

**Policy Category: CBA**

**Who usually applies for funding? Not applicable**

# Primary Knee Replacement

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| **Commissioning decision** | **The CCG will provide funding for primary knee replacement for patients who meet the criteria defined within this policy.** |

**Policy Statement:**

Knee replacement is only commissioned where the criteria in either 1 **OR** 2 are met:

1. 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)

## AND

* + Has functional limitation, despite use of non-surgical management such as adequate doses of NSAID analgesia, weight management and physical therapies where the patient should complete 3 months or more of core treatments and symptoms remain refractory (i.e. verbal and written advice about self-management, activity and exercise, support to help them lose weight)

1. 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.

## AND

* + Has functional limitation, despite use of non-surgical management such as adequate doses of NSAID analgesia, weight management and physical therapies where the patient should complete 3 months or more of core treatments and symptoms remain refractory (i.e. verbal and written advice about self-management, activity and exercise, support to help them lose weight)

# Rationale:

Knee replacement surgery is an effective but invasive treatment and should only be undertaken when more conservative approaches have failed to adequately address the problem.

# Plain English Summary:

A knee replacement is a common type of surgery where a damaged knee joint is replaced with an artificial one (known as a prosthesis).

It might be necessary for you to have a knee replacement if one (or both) of your knee joints becomes damaged and causes you persistent pain or problems with everyday activities such as walking, driving and getting dressed.

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A knee replacement is carried out under a general anaesthetic. The surgeon makes an incision into the knee, removes the damaged knee joint and then replaces it with an artificial joint that is a metal alloy or, in some cases, ceramic.

Knee replacement surgery is an effective treatment and most people experience a significant reduction in pain and, to a lesser extent, improvement in their range of movement.

Therefore, if your doctor believes that you meet the criteria set out in policy the CCG will fund this treatment.

# Evidence base:

NICE 2008. The Care and Management of Osteoarthritis in Adults. CG 59. <http://guidance.nice.org.uk/CG59>

Lequesne M. Indices of severity and disease activity for osteoarthritis. Seminars in Arthritis Research, 1991;20:48-54

Santaguida PL et al. Patient characteristics affecting the prognosis of total hip and knee joint arthroplasty: a systematic review. Can J Surg. 2008 Dec;51(6):428-36.

NICE 2011 Venous thromboembolism – reducing the risk (see section 5 for information on obesity and risk of VTE)

Similarity to other local CCG policies – Bristol, South Gloucestershire, Bath and North East Somerset, Worcestershire.

Link to application form – Not applicable

For further information please contact [GLCCG.IFR@nhs.net](mailto:GLCCG.IFR@nhs.net)

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| **Date of publication** | 4th April 2016 |
| **Policy review date** | June 2021 |

**Consultation**

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| **Consultee** | **Date** |
| MSK Clinical Programme Group | 7th July 2015 |
| GHNHSFT (via CPG) | 7th July 2015 |
| GP Membership (via CCG Live/What’s New This Week) | July/August 2015 |
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| Has the consultation included patient representatives? | Yes |

**Policy sign off**

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| **Reviewing Body** | **Date of review** |
| Effective Clinical Commissioning Policy Group | 17th September 2015 |
| Integrated Governance and Quality Committee | 3rd March 2016 |



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## Version Control

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| **Version No** | **Type of Change** | **Date** | **Description of Change** |
| 1 |  | 4.4.16 |  |
| 2 | Review date, minor wording change. | 21.6.18 | Review date changed to June 2021; minor wording changed under policy statement (criteria in either 1 or 2 to be met) |