NHS Worcestershire

COMMISSIONING POLICY FOR MUSCULOSKELETAL SURGICAL INTERVENTIONS

Accountable Director:	Simon Hairsnape, Director of Delivery
Policy Author:	Acute Commissioning Team Public Health Team
Consulted with	Orthopaedic Commissioning Group with membership from NHS Worcestershire, Worcestershire Acute Hospitals NHS Trust, NHSW Practice Based Commissioner Clusters, NHSW Physiotherapists, Gloucestershire Hospitals NHS Foundation Trust
Approved by: **Ratified by:**	Orthopaedic Working Group Commissioning Executive
Date approved:	25/03/2010
Issue Date:	April 2010
Review Date:	March 2011
Person Responsible:	Chris Emerson, Head of Acute Commissioning
Implementation plan in place:	Yes
Equality Impact Assessment (EIA):	November 2009

1. Introduction

Besides funding healthcare interventions that tackle ill health and save lives there is a growing demand for a range of orthopaedic procedures, some of which are considered to be low priority when it comes to allocating limited NHS resources. However, the PCT recognises that in some cases the purpose of a low priority procedure will be to meet an appropriate and justifiable clinical need. This policy sets out eligibility criteria for funding treatment in such cases.

A Cochrane review suggests active educational interventions involving secondary care consultants and structured referral sheets are the only interventions proven to impact on referral rates. Structured referral sheets are checklists to be completed at the time of referral that prompt the GP about important elements of pre-referral investigation and management. NHS Worcestershire requires its orthopaedic providers to develop these referral sheets and utilise recognised tools such as the Oxford Hip score to determine the need for surgery.

2. Scope

This policy applies to the following interventions:

- Hip and Knee Replacement Surgery
- Carpal Tunnel Syndrome
- Palmar Fasicectomy for Dupuytren's Disease
- Trigger Finger
- Ganglion
- Spinal Fusion
- Spinal Epidural Injections
- Facet Joint Injections
- Diagnostic Arthroscopy of Knee
- Joint Injections
- Therapeutic Ultrasound in Physiotherapy
- Excision of Acromi-Clavicular Joint/or Surgical Decompression of Subacromial Space

The policy applies to all service providers in secondary care or the community that carry out these orthopaedic conditions, procedures and services. Service providers must apply the criteria within this policy before carrying out the treatment.

Musculo-skeletal Integrated Clinical Assessment and Treatment Service (MSK ICATS):

MSK ICATS are primary care based services that provide GPs with the opportunity to refer to an accessible, specialist diagnosis service, which also provides, where clinically appropriate, medical treatment for adults (age 18 and above) with symptomatic musculoskeletal conditions who require additional orthopaedic assessment/treatment.

Whilst the ICATS vary across the Practice Based Commissioning (PBC) clusters, the primary aims of the service will be to manage patients within primary and community based services rather than refer the patient into secondary care. ICATS will also be expected to take account of the provisions of this policy before considering making a referral into secondary care. Cases that do not meet the eligibility criteria identified within this policy should not be referred into secondary care.

Clinical and/or Individual Exceptionality:

Some patients will not meet the eligibility criteria but the referring primary care practitioner or secondary care clinician may feel that the personal circumstances of the patient makes them an exception to the policy i.e. despite not meeting the relevant eligibility criteria the patient should be offered the treatment on exceptional grounds. To secure funding for such cases, the referring primary care practitioner or treating clinician must submit an individual funding request (IFR) via the IFR process, which clearly demonstrates that:

- The patient is significantly different from the general population of patients with the condition in question ie. Clinically exceptional; and
- The patient is likely to gain significantly more benefit from the intervention than might be expected for other patients with the same condition.

Further details of the IFR process can be found on the NHS Worcestershire website at the following address: **http://www.worcestershire.nhs.uk/publications/policies-and-procedures/commissioning.aspx**

This policy should also be considered within the context of the document "Commissioning Guidelines on the Management of Musculoskeletal Conditions in Primary Care", which provides further guidance to primary care on managing patients with common musculoskeletal conditions.

