



Coventry and Rugby Clinical Commissioning Group

Commissioning Policy: Coventry and Rugby CCG (CRCCG)

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| Treatment | Primary Knee Replacement Surgery |
| Indication | Knee degeneration |
| | This policy is based on section 6.4 of the West Midlands and South Staffordshire procedures of Low Clinical Value (PoLCV) Commissioning Policy relating to primary hip and knee replacement. |
| Scope: | <ul style="list-style-type: none">• The most common indication for elective primary total knee replacement (TKR) is degenerative arthritis (osteoarthritis) of the joint. Other indications include rheumatoid arthritis, osteonecrosis and other types of inflammatory arthritis.• This policy applies only to elective primary knee replacement for osteoarthritis.• The relevant 3-character OPCS codes (where used for elective primary knee replacement for osteoarthritis) include:<ul style="list-style-type: none">• W40 Total prosthetic replacement of knee joint using cement• W41 Total prosthetic replacement of knee joint not using cement• W42 Other total prosthetic replacement of knee joint <p>The CCG will agree to fund referrals and surgery where the patient meets the criteria outlined in the next section.</p> <p>Prior approval from the Clinical Commissioning Group will be required before any treatment proceeds in secondary care.</p> |
| Criteria: | <p>Patients shall be eligible for surgery if the following criteria is met:</p> <ul style="list-style-type: none">• The patient has a BMI below 35 supported by a primary care and/or community service referral <p>AND</p> <ul style="list-style-type: none">• Conservative means (e.g. Analgesics, NSAIDS, physiotherapy, advice on walking aids, home adaptations, curtailment of inappropriate activities and general counselling as regards to the potential benefits of joint replacement) have failed to alleviate the patients pain and disability <p>AND</p> <ul style="list-style-type: none">• Pain and disability should be sufficiently significant to interfere with the patients' daily life and or ability to sleep/patients whose pain is so severe |

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| | <p>AND</p> <ul style="list-style-type: none"> • Patient must accept and want surgery <p>Or</p> <ul style="list-style-type: none"> • Patient has a BMI of 35 or over but mobility is so compromised that they are in immediate danger of losing their independence and that joint replacement would relieve this threat <p>Or</p> <ul style="list-style-type: none"> • Patient has a BMI of 35 or over but the destruction of their joint is of such severity that delaying surgical correction would increase technical difficulty of the procedure. <p>If the patient does not meet any of the above criteria and has a BMI of 35 or over they will be referred by their GP to weight management services and will be expected to engage with the services to achieve the required BMI. Should the patient's BMI fall below 35 then the patient would be eligible for surgery in line with the policy criteria. If this weight loss cannot be achieved the patient will be eligible for referral for surgery from two years after the documented date of the GP referral to weight management services for the purpose of weight loss prior to surgery.</p> |
| Equality Impact | See EIA attached |

VERSION CONTROL

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|-------------------------------|---|
| Version | 4.0 |
| Ratified by | Governing Body |
| Date ratified | 13 th July 2016 |
| Name of originator/author | Joint CCG Clinical Commissioning Policy Development Group |
| Name of responsible committee | Clinical Development Group |
| Date issued | 14 th July 2016 |
| Review date | March 2019 |

EQUALITY ANALYSIS FORM

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|--|-------------------------------------|
| TITLE (service/ plan/ project/ policy/ decision): | Policy for Knee Replacement Surgery |
| AUTHOR / LEAD: | EIA Lead |
| DATE ANALYSIS UNDERTAKEN: | April 2016 |

| STAGE 1: SCREENING FOR ADVERSE IMPACTS (X PLEASE CHECK): | | | | | | | |
|--|---|--|--|---------------------------------------|--|---|--|
| Age | X | Religion or Belief | | Marriage and Civil Partnership | | Disability | |
| Sexual Orientation | | Carers (inc. young carer's) | | Sex (men & women) | | Gender Reassignment/ Transgender | |
| Race/ Ethnicity | | Pregnancy, Maternity, Perinatal | | Multiple Social Deprivation | | Human Rights (FREDA) fairness, respect, equality, dignity & autonomy | |
| <p>Describe any potential or known adverse impacts or barriers for protected/ vulnerable groups: (if there are no known adverse impacts, please state who has been involved in the screening and explain how you have reached this conclusion, then move to Stage 6 sign off)</p> | | | | | | | |
| <p>This is a policy across Coventry and Rugby Clinical Commissioning Group Referral for joint replacement surgery should be considered for people with osteoarthritis who experience all of the following joint symptoms:</p> <ul style="list-style-type: none"> • Pain • Stiffness • Reduced function <p>Eligibility criteria:</p> <p>Patients shall be eligible for surgery if the following criteria is met:</p> <ul style="list-style-type: none"> • The patient has a BMI below 35 supported by a primary care and/or community service referral <p>AND</p> <ul style="list-style-type: none"> • Conservative means (e.g. Analgesics, NSAIDS, physiotherapy, advice on walking aids, home adaptations , curtailment of inappropriate activities and general counselling as regards to the potential benefits of joint replacement) have failed to alleviate the patients pain and disability <p>AND</p> <ul style="list-style-type: none"> • Pain and disability should be sufficiently significant to interfere with the patients' daily life and or ability to sleep/patients whose pain is so severe <p>AND</p> <ul style="list-style-type: none"> • Patient must accept and want surgery | | | | | | | |

Or

• Mobility is so compromised that they are in immediate danger of losing their independence and that joint replacement would relieve this threat

Or

• Patients in whom the destruction of their joint is of such severity that delaying surgical correction would increase technical difficulty of the procedure.

