NHS

Castle Point and Rochford Clinical Commissioning Group
Southend Clinical Commissioning Group

Public Consultation on

Changes to Orthopaedic Care

22 August to 21 September 2016

INTRODUCTION

The outcome of surgery is not always successful if patients have not addressed other conditions which impact on their physical health. There is clear evidence that patients who have a BMI[1] of 40+ or who smoke have poorer outcomes following hip and knee replacements.

As an example, in April this year a briefing was published by ASH (Action on Smoking and Health)[2] which promoted strong evidence of higher risks and worse surgical outcomes when a patient continues to smoke.

With this in mind, the two local Clinical Commissioning Groups (CCGs) — NHS Southend CCG and NHS Castle Point and Rochford CCG — are jointly reviewing their policies for orthopaedic surgery and are undertaking a public consultation on potentially changing the eligibility criteria for total hip replacements, simultaneous joint replacements, total knee replacements and arthroscopy.

Orthopaedics is also one of the highest spend areas at Southend Hospital. Taking Southend patients alone, there were 519 hip or knee operations in 2015/16 at a cost to the local health system of £3,663,629. In Castle Point and Rochford there were 698 hip and knee replacements at a cost of £4,931,284.

We are seeking the views of local stakeholders, whether or not they would be directly impacted by this proposed change in policy. The consultation is open from Monday 22 August to Wednesday 21 September 2016. The consultation questionnaire is available at http://bit.ly/CCGorthopaedic

For more information, or would like the consultation document in another format, please contact SCCG.Communications@nhs.net or call 01702 313690.

Dr José Garcia Lobera Chair, NHS Southend CCG	Dr Kashif Siddiqui Chair, NHS Castle Point and Rochford CCG

[1] Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness.

[2] ASH is a campaigning public health charity established in 1971 by the Royal College of Physicians. It works to eliminate the harm caused by tobacco.

WHAT IS A CCG?

A CCG is a local NHS organisation which was created by the Health and Social Care Act 2012. As more than 90% of patients' contact with the NHS is with their GP, CCGs were created to enable GPs to buy the services that their patients need.

All GP practices within a given area now work together as a Clinical Commissioning Group (CCG) to buy most of the services that they refer their patients on to such as hospital, mental health and community services. The CCG is led by a Governing Body of elected local GPs supported by other clinicians and NHS managers.

HOW WE COMMISSION NHS SERVICES

The NHS is funded through taxation and this provides a fixed budget to buy and provide health services for the whole population. Commissioning health services is about understanding the health of a population group, planning what services to purchase to meet those needs and monitoring the quality of services that are delivered.

NHS Castle Point and Rochford CCG is responsible for assessing the needs of people living in the districts of Castle Point and Rochford, whilst NHS Southend CCG is responsible for the borough of Southend.

They decide which health services to purchase for their population. NHS England is responsible for direct commissioning of services outside the remit of clinical commissioning groups.

The challenge faced by organisations across the NHS is how to spend their allocated budgets in a way that benefits the health of the whole population while ensuring that services also meet the needs of individuals and delivers value for money.

With a growing population and rising demand for services, CCGs have to evaluate every service they commission to see if they offer good quality, value for money and an effective and equitable way of using our resources.

WHAT IS THIS DOCUMENT ABOUT?

NHS Castle Point and Rochford CCG and NHS Southend CCG already have restrictions in place for orthopaedic surgery and are proposing to introduce further restrictions.

We need to look at ways to improve the outcomes for patients who are undergoing a medical treatment or operation, and this sometimes means restricting one treatment until other health conditions have been addressed.

Like many other financially challenged organisations across the NHS, we regularly review all the services we commission to ensure that we are using NHS funds appropriately and fairly.

Therefore, we also need to look for ways to save money without impacting on patient care and this means that we have to look at how we can do things differently.

BETTER OUTCOMES

As an area, we are currently below our peer groups[3] for health gains and outcomes following hip and knee replacements. By managing other related health issues prior to surgery, the outcome for patients can be significantly improved.

For instance, we know that patients who have a BMI of 40+ or who are smokers have poorer outcomes following hip and knee replacements. We also know that smokers have a higher rate of complications after surgery including poor wound healing, infection and less satisfactory final outcomes.

In April this year, a briefing was published by ASH (Action on Smoking and Health) which was produced jointly with other health organisations including the Royal College of Surgeons and the Royal College of General Practitioners. This briefing promoted strong evidence of higher risks and worse surgical outcomes when a patient continues to smoke, including that smokers are 38% more likely to die after surgery than non-smokers. Researchers have noted that patients who quit smoking have improved outcomes following surgery.

There is also a greater risk for patients having simultaneous joint replacements as the surgery is longer which increases the risk of complications and recovery which may increase rehabilitation time placing greater demand on the body. Patients having staged joint replacement will spend less time in surgery and will have a shorter recovery time.

