

CLINICAL POLICY ADVISORY GROUP (CPAG)

Hip Resurfacing Policy

This procedure requires prior approval. Prior approval must be sought through Blueteq.

Criteria:

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

Statement

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

- **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.**
- **The CCG will fund for those who otherwise qualify for primary total hip replacement but are likely to outlive conventional primary hip replacements.**

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 them:
 - 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.

Prostheses for total hip replacement and resurfacing arthroplasty are recommended as treatment options for people with end stage arthritis of the hip only if the prostheses have rates (or projected rates) of revision of 5% or less at 10 years.

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

1. Background

Degenerative hip disease is the most common diagnosis in the adult and is the long-term consequence of predisposing conditions. 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. The commonest cause of painful hip disorders is osteoarthritis.

Hip Resurfacing is an alternative to hip replacement. It involves removing the upper surface of the femur (thigh bone) as well as the surface of the cavity in the pelvis in which the femur sits. Both of these surfaces are then covered with a metal surfacing (metal-on-metal). This helps correct a damaged joint into a correct position.

Hip resurfacing requires that a person has relatively strong bones so it is usually only suitable for younger adults and it may not be suitable for:

- Adults over the age of 65 years – bones tend to weaken as a person becomes older
- Women who have gone through the menopause – one of the side effects of the menopause is that the bones can become weakened and brittle (osteoporosis)

2. Recommendation

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 - How care pathways are organised in their local area

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

Prostheses for total hip replacement and resurfacing arthroplasty are recommended as treatment options for people with end stage arthritis of the hip only if the prostheses have rates (or projected rates) of revision of 5% or less at 10 years.

3. Rationale for Recommendation

Patient selection for total hip replacement or resurfacing arthroplasty depends on various factors, including but not limited to patient's age, activity and underlying hip physiology and NICE guidance recommends their use in those likely to outlive a conventional THR (i.e., young and active).

As per NICE guidance Prostheses for total hip replacement and resurfacing arthroplasty are recommended as treatment options for people with end stage arthritis of the hip only if the prostheses have rates (or projected rates) of revision of 5% or less at 10 years.

4. Useful Resources

- NHS Website: Hip Replacement. <https://www.nhs.uk/conditions/hip-replacement/>
- National Joint Registry [Patient Decision Support Tool \(njrcentre.org.uk\)](https://www.njrcentre.org.uk)

5. References

- 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>
- 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>
- Sershon, R., Balkissoon, R., & Valle, C. J. (2016). Current indications for hip resurfacing arthroplasty in 2016. *Current reviews in musculoskeletal medicine*, 9(1), 84–92. <https://doi.org/10.1007/s12178-016-9324-0>

6. 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, CRHFT	December 2021
Consultant Orthopaedic Surgeon, UHDBFT	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

Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 4.0</u> <ul style="list-style-type: none">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

Appendix 3 - Hip Resurfacing Blueteq Form

[Click here to access the guidelines/NICE algorithm](#)

[Click to view NHS Derby and Derbyshire CCG Policies](#)

Prior Approval Form - Prior Approval Form - PLCV Secondary - Hip Resurfacing (Updated)			
PATIENT CONSENT			
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.		Yes	No
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.		Yes	No
Please confirm that you have given PLCV patient leaflet to the patient		Yes	No
APPLICANT DETAILS			
Clinician Making Request:		Trust:	
Clinician Full Name:	*	Telephone:	*
Contact Email (nhs.net):	*		
PATIENT DETAILS			
Patient Name:		GP Practice Name:	
NHS Number:		GP Practice Code:	
Patient DOB:		Is the patient a smoker:	Yes No
Primary Care Prior Approval Number:			
PROCEDURE CRITERIA			
<p>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.</p> <p>The CCGs will fund for those who otherwise qualify for primary total hip replacement, but are likely to outlive conventional primary hip replacements.</p>			
1. 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. AND		Yes	No
2. When discussing the possibility of joint surgery, I can confirm that the person has accessed the core treatments and been given information about the including:		Yes	No
<ul style="list-style-type: none"> - The patient has been made aware of the benefits and risks of surgery and the potential consequences of not having surgery. - The patient has been made aware of recovery and rehabilitation after surgery - The patient has been made aware of how having a prosthesis might affect them - The patient has been made aware of how care pathways are organised in their local area 		Yes	No
ADDITIONAL INFORMATION			
Please provide any additional clinical information that may have a bearing on the application in the text box below.			
SUBMISSION DECLARATION			
I confirm that the above information is complete and accurately describes the patient's condition.			
Submitting User	*	Date	*