Hip Replacement Surgery Policy
Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>3.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratified by</td>
<td>NHS Warwickshire North CCG Governing Body</td>
</tr>
<tr>
<td>Date ratified</td>
<td>12th January 2017</td>
</tr>
<tr>
<td>Name of originator/author</td>
<td>Arden Clinical Commissioning Policy Development Group</td>
</tr>
<tr>
<td>Name of responsible committee</td>
<td>Commissioning, Finance and Performance Committee</td>
</tr>
<tr>
<td>Date issued</td>
<td>01 April 2017</td>
</tr>
<tr>
<td>Review date</td>
<td>April 2020</td>
</tr>
</tbody>
</table>

Version History

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Comment / Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 / 04 / 2011</td>
<td>V1</td>
<td>V1 for PCT, April 2011</td>
</tr>
<tr>
<td>04 / 04 / 2013</td>
<td>V2</td>
<td>V2 amended for CCG and approved 04 April 2013</td>
</tr>
<tr>
<td>12 / 01 / 2017</td>
<td>V3</td>
<td>Version drafted by Arden Clinical Policy Development Group</td>
</tr>
</tbody>
</table>
**Treatment** | **Hip Replacement Surgery**
---|---
**Indication** | Hip Degeneration
**Funding Status** | Funding Restricted

**OPCS Code**

- W370-W374; W378-W384; W388-W396; W398-W399; W930-W933; W938-W943; W948-W954; W958 – W959

**Treatment**
The most common indication for elective primary total hip replacement (THR) is degenerative arthritis (osteoarthritis) of the joint. Other indications include rheumatoid arthritis, injury, bone tumour and necrosis of the hip bone.

This policy applies only to elective primary hip replacement for osteoarthritis.

The relevant 3-character OPCS codes (where used for elective primary hip replacement for osteoarthritis) include:

- W37 – Total prosthetic replacement of hip joint using cement
- W38 – Total prosthetic replacement of hip joint not using cement
- W39 – Other total prosthetic replacement of hip joint
- W93, W94, W95 - Hybrid prosthetic replacement of hip 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.**

<table>
<thead>
<tr>
<th>Equality Impact</th>
<th>See EIA attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Impact</td>
<td>See QIA attached</td>
</tr>
</tbody>
</table>
Equality Impact Assessment

Policy | Hip 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

<table>
<thead>
<tr>
<th>Protected Group</th>
<th>Likely to be a differential impact?</th>
<th>Protected Group</th>
<th>Likely to be a differential impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Yes</td>
<td>Age</td>
<td>Yes</td>
</tr>
<tr>
<td>Race</td>
<td>No</td>
<td>Gender Reassignment</td>
<td>No</td>
</tr>
<tr>
<td>Disability</td>
<td>No</td>
<td>Marriage and Civil Partnership</td>
<td>No</td>
</tr>
<tr>
<td>Religion / belief</td>
<td>No</td>
<td>Pregnancy and Maternity</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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](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.”

[https://www.warwickshire.gov.uk/healthyeatingMEGA9](https://www.warwickshire.gov.uk/healthyeatingMEGA9)
[http://www.nhs.uk/Change4Life/Pages/healthy-eating.aspx](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

### Hip Replacement

<table>
<thead>
<tr>
<th>AREA OF ASSESSMENT</th>
<th>OUTCOME ASSESSMENT</th>
<th>Evidence/Comments for answers</th>
<th>Risk rating (For negative outcomes)</th>
<th>Mitigating actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
<td>Neutral</td>
<td>Risk Impact (I)</td>
</tr>
<tr>
<td>Duty of Quality</td>
<td>Effectiveness – clinical outcome</td>
<td>X</td>
<td></td>
<td>Ensuring that the MSK service sees patients before they are considered for surgery will positively improve patient experience and support effective clinical outcomes.</td>
</tr>
<tr>
<td>Could the scheme impact positively or negatively on any of the following:</td>
<td>Patient experience</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient safety</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parity of esteem</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Safeguarding children or adults</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>NHS Outcomes Framework</td>
<td>Enhancing quality of life</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could the scheme impact positively or negatively on the delivery of the five domains:</td>
<td>Ensuring people have a positive experience of care</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preventing people from dying prematurely</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Helping people recover from episodes of ill health or following injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treating and caring for people in a safe environment and protecting them from avoidable harm</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Patient services</td>
<td>A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could the proposal impact positively or negatively on any of the following:</td>
<td>Access to the highest quality urgent and emergency care</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Convenient access for everyone</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensuring that citizens are fully included in all aspects of service design and change</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient Choice</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patients are fully empowered in their care</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wider primary care, provided at scale</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>