[3] A CCG's peer group is made up of CCGs with similar local populations in terms of size, age, prosperity etc. This enables a more meaningful comparison.

Currently within south east Essex there is a high proportion of patients that undergo an arthroscopy and within a year have a total joint replacement. Clinical experience has shown that age is a factor that determines how effective arthroscopy is. By altering the eligibility criteria, patients will see better outcomes as they will not be undergoing an arthroscopy and a total knee replacement within the same year.

By tackling these other health issues before undergoing surgery, we will ensure better outcomes for those patients and also reduce the financial burden on the NHS by minimising the health needs of those patients in the future.

NATIONAL PICTURE

The CCGs in south east Essex are not taking this action in isolation. There are 77 CCGs in England with restrictions in place (specifically for hip and knee replacements) around patients' BMI, and 14 have restrictions in place for patients who smoke.

OTHER RESTRICTIONS

Within south east Essex, there are a range of services which may be stopped, restricted or changed in order to improve patient outcomes and save money. The proposals to introduce additional restrictions for orthopaedic surgery are just part of a larger review of services across the whole health system.

WHAT ARE THE CURRENT RESTRICTIONS FOR ORTHOPAEDIC SURGERY?

There are already restrictions in place in south east Essex for hip and knee replacements and arthroscopy and it is proposed that these restrictions will remain. The list of current restrictions can be found at **Appendix 1**.

WHAT ADDITIONAL RESTRICTIONS ARE BEING PROPOSED?

The CCGs are proposing to add the following restrictions for hip and knee replacements and arthroscopy. These restrictions have been discussed and approved by a clinical working group of primary care and acute orthopaedic clinicians.

1. HIP AND KNEE REPLACEMENT

For hip and knee replacement, the proposed additional restrictions are as follows:

Patients with a BMI 40+

These patients will be supported to lose weight via the Tier Two and Tier Three weight management programmes. General Practice will be responsible for checking and recording the patient's BMI.

Patients who smoke

These patients will be provided support by their practice nurse or via the smoking cessation team to stop smoking. Patients who smoke will be expected to have quit for a minimum of eight weeks. General Practice will be responsible for undertaking a carbon monoxide test to ensure that the patient is a non-smoker at the point of referral. Due to the number of weeks between referral and procedure, the hospital will repeat the carbon monoxide test at pre-assessment to confirm maintenance of non-smoking cessation.

Medically Fit

In order to ensure the patient is suitable for surgery, the following indicators will be assessed in primary care:

- Diabetes under control
- Hypertension under control
- No significant cardiac event within the nine months
- No stroke within the last nine months

GP and hospital clinicians will agree the clinical definitions for 'under control' for diabetes and hypertension. All of the above indicators must be followed before a referral to secondary care. Primary Care will provide support to patients to ensure that they are suitable for surgery.

Simultaneous Joint Replacements

It is proposed that simultaneous joint replacements are no longer funded. Whilst there may be an advantage that the surgery is undertaken in one go, it does pose greater risks. By having both joints replaced at the same time the surgery is longer which increases risk of complications.

Recovery and rehabilitation time may be increased when having simultaneous joint replacements and therefore this can place a greater demand on the body. It is suggested that staged joint replacement poses less risk to older patients and patients with heart conditions whilst also reducing the length of time patients are in hospital.

The majority of patients having total joint replacements are over the age of 65 years and whilst having stage joint replacements will mean having two episodes of surgery the main advantage is that it reduces risks of complications and recovery time.

New Zealand Score

It is proposed that the New Zealand score is used for hip and knee surgery instead of the Oxford score that is currently being used according to the current service restriction policy. The New Zealand score is a system used by clinicians to assess and score a patient to see whether their condition would benefit from surgery. It is anticipated that the New Zealand scoring will be undertaken as part of the new Clinical Assessment and Treatment Service (CATS). The CATS team are based at

Southend University Hospital Foundation Trust (SUHFT). The team is led by senior physiotherapists with consultant input and they assess all musculoskeletal referrals.

2. ARTHROSCOPY

Arthroscopy (also called arthroscopic surgery) is a minimally invasive surgical procedure on a joint in which an examination and sometimes treatment of damage is performed using an arthroscope, an endoscope that is inserted into the joint through a small incision. Currently within south east Essex there is a high proportion of patients that undergo an arthroscopy and within a year have a total joint replacement.

