

KNEE REPLACEMENT SURGERY CRITERIA BASED ACCESS
(Total Knee Replacement with or without Patella Resurfacing and
Patello-Femoral Joint Replacement)

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VERSION CONTROL

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1	September 2016	Draft Version
1617.v2a	July 2017	Amend wording within clinician guidance under moderate pain. Removed the word partial & unicompartmental as this type of knee surgery is commissioned by NHS England

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	16 February 2107
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General Principles

Treatment should only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the CCG Individual Funding Panel by submission of an IFR application

1. All patients must have received at least three months conservative management prior to referral to the OASIS service for assessment. The OASIS services will assess a patient's suitability for surgery including: reference to this policy, manage patients conservatively when possible and where appropriate refer patients to secondary care for further management of their condition.
2. Referring patients to secondary care without them meeting the criteria not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
3. On limited occasions, the CCG may approve funding for a further assessment in the OASIS service and / or secondary care only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
4. Patients with an elevated BMI of 35 or more have an increased risk of complications from surgery, therefore (Thelwall, 2015) should be encouraged to lose weight further prior to seeking surgery. Weight loss should be maximised prior to referral to OASIS
5. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)

6. Patients' (and carers' as appropriate) expectations of surgery, and the likely degree of additional benefit that may be obtained from surgery compared with continuing conservative management, must have been discussed in primary/intermediate care. Patients must have been given an opportunity in primary/intermediate care to complete the Decision Aid tool on knee replacements:

<http://sdm.rightcare.nhs.uk/pda/>

<http://sdm.rightcare.nhs.uk/pda/osteoarthritis-of-the-knee/>

7. Where funding approval is given by the Individual Funding Request Panel, it will be available for a specified period of time, normally one year.
8. Funding approval will only be given where there is evidence that the treatment requested is effective and that the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that a patient has previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.

Background

Reducing Inappropriate Referrals

This policy sets out when it is appropriate to manage patients conservatively in primary care and when to refer for further assessment and management.

Diagnosing Osteoarthritis

NICE (TA 304) recommend that a diagnosis of Osteoarthritis may possibly be made if the patient has the following symptoms *

- Generally 45 years of age or older, and
- has joint pain that gets worse the more they use their joints, and
- has no stiffness in their joints in the morning, or stiffness that lasts no longer than 30 minutes

* but not limited to

Appropriate imaging such as X-Rays can be used to support diagnosis

Total knee replacement can be performed for a number of conditions, but it is most often performed for patients with osteoarthritis of the knee. Osteoarthritis [OA] of the knee presents with joint pain, deformity, stiffness, a reduced range of movement and sometimes giving way.

Other conditions that cause knee damage and potentially lead to a knee replacement surgery may include:

- rheumatoid arthritis
- haemophilia
- gout and
- knee injury

NICE have produced a clinical guideline CG177 on care and management of patients with OA and recommends that patients diagnosed with this condition should be “holistically” or conservatively managed (NICE , 2014). This includes:

- access to appropriate information and education including self-management techniques,
- activity and exercise,
- interventions to achieve weight loss if the person is overweight or obese,
- pain relief with oral analgesics, topical treatments and/or Nonsteroidal anti-inflammatory drugs (NSAIDS) and highly selective COX-2 inhibitors

NICE also report that Intra-articular corticosteroid injections should be considered as an adjunct to core treatments. Intra-articular Hyaluronan injections are not commissioned for the treatment of knee pain or OA.

The usual indications for a knee replacement are pain and disability with accompanying radiological changes. Occasionally knee replacements are done to manage a progressive deformity/instability.

Any co-morbidity, including obesity should be managed to their optimum level prior to referral. Although obesity has been shown to increase the need for knee replacement surgery by 100%, particularly younger patients, weight reduction strategies could potentially reduce the need for knee replacement surgery by 31% among patients with knee OA (Leyland, April 2016)

What does surgery or treatment involve?

The main types of surgery carried out, depending on the condition of the knee, are:

- Total Knee Replacement (TKR) with or without patellar resurfacing
- Knee Replacement (PKR / UKR) which may refer to the medial or the lateral compartment
- Patello-Femoral Joint Replacement (PFJR)

How long will a replacement knee last?

Wear and tear through everyday use means a replacement knee will not last forever. However, for most people it will last at least 15-20 years, especially if cared for properly and not put under too much strain.

POLICY CRITERIA BASED ACCESS

Knee replacement surgery including referral for surgical assessment of osteoarthritis policy is not routinely **funded by the CCG and is subject to this restricted policy.**

This includes total knee replacements with or without a patellar resurfacing.

Funding approval for surgical treatment will only be provided by the CCG for patients meeting criteria set out below.

