

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

5 APRIL 2017

CHANGES TO COMMISSIONING POLICIES AFFECTING HIP AND KNEE REPLACEMENT SURGERY

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to be briefed on changes to Worcestershire Clinical Commissioning Groups (CCG) commissioning policies that will impact on hip and knee replacement surgery.
2. This update follows earlier communication to HOSC Members about the changes and Members will also be aware of local and national media interest.
3. Representatives from the Worcestershire CCGs have been invited to the meeting.

Background

4. From an earlier update, HOSC Members will recall that in May 2016 the three Worcestershire CCGs carried out a budget prioritisation exercise, to gauge public opinion on possible changes to commissioning policies for the financial year 2017/18. This included a question on hip and knee replacement surgery and the public response was not in favour of supporting changes in this area. The CCGs considered this information alongside the clinical evidence, national and local benchmarking, GP feedback and existing compliance with commissioning policies when examining the need to take action in this area.
5. HOSC Members will be aware that considering public engagement and feedback is important when the CCGs explore policy changes but it cannot be the only factor considered and cannot have a veto on other evidence, benchmarking data or professional opinion when making judgements of this nature.
6. For 2017/18, the Worcestershire CCGs need to identify more than £36m worth of efficiencies to meet the financial planning requirements placed upon them. Even delivering this level of savings will result in Redditch and Bromsgrove CCG incurring a £5.5m overspend on the allocation it is given.
7. To identify areas to focus on, the CCGs have been reviewing patterns of expenditure and activity across a number of areas. These have been compared between CCGs locally and nationally using benchmarking data to identify variation that might result in higher than expected levels of expenditure or poorer than expected patient outcomes.

8. For Redditch and Bromsgrove CCG, this benchmarking data identified Musculoskeletal (MSK) as an area to focus on – both in terms of high expenditure and poor patient outcomes. In addition to this information, the CCGs reviewed rates of Hip and Knee replacement surgery across the County to identify areas of variation.

9. Using a simple geographical split of the Worcestershire population:

Redditch and Bromsgrove (RB) - 29.6%
 South Worcestershire (SW) - 51.1%
 Wyre Forest (WF) - 19.3%

there is an obvious variation. SWCCG activity only accounts for 44.8% of the Worcestershire total, whereas both RBCCG (34.2%) and WFCCG 21.1% have a greater share proportionate to the population.

	POPULATION		HIP AND KNEE REPLACEMENTS		
	Total	% of Worcs	Total	% of Worcs	Rate per 10,000
RBCCG	176,311	29.5%	642	34.2%	36.41
SWCCG	306,342	51.2%	841	44.8%	27.45
WFCCG	115,212	19.3%	396	21.1%	34.37
WORCS	597,865		1879		31.43

10. When the population profile is taken account of the variation becomes even more significant, particularly in RBCCG. The average age of the population in RBCCG area is much younger than the other two CCGs and joint replacement surgery is related to Osteoarthritis, which is a condition that exacerbates with age:

	POPULATION	
	<18	>65
RBCCG	20.6%	19.1%
SWCCG	19.0%	21.7%
WFCCG	18.7%	24.2%
WORCS	19.4%	21.4%

11. One key area of difference between the three CCG areas is the level of use of a guidance document called the Oxford Scoring System. This tool is widely used in SWCCG, partially used in WFCCG but rarely used in RBCCG.

12. The tool itself is not designed to be an absolute threshold for approving or rejecting a surgery but rather to help inform clinical decisions on what the best treatment options would be for patients with different levels of pain and mobility problems. It is also used for assessing the subsequent benefit of that treatment on the patients' condition.

13. A copy of the tool is provided as part of Appendix 1 along with the guidelines for treatment for the different levels of scoring. Significantly for patients scoring between 30 and 39 it proposes non-surgical treatment such as exercise and weight loss or anti-inflammatory medication. This is a key reason why the BMI threshold was introduced to the policy as the original policy omitted this important aspect.

Changes Proposed

14. The CCG clinical discussions have focused on two main areas for change, which arose from a review of unexplained variation in activity levels and patient outcomes:

- **Consistent use of the Oxford Hip and Knee Score** across the three Worcestershire CCGs, particularly in conversations between GPs and patients to determine what treatments to pursue
- **Strengthening the criteria** to ensure that operations are only carried out on the patients who will benefit most from them.

15. The work was initially undertaken for Redditch and Bromsgrove CCG, but has been extended across the three CCGs to ensure an equitable approach across Worcestershire and to avoid a 'postcode lottery' for local patients.

16. The revision to the clinical commissioning policy is designed to ensure that any referrals are always appropriate and that full consideration is given to alternatives such as pain relief, physiotherapy and weight loss before the option of significant major surgery is considered.

17. The attached briefing note (Appendix 1) summarises the key changes to the commissioning policy. It should be noted however, that NHS England has initiated a review of CCG policies regarding use of the Oxford Scoring System. Consequently the CCGs have decided to defer implementing changes to the policy relating to the Oxford Scoring System until this NHS England work has been completed.

18. The CCGs will continue to implement the BMI criteria and will also require GPs and local surgeons to adhere to the existing commissioning policy through a prior authorisation process. This should ensure a consistent approach across all of Worcestershire's population, which is not currently happening.

19. The changes to the commissioning policies came into effect in February 2017. However, patients who are currently listed for surgery will not be affected and there will not be any patients who are receiving on-going care that will be affected by this change. The change will only affect future referrals and decisions.

Equality and Diversity Implications

20. Osteoarthritis is a condition exacerbated by age but the policy does use age as criteria for treatment. Patient obesity levels are incorporated in the policy as a clinical safety factor and to inform the decision on whether a patient is suitable for surgery.

Purpose of the meeting

21. Members are invited to consider and comment on the information provided and determine whether any further information or scrutiny is required at this stage

22. The following areas may be of relevance to HOSC Members' discussion:

- Numbers of people affected?

- How will the new approach and alternatives to surgery be introduced?
- What have been the experiences of similar approaches elsewhere?
- How will the impact and outcomes of the revised policy be monitored?
- Other potential proposals as a result of CCG budget prioritisation?

Supporting Information

- Appendix 1 – HOSC Briefing Note, which incorporates information on the Oxford Scoring System

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- [Hip operations banned if you can sleep](#) Daily Mail, 27 January 2017