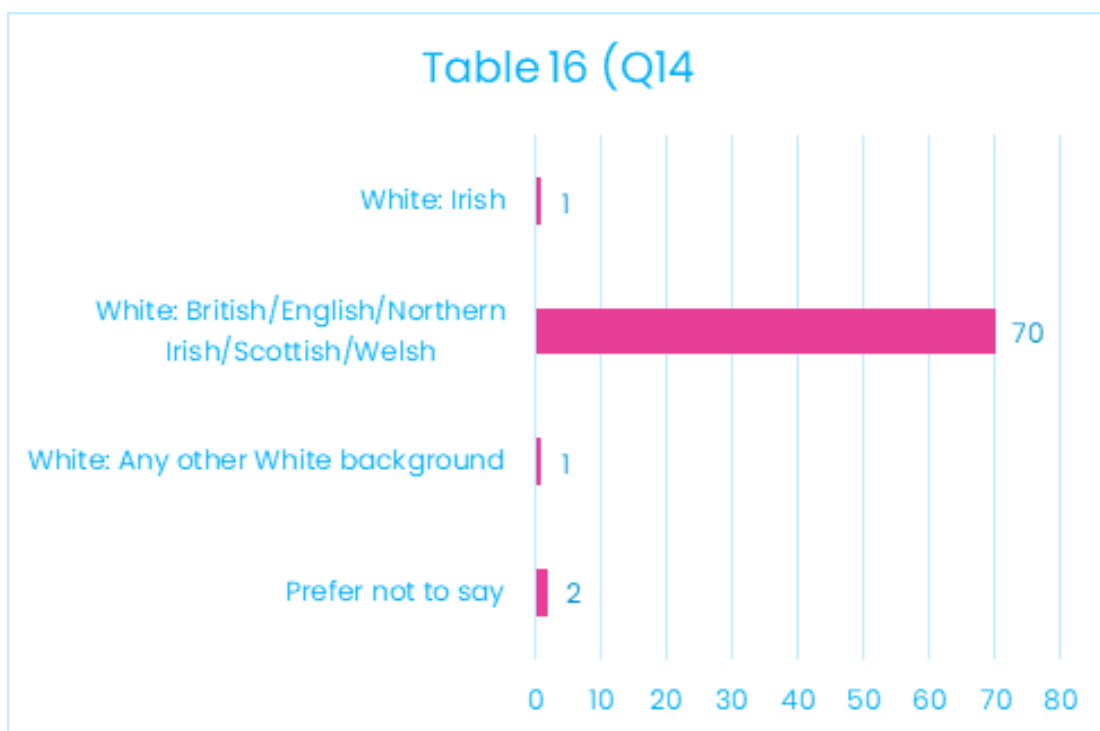


Table 17. Please tell us which sexual orientation you identify with

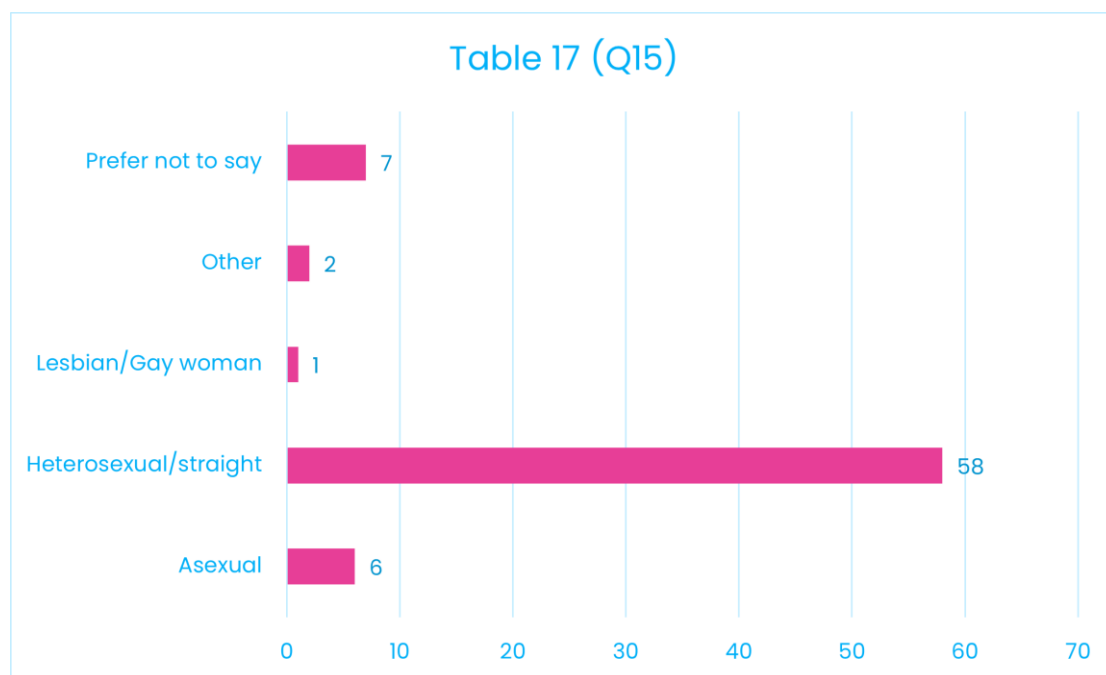


