

## Thames Valley Priorities Committee Commissioning Policy Statement

**Policy No. TVPC 49**                      **Patients with osteoarthritis (OA); primary hip and knee replacement**

**Recommendation made by the Priorities Committee:**      September 2016; updated November 2018<sup>1</sup>, January 2019<sup>2</sup>, July 2021<sup>3</sup>

**Date of issue:**                              **September 2021**

In addition to the Thames Valley Policy requirements set out below, all Berkshire West patients with a knee/hip related condition must be seen by Berkshire West's MSK Community Specialist Service (MSKCSS) prior to referral to secondary care and therefore any referrals received directly from GPs (for Berkshire West patients) should be rejected by secondary care **before an appointment with a Consultant is offered/given.**

The following documentation must be have been received from the MSKCSS **before an appointment with a Consultant is offered/given:**

1. A referring clinical letter from MSKCSS, confirming criteria has been met.
2. An MSK Proforma - shared decision making, lifestyle discussions and conservative management options will be a fundamental requirement of physiotherapy and the MSKCSS service.
3. For more complex cases where a patient is referred '**for Consultant opinion**', MSKCSS will provide an MSK Proforma and a letter detailing they have discussed and agreed this in MDT.
4. All providers are to ensure the referring clinical letter & MSK Proforma are recorded within the Ortho notes and accessible for audit.

The majority of patients with osteoarthritis (OA) of the hip or knee can initially be managed adequately in primary and intermediate care by following the NICE Clinical Guideline 177 (2014) and Quality Standard 87 (2015) for care and management of OA. Summary guidance notes overleaf.

Adults aged 45 or over can be diagnosed with OA clinically, without investigations if they have activity-related joint pain and any morning joint stiffness lasts no longer than 30 minutes. Primary or intermediate care x-ray is not necessary as part of routine investigations.

Referral for specialist assessment can be considered for patients who meet **all** the following criteria 1 – 6:

<sup>1</sup> UKR included.

<sup>2</sup> Reference to patient decision aid has been removed; no other changes have been made.

<sup>3</sup> Amendment of the BMI advice re BMI  $\geq 35\text{kg/m}^2$ , addition of ascertaining fitness for surgery by surgeon and removal of use of opioids in section for 'Further advice'.

1. Patient experiences joint symptoms (pain, stiffness and reduced function) that have a substantial impact on their quality of life defined as interfering with their activities of daily living or their ability to sleep.
2. Patient has been offered at least the core (non-surgical) treatment options recommended by NICE CG177;
  - Access to information (accurate verbal and written information to enhance understanding of the condition and its management, and to counter misconceptions, such as that it inevitably progresses and cannot be treated).
  - Activity and exercise irrespective of age, comorbidity, pain severity or disability. Exercise should include: local muscle strengthening and general aerobic fitness.
  - Patients who have a BMI > 25kg/m<sup>2</sup> are offered support and interventions to lose weight and those with BMI ≥ 35kg/m<sup>2</sup> have been offered a recognised weight management programme. These should be documented.
  - All overweight patients will be reviewed pre-operatively by the surgeon to ascertain medical fitness for surgery. Patient specific factors (including age, sex, smoking, obesity and co-morbidities) should not be barriers for surgery.
3. Joint symptoms are refractory to non-surgical treatments listed below including where appropriate; analgesia, steroid injections, local heat and cold therapy.
4. Patients have a right to be fully informed about this procedure. As part of this process, clinicians should engage the patients (or their carers) in shared decision making about alternative management and the risks and benefits of surgery.
5. Patient has confirmed they wish to have surgery.
6. Any underlying medical conditions have been investigated and the patient's condition has been optimised.

**Further advice and support as appropriate should be offered including:**

- Agree individualised self-management strategies with the person with osteoarthritis.
- Manipulation and stretching should be considered as an adjunct to core treatments, particularly for osteoarthritis of the hip.
- Advice on appropriate footwear (including shock-absorbing properties) as part of core treatments for people with lower limb osteoarthritis.
- Assistive devices (for example walking sticks) should be considered as adjuncts to core treatments for people with osteoarthritis who have specific problems with activities of daily living.
- Local heat and cold therapy.
- Analgesia including paracetamol, non-steroidal anti-inflammatory medication (topical or oral with proton pump inhibitor [PPI]).
- Intra-articular corticosteroid injections may be offered as an adjunct to core treatments for the relief of moderate to severe pain in people with both knee and hip osteoarthritis, according to local provision.

- Patients who smoke should be advised to attempt to stop smoking at least 4 weeks before surgery to reduce the risk of surgical and post-surgery complications.

### **Unicompartmental Knee Replacement (UKR)**

UKR is an option for clinically appropriate patients who meet the criteria above. UKR is a complex procedure and therefore it is recommended that contractual minimum annual volumes for UKR are agreed with providers, in collaboration with the orthopaedic specialist societies, as discussed in the GIRFT (2015) National Review of Adult Elective Orthopaedic Services in England report.

#### **NOTES:**

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- Thames Valley clinical policies can be viewed at <https://www.fundingrequests.cscsu.nhs.uk/>

#### **Audit codes**

##### **Total Hip Replacement**

###### Primary OPCS:

W37.1: Primary 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

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

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

W39.9: Unspecified other total prosthetic replacement of hip joint

W93.1: Primary 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

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

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

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

###### Secondary OPCS:

###### Bilateral:

Z94.1: Bilateral operation or

Z94.2: Right sided operation and Z94.3: Left sided operation

###### Unilateral:

Z94.2: Right sided operation or

Z94.3: Left sided operation or

Z94.4: Unilateral operation

##### **Total Knee Replacement**

###### Primary OPCS:

W40.1: Primary 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

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

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

W42.9: Unspecified other total prosthetic replacement of knee joint

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

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

### **Unicompartmental Knee Replacement**

W58.1: Primary resurfacing arthroplasty of joint

AND

Z84.4 Patellofemoral joint

Z84.5 Tibiofemoral joint

Z84.6 Knee joint