The proposal is to restrict arthroscopies unless all of the following criteria are fulfilled:

- Diagnosis of definite femoro-acetabular impingement (FAI) defined by appropriate investigations, X-rays, MRI and CT scans
- An orthopaedic surgeon who specialises in young adult hip surgery has made the diagnosis. This should include discussion of each case with a specialist musculoskeletal radiologist
- Severe symptoms typical of FAI with duration of at least six months where diagnosis of FAI has been made as above
- Failure to respond to all available conservative treatment options including activity modification, pharmacological intervention and specialist physiotherapy
- Compromised function, which requires urgent treatment within a 6- 8 month time frame, or where failure to treat early is likely to significantly compromise surgical options at a future date
- Aged between 18 – 50 years (clinical experience has shown that patients aged 18 – 50 years are likely to gain the greatest benefit for having an arthroscopy)

INDIVIDUAL FUNDING REQUEST (IFR)

An IFR is a request to an NHS commissioning organisation (such as a CCG) to fund healthcare for an individual who falls outside the range of services and treatments that the organisation has agreed to commission. Patients retain the right to make an IFR should they be told the do not meet the criteria for orthopaedic surgery.

WE ARE LISTENING TO YOU AND WANT TO HEAR YOUR VIEWS

We have already discussed these proposals at the Governing Body meetings of both NHS Southend CCG and Castle Point and Rochford CCG. Both governing bodies agreed to put this proposal out to public consultation. This is your chance, as a patient or local resident, to let us know what you think of these proposals and to raise any specific issues you have with them

You can do this by:

- Completing the following questionnaire
- Attending one of our workshops
- Writing to us directly

Your responses will be used to produce a report which will help to inform your CCG's final decision.

Please return this questionnaire to:

NHS Southend CCG
Freepost RTBZ-GAKR-AECG
Harcourt House, 5-15 Harcourt Avenue
Southend-on-Sea
Essex SS2 6HT

You do not need a stamp.

Or you can complete the same survey online at
http://bit.ly/CCGorthopaedic

QUESTIONS

We would like to hear your views on our proposal to bring additional restrictions to orthopaedic surgery. We would particularly like to hear from those affected by the proposals, but everyone's views are welcome as this consultation affects the way the local NHS spends public money on healthcare.

1. Which of the following applies to you? (Multiple choice)	
	I have had orthopaedic surgery in the past
	I have been referred for orthopaedic surgery which has not yet taken place
	I have not had orthopaedic surgery and have not been referred either
	I am responding on behalf of another individual (please specify below)
	I am responding on behalf of a group or organisation (please specify below)
	Other (please specify below):

2. Where do you live? (Please select one)	
	Castle Point
	Rochford
	Southend-on-Sea
	I do not live in Castle Point, Rochford or Southend

3. Which GP Practice are you registered with? If you are not registered, please simply write 'Not registered' next to 'Name of Practice'	
Name of Practice	
Address	

4. Having read this document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	
	Yes
	No

5. Having read this document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	
	Strongly Agree
	Agree
	Not Sure
	Disagree
	Strongly Disagree
	If you have any comments, please write them below.

6. Please consider the following statement: ***"The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."***	
	Strongly Agree
	Agree
	Not Sure
	Disagree
	Strongly Disagree
	If you have any comments, please write them below.

7. Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for.

8. If you have any other comments regarding these proposals, please write them here.

9. It is important we ensure we have listened to people from all parts of our community and the following questions help us monitor this. It is extremely helpful to us if you can complete the following information which will remain anonymous.	
Your year of birth	
Your gender	
Your ethnic origin	
Your sexual orientation	
Your religion or belief	
Do you consider yourself to have a disability? (if yes then please state)	

10. If you would like us to provide you with an update on this proposal, please give us your name and email address so we can contact you.

Name	
Email	
Postal Address (incl. postcode)	

APPENDIX 1 - CURRENT RESTRICTIONS IN PLACE

There are currently restrictions in place in south east Essex for hip and knee replacements and arthroscopy as follows. It is recommended that the content of these restrictions will remain.

Total Hip Replacement

The CCGs commission surgery for hip replacement on a restricted basis. Referrals should be when other pre-existing medical conditions have been optimised and conservative measures have been exhausted and failed. Hip replacement surgery is only funded if:

- The patient complains of severe joint pain and has radiological features of severe disease and has severe functional limitation irrespective of whether conservative management has been trialled.
- The patient complains of severe joint pain and has radiological features of severe disease and has minor to moderate functional limitation, despite the use of non-surgical treatments such as adequate doses of NSAID analgesia, weight control treatments and physical therapies.
- The patient complains of mild to moderate joint pain and has radiological features of severe disease and has severe functional limitation, despite the use of non-surgical treatments such as adequate doses of NSAID analgesia, weight control treatments and physical therapies and is assessed to be at low surgical risk.

Evidence suggests that the following patients would be inappropriate candidates for hip joint replacement surgery:

- Where the patient complains of mild joint pain and has minor or moderate functional limitation.
- Where the patient complains of moderate to severe joint pain and has minor functional limitation and has not previously had an adequate trial of conservative management as described above.

