Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Hip Replacement surgery (including Referral for surgical assessment of Osteoarthritis

Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk /) or consider use of advice and guidance services where available.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Section A Hip Replacement surgery (including Referral for surgical assessment of Osteoarthritis Policy

Referral to secondary care and subsequent treatment may be provided where patients meet the criteria below:

1. The patient has been assessed (including paper based triage where appropriate) by Musculoskeletal Services and diagnosed as suffering from end-stage osteoarthritis suitable for referral for consideration of surgery,

AND

2. The patient has:
    a. Fully engaged with conservative measures for a period of at least six months (clearly detailed throughout the patient's primary care record or via Musculoskeletal Services' clinic letters), as detailed within this policy, and this has failed to improve the symptoms of the patient,

AND

    b. The patient is suffering from intense or severe persistent pain with moderate or severe functional impairment when compared to the classification system on the previous page.

OR

3. The patient has severe persistent pain and severe functional impairment which is compromising their mobility to such an extent that they are in immediate danger of losing their independence and joint replacement would relieve this.

OR

4. The patient is at risk of destruction of their joint of such severity that delaying surgical correction would increase the technical difficulties of the procedure (for example: avascular necrosis or joint collapse)

In line with NICE guidance, the prostheses to be used must have rates (or projected rates) of revision of 5% or less at 10 years, i.e. must be Orthopaedic Data Evaluation Panel (ODEP) 10A rated, on a trajectory to achieve this rating, or within an ODEP-approved multicentre research trial. (NICE, 2014)

Exclusions:

The provision of specialist custom hip prosthesis is not routinely commissioned and surgical clinicians will need to apply for Individual Funding approval in such circumstances setting out why it is proposed to use a custom device and why they patient is unable to be treated with standard devices.

Classification of Pain Level and Functional Impairment

This guide below is produced to support all clinicians and patients in classifying the pain and/or impairment suffered due to their condition in order to judge whether it is the appropriate time to refer a patient to secondary care.

Pain Levels:

Slight

- Sporadic pain.
- Pain when climbing/descending stairs.
- Allows daily activities to be carried out (those requiring great physical activity may be limited).
- Medication, aspirin, paracetamol or NSAIDs to control pain with no/few side effects.

Moderate

- Occasional pain.
- Pain when walking on level surfaces (half an hour, or standing).
- Some limitation of daily activities.
- Medication, aspirin, paracetamol or NSAIDs to control with no/few side effects.

Intense

- Pain of almost continuous nature.
- Pain when walking short distances on level surfaces or standing for less than half an hour.
- Daily activities significantly limited.
- Continuous use of NSAIDs for treatment to take effect.
- Requires the sporadic use of support systems walking stick, crutches).

Severe

- Continuous pain.
- Pain when resting.
- Daily activities significantly limited constantly.
- Continuous use of analgesics - narcotics/NSAIDs with adverse effects or no response.
- Requires more constant use of support systems (walking stick, crutches).

Functional Impairment

Minor

- Functional capacity adequate to conduct normal activities and self-care
- Walking capacity of more than one hour
- No aids needed

Moderate

- Functional capacity adequate to perform only a few or none of the normal activities and self-care
- Walking capacity of between thirty minutes to an hour
- Aids such as a cane are needed

Severe

- Largely or wholly incapacitated
- Walking capacity of less than half hour or unable to walk or bedridden
- Aids such as a cane, a walker or a wheelchair are required

Clinician's Guide: When and Where to Refer?

Pain / Functional Impairment	Minor	Moderate	Severe
Slight	Manage Conservatively in Primary Care – do not refer without funding approval	Manage Conservatively in Primary Care – do not refer without funding approval	Consider a referral to MSK for further conservative management and advice MSK to manage conservatively
Moderate	Manage Conservatively in Primary Care – do not refer without funding approval	Manage Conservatively in Primary Care – do not refer without funding approval	Consider a referral to MSK for further conservative management and advice MSK to manage conservatively
Intense	Consider a referral to MSK for further conservative management and advice MSK to	MSK Review and where appropriate referral to Secondary Care	MSK Review and where appropriate referral to Secondary Care

	manage conservatively		
Severe	Consider a referral to MSK for further conservative management and advice MSK to manage conservatively	MSK Review and where appropriate referral to Secondary Care	Consider referral immediately if risk of losing mobility

BRAN

For any health- related decision, it is important to consider "BRAN" which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Reduce the pain in your hip. Aim to increase the movement in your hip.

