

COMMISSIONING POLICY

Hip and Knee Replacement for patients with osteoarthritis

December 2011

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Version: 2

Date: December 2011

SUMMARY

Birmingham & Solihull Commissioning Cluster will only fund hip and knee replacement operations for individuals with osteoarthritis who meet eligibility criteria

1. Background

There is a national trend toward increasing demand for joint replacement surgery, with total number of operations growing from approximately 105,000 procedures in 2005 to approximately 160,000 in 2009). While the vast majority (over 90%) of interventions are primary joint replacements, the proportion of operations which were revision procedures more than doubled between 2005 and 2009. An aging population means that this trend is likely to increase.

National data also shows that there is a marked difference in access to joint replacement surgery between most and least deprived populations. For example, rate of primary hip replacement in males ranges from 50 per 100,000 in most deprived populations to 80 per 100,000 in least deprived populationsⁱ. This is despite the evidence of greater need in deprived populations. A robust policy would avoid unnecessary referrals whilst providing a more standardised service to the whole cluster population.

The success of both hip and knee replacement surgery depends crucially on the appropriate selection of patients and this is relevant to GP referral practices.

Musculoskeletal surgical intervention has the ability to restore the injured and disabled to normal or near-normal function in a large number of cases. Hip and knee replacements have been shown to be some of the most cost effective medical interventions in societyⁱⁱ despite the significant use of resources, making a significant contribution to improving quality of life for individuals.

Literature review has identified a number of different indications and criteria for joint replacement. National guidance has been published by NOICE regarding the management of osteoarthritis and selection of joint prosthesis

Surgery should only be considered after conservative, non-surgical interventions have been tried unsuccessfully. It is also recommended that pain level measured by need for medication, and sleep or night disturbance, as well as absolute pain intensity

The initial non-surgical management of knee pain due to osteoarthritis should provide a package of care that may include weight reduction, activity modification, patient specific exercise programme, adequate doses of NSAIDS and analgesics, joint injection, walking aids and other forms of physical therapies

In addition to the general recommendations regarding the risks associated with surgery in patients classified as morbidly obese; there is some evidence that morbid obesity is associated with prolonged wound drainage after joint replacement. Patients with BMI over 35 have a proven significantly lower survival rate for knee joint replacements.

The appropriateness of all of the above criteria has recently been revalidated with respect to both hip and knee joint replacement

2. Eligibility Criteria

The following criteria should all be met:

- Patient's symptoms have failed to respond to all safe conservative treatments that can be offered prior to OA referral (e.g. analgesia, non-steroidal anti-inflammatory drugs, physiotherapy, walking aids, home adaptations and general counselling).
- Moderate or severe osteoarthritic changes have been confirmed radiographically (weightbearing films for knees)
- Symptoms (eg pain, functional impairment) are significantly impacting on day-to-day activities
- For hips, the patient has a BMI below 40 OR if the BMI is 40 or above there is documented participation in a comprehensive weight management programme for at least 6 months prior to surgery.
- For knees, the patient has a BMI of below 35

Other issues:

- Co-morbidities (including but not limited to hypertension, atrial fibrillation, diabetes, obesity) should have been appropriately evaluated and control optimised
- As a supporting criterion - a New Oxford score of *less* than 30 if case is non-complex (i.e. patient with no major complications or co-

morbidities). Oxford scores are not validated for diagnostic use, although data from the PROMS study support its alignment with other patient selection criteria.

As per NICE guidance prostheses should only be used if the evidence shows they require revision at a rate of less than 1 in 10 (10%) in 10 years or equivalent. It is expected that providers will have adequate governance arrangements to implement this requirement and to manage the adoption of new technologies including prostheses.

3. Implementation

Emergency care patients and patients with suspected cancer are excluded from this policy.

The implementation of this policy will be monitored as per the agreed process defined within the acute services contract.

