

# Worcestershire Health Overview and Scrutiny Committee Briefing Note

## Hip and Knee Commissioning Policy

**Introduction** Health Overview and Scrutiny Committee members will be aware of proposed changes to hip and knee replacement commissioning policies and procedures from recent media interest. This media interest originated from papers agreed at public Governing Body meetings for two of the three Worcestershire CCGs on Thursday 26<sup>th</sup> January, with the other – NHS Wyre Forest CCG considering the proposal at their public Governing Body Meeting on Tuesday 7th February.

This proposal has arisen from a review of current expenditure and patient outcome measures. This work was initially undertaken for NHS Redditch and Bromsgrove CCG who are scheduled to overspend their budget in 2016/17 by £8 million, but has been extended across the three CCGs to ensure an equitable approach across Worcestershire.

**Rationale** 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 2017/18 financial year. There was a question on restrictions to hip and knee replacement surgery and the public response was not in favour of supporting this.

At around the same time the CCGs reviewed some national benchmarking information that indicated spend on hip and knee replacement surgery in Worcestershire was higher than similar CCGs in England. The analysis identified that the Worcestershire CCGs incur costs in the region of £2 million more than their comparative peer groups on hip and knee replacement surgery. This implies that that surgery is more likely to be the treatment option chosen compared with other areas of the country, which may rely more on alternative treatment such as physiotherapy and pain relief.

Local GPs, who have been reviewing local policy and practice, identified significant variation across the county in terms of approach and outcomes. In particular Redditch and Bromsgrove has a higher rate of surgery and poorer outcomes for hip and knee replacements. South Worcestershire and Wyre Forest have lower rates but are still above the CCG peer group for hip replacement. Both areas also have good outcomes.

One key difference between the three CCG areas is the use of an assessment tool called the Oxford Hip and Knee Score. This is a recognised tool for assessing the level of pain and discomfort associated with hip and knee conditions. It is also used for measuring the impact of treatments. The scoring tool is widely used as guidance in South Worcestershire and Wyre Forest (although not universally), but rarely used in Redditch and Bromsgrove.

The Oxford Hip and Knee Score is explained in more detail in Appendix One of this report, along with a copy of the assessment tool itself. It should be noted that the Oxford Scoring System is not designed to be used to inform commissioning policies, but in the absence of a more robust mechanism, many CCGs use it for this purpose to help inform clinical conversations.

**What is being proposed with the policy change?**

The CCG clinical discussions have focused two main areas:

1. **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.
2. **Strengthening the criteria** to ensure that operations are only carried out on the patients who will benefit most from them.

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. Furthermore there is no proposal to decommission any services currently offered. For this reason, the CCG Governing Bodies did not feel that it was necessary to undertake a specific engagement exercise on the change.

**Summary of key changes to the hip and knee policy**

Area	Change	Details
Threshold for when surgery should be considered as a treatment option.	Widespread adoption of the Oxford Hip and Knee Score (OHS/OKS) and a reduction in the threshold from <30 to <25	Patients with an OHS/OKS of <25 have an “upper moderate” or “severe” condition and therefore have a greater need for surgery. Patients with a score <30 have a more “moderate” condition.  <i>*Please see footnote below</i>
Body Mass Index (BMI)	BMI below 35 or demonstrate at least a 10% loss in body weight in the past 12 months	Mortality rates are higher for patients with high BMI and the benefit of surgery is also likely to be less for these patients. The policy change is aimed at promoting alternative treatments that will have a longer and more widespread health benefit for the patient.

Exceptions to the policy	Introduce a process for enabling individual patient circumstances to be considered when the patient does not meet the stated criteria	<p>Where a patient's BMI is above 35, there is a process to enable clinicians to operate outside the policy where:</p> <ul style="list-style-type: none"> <li>• <b>Mobility</b> is so compromised that the patient is in immediate danger of losing their independence and that joint replacement would relieve this threat.</li> <li>• <b>Joint destruction</b> is of such severity that delaying surgical correction would increase the technical difficulty of the procedure if delayed.</li> <li>• <b>Weight management</b> – the patient has already actively engaged with a weight management programme and achieved a 10% reduction in their weight.</li> </ul>
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*\*Please note that implementation of this specific part of the policy change has been deferred pending the production of national/regional guidance from NHS England, which is expected within the next few months. The policy will be revisited again in the light of that guidance.*

### Benefits of the policy change

There are a number of benefits that will be realised:

- **Shorter waiting times** for those listed for surgery. The benefit of consistent use of the Oxford Hip and Knee score is that waiting times for these operations will be improved. Currently more than 30% of patients in Worcestershire wait longer than 18 weeks for surgery. It is expected that this change should bring waiting times much closer to the national target.
- **Promotion of alternative and less risky options** such as physiotherapy and pain relief. Many clinicians report that alternatives to surgery are often too readily overlooked but can often achieve good outcomes.
- **Encouragement for weight loss** for some patients. The policy will require some patients to achieve weight loss before receiving surgery, which will both lower the risk of complications with the surgery and improve the outcome resulting from the surgery. Achieving weight loss will also improve the patient's general health and is consistent with the local Health and Well Being Strategy and the Sustainability and Transformation Plan.