Table 18. How would you describe your marital or partnership status?

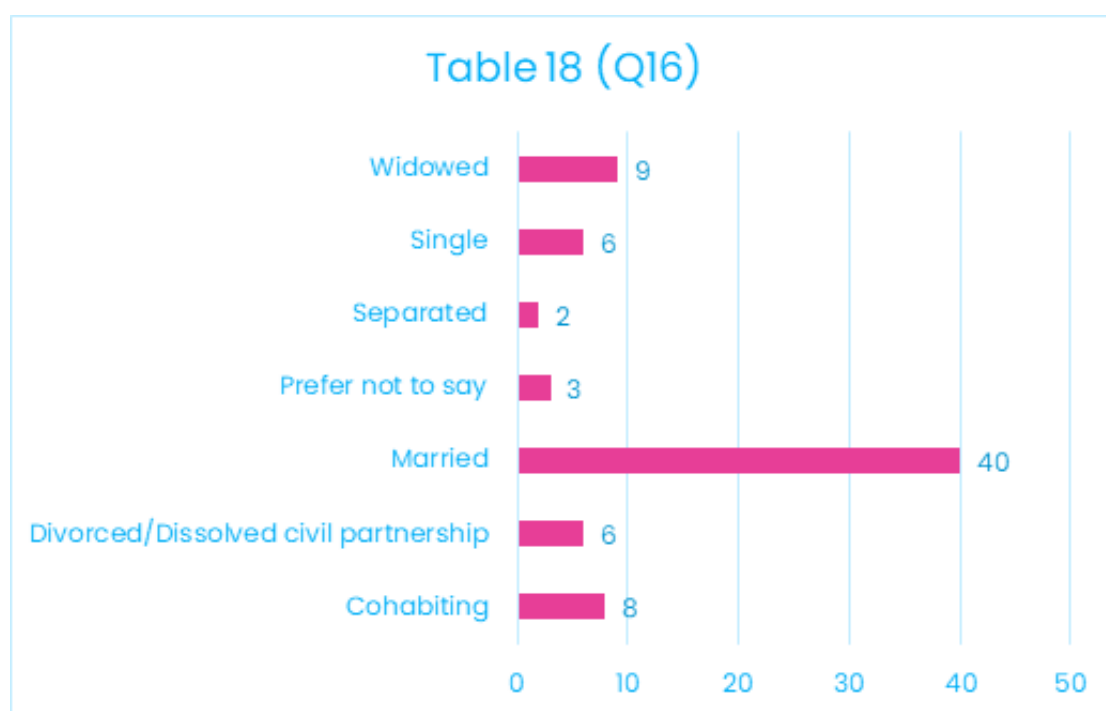


Table 19. What is your religion or belief?

