

Consultation on draft guideline – deadline for comments 5pm on 26/11/19 email: jointreplacement@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.
	We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.
	In addition to your comments below on our guideline documents, we would like to hear your views on these questions: 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.
	 Would implementation of any of the draft recommendations have significant cost implications? What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)
	See section 3.9 of <u>Developing NICE guidance: how to get involved</u> for suggestions of general points to think about when commenting.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Royal College of Physicians and Surgeons of Glasgow
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	No

Joint replacement (primary): hip, knee and shoulder



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Name of commentator person completing form:		Dr Richard Hull, Honorary Secretary, with advice from experts in the field				
Туре		[office use	only]			
Comment number	Document [guideline, evidence	Page number Or	Line number Or 'general'	Comments		
	review A, B, C etc., methods or other (please specify which)]	'general' for comments on whole document	for comments on whole document	Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.		
Example 1	Guideline	16	45	We are concerned that this recommendation may imply that		
Example 2	Guideline	17	23	Question 1: This recommendation will be a challenging change in practice because		
Example 3	Guideline	23	5	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact		
Example 4	Guideline	37	16	This rationale states that		
Example 5	Evidence review C	57	32	There is evidence that		
Example 6	Methods	34	10	The inclusion criteria		
Example 7	Algorithm	General	General	The algorithm seems to imply that		
1		General		The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow represents Fellows and Members throughout the United Kingdom. While NICE has a remit for England, many of the recommendations are applicable to all devolved nations including Scotland. They should be considered by the relevant Ministers of the devolved governments. The College welcomes this Guideline in an important area. It is generally supportive of this		



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				guideline.
2	Guideline	General		Many funders of health care (eg CCGs) restrict patient for hip and knee arthroplasty on the basis of BMI. BMI is assessed usually on the basis of weight and height. Patients with symptomatic hip and knee arthritis cannot extend to their full height because of flexion deformity of the lower limb (either fixed or functional because of pain) giving a falsely high BMI. The evidence that raised BMI gives worse outcome is very limited. There is no discussion on this guideline.
3	Guideline	General		There is no discussion of management of patients on Immunosuppression or biologic therapy for inflammatory arthritis. It is usual to stop biologics (British Society for Rheumatology Guidance) pre and post operatively but not methotrexate (Grennan et al ANN RH DIS 2001, 60 (3), 214-7)
4	Guideline	5	1,9, 16	Many surgeons feel that senior anaesthetic colleagues should be closely involved in any discussion recommending particular forms of anaesthesia, to ensure that patients are fully informed of ALL risks, and also so that the methods recommended will actually be available on the day of surgery - this can depend on availability, skill level and experience of the individual anaesthetist.
5	Guideline	6	6 point 1.4	Although the use of tranexamic acid to prevent bleeding is discussed there is no discussion of drugs to prevent venous thrombo-embolism. In many hospitals there are blanket policies to prevent this. The College's understanding is that this area is not clear cut amongst orthopaedic surgeons. Some discussion particularly in relation to co- prescription with tranexamic acid would be helpful.
6	Guideline	6	15 point 1.5	There is no discussion of the use of prophylactic parenteral antibiotics.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation**.
- Do not paste other tables into this table type directly into the table.

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- Mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms **do not include attachments** such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
- We do not accept comments submitted after the deadline stated for close of consultation.

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees. Further information regarding our privacy information can be found at our privacy notice on our website.