4. OPCS Procedures Covered by the Policy

Hip Replacement

W37.1 Primary total prosthetic replacement of hip joint using cement;

W37.2 Conversion to total prosthetic replacement of hip joint using cement

W37.8 Other specified total prosthetic replacement of hip joint using cement;

W37.9 Unspecified total prosthetic replacement of hip joint using cement;

W38.1 Primary total prosthetic replacement of hip joint not using cement;

W38.2 Conversion to total prosthetic replacement of hip joint not using cement

W38.8 Other specified total prosthetic replacement of hip joint not using cement;

W38.9 Unspecified total prosthetic replacement of hip joint not using cement;

W39.1 Primary total prosthetic replacement of hip joint NEC;

W39.2 Conversion to total prosthetic replacement of hip joint NEC

W39.8 Other specified total prosthetic replacement of hip joint NEC;

W39.9 Unspecified total prosthetic replacement of hip joint NEC;

W93.1 Primary hybrid prosthetic replacement of hip joint using cemented acetabular component;

W93.2 Conversion to hybrid prosthetic replacement of hip joint using cemented acetabular component

W93.8 Other specified hybrid prosthetic replacement of hip joint using cemented acetabular component;

W93.9 Unspecified hybrid prosthetic replacement of hip joint using cemented acetabular component;

W94.1 Primary hybrid prosthetic replacement of hip joint using cemented femoral component;

W94.2 Conversion to hybrid prosthetic replacement of hip joint using cemented femoral component

W94.8 Other specified hybrid prosthetic replacement of hip joint using cemented femoral component;

W94.9 Unspecified hybrid prosthetic replacement of hip joint using cemented femoral component;

W95.1 Primary hybrid prosthetic replacement of hip joint using cement NEC;

W95.2 Conversion to hybrid prosthetic replacement of hip joint using cement NEC

W95.8 Other specified hybrid prosthetic replacement of hip joint using cement NEC;

W95.9 Unspecified hybrid prosthetic replacement of hip joint using cement NEC.

Knee Replacement

W40.1 Primary total prosthetic replacement of knee joint using cement;

W40.2 Conversion to total prosthetic replacement of knee joint using cement

W40.8 Other specified total prosthetic replacement of knee joint using cement;

W40.9 Unspecified total prosthetic replacement of knee joint using cement;

W41.1 Primary total prosthetic replacement of knee joint not using cement

W41.2 Conversion to total prosthetic replacement of knee joint not using cement

W41.8 Other specified total prosthetic replacement of knee joint not using cement;

W41.9 Unspecified total prosthetic replacement of knee joint not using cement;

W42.1 Primary total prosthetic replacement of knee joint NEC;

W42.2 Conversion to total prosthetic replacement of knee joint NEC

W42.8 Other specified total prosthetic replacement of knee joint;

W42.9 Unspecified total prosthetic replacement of knee joint.

O18.1 Primary hybrid prosthetic replacement of knee joint using cement

O18.2 Conversion to hybrid prosthetic replacement of knee joint using cement

O18.8 Other specified hybrid prosthetic replacement of knee joint using cement

O18.9 Unspecified hybrid prosthetic replacement of knee joint using cement

5. References

- National Institute for Health and Clinical Excellence (2008) Clinical Guideline 59. Osteoarthritis – The care and management of osteoarthritis in adults. NICE 2008, London.
- NICE Technology Appraisal Guidance – No 2 (2000) Guidance on the Selection of Prostheses for Primary Total Hip Replacement. NICE 2000, London.
- Quintana JM et al (2000) Evaluation of explicit criteria for total hip joint replacement. *Journal of Clinical Epidemiology* 53(2000) 1200-1208
- Lequesne M. (1991) Indices of severity and disease activity for osteoarthritis. *Sem Arthritis Rheu* 1991;20:48-54
- National Institute of Clinical Excellence (2003). Primary Care Referral Guidelines for Common Conditions. NICE 2003; London.
- National Institute of Health. Consensus development program. (Dec 2003). See also the National Guideline Clearing House (www.guideline.gov).
- British Orthopaedic Association. (2001) Total Knee Replacement; A Guide to Best Practice.
- Schneider AJ (1983) Assessment of risk factors and surgical outcome. *Surg Clin North Am* 1983;63:113-1126
- Vipul P. Patel, Michael Walsh, Bantoo Sehgal, (2007) Factors Associated with Prolonged Wound Drainage After Primary Total Hip and Knee Arthroplasty *The Journal of Bone and Joint Surgery (American)*. 2007;89:33-38.
- Dieppe P, Basler HD, Chard P et al. Knee replacement surgery for osteoarthritis: effectiveness, practice variations, indications and possible determinants of utilisation. *Rheumatology* 1999; 28:73-83
- Quintana et al (2006) Health-related quality of life and appropriateness of knee or hip joint replacement. *Arch Intern Med*. 2006;166:220-226
- Escobar A, Quintana JM, Arostehui I, Azkarate J, Güenaga, Arenaza JC, Garai I. (2003) Development of explicit criteria for total knee replacement. *International Journal of Technology Assessment in Healthcare*, 2003; 19: 57-70.
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