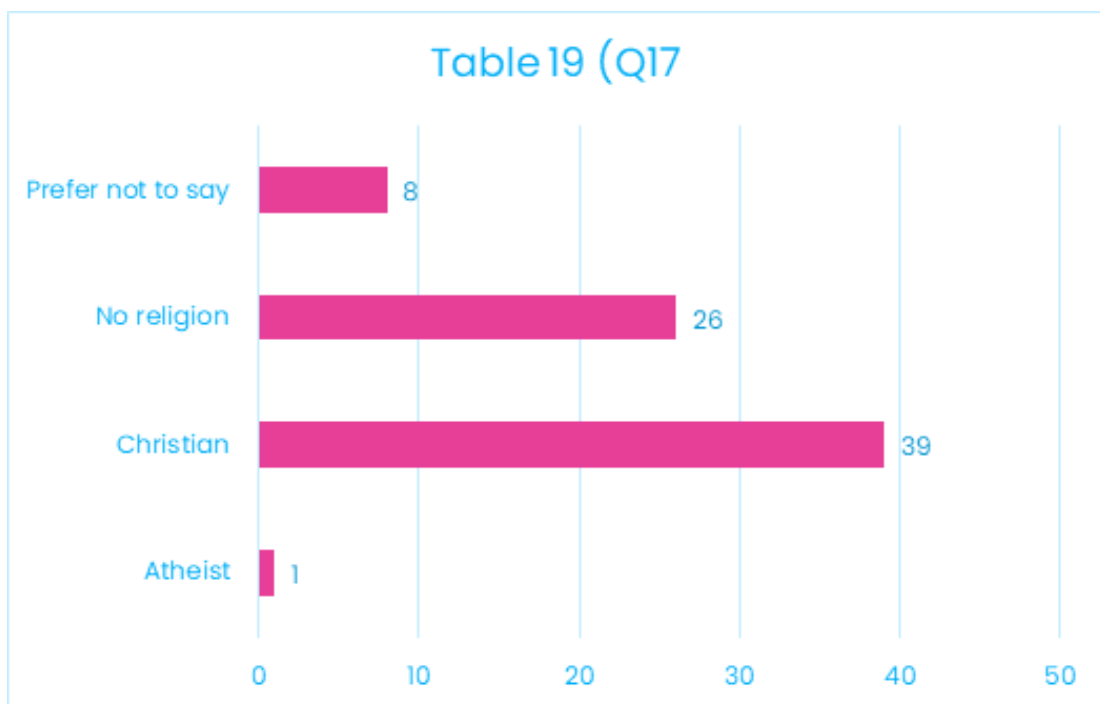


Table 20. Do you have a disability or long-term health condition?

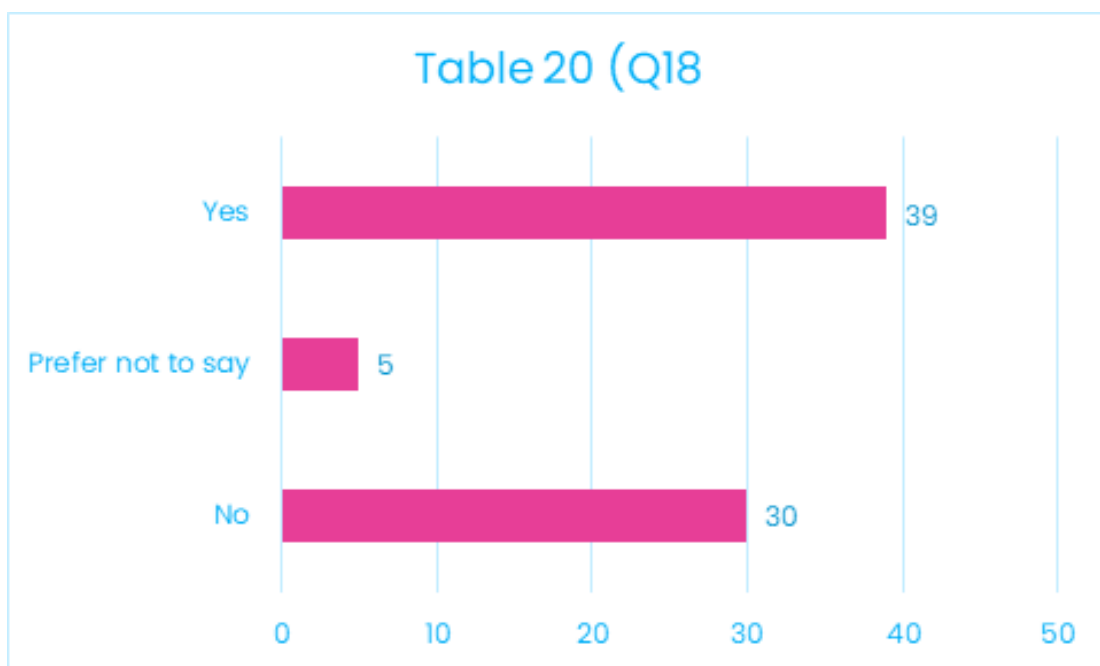


Table 21. Which of the following disabilities or long-term health condition do you have?