FINAL VERSION – JUNE 2010
EXCLUSIONS AND PRIOR APPROVAL CRITERIA

<table>
<tr><th>Musculo-skeletal Surgical Interventions</th><th>Criteria</th></tr>
<tr><td>Hip and Knee Replacement Surgery (THR/TKR)

OPCS-4 Codes:
Primary Hip replacement
W371 Cemented
W381 Uncemented
W391 Unspecified

Primary Knee Replacement
W401 Cemented
W411 Uncemented
W421 Unspecified</td><td>Patients should only be considered for joint replacement surgery if there is evidence to suggest:

• Their symptoms* have failed to respond to the conservative treatments undertaken within primary care ie. Analgesia, non-steroidal anti-inflammatory drugs and physiotherapy
* Should include pain and disability that is sufficiently significant to interfere with the patient' daily life and/or ability to sleep.
• The referral has been endorsed by ICATS/Orthopaedic Practitioner Service (OPS);
• The patient has an Oxford Hip or Knee Score of less than 30.

<table><tr><th>Score</th><th>Hip</th><th>Knee</th></tr><tr><td>0 to 19</td><td>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.</td><td>May indicate severe knee 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.</td></tr><tr><td>20 to 29</td><td>May indicate moderate to severe hip arthritis. See your family physician for an assessment and x-ray. Consider a consult with an Orthopaedic Surgeon.</td><td>May indicate moderate to severe knee arthritis. See your family physician for an assessment and x-ray. Consider a consult with an Orthopaedic Surgeon.</td></tr></table>
A score of less than 30 is considered to be a guide and if, following assessment by an Orthopaedic Surgeon, surgery is considered to be clinically necessary in a patient with a score of more than 30, THR/TKR will be supported. Further details of the Oxford Hip and Knee Scoring Tool can be found at the following website addresses:
http://www.orthopaedicscore.com/scorepages/oxford_hip_score.html;
http://www.orthopaedicscore.com/scorepages/oxford_knee_score.html
A copy of the Oxford Hip and Knee Scoring Tools can also be found in Appendix A.
• The patient has been assessed as fit, ready and willing to undergo surgery if required.

Note: Only ONE routine follow-up to be offered following the 6-week review.</td></tr>
<tr><td>Carpal Tunnel Syndrome Surgery

OPCS-4 Code:
A651

ICD-10 Code
G560</td><td>Surgery will only be supported if it has been confirmed that the patient has the following symptoms with a duration of more than 6 months:
• Acute severe symptoms with rapid onset of neurological compromise that have not been controlled by conservative measures such as splinting at night;
• Chronic symptoms that have not responded to conservative management (splints);
• Evidence of neurological deficit such as sensory blunting or weakness of thenar abduction</td></tr>
</table>

