

Hip Resurfacing Policy

VERSION CONTROL

Version:	1.0
Ratified by:	Governing Body Meetings in Common
Date ratified:	26 September 2019
Name of originator/author:	Joint CCG Clinical Commissioning Policy Development Group
Name of responsible committee:	Clinical Quality and Governance
Date issued:	September 2019
Review date:	September 2022

VERSION HISTORY

Date	Version	Comment / Update
26/09/19	1.0	Approved at Governing Body Meetings in Common.

Commissioning Policy: Warwickshire North CCG (WNCCG)

Treatment	Hip Resurfacing
Indication	Osteoarthritis
Criteria	<p>WNCCG will only fund Metal on Metal (MoM) hip resurfacing arthroplasty when the procedure and follow-up process meets current NICE and Medicines and Healthcare Products Regulatory Agency (MHRA) guidance and the patient meets the following criteria:</p> <ul style="list-style-type: none"> • The patient qualifies for primary total hip replacement; AND • The patient is likely to outlive conventional primary hip replacements <p>Prior approval from the Clinical Commissioning Group will be required before any treatment proceeds in secondary care.</p>
Background Information	<p>MoM hip resurfacing arthroplasty involves removal of the diseased or damaged surfaces of the head of the femur and the acetabulum. The femoral head is fitted with a metal surface and the acetabulum is lined with a metal cup to form a pair of metal bearings.</p> <p>There is sufficient short-term evidence to conclude that hip resurfacing is clinically and cost-effective but the studies have been undertaken in people aged under 65 years. NICE guidance recommends their use in those likely to outlive a conventional THR (i.e. young and active), but advises surgeons to discuss the lack of long-term evidence on safety and reliability with patients.</p> <p>As per NICE guidance Prostheses for total hip replacement and resurfacing arthroplasty are recommended as treatment options for people with end-stage arthritis of the hip only if the prostheses have rates (or projected rates) of revision of 5% or less at 10 years. Prosthesis with less than 10 years of data can only be used provided that the revision rate was consistent with 5% or less at 10 years (as much as the shorter term follow up data allow).</p>
References	<p>MHRA Guidance https://www.gov.uk/government/news/welcome-to-our-new-mhra-website NICE Technical Appraisal Guidance (TA 304) Total hip replacement and resurfacing arthroplasty for end-stage arthritis of the hip, published 26th February 2014 https://www.nice.org.uk/guidance/ta304</p>
Quality and Equality Impact Assessment	See attached document.

Quality and Equality Impact Assessment

Scheme Title:	Hip Resurfacing Commissioning Policy		
Project Lead:	Clive Campton, IFR Manager	Senior Responsible Officer:	Steve Allen, Clinical Director
	Kate Cogman, Contracts Manager	Quality Sign Off:	Mary Mansfield Deputy Director Nursing and Quality
Intended impact of scheme:	The Hip Resurfacing Commissioning policy supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within CCG budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.		
How will it be achieved:	The Governing Body adopts the policy.		

Name of person completing assessment:	Clive Campton Kate Cogman
Position:	IFR Manager Contracts Manager
Date of Assessment:	12/06/19

Quality Review by:	Mary Mansfield
Position:	Deputy Director Nursing and Quality
Date of Review:	17/7/19

Stage 1a: High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	✓			Policy based on NICE guidance.				
	Patient experience			✓	Adopting the policy will not have an impact.				
	Patient safety			✓	NICE guidance recommends MoM hip resurfacing but advises surgeons to discuss the lack of long-term evidence on safety and reliability with patients				
	Parity of esteem			✓	Adopting the policy will not have an impact.				
	Safeguarding children or adults			✓	Adopting the policy will not have an impact.				
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life	✓			Policy based on NICE guidance, aimed at improving quality of care				
	Ensuring people have a positive experience of care			✓	Adopting the policy will not have an impact.				
	Preventing people from dying prematurely			✓	Adopting the policy will not have an impact.				
	Helping people recover from episodes of ill health or following injury			✓	Adopting the policy will not have an impact.				
	Treating and caring for people in a safe environment and protecting them from avoidable harm			✓	Adopting the policy will not have an impact.				

Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			✓	Adopting the policy will not have an impact.				
	Access to the highest quality urgent and emergency care			✓	Adopting the policy will not have an impact.				
	Convenient access for everyone			✓	Adopting the policy will not have an impact.				
	Ensuring that citizens are fully included in all aspects of service design and change			✓	Adopting the policy will not have an impact.				
	Patient Choice			✓	Adopting the policy will not have an impact.				
	Patients are fully empowered in their own care			✓	Adopting the policy will not have an impact.				
	Wider primary care, provided at scale			✓	Adopting the policy will not have an impact.				
Access Could the proposal impact positively or negatively on any of the following:	Patient choice			✓	Adopting the policy will not have an impact.				
	Access			✓	Adopting the policy will not have an impact.				
	Integration			✓	Adopting the policy will not have an impact.				
Compliance with NHS Constitution	Quality of care and environment	✓			Policy based on NICE guidance, aimed to improve quality of care and services				
	Nationally approved treatment/drugs	✓			Policy adopts NICE guidance.				
	Respect, consent and confidentiality			✓	Adopting the policy will not have an impact.				
	Informed choice and involvement			✓	Adopting the policy will not have an impact.				
	Complain and redress			✓	Adopting the policy will not have an impact.				

*Risk score definitions are provided in the next section.

Risk rating score definition

Likelihood	Impact
1 – Rare	1 – Negligible
2 – Unlikely	2 – Minor
3 – Moderate	3 – Moderate
4 – Likely	4 – Major
5 – Almost certain	5 – Catastrophic

	Likelihood				
Consequence	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Catastrophic (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Minor (2)	2	4	6	8	10
Negligible (1)	X-1	2	3	4	5

How will a successful implementation of quality indicators be measured?

Quality Outcome	Measured By
Positive Health Gain	Triangulation of Incident Trends , Complaints + Patient Experience

Stage 1b: Equality Questions

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

Other partners/stakeholders involved in scheme:

N/A

Who will be affected by this piece of work?

CCG registered patients

PROTECTED GROUP	Is there likely to be a differential impact? (Please tick one)			Evidence/Comments for answers. Where available please share any baseline data and research on the population that this piece of work will affect. Include any consultations with service users that have been carried out.
	YES	NO	UNKNOWN	
Gender		✓		Adopting the policy will not have an impact.
Race		✓		Adopting the policy will not have an impact.
Disability (including mental impairment, learning difficulty)	✓			This policy, although likely to impact more on those with disability caused by osteoarthritis, follows NICE guidance.
Religion/belief		✓		Adopting the policy will not have an impact.
Sexual orientation		✓		Adopting the policy will not have an impact.
Age	✓			This policy, although likely to impact more on older patients as older patients are more likely to require referral for the procedure, follows NICE guidance.
Social deprivation		✓		Adopting the policy will not have an impact.
Carers		✓		Adopting the policy will not have an impact.
Human rights		✓		Adopting the policy will not have an impact.
Pregnancy and Maternity		✓		Adopting the policy will not have an impact.

