

## Commissioning Policy

### *Total Knee Replacement*

#### Criteria Based Access (CBA)

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Version: 0.4

### Authorisation and document control

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<b>Job title of author:</b>	<b>Senior Commissioning Programme Manager, Elective Care</b>
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<b>Version number</b>	<b>Date</b>	<b>Summary of changes</b>	<b>Author/Editor</b>	<b>Approved by</b>
0.1	04.04.2016			
0.2	21.06.2018	Review date changed to June 2021; minor wording changed under policy		ECCP Group

		statement (criteria in either 1 or 2 to be met)		
0.3	17.09.2020	Title changed from Primary Knee Replacement agreed at MSK review. Review date changed to Sept 2023. Minor wording change ratified by Executive Directors M Walkingshaw & M Andrews-Evans October 2020		ECCP Group
0.4	11.06.2024	Review date agreed to June 2027. No changes to policy criteria.		CPRG

## 1.0 Background

Knee replacement can be performed for a number of conditions, but it is most often performed for patients with osteoarthritis of the knee. Osteoarthritis [OA] of the knee presents with joint pain, deformity, stiffness, a reduced range of movement and sometimes giving way. The National Institute for Health and Clinical Excellence (NICE) have produced guidance on the management of patients with OA, which recommends that patients should be conservatively managed before surgery is considered. This includes:

- access to appropriate information and education including self-management techniques.
- activity and exercise
- interventions to achieve weight loss if the person is overweight or obese
- pain relief with oral analgesics, topical treatments and/or Nonsteroidal anti-inflammatory drugs (NSAIDS)

The usual indications for a knee replacement surgery following conservative management are pain and disability with accompanying radiological changes. Where a patient meets the criteria set out in this policy the decision to go ahead with surgery should be made using the principles of shared decision making to ensure that any decision is reached jointly taking into account the patient's needs and preferences.

New GP referrals should normally made via the MSK specialist triage service in line with the agreed local pathway.

Surgical intervention should only be considered where the patient's general physical and mental health is sufficiently good to expect that significant improvement in pain and function will result from surgery.

## 2.0 Policy statement

### Policy details

The ICB will only fund surgical treatment for patients who meet the criteria set out below:

The patient is suffering from significant persistent pain as defined within the policy.

**AND**

The patient is suffering from significant functional impairment as defined within the policy.

**AND**

The patient's symptoms persist despite the patient having fully engaged with conservative measures as defined by NICE Quality Standard QS87 ([Quality Standard 7: Core treatments before referral for consideration of joint surgery](#)) for a period of 3 months (unless the patient has severe persistent pain that is causing 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, and conservative management as set out in this policy is contra-indicated).

**Definition of significant persistent pain**

- *Pain of almost continuous nature despite appropriate analgesia*
- *Pain when walking short distances on level surfaces or standing for less than half an hour*
- *Daily activities limited*

**Definition of significant functional impairment**

- *Functional capacity adequate to perform only a few normal activities and self-care*
- *Walking capacity limited usually less than 30 minutes*
- *Aids such as a cane are often required.*

### **3.0 Patients who are not eligible for treatment under this policy**

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

### **4.0 Connected policies**

GICB policy on arthroscopic knee surgery - <https://www.nhsglos.nhs.uk/wp-content/uploads/2024/04/Arthroscopic-knee-surgery.pdf>

### **5.0 References**

British Orthopaedic Association, Commissioning Guide: Painful Osteoarthritis of the Knee, 2017 <https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/commissioning/boa--painful-oa-knee-guide-final-2017.pdf>

NICE Guideline NG157 <https://www.nice.org.uk/guidance/ng157>

NICE Quality Standard 87 <https://www.nice.org.uk/guidance/qs87>