Commissioning Policy: Coventry and Rugby CCG (CRCCCG)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Primary Hip Replacement Surgery</th>
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<tbody>
<tr>
<td>Indication</td>
<td>Hip degeneration</td>
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</table>

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:

- The most common indication for elective primary total hip replacement (THR) is degenerative arthritis (osteoarthritis) of the joint. Other indications include rheumatoid arthritis, injury, bone tumour and necrosis of the hip bone.
- This policy applies only to elective primary hip replacement for osteoarthritis.
- The relevant 3-character OPCS codes (where used for elective primary hip replacement for osteoarthritis) include:
  - W37 – Total prosthetic replacement of hip joint using cement
  - W38 – Total prosthetic replacement of hip joint not using cement
  - W39 – Other total prosthetic replacement of hip joint
  - W93, W94, W95 - Hybrid prosthetic replacement of hip joint

The CCG will agree to fund referrals and surgery where the patient meets the criteria outlined in the next section.

Prior approval from the Clinical Commissioning Group will be required before any treatment proceeds in secondary care.

Criteria:

Patients shall be eligible for surgery if the following criteria is met:

- The patient has a BMI below 35 supported by a primary care and/or community service referral

  AND

- 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

  AND

- 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
AND

- Patient must accept and want surgery

Or

- 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

Or

- 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.

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.

Equality Impact
See EIA attached

VERSION CONTROL

<table>
<thead>
<tr>
<th>Version</th>
<th>4.0</th>
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</thead>
<tbody>
<tr>
<td>Ratified by</td>
<td>Governing Body</td>
</tr>
<tr>
<td>Date ratified</td>
<td>13 July 2016</td>
</tr>
<tr>
<td>Name of originator/author</td>
<td>Joint CCG Clinical Commissioning Policy Development Group</td>
</tr>
<tr>
<td>Name of responsible committee</td>
<td>Clinical Development Group</td>
</tr>
<tr>
<td>Date issued</td>
<td>14th July 2016</td>
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<tr>
<td>Review date</td>
<td>March 2019</td>
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**EQUALITY ANALYSIS FORM**

<table>
<thead>
<tr>
<th>TITLE (service/ plan/ project/ policy/ decision):</th>
<th>Policy for Elective Hip Surgery</th>
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<tbody>
<tr>
<td>AUTHOR / LEAD:</td>
<td>EIA Lead</td>
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<tr>
<td>DATE ANALYSIS UNDERTAKEN:</td>
<td>April 2016</td>
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**STAGE 1: SCREENING FOR ADVERSE IMPACTS (X PLEASE CHECK):**

<table>
<thead>
<tr>
<th>Age</th>
<th>X</th>
<th>Religion or Belief</th>
<th>Marriage and Civil Partnership</th>
<th>Disability</th>
<th>X</th>
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<tbody>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td>Carers (inc. young carer’s)</td>
<td>Sex (men &amp; women)</td>
<td>Gender Reassignment/ Transgender</td>
<td></td>
</tr>
<tr>
<td>Race/ Ethnicity</td>
<td></td>
<td>Pregnancy, Maternity, Perinatal</td>
<td>Multiple Social Deprivation</td>
<td>Human Rights (FREDA) fairness, respect, equality, dignity &amp; autonomy</td>
<td></td>
</tr>
</tbody>
</table>

**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)

This is a policy across the Coventry and Rugby Clinical Commissioning Group. Referral for elective hip surgery should be considered for people with osteoarthritis who experience the following joint symptoms:
- pain
- stiffness
- reduced function

**Eligibility Criteria**
Patients shall be eligible for surgery if the following criteria is met:
- The patient has a BMI below 35 supported by a primary care and/or community service referral
  **AND**
- 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
  **AND**
- 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
  **AND**
- 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 principles; the review identified the protected characteristics of age (particularly older people, though not limited to) and disability as most likely to be affected by the policy.

No restrictions in terms of age were identified in the policy review.

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.

<p>| 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 &amp; Diversity) |</p>
<table>
<thead>
<tr>
<th>ROLE</th>
<th>NAME</th>
<th>SIGNATURE</th>
<th>DATE</th>
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<tbody>
<tr>
<td>Chief Clinical Officer</td>
<td>Steve Allen</td>
<td></td>
<td></td>
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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 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

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.

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

**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 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 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 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.
EQUITY ANALYSIS -
SUPPLEMENTARY NOTES / RECORDS