Musculo-skeletal Surgical Interventions	Criteria
Palmar Fasicectomy OPCS-4 Code: T521 ICD-10 Code: M7204	Surgery will only be supported if there is evidence to suggest: • The presence of a contracture sufficient to cause functional compromise to the patient or progression of the contracture over the preceding 3 – 6 months with/without PIP joint involvement; • That all other conservative measures have failed to alleviate the above symptoms.
Trigger Finger Surgery OPCS-4 Code: T723 ICD-10 Code: M6534	Surgery will only be supported if there is evidence to suggest: • A fixed deformity that cannot be conservatively corrected; • A failure to respond to some/all of the conservative treatment options available within primary care including injections.
Ganglion Surgery OPCS-4 Code: T59 ICD-10 Code: M674	Surgery will only be supported if there is evidence to suggest: • Clear neurovascular compromise in patients with a ganglia of the wrist; • Significant pain resulting from a seed ganglia at the base of a digit; • Disturbance of nail growth or discharging mucoid cysts at the DIP joint • Routine dorsal and palmer ganglions should not receive surgery as normally spontaneously resolve within 6 months of onset.
Spinal Fusion Surgery OPCS-4 Codes: V37 V38	Surgery will only be supported in patients who are experiencing chronic back pain when the following symptoms are evident: • Evidence of clear cut root compression; • Evidence of spinal stenosis; • Chronic instability;
Spinal Epidural Injections (SEI) OPCS-4 Codes: A521 A522	Please also refer to **NHS Worcestershire's Commissioning Policy on Facet Joint and Lumber Epidural Interventions for Chronic Spinal Pain (September 2008)**. An electronic copy of this policy is available on the NHS Worcestershire website at the following address: **http://www.worcestershire.nhs.uk/publications/policies-and-procedures/commissioning.aspx** There is limited research available on the effectiveness of Spinal Epidural Injections (SEI) and suggests that SEI's are unlikely to reduce back pain or improve flexibility. Furthermore, lumbar SEI's can have rare but serious adverse effects such as pain at the injection site, infection, haemorrhage, chemical meningitis and possible damage to the nervous system[3]. Therefore, SEI's will only be commissioned in the following circumstances: • As a single injection as an early intervention in patients with low back pain who might otherwise have been referred for discectomy; • For the treatment of sciatica in patients who have previously responded to SEI's.
Spinal Fusion for disc conditions OPCS-4 Codes: V37 V38	Will only be supported in selected patients with proven degenerative back pain despite active engagement in the pain management programme for a period of more than two years.
Facet Joint Injections (FJI) OPCS-4 Code: V544	Please also refer to **NHS Worcestershire's Commissioning Policy on Facet Joint and Lumber Epidural Interventions for Chronic Spinal Pain (September 2008)**. An electronic copy of this policy is available on the NHS Worcestershire website at the following address: **http://www.worcestershire.nhs.uk/publications/policies-and-procedures/commissioning.aspx** Facet joint, trigger point and sclerosant injections have not been shown to be effective long term and will therefore not be routinely funded. However, facet joint injections (FJI) are effective for short to mid-term relief in a subset of patients with fact joint disease and very poor mobility. In these patients, relief from injections

Musculo-skeletal Surgical Interventions	Criteria
	can provide sufficient time to initiate a multi disciplinary pain management programme and rehabilitation. Therefore, FJI's will only be commissioned for patient's in which pain is: • Not directly central; • Which radiates down the legs but does not go below the knee (unilateral or bilateral); • Aggravated by extension of the back FJI's will also be supported in the following clinical circumstances: • As a diagnostic/screening tool prior to radiofrequency denervation or surgery in cases where the facet joints are suspected as a source of back pain, to ensure that radiofrequency denervation or surgery is only performed for those who are most likely to benefit; • Therapeutically in patients with severe back pain who have co-morbidities that preclude other alternative interventions or less invasive interventions. Patients presenting with chronic pain of more than 3 years duration will not be offered a facet joint or epidural injection unless the degree of the patient's pain has significantly changed. Alternative courses of treatment such as pharmacological treatment and other interventions will be discussed with the patient to agree an appropriate course of action.
Arthroscopic Debridement and Washout of Knee OPCS-4 Code: W852	Arthroscopic debridement and washout will not be carried out for chronic pain relief of osteoarthritis of the knee given the lack of clinical evidence on efficacy, except when a patient has mechanical features of locking which may be associated with severe pain (New Eng J Med Trial) Please also refer to NICE Interventional Procedure Guidance 20 August 2007, which states arthroscopic washout with debridement may be considered as a treatment option for patients with a confirmed diagnosis of osteoarthritis. Arthroscopic washout alone will not however be supported as a treatment for osteoarthritis.
Diagnostic Arthroscopy of the Knee OPCS-4 Code: W879	Diagnostic arthroscopy is **not** routinely commissioned. In the majority of circumstances a clinical examination (history and 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 then an MRI scan might be indicated. MRI is a less invasive diagnostic procedure for the investigation of knee pain.
Joint Injections (excluding facet joint injections): Corticosteroids (steroid) injections OPCS-4 Codes: W903 W904	More than 3 joint injections will not be supported when a patient is likely to be a candidate for joint replacement, except when being used as a diagnostic tool prior to joint replacement to confirm the joint is the major source of pain/symptoms. Joint injections may also be considered for those patients who are currently unfit or unsuitable for surgery and patients who do not wish to proceed to joint replacement surgery. Evidence of clinical benefit must be demonstrated for continued use of joint injections in these patients. Where joint injections are supported, these should normally be undertaken in the out-patient setting. Joint injections will only be commissioned in a sterile theatre when X-ray screening or general anaesthesia is required or when joint injections are performed in conjunction with other invasive procedures such as nerve blocks and/or manipulation.