Total Knee Replacement

The CCGs commission surgery for knee replacement on a restricted basis. Referrals should be when other pre-existing medical conditions have been optimised and conservative measures have been exhausted and failed. Knee replacement surgery is only funded if:

- The patient complains of intense or severe symptomatology and has radiological features of severe disease and has demonstrated disease within all three compartments of the knee (tri-compartmental) or localised to one compartment plus patello-femoral disease (bi-compartmental).

- The patient complains of intense or severe symptomatology and has radiological features of moderate disease and is troubled by limited mobility or stability of the knee joint.

Classification of pain levels and functional limitations below.

Variable	Definition
Pain Level	
Mild	Pain interferes minimally on an intermittent basis with usual daily activities. Not related to rest or sleep. Pain controlled by one or more of the following: NSAIDs with no or tolerable side effects, aspirin/paracetamol at regular doses.
Moderate	Pain occurs daily with movement and interferes with usual daily activities. Vigorous activities cannot be performed. Not related to rest or sleep. Pain controlled by one or more of the following: NSAIDs with no or tolerable side effects, aspirin/paracetamol at regular doses
Severe	Pain is constant and interferes with most activities of daily living. Pain at rest or interferes with sleep. Pain not controlled, even by narcotic analgesics.
Previous non-surgical treatments	
Correctly Done	NSAIDs, paracetamol, aspirin or narcotic analgesics at regular doses during 6 months with no pain relief; weight control treatment if overweight, physical therapies done.
Incorrectly Done	NSAIDs, paracetamol, aspirin or narcotic analgesics at inadequate doses or less than 6 months with no pain relief; or no weight control treatment if overweight or no physical therapies done.
Functional Limitations	
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 about one half 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.

Variable	Definition
	Aids such as a cane, a walker or a wheelchair are required.

Arthroscopy
Arthroscopy is commissioned in south east Essex on a restricted basis.

Hip
In diagnosis, Hip Arthroscopy (HA) was found to be more sensitive and specific than MRI and MRI arthropraphy. It is useful in patients with chronic (>6m) hip pain who have negative radiological investigations.

Therapeutic HA is indicated for the following:

- Loose bodies Labrum lesions tears, flaps) Septic arthritis – for debridement and lavage

NICE Interventional Procedure Guidance 213 suggests that arthroscopic femoro-acetabular surgery for hip impingement syndrome should only be used with "special arrangements for consent and for audit or research". Individual Funding Request should be sought.

Knee
Cases for knee arthroscopy will only be funded if they meet the criteria below:

- Arthroscopy of the knee can be undertaken where a competent clinical examination (or MRI scan if there is diagnostic reason) has demonstrated clear evidence of an internal joint derangement (meniscal tear, ligament rupture or loose body) and where conservative treatment has failed or where it is clear that conservative treatment will not be effective.

Knee arthroscopy can therefore be carried out for:

- Removal of loose body
- Meniscal repair or resection / repair of chrondral defects
- Ligament reconstruction/repair (including lateral release)
- Synovectomy/symptomatic plica
- To assist selection of appropriate patients for uni-compartmental knee replacement

Knee arthroscopy should NOT be carried out (and will not be funded) for any of the following indications:

- Investigation of knee pain (MRI is a less invasive alternative for the investigation of knee pain)
- Treatment of osteoarthritis including arthroscopic washout and debridement.

- In line with NICE guidance CG59; this should not be offered as part of treatment for osteoarthritis unless the individual has knee osteoarthritis with a clear history of mechanical locking (not gelling, 'giving way')

Shoulder

Shoulder arthroscopy will only be funded for patients with adhesive capsulitis ('frozen shoulder') if the following treatments have all been tried and failed:

(a) Activity modification
(b) Physiotherapy and exercise programme
(c) Oral analgesics including NSAIDs (unless contraindicated)
(d) Intra-articular steroid injections
(e) Manipulation under anaesthetic

Frozen shoulders or adhesive capsulitis following a fracture WILL be funded as undertaking manipulation under anaesthetic increases the risk of a re-fracture

In the majority of circumstances a clinical examination (history and physical examination) by a competent clinician will give a diagnosis and demonstrate if internal joint derangement is present. If there is diagnostic uncertainty despite competent examination or if there are "red flag" symptoms/signs/conditions then an MRI scan might be indicated.

Red flag symptoms or signs include recent trauma, constant progressive non-mechanical pain (particularly at night), previous history of cancer, long term oral steroid use, history of drug abuse or HIV, fever, being systematically unwell, recent unexplained weight loss, persistent severe restriction of joint movement, widespread neurological changes, and structural deformity. Red flag conditions include infection, carcinoma, nerve root impingement, bony fracture and avascular necrosis.