### Exceptions to the policy

It is important to be clear that the OHS/OKS score does not equate to an absolute restriction on access. The decision to operate will always be a decision between the surgeon, the patient and/or the referring GP. This policy change does not change this fundamental principle.

There is a process in place for approving exceptions who do not meet standard commissioning policies. Where a patient, the referring GP and/or surgeon believe the patient has specific circumstances that should be taken into

account they can ask to be considered through this process.

**Impact of  
the policy**

Implementing this change in policy is likely to result in around 300 fewer operations each year.

**David Mehaffey**

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NHS Redditch and Bromsgrove CCG  
NHS South Worcestershire CCG  
NHS Wyre Forest CCG

## Appendix 1 – Oxford Hip and Knee Score

The Oxford Hip Score (OHS) and Oxford Knee Score (OKS) were both developed as a standardised, reliable and reproducible patient reported outcome measures to assess the effect of surgery on a patient's quality of life. Scoring involves the use of 12 questions presented with a 5 point answer system. Points are allocated to each answer allowing a total score to be obtained by summation, giving a range from 0 (the worst score indicating greatest need) to 48 (the best score indicating lowest need). A lower score indicates a larger impact on quality of life and is judged to reflect more severe disease.

### Oxford Hip Score

Please answer the following 12 multiple choice questions.

During the past 4 weeks.....

<b>1. How would you describe the pain you usually have in your hip?</b>	<b>7. Have you been able to put on a pair of socks, stockings or tights?</b>
<input type="radio"/> None	<input type="radio"/> Yes, easily
<input type="radio"/> Very mild	<input type="radio"/> With little difficulty
<input type="radio"/> Mild	<input type="radio"/> With moderate difficulty
<input type="radio"/> Moderate	<input type="radio"/> With extreme difficulty
<input type="radio"/> Severe	<input type="radio"/> No, impossible

  

<b>2. Have you been troubled by pain from your hip in bed at night?</b>	<b>8. After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip?</b>
<input type="radio"/> No nights	<input type="radio"/> Not at all painful
<input type="radio"/> Only 1 or 2 nights	<input type="radio"/> Slightly painful
<input type="radio"/> Some nights	<input type="radio"/> Moderately painful
<input type="radio"/> Most nights	<input type="radio"/> Very painful
<input type="radio"/> Every night	<input type="radio"/> Unbearable

  

<b>3. Have you had any sudden, severe pain (shooting, stabbing, or spasms) from your affected hip?</b>	<b>9. Have you had any trouble getting in and out of a car or using public transportation because of your hip?</b>
<input type="radio"/> No days	<input type="radio"/> No trouble at all
<input type="radio"/> Only 1 or 2 days	<input type="radio"/> Very little trouble
<input type="radio"/> Some days	<input type="radio"/> Moderate trouble
<input type="radio"/> Most days	<input type="radio"/> Extreme difficulty
<input type="radio"/> Every day	<input type="radio"/> Impossible to do

**4. Have you been limping when walking because of your hip?**

Rarely/never

Sometimes or just at first

Often, not just at first

Most of the time

All of the time

**10. Have you had any trouble with washing and drying yourself (all over) because of your hip?**

No trouble at all

Very little trouble

Moderate trouble

Extreme difficulty

Impossible to do

**5. For how long have you been able to walk before the pain in your hip becomes severe (with or without a walking aid)?**

No pain for 30 minutes or more

16 to 30 minutes

5 to 15 minutes

Around the house only

Not at all

**11. Could you do the household shopping on your own?**

Yes, easily

With little difficulty

With moderate difficulty

With extreme difficulty

No, impossible

**6. Have you been able to climb a flight of stairs?**

Yes, easily

With little difficulty

With moderate difficulty

With extreme difficulty

No, impossible

**12. How much has pain from your hip interfered with your usual work, including housework?**

Not at all

A little bit

Moderately

Greatly

Totally

<b>Grading for the Oxford Hip Score</b>	
<b>Score 0 to 19</b>	May indicate severe hip arthritis. It is highly likely that you may well require some form of surgical intervention, contact your family physician for a consult with an Orthopaedic Surgeon.
<b>Score 20 to 29</b>	May indicate moderate to severe hip arthritis. See your family physician for an assessment and x-ray. Consider a consult with an Orthopaedic Surgeon.
<b>Score 30 to 39</b>	May indicate mild to moderate hip arthritis. Consider seeing you family physician for an assessment and possible x-ray. You may benefit from non-surgical treatment, such as exercise, weight loss, and /or anti-inflammatory medication
<b>Score 40 to 48</b>	May indicate satisfactory joint function. May not require any formal treatment.