Chorley & South Ribble Clinical Commissioning Group and Greater Preston Clinical Commissioning Group

Policies for the Commissioning of Healthcare

Policy for Total Knee Replacement Surgery

1	**Introduction**
1.1	This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to other polices in that suite.
1.2	This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
2	**Scope and definitions**
2.1	Total Knee Replacement Surgery (TKR) can also be referred to as Knee Arthroplasty. The most common reason for a total knee replacement is degenerative arthritis (osteoarthritis) of the knee **(1)** Osteoarthritis (OA) is common and its prevalence increases with age **(2).** OA of the knee presents as joint pain, deformity, stiffness, a reduced range of movement which sometimes gives way. The underlying joint changes of OA are generally irreversible and management aims to relieve symptoms and reduce disability. TKR is a surgical procedure which involves replacing a damaged, worn or diseased knee with an artificial joint (prosthesis) with the primary purpose to relieve pain and restore function.
2.2	The scope of this policy includes requests for elective total knee replacement surgery.
2.3	The Commissioning Organisation recognises that a patient may have certain features, such as • suffering from arthritis of the knee • wishing to have a service provided for their knee • being advised that they are clinically suitable for total knee replacement surgery and • be distressed by their arthritis in the knee, and by the fact that that they may not meet the criteria specified in this commissioning policy.

	Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.
2.4	Whilst there is no definitive test for arthritis, weight bearing plain x-ray and assessment of symptoms and examination of joints can give an accurate diagnosis in the majority of people with hip OA. (**2)** For the purpose of this policy the Commissioning Organisation defines arthritis of the knee as a clinical diagnosis where the patient presents with significant pain, stiffness and reduced range of movement, which all impact on the patient's ability to walk and carry out activities of daily living.
2.5	Guidelines on osteoarthritis issued by the National Institute for Health and Care Excellence (NICE) suggest that "referral for joint replacement surgery should be considered for people with osteoarthritis who experience joint symptoms (pain, stiffness, reduced function) that have a substantial impact on their quality of life and are refractory to non-surgical treatment. Referral should be made before there is prolonged and established functional limitation and severe pain." **(2)**
3	**Appropriate Healthcare**
3.1	The purpose of TKR surgery is to replace the damaged knee joint with the aim of relieving pain, improving mobility and functional ability
3.2	The Commissioning Organisation regards the achievement of this purpose as according with the Principle of Appropriateness. Therefore this policy does not rely on the principle of appropriateness. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider the principle of appropriateness in the particular circumstances of the patient in question before confirming a decision to provide funding.
4	**Effective Healthcare**
4.1	The Commissioning Organisation recognises that for people who are severely affected by arthritis in the knee the outcome with this intervention is likely to be better than the outcome in untreated patients. Therefore the intervention satisfies the criterion of effectiveness. The evidence for TKR surgery in those severely affected by end stage arthritis is recommended by robustly reviewed resources (**2) (3),(4),(5)**
4.2	The Commissioning Organisation recognises that knee replacement is an effective treatment for relieving pain and improving function, but should be performed only after other treatment options have been tried **(2).**

4.3	The Commissioning Organisation recognise that primary knee replacement may fail between five and ten years but the majority survive up to ten years (**6), (7)**
4.4	The Commissioning Organisation recognises that Musculoskeletal (MSK) Care pathways and protocols for OA should be followed, in order to ensure that all treatment options have been tried before referral to secondary care for consideration for surgical intervention is made. This is to reduce the number of inappropriate referrals and to ensure equity of treatment.
5	**Cost Effectiveness**
5.1	The CCG does not call into question the cost-effectiveness of TKR surgery and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.
6	**Ethics**
6.1	The Commissioning Organisation considers that TKR surgery meets the criterion for ethical health care delivery.
7	**Affordability**
7.1	The Commissioning Organisation does call into question the affordability of TKR surgery and therefore this policy does not rely on the Principle of Affordability. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.
8	**Policy**

8.1	The Commissioning Organisation will only commission TKR surgery when one or more of the following criteria are satisfied: • The patient has fully engaged with conservative measures **AND** • Has intense to severe persistent pain which leads to severe functional limitation resulting in a diminished quality of life **OR** • The patient has significant progressive deformity or stiffness indicating that destruction of their joint is of such severity that delaying surgical correction would increase the technical difficulties of the procedure. **OR** • Patients whose pain is so severe and/or mobility is compromised that they are in immediate danger of losing their independence and that joint replacement surgery would relieve this. Or when exceptionality has been demonstrated in accordance with section 9 below.
8.2	There must be well documented evidence of significant pain that is present all or most of the time, is preventing usual activities and other causes for the pain or discomfort have been excluded.
9	**Exceptions**
9.1	The Commissioning Organisation will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
10	**Force**
10.1	This policy remains in force until it is superseded by a revised policy.
10	**References** 1. Singh, AJ, Dohm, M., and Borkhoff, C (2013) Total joint replacement surgery versus conservative care for the knee osteoarthritis and other non- traumatic disease: meta analysis. Cochrane Review. 2. NICE (2014) Osteoarthritis: care & management , Clinical guideline [CG 177] https://www.nice.org.uk/guidance/cg177 3. Scott, D. et al (2004). Osteoarthritis. *Clinical Evidence*. Volume 11. www.clinicalevidence.com 4. Jordan, K. M. et al. (2003). EULAR Recommendations 2003: an evidence based approach to the management of knee osteoarthritis: report of a Task Force of the Standing Committee for Public Health Intelligence Team Page 9 of 9 March 2007

5. American College of Rheumatology (2000). Recommendations for the medical management of osteoarthritis of the hip and knee. *American College of Rheumatology* Subcommittee on Osteoarthritis Guidelines. www.rheumatology.org

6. British Orthopaedic Association and British Association for Surgery of the Knee (2001). *Knee replacement: a guide to good practice*.

7. NHS Institute for Innovation and Improvement (2006). *Delivering Quality and Value. Focus on: Primary Hip and Knee Replacement*. NHS Institute for Innovation and Improvement

8. NHS South Warwickshire Clinical Commissioning Group, Knee Replacement Surgery, Version 2, 2013

9. NHS Ipswich and East Suffolk Clinical Commissioning Group. T18b policy. Referral and Treatment criteria for Knee Replacement. Version 2, 2016.

10. NHS England Interim Clinical Commissioning Policy: Knee Replacement. 2013

Date of adoption: 22nd November 2017
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Appendix 1

Conservative Measures as directed by NICE (2014) CG177