



Freedom of Information request & West Norfolk CCG response

WN-2016-00156 – Hip Athroplasty

Hip Arthroplasty

As of the 18th of October 2016, for your referral for total hip replacement –

NICE states in tag 304 that THA is appropriate for end stage arthritis – but that prior to this, conservative management must be tried –

1. Must patients have to go through a structured physio pathway before referral?

No

2. Is there a criteria based referral system before referral?

Yes

- a) If so, is there a minimum amount of time they must attend the pathway?

Yes

The CCG's Hip Arthroplasty Policy states that there should be evidence that conservative measures have been trialed for at least six months and failed to alleviate pain and/or disability.

3. Is there a BMI limit under which patients must lie before you refer to a specialist –

Yes

The CCG's Hip Arthroplasty Policy states that patients with a BMI of over 35 must be advised to lose weight to reduce the risk of complications and improve outcomes.

Patients with a BMI of over 35 should be offered referral (where available) or signposted to local weight management programmes to support weight loss.

- 4. Must a weight loss programme be completed before funding can be commissioned for those who fall outside of the BMI limit?**

Please see the response to question 3.

- 5. Does completion of the weight loss programme allow the patient to be commissioned for funding (irrespective of successful weight loss)?**

Please see the response to question 3.

- 6. Is there a mechanism to bypass the BMI limit / physio pathway referral for the referring GP/ accepting orthopaedic surgeon to gain funding if it is necessary to operate on a patient who may lose their independence?**

Yes

If patient does not meet the prior approval criteria referred to above a surgeon is able to apply for individual funding but only on the grounds of clinical exceptionality.

- 7. Is evidence smoking a restriction to funding of an arthroplasty?**

The CCG's Hip Arthroplasty Policy states that patients who smoke should be advised to stop smoking for at least 8 weeks before the surgery to reduce the risk of surgery and the risk of post-surgery complications. Patients should be routinely offered referral to smoking cessation services to reduce these surgical risks

- 8. Does the patient have to have a subjective pain hip score (or alternative eg oxford) below a threshold before referral can be made?**

Yes

New Zealand score 15 or over.

Knee Arthroplasty Referrals

As of the 18th of October 2016, for your referral for total knee replacement –

NICE states in TAG 304 that TKA is appropriate for end stage arthritis – but that prior to this, conservative management must be tried –

- 1. Must patients have to go through a structured physio pathway before referral?**

No

- 2. Is there a criteria based referral system before referral?**

Yes

- a) If so, is there a minimum amount of time they must attend the pathway?**

Yes

The CCG's Knee Arthroplasty Policy states that there should be evidence that conservative measures have been trialled for at least six months and failed to alleviate pain and/or disability.

3. Is there a BMI limit under which patients must lie before you refer to a specialist –

Yes

a) If so, what is that BMI limit?

The CCG's Knee Arthroplasty Policy states that patients with a BMI of over 35 must be advised to lose weight to reduce the risk of complications and improve outcomes. Patients with a BMI of over 35 should be offered referral (where available) or signposted to local weight management programmes to support weight loss.

4. Must a weight loss programme be completed before funding can be commissioned for those who fall outside of the BMI limit?

Please see the response to question 3.

5. Does completion of the weight loss programme allow the patient to be commissioned for funding (irrespective of successful weight loss)?

Please see the response to question 3.

6. Is there a mechanism to bypass the BMI limit / physio pathway referral for the referring GP / accepting orthopaedic surgeon to gain funding if it is necessary to operate on a patient who may lose their independence?

Yes

If patient does not meet the prior approval criteria referred to above a surgeon is able to apply for individual funding but only on the grounds of clinical exceptionality.

7. Is evidence smoking a restriction to funding of an arthroplasty?

The CCG's Knee Arthroplasty Policy states that patients who smoke should be advised to stop smoking for at least 8 weeks before the surgery to reduce the risk of surgery and the risk of post-surgery complications. Patients should be routinely offered referral to smoking cessation services to reduce these surgical risks.

8. Does the patient have to have a subjective pain knee score (or alternative eg oxford) below a threshold before referral can be made?

Yes

New Zealand score 15 or over.