Risks

A hip replacement is a common and safe procedure. However, as with any type of surgery there are risks. Your doctor will explain these to you.

Blood clots or DVT (deep vein thrombosis) are possible after a hip replacement because of how the blood flows and clots after surgery.

A blood clot that forms in the leg can sometimes travel to your lungs (pulmonary embolism). This can cause serious complications.

Wound infection; There's a small chance that your hip wound could get infected after surgery. This is usually treated with antibiotics.

Difference in leg length: Hip replacement surgery can sometimes mean the leg where your hip has been replaced ends up slightly longer than your other leg. Your surgeon will try hard to avoid this.

Damage to nerves or tissue: During surgery, there's a chance that a blood vessel, nerve or ligament around the hip joint could be damaged.

Hip dislocation and wear: Sometimes your hip replacement can dislocate. This is not common, but can be painful or cause swelling. Some people may also hear clicking or popping noises coming from the joint.

Alternatives

These may include lifestyle changes and some types of pain relief, such as:

- weight loss to reduce the strain on your hip if you're overweight (find out about managing your weight)
- low-impact exercise such as swimming, walking or cycling, and muscle strengthening in the hips – a physiotherapist may advise and support you with exercising
- using walking aids
- wearing special footwear or insoles for your shoes
- pain relief medicines, gels or creams
- hydrocortisone (steroid) injections – an injection into the hip joint to help with pain and swelling

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes "not yet" is a good enough answer until you gather more information.

Hip replacement Surgery- Plain Language Summary

A hip replacement may be recommended if hip pain and stiffness is having a big effect on your life and other treatments have not worked.
The most common reason you might have a hip replacement is because of problems caused by osteoarthritis. This is a condition that causes joints to become painful and stiff.
Other conditions that can also be treated with a hip replacement include:

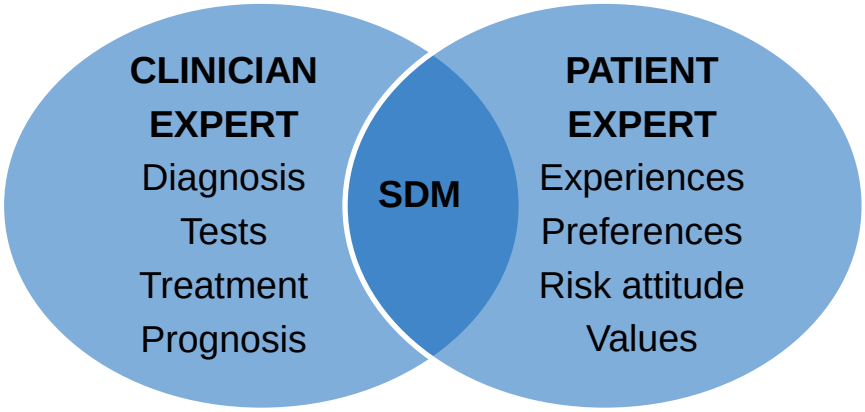
- rheumatoid arthritis – a condition where the immune system causes joint damage, pain and stiffness
- pain and stiffness caused by damage to the hip after a fall, injury or accident

The hip usually moves smoothly because the ends of the bones are covered with a layer of tough tissue called cartilage. If the cartilage is worn away or damaged by an injury, the bones rub against each other, making your joint painful and stiff.
During a hip replacement, the damaged parts of your hip are replaced with metal, ceramic and plastic parts.

Shared Decision Making

If a person fulfils the criteria for hip replacement surgery, it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. National Health Service (2019) Health A to Z :Hip Replacement *Health A to Z - NHS*

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICBs are responsible, including policy development and review.

OPCS Procedure codes

Must have any of (primary only):

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on **BNSSG.customerservice@nhs.net.**

Document Control

Document Title	Open or Arthroscopic Femoro-Acetabular surgery for Hip Pain including Impingement
Author(s) job title(s):	Commissioning Policy Development Officer
Document version:	2425.04.02
Supersedes:	1920.01.02
Discussed at Commissioning Policy Review Group (CPRG):	21/01/2025
Approval Route (see Governance):	Level – 1
Approval Date	21/01/2025
Date of Adoption:	01/04/2025
Publication/issue date:	01/04/2025
Review due date:	Earliest of either NICE publication or five years from approval.

Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The

below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board