NHS
Derby and Derbyshire
Integrated Care Board

CLINICAL POLICY ADVISORY GROUP (CPAG)

Hip and Knee Replacement Policy

Black – criteria required to be met prior to referral
Blue – criteria to be met prior to procedure

Statement

Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed that **Hip and Knee Replacement Surgery** should not routinely be commissioned unless the criteria in this policy have been met.

Patients should be referred in the first instance to the Musculoskeletal Clinical Assessment and Triage Service (MSKCATS), where further clinical input is required.

The core treatment for symptoms of osteoarthritis is as follows:

- Access to appropriate information (including self-care programmes)
- Activity and exercise
- Referral to a lifestyle service for interventions to achieve weight loss if the person is overweight or obese
- Pharmacological treatment for symptoms of pain and swelling
- GP has discussed surgical options with the patient and shared information

Hip and Knee Replacement

The ICB will only fund hip and knee replacement under the following conditions:

- The patient has engaged with the above core treatment options, when relevant

The decision is based on discussions with patient and clinician rather than scoring tools

- The patient experiences joint symptoms (pain, stiffness and reduced function) that have a substantial impact on their quality of life and are refractory to non-surgical treatment
- When discussing the possibility of joint surgery, check that the person has accessed the core treatments and give information about:
  - The benefits and risks of surgery and the potential consequences of not having surgery
  - Recovery and rehabilitation after surgery
  - How having a prosthesis might affect them
  - How care pathways are organised in their local area

NB: Discussions should be informed and guided by use of shared decision-making tools.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

Referring clinicians should follow the MSK clinical pathway for this condition when considering a referral to secondary care. Compliance with the pathway is required to support referrals.

1. Background

In England and Wales there are approximately 160,000 total hip and knee replacement procedures performed each year.

A hip replacement is a common type of surgery where a damaged hip joint is replaced with an artificial one (known as an implant). Adults of any age can be considered for a hip replacement, although most are done on people between the ages of 60 and 80. A modern artificial hip joint is designed to last for at least 15 years. Most people have a significant reduction in pain and improvement in their range of movement.

Degenerative hip disease is the most common diagnosis in the adult and is the long-term consequence of predisposing conditions. The commonest cause of a painful hip is osteoarthritis, resulting in joint pain accompanied by varying degrees of functional limitation and reduced quality of life. Inflammatory joint disease of the hip may develop at any age, alone or with other joint involvement and may be due to auto-immune disease such as rheumatoid arthritis. A hip fracture due to a fall or similar accident it may necessitate a hip replacement.

Similarly knee replacement surgery involves replacing a damaged, worn or diseased knee with an artificial joint. Adults of any age can be considered for a knee replacement, although most are carried out on people between the ages of 60 and 80. A smaller operation called a partial knee replacement tends to be performed on younger people aged between 55 and 64 where the artificial joint is expected to need redoing within 10 years.

Osteoarthritis of the knee describes joint damage resulting in pain accompanied by varying degrees of functional limitation and reduced quality of life. Osteoarthritis may not be progressive with most patient not needing surgery, with their symptoms adequately controlled by non-surgical measures. Most patients who have a total knee replacement are usually aged over 60, the replacement knee usually lasts over 20 years, especially if the new knee is cared for properly and not put under too much strain.

2. Recommendation

Criteria
Black – criteria required to be met prior to referral
Blue – criteria to be met prior to procedure

Patients should be referred in the first instance to the Musculoskeletal Clinical Assessment and Triage Service (MSKCATS), where further clinical input is required.

The core treatment for symptoms of osteoarthritis is as follows:

- Access to appropriate information (including self –care programmes)
- Activity and exercise
- Referral to a lifestyle service for interventions to achieve weight loss if the person is overweight or obese
- Pharmacological treatment for symptoms of pain and swelling
- GP has discussed surgical options with the patient and shared information

Hip and Knee Replacement

The ICB will only fund hip and knee replacement under the following conditions:

- The patient has engaged with the above core treatment options, when relevant

Decision based on discussions with patient and clinician rather than scoring tools

- The patient experiences joint symptoms (pain, stiffness and reduced function) that have a substantial impact on their quality of life and are refractory to non-surgical treatment
- When discussing the possibility of joint surgery, check that the person has accessed the core treatments and give information about:
  - The benefits and risks of surgery and the potential consequences of not having surgery
  - Recovery and rehabilitation after surgery
  - How having a prosthesis might affect them
  - How care pathways are organised in their local area

NB: These discussions should be informed and guided by use of shared decision-making tools.