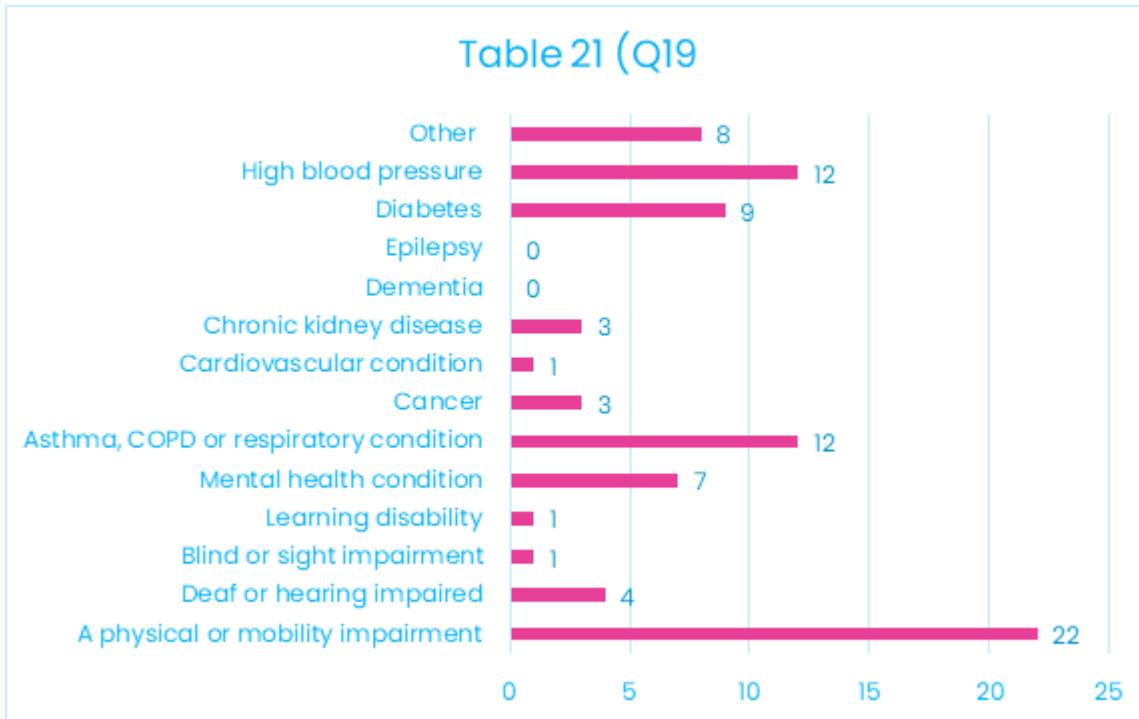
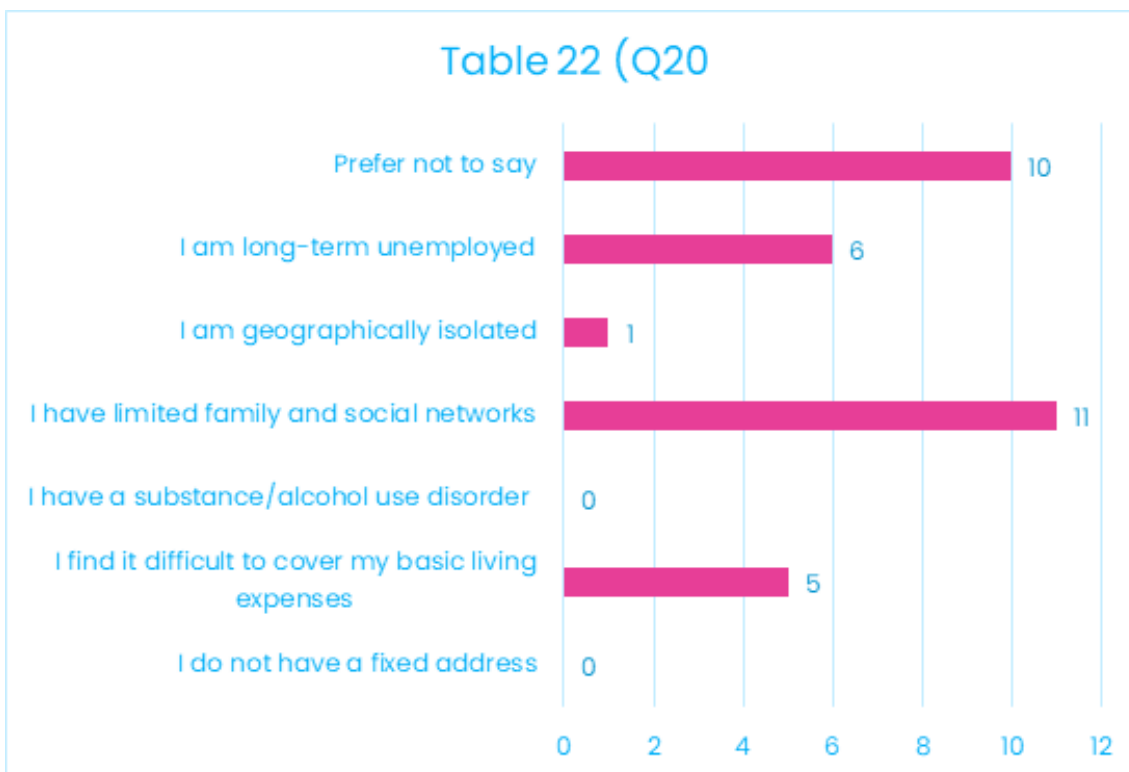


Table 22. Please select any of the following that apply to you:



Survey questions

1. What information did the healthcare professional who did your referral provide you with, to help with your health and well-being whilst you are waiting for your knee or hip replacement?