Musculo-skeletal Surgical Interventions	Criteria
	Intra-articular hyaluronan injections are not commissioned for use in any joint (please see minutes of Area Prescribing Committee (APC) June 2010).
Excision of Acromi-Clavicular Joint/or Surgical Decompression of Subacromial Space OPCS-4 Codes: W572 + Z861 W085 + Z861	Surgery is not supported unless: • There is evidence of a trial of conservative treatment, or if • A temporary improvement has been demonstrated using injection surgery.
Bunions and hallux valgus OPCS-4 Codes: W791 + W151	Surgery will only be supported if there is evidence of severe deformity (overriding toes) and/or severe pain that prevents normal activity.

Musculo-skeletal Non-Surgical Interventions	Commissioning Statement
Therapeutic Ultrasound in Physiotherapy	Not commissioned

Consultation Process

The following individuals/groups have been involved in the development of this policy, or are key stakeholders:

Name of Individual/Group	Representing
Secondary Care Clinicians Director of Operations (secondary care) Public Health Consultants PBC Leads PBC Cluster Clinic Leads Commissioning leads (Acute Care, Community Services) PPI representative	NHS Worcestershire Planned Care Programme Orthopaedic Working Group
NHS Worcestershire Commissioning Executive as part of ratification	

Policy Implementation Plan

Issues identified/Action to be taken	Timescale
Co-ordinated through PBC leads and acute trust management	
Particular acute organisations that carry out the procedures General practice Communicated via CAG members GPs notified of policy Policy placed on NHSW website	Worcestershire Acute Hospitals NHS Trust Worcestershire PCT Provider Services Gloucestershire Hospitals NHS Foundation Trust Royal Orthopaedic Hospitals NHS Foundation Trust All other Acute Hospitals NHS Trust contracts Independent sector organisation contracts

References:

Stoke on Trent Primary Care Trust and NHS North Staffordshire – Acute Service – Exclusions and Prior Approvals Guidelines 2008/9

NHS Warwickshire Commissioning Policy: Treatments considered Low Priority

Bristol North, Bristol South & West and South Gloucestershire Primary Care Trusts - Commissioning services for people with orthopaedic problems August 2006

West Sussex Primary Care Trust – Commissioning for Clinical Effectiveness Procedures where Thresholds Apply August 2007

www.orthopaedicscores.com

Date of completion
February 12, 2010

Oxford Hip Score

Clinician's name (or ref) _____ **Patient's name (or ref)** _____

Please answer the following 12 multiple choice questions.

During the past 4 weeks.....

1. How would you describe the pain you usually have in your hip?
None
Very mild
Mild
Moderate
Severe

2. Have you been troubled by pain from your hip in bed at night?
No nights
Only 1 or 2 nights
Some nights
Most nights
Every night

3. Have you had any sudden, severe pain (shooting, stabbing, or spasms) from your affected hip?
No days
Only 1 or 2 days
Some days
Most days
Every day

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

7. Have you been able to put on a pair of socks, stockings or tights?
Yes, easily
With little difficulty
With moderate difficulty
With extreme difficulty
No, impossible

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?
Not at all painful
Slightly painful
Moderately painful
Very painful
Unbearable

9. Have you had any trouble getting in and out of a car or using public transportation because of your hip?
No trouble at all
Very little trouble
Moderate trouble
Extreme difficulty
Impossible to do

