HIP REPLACEMENT SURGERY
Including referral for Surgical Assessment of Osteoarthritis
CRITERIA BASED ACCESS (CBA) POLICY

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Application Form	EBI Generic application form if appropriate to apply

Hip Replacement Surgery & referral for Surgical Assessment of Osteoarthritis
CRITERIA BASED ACCESS (CBA) POLICY

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VERSION CONTROL	
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DOCUMENT CHANGE HISTORY		
Version	Date	Comments
1617.v5	July 2017	Change CSU template to SCCG heading
1617.v6	Jan 2019	Update template, inc. of chart on pain/FI, inc. of clinical info. BMI change from 35 to 30.
1819.v7	May 2019	Inclusion of Classification of Pain Level and Functional Impairment
1819.v7a	February 2020	Inclusion of bilateral pathway
1920.v7b	December 2021	3-year review, no clinical amendments
2122.v7c	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2122.v7d	November 2022	Inclusion of NICE guidance ng226
2122.V7e	January 2023	Amendment to Diagnosis of OA and NSAIDs
2023.V7f	February 2023	Minor wording amendments 2.1a, primary/ community/secondary and wording change on 3.6
2223.v7g	July 2024	Logo change with amendment to website link and clinical exceptionality wording on 3.6

Equality Impact Assessment (EIA). Date:	03 May 2016
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1 GENERAL PRINCIPLES (CBA)

1.1 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 ICB Evidence Based Interventions Service (EBI) by submission of an EBI application form

1.2 Clinicians should assess their patients against the criteria within this policy prior to a referral and/or treatment

1.3 Treatment should only be undertaken where the criteria have been met and there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment

1.4 Referring patients to secondary / community care without them meeting the criteria or funding approval not 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

1.5 On limited occasions, the ICB may approve funding for an assessment 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 meet the criteria to access treatment in this policy

1.6 Patients should be advised being referred does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment

1.7 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate

1.8 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery. https://www.sciencedirect.com/science/article/pii/S1198743X15007193 (Thelwall, 2015)

1.9 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA BASED ACCESS (CBA)

Hip replacement surgery including referral for surgical assessment of osteoarthritis is not routinely funded by the ICB and is subject to this restricted policy

Patients who are not eligible for treatment under this policy, please refer to section 3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

a) A Clinicians Guide of When and Where to Refer (Appendix 2 page 10)

b) GPs establish patient compliance to the criteria, with the compliance being confirmed in the Orthopaedic Assessment Services

c) Ensure all patients receive appropriate Core interventions before referral to Orthopaedic Assessment Services and secondary care/surgery

d) Offer advice on the following core treatments to all people with clinical osteoarthritis;
   - Access to appropriate information
   - Activity and exercise
   - Interventions to achieve weight loss if the person is overweight or obese
   - Escape Pain http://www.escape-pain.org/

e) All patients must be given the opportunity in primary / community /secondary care to engage in discussions on the NHS treatment using recent NICE patient decision aids and user guides

f) Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight prior to seeking surgery. In addition, the risks of surgery are significantly increased.

   Weight loss should be maximised prior to referral to Orthopaedic Assessment Services
   https://www.nice.org.uk/guidance/cg189/resources/obesity-identification-assessment-and-management-pdf-35109821097925

g) All patients referred on to a surgical provider must have confirmation and evidence of compliance with criteria from the Orthopaedic Assessment services otherwise the ICB are not liable for payment

h) The Orthopaedic Assessment Services will assess a patient’s suitability for surgery including:
   - reference to this policy
   - manage patients conservatively when possible
   - where appropriate refer patients to secondary care for further management of their condition

2.1 Diagnosis of Osteoarthritis

a) Diagnose osteoarthritis clinically **<u>without investigations</u>** if a person is 45 years or over and has activity-related joint pain

NICE (TA 304) recommend that a diagnosis of Osteoarthritis may possibly be made if the patient has the following symptoms, but not limited to:

- 45 years of age or older **AND**
- Joint pain gets worse the more they use their joints
- Has no stiffness in their joints in the morning, or stiffness that lasts no longer than 30 minutes
- Is diagnosed clinically and usually does not need imaging to confirm the diagnosis
- Management should be guided by symptoms and physical function
- The core treatments for the condition are therapeutic exercise and weight management (if appropriate), along with information and support
- The assessment can include reference to the Oxford Hip Score and pain classification levels