2. If you know which hospital you will be having your replacement operation at, please can you select it from the list below:

- , BRI
- , Southmead
- , Weston General Hospital
- , Emersons Green Hospital
- , Nuffield Hospital
- , Spire Hospital
- , Other (please specify):

3. Were you given any information at your pre-op appointment about what you can do to help with your health and well-being whilst you are waiting for your operation?

- , Yes
- , No
- , Don't know

Comment:

4. What communication have you had with either your GP practice or the hospital about your initial waiting time, and did they keep you updated?

5. Are you able to access information online or by using an app to help with your health and well-being whilst you are waiting for your operation?

- , Yes
- , No
- , Don't know

6. If you have used online resources or apps to help with your health and well-being whilst waiting for your operation, which ones have you used? Have you found them useful?

7. What further support would you have liked from your GP surgery or the hospital to help with your health and well-being whilst waiting for your operation?

8. If offered, would you be interested in attending or using any of the following, if they were tailored to your needs, whilst you are waiting for your operation?

- , Exercise Classes
- , A buddy system (talking to someone who's already had the same procedure as you)
- , Small peer group sessions
- , Mindfulness courses
- , Nutritional advice sessions

, Other (please specify):

9. Has the wait for your hip or knee replacement had a negative effect on you in any of the following ways (please select all that are relevant)

, Financially

, On your Mental Health

, Family and Social Life

, Other (please specify):

Comment:

10. What has not helped with your health and well-being whilst waiting for your hip or knee operation?

11. Please tell us your gender

, Woman

, Man

, Non-binary

, Prefer not to say

, Prefer to self describe:

12. Is your gender identity the same as your sex recorded at birth?

, Yes

, No

, Prefer not to say

13. Please tell us your age

, 13 to 15 years

, 16 - 17 years

, 18 - 24 years

, 25 - 49 years

, 50 - 64 years

, 65 to 79 years

, 80+ years

, Prefer not to say

, Not known

14. Please select your ethnicity

, Arab

, Asian/Asian British: Bangladeshi

, Asian/Asian British: Chinese

, Asian/Asian British: Indian

, Asian/Asian British: Pakistani

, Asian/Asian British: Any other Asian/Asian British background

, Black/Black British: African

- , Black/Black British: Caribbean
- , Black/Black British: Any other Black/Black British background
- , Mixed/multiple ethnic groups: Asian and White
- , Mixed/multiple ethnic groups: Black African and White
- , Mixed/multiple ethnic groups: Black Caribbean and White
- , Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background
- , White: British/English/Northern Irish/Scottish/Welsh
- , White: Irish
- , White: Gypsy, Traveller or Irish Traveller
- , White: Roma
- , White: Any other White background
- , Prefer not to say
- , Other (please specify):

15. Please tell us which sexual orientation you identify with

- , Asexual
- , Bisexual
- , Gay man
- , Heterosexual/straight
- , Lesbian/Gay woman
- , Pansexual
- , Prefer not to say
- , Prefer to self describe:

16. How would you describe your marital or partnership status?

- , Single
- , Cohabiting
- , In a civil partnership
- , Married
- , Separated
- , Divorced/Dissolved civil partnership
- , Widowed
- , Prefer not to say

17. What is your religion or belief?

- , Christian
- , Muslim
- , Hindu
- , Sikh
- , Jewish

- , Buddhist
- , No religion
- , Prefer not to say
- , Other (please specify):

18. Do you have a disability or long term health condition?

- , Yes
- , No
- , Prefer not to say

19. Which of the following disabilities or long term health condition do you have?

- , A physical or mobility impairment
- , Deaf or hearing impaired
- , Blind or sight impairment
- , Learning disability
- , Mental health condition
- , Asthma, COPD or respiratory condition
- , Cancer
- , Cardiovascular condition
- , Chronic kidney disease
- , Dementia
- , Epilepsy
- , Diabetes
- , High blood pressure
- , Prefer not to say
- , Other (please specify):

20. Please select any of the following that apply to you:

- , I do not have a fixed address
- , I find it difficult to cover my basic living expenses
- , I have a substance/alcohol use disorder
- , I have limited family and social networks
- , I am geographically isolated
- , I am long-term unemployed
- , Prefer not to say

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