NHS
Bedfordshire
Clinical Commissioning Group

Excluded: Procedure not routinely funded

Bedfordshire, Hertfordshire, West Essex, Luton and Milton Keynes Priorities Forum statement - adapted for Bedfordshire CCG

Number: 76
Subject: Patella Resurfacing
Date of decision: June 2017
Date of review: June 2020

GUIDANCE
(Based on guidance from Oxfordshire Priorities Committee)

The Bedfordshire and Hertfordshire Priorities Forum has considered the evidence based on policy from Oxfordshire CCG and cost implications of treatment for patella resurfacing in isolation or as part of a total knee replacement (TKR) and considers it to be LOW PRIORITY.

This is due to a lack of sufficient evidence of clinical benefit to support routine resurfacing of the patella and the lack of evidence of the cost-effectiveness at the reconstruction tariff (HR05Z) and therefore patella resurfacing is not normally funded. Exceptional cases can be considered via the IFR process.

The CCG will not accept the use of HR05Z- Reconstruction procedures category 2 as a payment code. If this code is used it will be paid at HB21C - Major knee procedures for non-trauma category 2 without complications or HB21A- with major complications or HB21B – with complications. This includes the following OPCS codes: O192, W400, W401, W402, W403, W404, W408, W409, W410, W411, W412, W413, W414, W418, W419, W420, W421, W422, W423, W424, W425, W426, W428, W429, W063, Z587, and W581 at Z787

However it should be noted that Health and Social Care Information Centre (HSCIS), responsible for the national coding, has noted the issue of price variation between codes HR05Z and HB21 A-C nationally. The next version of HRG (HRG4+) which changes the pricing structure to diminish the pricing difference (HR05Z does not exist within HRG4+), the equivalent HRGs show a more modest difference between patella resurfacing and TKR) is currently expected to be available for financial year 2017/18.

Evidence summary

Evidence based on the available systematic reviews (SRs) indicates that there is no significant benefit to routine resurfacing of the patella with regards to patient satisfaction or functional status. Most of the systematic reviews also report no difference between the groups in the incidence of post-operative anterior knee pain. Postoperative anterior knee pain may be related to many factors attributable to the component design or surgical technique, regardless of whether the patella is resurfaced or not. 9/10 of the SRs available found that patella resurfacing (PR) can reduce the rate of reoperation, but most of the systematic reviews report on re-operations for any reason, rather than for patella-related problems alone.

A UK based large randomised controlled trial (RCT) and Health Technology Assessment (HTA) carried out in 2014 found that at 10 years there is no clear clinical benefit to resurfacing the patella. It provides no functional advantage and results in a similar reoperation rate to that observed in patients who have not had patella resurfacing, and, in particular, it is not associated with a lower rate of patella-related reoperations. Reoperation rate for any patella related problems was 2% in both groups.

With regard to cost-effectiveness of the procedure, the HTA did suggest that resurfacing the patella is cost-effective at the national tariff rate, because it is associated with lower costs and better outcomes over the 10-year period (non-statistically significant findings). This was based on HRG HB21 A-C 2010-11 £6080.

According to the National Joint Registry (NJR), resurfacing is carried out for between 6% and 38% of TKR surgery (depending whether cement was used for the fixation). The British Association for Surgery of the Knee "Knee Replacement – A Guide to Good Practice "(2014) notes the 'issue of patella resurfacing remains controversial as there is no strong data to support it or non-resurfacing'.

Human Rights and Equality Legislation has been considered in the formation of this guidance.