Imaging

- Do not routinely use imaging for follow-up or to guide non-surgical management of osteoarthritis
- Imaging can be useful if atypical features are present that could suggest an alternative or additional diagnosis, such as other inflammatory forms of arthritis (for example, rheumatoid arthritis) and malignancy.
- Imaging is important for confirming the severity of structural joint changes when planning or considering surgery. However, in most cases, imaging should not be needed for managing osteoarthritis because it does not guide how the condition will respond to treatment.

b) **End-stage arthritis** can be defined as: The point where progressive wearing down of the articular cartilage results in bone-on-bone grinding down of the joint surface. The patient with **end-stage arthritis** has pain combined with a loss of function and mobility, **<u>which severely limits normal activity</u>**

c) **NICE guideline NG226**
NICE have produced a clinical guideline NG226 on care and management of patients with OA and recommends that patients diagnosed with this condition should be "holistically" or conservatively managed (NICE , 2022) https://www.nice.org.uk/guidance/ng226

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

a) All patients referred on to a surgical provider must have confirmation and evidence of compliance with criteria from the Orthopaedic Assessment services

b) All patients must be given the opportunity in primary/community/ secondary care to engage in discussions on the NHS treatment using recent patient decision aids and user guides

c) Patients have fully engaged with conservative measures for at least **6 months,** and this has failed to improve the symptoms for the patient

d) Weight reduction where appropriate, particularly when the patient has a BMI greater than 30 **AND**

e) Education and self-management such as elimination of damaging influence on hips, activity modification (avoid impact and excessive exercise) good shock-absorbing shoes **AND**

f) 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)

g) Management with topical NSAIDs or if ineffective oral NSAID (unless contra-indicated) at the lowest effective dose for the shortest possible time with PPI gastroprotection. Do not routinely offer paracetamol or weak opioids unless:
    - they are only used infrequently for short-term pain relief **and**
    - all other pharmacological treatments are contraindicated, not tolerated or ineffective.
    - Do not offer glucosamine or strong opioids

h) Is suffering from joint symptoms (such as stiffness and reduced function) that are refractory to non-surgical treatment **OR**

i) Is suffering from joint symptoms (such as stiffness and reduced function) 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 **OR**

j) Is at risk of destruction of their joint of such severity that delaying surgical correction would increase the technical difficulties of the procedure

2.2.1 Exceptions

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

- Evidence of infection in the hip joint

- Conditions (such as AVN-avascular necrosis) leading to a rapid deterioration in the joint where delay to treatment would be unreasonable

2.3 Hip Prostheses Commissioned

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

2.4 Hip Prostheses Not Commissioned

The provision of specialist custom hip prosthesis is not routinely commissioned, and surgical Clinicians would need to apply for funding approval through the EBI Service in such circumstances

Setting out why it is proposed to use a custom device and why they are unable to treat with the standard commissioned prosthesis

2.5 Bilateral Hip Replacement Surgery Pathway

If the original GP referral is for only one side and the secondary care clinician determines when seeing the patient that the other side also meets the criteria of Somerset ICB's Hip Replacement CBA policy, then the provider may undertake the procedure on the second side without returning the patient to either the Orthopaedic Assessment Service or the GP. The medical notes must clearly document how the criteria have been met for the second side

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

3.1 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

3.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required

3.3 Applications cannot be considered from patients personally

3.4 Only electronically completed EBI applications will be accepted to the EBI Service

3.5 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 EBI service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context

3.6 EBI funding application are considered against clinical exceptionality. To eliminate discrimination for patients, **social, environmental, workplace, and non-clinical personal factors cannot be taken into consideration.**

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB EBI webpage Evidence Based Interventions - NHS Somerset ICB and click on the section titled Generic EBI Pathway.

3.7 Where appropriate photographic supporting evidence can be forwarded with the application form

3.8 An application put forward for consideration must demonstrated 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

4 ACCESS TO POLICY

4.1 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

4.2 **Or write to us**: NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

5.1 Osteoarthritis in over 16s: diagnosis and management Published date: 19 October 2022 https://www.nice.org.uk/guidance/ng226

5.2 Obesity: identification, assessment and management https://www.nice.org.uk/guidance/cg189/resources/obesity-identification-assessment-and-management-pdf-35109821097925

5.3 Overview | Total hip replacement and resurfacing arthroplasty for end-stage arthritis of the hip | Guidance | NICE

5.4 NHS E EBI List 2 https://www.aomrc.org.uk/wp-content/uploads/2020/12/EBI_list2_guidance_150321.pdf

5.5 NICE guideline NG226 https://www.nice.org.uk/guidance/ng226/evidence

5.6 Hip OA decision aid https://www.england.nhs.uk/wp-content/uploads/2022/07/Making-a-decision-about-hip-osteoarthritis.pdf

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

Appendix 2

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