Since CCGs operate within finite budgetary constraints the policies detailed in this document make explicit the need for the CCG to prioritise resources and provide interventions with the greatest proven health gain.

The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.”

The impact of this policy has been considered against all protected characteristics and Human Rights values.

The policy provides a consistent clinically based criteria for decision making, benefitting patients within the CCG area by providing consistency and equity of service provision. The policy provides an avenue through the ‘Individual Funding Requests’ policy to seek funding in exceptional clinical circumstances.

No potential or known adverse impacts or barriers for protected and/or vulnerable groups were identified.

STAGE 6: SIGN OFF (you should arrange for an appropriate Chief Officer/ Governing Body Member to sign off this EA before sending it to the Manager for Equality & Diversity)

| ROLE | NAME | SIGNATURE | DATE |
|------------------------|-------------|-----------|------|
| Chief Clinical Officer | Steve Allen | | |

Guidance:

A summary guidance sheet can be found overleaf.

STAGE 1: Screening

This stage involves an initial analysis of any adverse impacts or potential adverse impacts for protected groups. The author should draw on their knowledge and experience of the service/ plan / policy/ project/ decision and the people that are affected. It is therefore beneficial to seek the views of a range of people at this early stage. E.g. you may wish to involve the E&D Manager or relevant working group. You should consider the following when undertaking screening:

- Is there a higher prevalence of any group(s) in relation to the prevalent conditions?
- Are there any concerns about the participation of any group(s) in the service or any aspect of the service?
- Are there any known barriers or potential barriers to access for any group?

You will need to record your explanation of any adverse impacts or no impacts. If adverse impacts or potential adverse impacts are identified you will need to complete the rest of the impact assessment. Defining the scope of your Equality Analysis (EA) will help to establish the specific aspects of the service/ plan / policy/ project/ decision that require further examination.



seeing things through an equality lens

STAGE 3: Critical Challenge

This stage asks you to critically consider the service/ plan / policy/ project/ decision and how equality considerations are being taken into account. Some of the questions may not be applicable.

If the assessment relates to a commissioned service consider whether any improvements can be made through the design of the service or monitoring of the contract.

Record any explanations or evidence in relation to your response.

STAGE 5: Monitoring and Evaluation

This stage asks you to consider how the changes that have been identified will be monitored in the contract /plan /policy. Specifically state what will be recorded in the contract/ plan /policy and whether there is any associated key performance indicator. How will you know the change or proposals are working?

STAGE 2: Data and Information

This stage involves looking at the available data for the service/ plan / policy/ project/ decision and any of the equality groups that have been identified. It is known that equality data may be limited so it is acceptable to use proxy data. The following quantitative and qualitative data and feedback can be used:

- **Joint Strategic Needs Assessment**
- National data / trends
- Integrated Plan
- LCN Profile Data Sets
- Existing equality consultation feedback
- Service participation and outcomes data
- Patient feedback
- Complaints
- Public involvement feedback
- Demographic profile data
- Service reviews and QOF data

***Talk to clinical leads and experts
Ensure any patient engagement
activity includes the groups that
have been adversely impacted***

New consultation is not always necessary, especially when there is existing feedback from target groups. Speak to the Public Involvement Team and the E&D manager about any existing consultation feedback. **Record the findings of your analysis of data, information, and feedback and what it has told you about the service and how it can be improved for the adversely impacted groups. Be succinct - use bullet points if you can. Attach any additional information to the EA or record in the Supplementary Notes section below.**

STAGE 4: Changes

This stage asks you to record any changes you will make to the **service design /plan / policy/ project/ decision** to improve access for the adversely impacted group(s), and outcomes for patients and the patient experience. This may include enhancements to existing care pathways or protocols for how things are done. Any changes should be realistic and feasible.

ANY CHANGES NEED TO BE REFLECTED IN THE DOCUMENTED SPECIFICATION / POLICY / PLAN

STAGE 6: Sign-Off

The completed Equality Analysis form should be sent to the Equality and Diversity manager for Sign-off, and then presented to the appropriate Chief Officer / Governing Body Member, and where relevant the Business Case Panel.

**EQUALITY ANALYSIS -
SUPPLEMENTARY NOTES / RECORDS**