

Hip Replacement Surgery
Including referral for Surgical Assessment of Osteoarthritis
Criteria Based Access Policy

Version:	1617.v6
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	11 May 2016
Name of Originator/Author:	IFR Manager
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Operations Group (COG)
Clinical Approval	<p>Orthopaedic Consultants at: Taunton and Somerset NHS Foundation trust Yeovil District Hospital NHS Foundation trust Extended Scope Practitioners</p> <p>GPwSI at: Somerset Partnership NHS Foundation Trust – OASIS West Hendford Lodge – OASIS East</p>
Publication/issue date:	13 May 2016
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>SCCG:</p> <ul style="list-style-type: none"> • Contracts Team • Providers • GP Practices SCCG • GP Bulletin • Web Site IFR Page <p>Medical Directors:</p> <ul style="list-style-type: none"> • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • United Hospitals Bristol NHS FT • Weston Area Health NHS Trust • Somerset Partnership NHS FT
Application Form	Generic IFR application form

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**HIP REPLACEMENT SURGERY
INCLUDING REFERRAL FOR SURGICAL ASSESSMENT OF OSTEOARTHRITIS**

VERSION CONTROL

Document Status:	CURRENT
Version:	1617.v6

DOCUMENT CHANGE HISTORY		
Version	Date	Comments
1617.v5	July 2017	Change CSU template to SCCG template

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	03 May 2016
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Sponsoring Director:	Sandra Corry
Author(s):	
Document Reference:	1617.v6

**Hip Replacement Surgery
Including referral for Surgical Assessment of Osteoarthritis**

Hip replacement surgery including referral for surgical assessment of osteoarthritis policy is funded by the CCG subject to this restricted policy

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. 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 or funding approval having been secured 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. Where funding approval is given by the Individual Funding Request Panel, it will be available for a specified period of time, normally one year.
5. 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.
6. Patients with an elevated BMI of 35 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. Weight loss should be maximised prior to referral to OASIS.
7. Patients that are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and to improve healing.

8. 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 care or in the OASIS service. Patients must have been given an opportunity in primary/intermediate care to complete the Decision Aid tool on Hip replacements.

These can be found here:

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

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

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.

Osteoarthritis of the Hips

The main symptoms of osteoarthritis are pain and stiffness in joints, which can make it difficult to move the affected joints and do certain activities. The symptoms may come and go in episodes, which can be related to things such as activity levels and even the weather. In more severe cases, the symptoms can be continuous.

Osteoarthritis in hips often causes difficulty moving hip joints. For example, a patient may find it difficult to put shoes and socks on or to get in and out of a car. Patients will also usually have pain in the groin or outside the hip. This will often be worse when they move their hip joints, although it can also affect them when resting or sleeping.

Diagnosing Osteoarthritis

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

1. 45 years of age or older, and
2. has joint pain that gets worse the more they use their joints, and
3. has no stiffness in their joints in the morning, or stiffness that lasts no longer than 30 minutes

While NICE states there is no definitive test to diagnose osteoarthritis weight-bearing plain X-ray and assessment of symptoms and examination of joints will give an accurate diagnosis in the majority of patients with hip OA. In addition, the assessment can include reference to the Oxford Hip Score and pain classification levels such as that referenced below.

*but not limited to

Conservative Measures Must Include All of The Following - As Recommended By NICE:

NICE state in TAG 304 that “Artificial hips and hip resurfacing are recommended as possible treatments for people **with end-stage arthritis of the hip**”. In addition they recommend that prior to this patients should be managed conservatively, including:

- Weight reduction where appropriate, particularly when the patient has a BMI greater than 35 ii, and
- Education and self-management such as elimination of damaging influence on hips, activity modification (avoid impact and excessive exercise), good shock-absorbing shoes, and
- Non-pharmacological management such as biomechanical interventions, physiotherapy and exercising to improve local muscle strength and general aerobic fitness. (Note: Physiotherapy is ineffective in bone on bone osteoarthritis.)
- Management with medication including oral/topical NSAIDS and paracetamol based analgesics (COX-2 Inhibitor of NSAIDS). Opiod analgesics can be used effectively if paracetamol or NSAIDS are ineffective or poorly tolerated.

Exceptions

This requirement to undergo conservative management does not apply for Immediate / Urgent Referral to Orthopaedic Services in respect of:

- Evidence of infection in the hip joint
- Conditions (such as AVN-avascularnecrosis) leading to a rapid deterioration in the joint where delay to treatment would be unreasonable

Commissioned Hip Prosthesis

The Commissioner will only fund prostheses conforming with NICE guidelines and that are ODEP 10A rated, on a trajectory to achieve this rating, or within the ODEP "Beyond Compliance" process.

POLICY - CRITERIA TO ACCESS TREATMENT – CRITERIA BASED ACCESS

Referral to secondary care and subsequent treatment may be provided where patients meet the criteria 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:
 - a) Has fully engaged with conservative measures for at least six months as detailed within this policy and this has failed to improve the symptoms of the patient,

AND

 - b) The patient is suffering from intense or severe persistent pain with moderate or severe functional impairment when compared to the classification system shown in appendix 1.

OR

- 3) The patient has severe persistent pain and 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 (appendix 1)

OR

- 4) 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.

GPs establish patient compliance to the criteria, with the compliance being confirmed in the OASIS service. All patients referred on to a surgical provider must have confirmation of compliance with criteria from the OASIS service otherwise the CCG will not accept liability for payment.

The Commissioner will only fund prostheses conforming with NICE guidelines and that are ODEP 10A rated, on a trajectory to achieve this rating, or within the ODEP "Beyond Compliance" process.

Exclusions:

The provision of specialist bespoke hip prosthesis is not routinely commissioned and Clinicians will need to apply for Individual Funding approval in such circumstances.

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:** somccg.pals@nhs.net

References

The following sources have been considered when drafting this policy:

1. Osteoarthritis: Care and management in adults NICE guidelines [CG177]
Published date: February 2014
[HTTP://WWW.NICE.ORG.UK/GUIDANCE/CG177/CHAPTER/1-RECOMMENDATIONS](http://www.nice.org.uk/guidance/CG177/CHAPTER/1-RECOMMENDATIONS)
2. Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (NICE clinical guideline 43)