NHS
Warwickshire North
Clinical Commissioning Group

Knee replacement Surgery Policy

Version Control

Version	3.0
Ratified by	NHS Warwickshire North CCG Governing Body
Date ratified	12th January 2016
Name of originator/author	Arden Clinical Commissioning Policy Development Group
Name of responsible committee	Commissioning, Finance and Performance Committee
Date issued	1st April 2017
Review date	April 2020

Version History

Date	**Version**	**Comment / Update**
01 / 04 / 2011	V1	V1 for PCT, April 2011
04 / 04 / 2013	V2	V2 amended for CCG and approved 04 April 2013
12 / 01 / 2017	V3	Version drafted by Arden Clinical Policy Development Group

Treatment	**Knee Replacement Surgery**
Indication	Knee Degeneration
Funding Status	Funding Restricted

OPCS Code	W400-W404; W408-W414; W418-W426; W428-W429
Treatment	The most common indication for elective primary total knee replacement (TKR) is degenerative arthritis (osteoarthritis) of the joint. Other indications include rheumatoid arthritis, osteonecrosis and other types of inflammatory arthritis. This policy applies only to elective primary knee replacement for osteoarthritis. The relevant 3-character OPCS codes (where used for elective primary knee replacement for osteoarthritis) include: □ W40 Total prosthetic replacement of knee joint using cement □ W41 Total prosthetic replacement of knee joint not using cement □ W42 Other total prosthetic replacement of knee joint The CCG will agree to fund referrals and surgery where the patient meets the criteria outlined below. **Criteria** Patients shall be eligible for surgery if the following criteria is met: • The patient has been referred to and managed by a musculoskeletal (MSK) service • The patient has a BMI below 35 • The patient has a primary care and/or community service referral **AND** • Conservative means (e.g. Analgesics, NSAIDS, physiotherapy, advice on walking aids, home adaptations, curtailment of inappropriate activities and general counselling as regards to the potential benefits of joint replacement) have been exhausted and failed to alleviate the patients pain and disability **AND** • Pain and disability should be sufficiently significant to interfere with the patients' daily life and or ability to sleep **AND** • Patient must accept and want surgery **Or**

	• Patient has a BMI of 35 or over but mobility is so compromised that they are in immediate danger of losing their independence and that joint replacement would relieve this threat **Or** • Patient has a BMI of 35 or over but the destruction of their joint is of such severity that delaying surgical correction would increase technical difficulty of the procedure. If the patient does not meet any of the above criteria and has a BMI of 35 or over they will be referred by their GP to weight management services and will be expected to engage with the services to achieve the required BMI. Should the patient's BMI fall below 35 then the patient would be eligible for surgery in line with the policy criteria. If this weight loss cannot be achieved the patient will be eligible for referral for surgery from two years after the documented date of the GP referral to weight management services for the purpose of weight loss prior to surgery. **Prior approval from the Clinical Commissioning Group will be required before any treatment proceeds in secondary care.**
Equality Impact	See EIA attached
Quality Impact	See QIA attached

Equality Impact Assessment

Policy	Knee Replacement	**Person completing EIA**	Suman Ghaiwal, Equality and Human Rights Manager, CSU
Date of EIA	9 October 2016	**Accountable CCG Lead**	Jenni Northcote, Director of Partnerships and Engagement

Aim of Work	The Public Sector Equality duty requires us to eliminate discrimination, advance equality of opportunity, and foster good relations with protected groups. This EIA assesses the impact of the policy on protected groups.
Who Affected	Warwickshire North registered patients

Protected Group	Likely to be a differential impact?	Protected Group	Likely to be a differential impact?
Sex	Yes	**Age**	Yes
Race	No	**Gender Reassignment**	No
Disability	No	**Marriage and Civil Partnership**	No
Religion / belief	No	**Pregnancy and Maternity**	No
Sexual orientation	No		

Describe any potential or known adverse impacts or barriers for protected/vulnerable groups and what actions will be taken (if any) to mitigate. If there are no known adverse impacts, please explain.

An Equality Impact Assessment is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness. The impact of this policy has been considered against all protected groups and human rights principles. The policy provides an avenue through the 'Individual Funding Requests' policy to seek funding in exceptional clinical circumstances. Obesity is linked to social deprivation, and therefore the lowering of the BMI threshold may disproportionately affect those in lower socio-economic groups – though this group is not a protected characteristic. A range of services are available locally to help individuals lose and maintain a healthy weight. A local MSK service is also available.
http://www.noo.org.uk/NOO_about_obesity/inequalities

Age and Gender

"Total hip and knee replacements are most commonly performed because of progressive worsening of severe arthritis in the joint, generally seen with ageing, congenital abnormality or prior trauma. Arthritis of the joint will commonly lead to an elective procedure, whereas hip and knee fractures will normally require an emergency procedure. Falls are the main cause of joint fractures and older people are disproportionately affected, with high incidence of osteoporosis in older women commonly leading to fractures and resulting in emergency surgery. It is estimated that osteoarthritis causes joint pain in 8.5 million people in the UK and recent figures show that approximately 12% of adults aged 65 and over have osteoarthritic pain in their hip. People over the age of 65 make up the overwhelming majority of recipients of joint replacement surgery and women are statistically more likely than men to require such surgery."
http://www.arthritisresearchuk.org/arthritis-information/conditions/osteoarthritis/causes.aspx
http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Health-and-wellbeing/access_all_ages_final_web.pdf?dtrk=true
https://www.warwickshire.gov.uk/healthyeatingMEGA9
http://www.nhs.uk/Change4Life/Pages/healthy-eating.aspx
http://nbleisuretrust.org/
https://www.nuneatonandbedworth.gov.uk/info/20049/cycling_and_walking/48/walking_4_life

Quality Impact Assessment

QIA Completed By: Mary Mansfield, Deputy Chief Quality Officer (CCG)						Completed: 9 October 2016			
Knee Replacement **AREA OF ASSESSMENT**		**OUTCOME ASSESSMENT**			**Evidence/Comments for answers**	**Risk rating** (For negative outcomes)			**Mitigating actions**
		Positive	**Negative**	**Neutral**		**Risk impact** (I)	**Risk likelihood** (L)	**Risk Score** (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following	Effectiveness – clinical outcome	X			Ensuring that the MSK service sees patients before they are considered for surgery will positively improve patient experience and support effective clinical outcomes. Lowering the BMI threshold to 35 should ensure that patients who have the surgery receive the most clinical benefit from it. Patients over BMI 35 are classed as obese and the new BMI threshold will encourage individuals to lose weight which will bring a number of health benefits. It may be interpreted that there is less access for patients as a result of the new BMI threshold.				
	Patient experience	X							
	Patient safety			X					
	Parity of esteem			X					
	Safeguarding children or adults			X					
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life	X							
	Ensuring people have a positive experience of care	X							
	Preventing people from dying prematurely			X					
	Helping people recover from episodes of ill health or following injury			X					
	Treating and caring for people in a safe environment and protecting them from avoidable harm			X					
Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			X					
	Access to the highest quality urgent and emergency care			X					
	Convenient access for everyone		X						Caveats in policy mean surgery is still an option
	Ensuring that citizens are fully included in all aspects of service design and change			X					
	Patient Choice			X					
	Patients are fully empowered in their care			X					
	Wider primary care, provided at scale			X					