

NHS Dorset Clinical Commissioning Group

Knee Replacement Surgery

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

KNEE REPLACEMENT SURGERY CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 This protocol sets out when it is appropriate to manage patients with knee pain conservatively in primary care and when to refer for further assessment and management.
- 1.2 The majority of patients with osteoarthritis can be managed adequately within primary care by following the Osteoarthritis Care and Management NICE Guidance (2014) <https://www.nice.org.uk/guidance/cg177>. The guidance recommends that patients diagnosed with this condition should be holistically or conservatively managed. 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) and highly selective COX-2 inhibitors.
- 1.3 Appropriate imaging such as x-rays can be used to support diagnosis. NICE recommends that a diagnosis of osteoarthritis may possibly be made if the patient has the following symptoms (but not limited to):
- 45 years of age and over;
 - Has joint pain that gets worse the more they use their joints;
 - Has no stiffness in their joints in the morning or stiffness that lasts no longer than 30 minutes.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol [\(CBAP\)](#) are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

- 3.1 Treatment will be supported when:
- [The patient has been triaged through the MSK Triage Service.](#)

And

- The patient has viewed [the advice presented on the MSK Matters website \(add address\)](#) and completed the Total Knee Replacement online Decision Support Tool <http://dorset.medicaldecisions.co.uk>

And

- The patient has experienced persistent severe relevant pain despite adequate or maximally tolerated management in primary and/or community setting;

Commented [HT(C1)]: Should we add in 'for a period of at least 6 months?' And the words 'conservative management'?

And

- There is clinical functional limitation of the affected joint sufficient to significantly reduce the patient's quality of life by impairing mobility and / or interfering with their sleep regularly;

And

- there is radiographic evidence of joint degeneration.

3.2 Exceptional clinical cases can be considered through the Individual Patient Treatment Request Process.

3.3 Due to the lack of sufficient evidence of clinical benefit to support routine resurfacing of the patella, resurfacing as part of TKR is not supported.

4. EXCLUSIONS

4.1 The provision of specialist bespoke knee prosthesis is not routinely commissioned and Clinicians will need to apply for Individual Patient Treatment approval in such circumstances.

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition.

5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
 Vespasian House
 Barrack Road
 Dorchester
 DT1 1TG
 Telephone no: 01305 368936
 Email: DOCCG.IndividualRequest@nhs.net

6. REFERRALS

6.1 Patients referred for treatment, or referred for consideration of treatment prior to the launch of this Criteria Based Access Protocol should continue to be treated, or considered for treatment in accordance with NHS Dorset CCG's 'Guidance for When to Refer a Patient for Potential Knee Replacement Surgery'

7. LIFESTYLE ADVICE

- 7.1 No patient with a BMI greater than 35 should be listed without being seen by or discussed with the relevant consultant, and that it would be exceptional to list for arthroplasty with a BMI greater than 40.
- 7.2 Requests for surgical knee replacement will only be considered where all conservative methods of management in primary care and the community settings, with appropriate lifestyle changes with analgesia have been exhausted and the patient suffers pain.

8. CONSULTATION

- 8.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed by the MSK Task and Finish Group which includes commissioners, clinicians and other relevant stakeholders.
- 8.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

9. RECOMMENDATION AND APPROVAL PROCESS

9.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

10. COMMUNICATION/DISSEMINATION

- 10.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

11. IMPLEMENTATION

- 11.1 A communication will be sent to all providers to launch this new CBAP.

12. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 12.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.
- 12.2 This Protocol has been linked to the Dorset GP IT system and any future changes arising after review will need to be made via this system.

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GLOSSARY

N/A

APPENDIX A

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FREQUENTLY ASKED QUESTIONS

N/A

APPENDIX B

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APPENDIX C

A DOCUMENT DETAILS	
Procedural Document Number	
Author (Name and Job Title)	Tracy Hill, Principal Programme Lead
Recommending group	MSK Task and Finish Group
Date of recommendation	
Date of approval by CCC	
Version	2.0
Review frequency	3 yearly
Review date	June 2023

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
2.01-0	June 2020	Tracy Hill, Principal Programme Lead	MSK Task and Finish Group Steering Group

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
June 2017	1.0	June 2020	Update	December 2017	CCC
June 2020	2.0	June 2023	Review and update		

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D ASSOCIATED DOCUMENTS
<ul style="list-style-type: none"> Policy for Individual Patient Treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date
Osteoarthritis Care and Management NICE Guidance	https://www.nice.org.uk/guidance/cg177	2014

F DISTRIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
Yes	Yes	Yes	Yes