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)?	11. Could you do the household shopping on your own?
No pain for 30 minutes or more	Yes, easily
16 to 30 minutes	With little difficulty
5 to 15 minutes	With moderate difficulty
Around the house only	With extreme difficulty
Not at all	No, impossible

6. Have you been able to climb a flight of stairs?	12. How much has pain from your hip interfered with your usual work, including housework?
Yes, easily	Not at all
With little difficulty	A little bit
With moderate difficulty	Moderately
With extreme difficulty	Greatly
No, impossible	Totally

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The Oxford Hip Score is:

60

Grading for the Oxford Hip Score

Score 0 to 19	May indicate severe hip arthritis. It is highly likely that you may well require some form of surgical intervention, contact your family physician.
Score 20 to 29	May indicate moderate to severe hip arthritis. See your family physician for an assessment and x-ray through the ICATS service.
Score 30 to 39	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
Score 40 to 48	May indicate satisfactory joint function. May not require any formal treatment.

Reference for Score: Dawson J, Fitzpatrick R, Carr A, Murray D. Questionnaire on the perceptions of patients about total hip replacement. J Bone Joint Surg Br. 1996 Mar;78(2):185-90. **Link**

Reference for Grading: Link

www.orthopaedicscores.com

Date of completion
March 9, 2010

Oxford Knee Score

Clinician's name (or ref)

Patient's name (or ref)

Please answer the following 12 multiple choice questions.

During the past 4 weeks.....

1. How would you describe the pain you usually have in your knee?
None
Very mild
Mild
Moderate
Severe

7. Could you kneel down and get up again afterwards?
Yes, easily
With little difficulty
With moderate difficulty
With extreme difficulty
No, impossible

2. Have you had any trouble washing and drying yourself (all over) because of your knee?
No trouble at all
Very little trouble
Moderate trouble
Extreme difficulty
Impossible to do

8. Are you troubled by pain in your knee at night in bed?
Not at all
Only one or two nights
Some nights
Most nights
Every night

3. Have you had any trouble getting in and out of the car or using public transport because of your knee? (With or without a stick)
No trouble at all
Very little trouble
Moderate trouble
Extreme difficulty
Impossible to do

9. How much has pain from your knee interfered with your usual work? (including housework)
Not at all
A little bit
Moderately
Greatly
Totally

4. For how long are you able to walk before the pain in your knee becomes s eve re? (With or without a stick)
No pain > 60 min
16 - 60 minutes
5 - 15 minutes
Around the house only

10. Have you felt that your knee might suddenly ï¿½give awayï¿½ or let you down?
Rarely / Never
Sometimes or just at first
Often, not at first
Most of the time

Not at all - severe on walking	All the time

5. After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your knee?	11. Could you do household shopping on your own?
Not at all painful	Yes, easily
Slightly painful	With little difficulty
Moderately pain	With moderate difficulty
Very painful	With extreme difficulty
Unbearable	No, impossible

6. Have you been limping when walking, because of your knee?	12. Could you walk down a flight of stairs?
Rarely / never	Yes, easily
Sometimes or just at first	With little difficulty
Often, not just at first	With moderate difficulty
Most of the time	With extreme difficulty
All of the time	No, impossible

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The Oxford Knee Score is: 60

Grading for the Oxford Knee Score

Score 0 to 19	May indicate severe knee arthritis. It is highly likely that you may well require some form of surgical intervention, contact your family physician.
Score 20 to 29	May indicate moderate to severe knee arthritis. See your family physician for an assessment and x-ray through the ICATS service.
Score 30 to 39	May indicate mild to moderate knee arthritis. Consider seeing your 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
Score 40 to 48	May indicate satisfactory joint function. May not require any formal treatment.

Reference for Score: Dawson J, Fitzpatrick R, Murray D, Carr A. Questionnaire on the perceptions of patients about total knee replacement. J Bone Joint Surg Br. 1998 Jan;80(1):63-9. **Link**

Reference for Grading: Link

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