Guidance for shared-decision making can be found at:
https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making
https://www.nice.org.uk/corporate/ecd8
https://www.nice.org.uk/corporate/ecd8/resources/visual-summary-pdf-9142523101

Referring clinicians should follow the MSK clinical pathway when considering a referral to secondary care. Compliance with the pathway is required to support referrals.

3. Rationale for Recommendation

Osteoarthritis refers to a clinical syndrome of joint pain accompanied by varying degrees of functional limitation and reduced quality of life. It is the most common form of arthritis, and one of the leading causes of pain and disability worldwide. The most affected peripheral joints are the knees, hips and small hand joints. Pain, reduced function and effects on a person's ability to carry out their day-to-day activities can be important consequences of osteoarthritis.

NICE CG177 guidance states that Hip and Knee Replacement Surgery should be only considered if conservative treatment has failed. Both hip and knee replacement are major surgeries, so it is normally only recommended if other treatments, such as physiotherapy or steroid injections, haven't helped reduce pain or improved mobility.

NICE CG157 covers Hip and Knee Surgery once referral has been made.

4. Shared Decision-Making

Shared decision-making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.

Decision support tools, also called patient decision aids, support shared decision making by making treatment, care and support options explicit. They provide evidence-based information about the associated benefits/harms and help patients to consider what matters most to them in relation to the possible outcomes, including doing nothing.

5. Useful Resources

- NHS Website: Hip Replacement. https://www.nhs.uk/conditions/hip-replacement/
- NHS Website: Knee Replacement. https://www.nhs.uk/conditions/knee-replacement/
- National Joint Registry Patient Decision Support Tool (njrcentre.org.uk)

- NHS England » Decision support tool: making a decision about knee osteoarthritis
- NHS England » Decision support tool: making a decision about hip osteoarthritis

6. References

- NICE Guidance CG157 Joint Replacement (Primary): Hip, Knee and Shoulder. https://www.nice.org.uk/guidance/ng157
- NICE Technology Appraisal Guidance 304 (Total Hip Replacement and Resurfacing Arthroplasty for End Stage Arthritis of the Hip) Feb 2014. https://www.nice.org.uk/guidance/ta304
- NICE Guidance CG177 Osteoarthritis: Care and Management Feb 2014. Updated Dec 2020. https://www.nice.org.uk/guidance/cg177
- Royal College of Surgeons Commissioning Guides: Pain Arising from the Hip Guide July 2017 https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/commissioning/boa--pain-arising-from-the-hip-guide-2017.pdf
- Royal College of Surgeons Commissioning Guides: Painful Osteoarthritis of the Knee July 2017 https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/commissioning/boa--painful-oa-knee-guide-final-2017.pdf
- GIRFT Elective Hip or Knee Replacement Pathway https://gettingitrightfirsttime.co.uk/wp-content/uploads/2020/08/GIRFT-Hip-and-Knee-replacement-pathway-May-2020-003.pdf

7. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	**Date**
Consultant Orthopaedic Surgeon, UHDBFT	December 2021
Consultant Orthopaedic Surgeon, CRHFT	December 2021
Acting General Manager, Outpatient Physiotherapy, Occupational Therapy and MSK Services, DCHSFT	December 2021
Clinical Policy Advisory Group (CPAG)	February 2022
Clinical and Lay Commissioning Committee (CLCC)	March 2022
Consultant Orthopaedic Surgeon, UHDBFT	October 2024
Clinical Director, T&O Surgery, UHDBFT	October 2024
Consultant T&O Surgeon, UHDBFT	October 2024
T&O and Foot & Ankle Surgeon, UHDBFT	October 2024
Orthopaedic Clinical Director, CRHFT	October 2024
Consultant Orthopaedic Surgeon, CRHFT	October 2024
Clinical Lead MSK, DCHSFT	October 2024
General Manager (Operations Dept), DCHSFT	October 2024
Physiotherapist (Operations Dept), DCHSFT	October 2024
Clinical Policy Advisory Group (CPAG)	October 2024

Appendix 2 - Document Update

Document Update	**Date Updated**
Version 4.0 • Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background information, useful resources, references and consultation	February 2022
Version 4.1 • Reference to prior approval removed	July 2024
Version 4.2 • Reference to shared decision making added	September 2024
Version 4.3 • In line with risk profile, CPAG agreed to extend the review date of this policy by 3 years, in agreement with clinical	October 2024

stakeholders, due to reduced capacity within the Clinical Policies team.	