1) The patient has been assessed by the OASIS Services as suffering from end-stage osteoarthritis suitable for referral for consideration of surgery

AND

2) The patient has fully engaged with conservative measures for a period of up to 3 months and this has failed to improve the symptoms of the patient.

AND

3) The patient:

a) Is suffering from moderate or severe pain with moderate or severe functional impairment when compared to the classification system in appendix 1.

OR

b) Has significant instability of the knee joint with moderate functional impairment,

OR

c) Has radiological features of severe disease with moderate functional impairments;

OR

d) Has radiological features of moderate disease with moderate functional impairment or instability of the knee joint

OR

4) The patient has severe persistent pain that is causing severe functional impairment which is compromising their mobility to such an extent that they are in immediate danger of losing their independence and joint replacement would relieve this, and conservative management as set out in this policy is contra-indicated.

OR

5) The patient is at risk of destruction of their joint of such severity that delaying surgical correction would increase the technical difficulties of the procedure.

Commissioned Prostheses

The CCG will only fund standard prostheses conforming with NICE guidelines and that are Orthopaedic Data Evaluation Panel [ODEP] 10A rated, on a trajectory to achieve this rating, or within an ODEP-approved multicentre research trial. (Orthopaedic Data Evaluation Panel)

Exclusions:

Patient-specific Custom Knee Prosthesis

This is a more recent advance in knee replacement surgery. A guide is created using magnetic resonance imaging (MRI) scans. This helps to create the best fitting technique for each individual patient's implant. However, there is limited evidence that these benefit patients more than standard prostheses therefore custom knee prosthesis are not routinely funded.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Applications cannot be considered from patients personally.

Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.

It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.

An application put forward for consideration must demonstrate some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067. **Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** pals@somersetccg.nhs.uk

National Joint Registry

In line with NICE guideline IPG 345, (NICE) where patients consent, Surgeons should submit details on all patients undergoing mini-incision surgery for total knee replacement to the National Joint Registry (National Joint Registry).

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the CCG's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on 0800 073 0907 or 0117 947 4477.

This policy has been developed with the aid of the following references:

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Appendix 1

Classification of Pain Level and Functional Impairment

This guide below is produced to support all clinicians and patients in classifying the pain and/or impairment suffered due to their condition in order to judge whether it is the appropriate time to refer a patient to secondary care.

Pain Levels:

Slight

- Sporadic pain.
- Pain when climbing/descending stairs.
- Allows daily activities to be carried out (those requiring great physical activity may be limited).
- Medication, aspirin, paracetamol or NSAIDs to control pain with no/few side effects.

Moderate

- Occasional pain.
- Pain when walking on level surfaces (half an hour, or standing).
- Some limitation of daily activities.
- Medication, aspirin, paracetamol or NSAIDs to control with no/few side effects.

Intense

- Pain of almost continuous nature.
- Pain when walking short distances on level surfaces or standing for less than half an hour.
- Daily activities significantly limited.
- Continuous use of NSAIDs for treatment to take effect.
- Requires the sporadic use of support systems walking stick, crutches).

Severe

- Continuous pain.
- Pain when resting.
- Daily activities significantly limited constantly.
- Continuous use of analgesics - narcotics/NSAIDs with adverse effects or no response.
- Requires more constant use of support systems (walking stick, crutches).

Functional Impairment

Minor

- Functional capacity adequate to conduct normal activities and self-care
- Walking capacity of more than one hour
- No aids needed

Moderate

- Functional capacity adequate to perform only a few or none of the normal activities and self-care

- Walking capacity of about one half hour
- Aids such as a cane are needed

Severe

- Largely or wholly incapacitated
- Walking capacity of less than half hour or unable to walk or bedridden
- Aids such as a cane, a walker or a wheelchair are required

Clinician’s Guide: When and Where to Refer?

Pain	Functional Impairment	Minor	Moderate	Severe
Slight		Manage Conservatively in Primary Care – do not refer without funding approval	Manage Conservatively in Primary Care – do not refer without funding approval	Consider a referral to MSK for further conservative management and advice MSK to manage conservatively
Moderate		Manage Conservatively in Primary Care – do not refer without funding approval	Manage conservatively in Primary Care for 3 months prior to referral to MSK if no improvement	Consider a referral to MSK for further conservative management and advice MSK to manage conservatively
Intense		Consider a referral to MSK for further conservative management and advice MSK to manage conservatively	MSK Review and where appropriate referral to Secondary Care	MSK Review and where appropriate referral to Secondary Care
Severe		Consider a referral to MSK for further conservative management and advice MSK to manage conservatively	MSK Review and where appropriate referral to Secondary Care	Consider referral immediately if risk of losing mobility

