### GM Policy: Hip Replacement

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<tr>
<td>GM EUR Team:</td>
<td>0161 212 6250 / <a href="mailto:gmifr.gmcsu@nhs.net">gmifr.gmcsu@nhs.net</a></td>
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#### Policy exclusions (Alternative commissioning arrangements apply)

- Children and young adults under the age of 18 years are excluded from this policy.
- Cases requiring emergency or immediate referral are excluded from this policy.
- Emergency referral to secondary care: Hip pain associated with systemic symptoms, signs of infection, known primary malignancy, severe muscle spasm, sudden inability to bear any weight, history of a fall.
- Consider urgent referral to secondary care if a patient presents with severe pain unresponsive to analgesia and persistent loss of function.

#### Revision Surgery: Please note that NHS England commissions adult specialist orthopaedic services from Adult Specialist Orthopaedic Centres, including services delivered on an outreach basis as part of a provider network. NHS England commissions the following specialist services:

- Hip – secondary or tertiary referred revisions; primary revision (all stages)
- Infected revision
- Replacement requiring modular prosthesis
- Massive acetabular defects requiring bone grafting or metal augmentation
- Complex femoral reconstructive segmental reconstruction

#### Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy, i.e. locally agreed pathways take precedent over this policy (the EUR Team should be informed of any local pathway for this exclusion to take effect).

#### Policy inclusion criteria

This policy assumes that all patients being referred for consideration of total hip replacement (THR) have been managed in line with NICE CG177: Osteoarthritis: care and management.

**NOTE:** At all stages, the patient must be involved in the decision making process regarding their management. They must be made aware of the risks and limitation of THR as an option.

#### Prior to referral

Patients must have been offered core non-surgical treatment for a period of at least 3 months of supported evidence based non-surgical interventions. Options in the first instance include, but are not limited to, the following:

- Provision of appropriate aids if not already used
- Setting a self-management plan
- Access to appropriate information (including self-care programmes)
- Pharmacological treatment for symptoms of pain and swelling
- Supported activity and exercise, Preferably a specific goals based supervised and evidence based physiotherapy programme for up to 3 months
- Referral to a lifestyle service (or similar if available locally) for interventions to achieve weight loss if the patient is overweight or obese
NOTE: Evidence of the above must be included with the referral.

If patients have failed to respond to, but have engaged with, the above consider either a further period of conservative measures if there is some improvement or refer for consideration for THR if the symptoms are intractable to the above as follows.

**Referral**

After undertaking shared decision making and having defined treatment goals, as well as taking into account personal circumstances and assessing the patient’s fitness for surgery using local pro formas where available (including referral to smoking cessation where indicated), then consider referral for secondary care assessment:

- in young adults (18 to 40 years) for persistent hip pain affecting sleep, activities of daily living, work or leisure.
- all adults where there is pain stiffness and reduced function that has a substantial impact on their quality of life and which have not responded to their agreed non-surgical treatment plan. (Individuals should be referred before there is prolonged and established severe limitation and severe pain).
- if persistent pain and disability has not responded to up to 3 months of evidence based non-surgical treatments, to include any manual therapy (including physiotherapy) received in primary care.

**Consideration for total hip replacement**

Secondary care management of THR after an appropriate diagnosis should be considered when any of the following occur:

- pain is inadequately controlled by medication
- there is restriction of function
- quality of life is significantly compromised
- there is narrowing of the joint space on radiograph

The procedure to be offered is at the discretion of the specialist but should be in line with [TA304: Total hip replacement and resurfacing arthroplasty for end-stage arthritis of the hip](https://www.nice.org.uk/guidance/ta304) where appropriate. The NHS Hip Arthroplasty Surgery Decision Making Tool should be used when arthroplasty is being considered.

**Funding Mechanism:** Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

**Non-nickel based hip replacements**

In patients with true nickel allergy, oxinium or cobalt chrome joints can be used – the choice of alternative metals is a clinical decision.

**Funding Mechanism:** Individual prior approval at Clinical Triage provided the patient meets the above criteria. Requests must be submitted with all relevant supporting evidence which must include a copy of the relevant minute from the MDT meeting where the case was discussed and approved. The request should also include results of test showing true nickel allergy.

**Bespoke joint replacements**

In cases where there is an abnormally small or deformed hip joint, either patient-specific instrumentation with standard implants or a non-standard or even custom-made implant may be needed.

Applications must show that there has been an MDT meeting with regard to the needs of the patient and that the requested treatment has been approved.
### Funding Mechanism:

**Patient-specific instrumentation with standard implants:** Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

**Non-standard or custom-made implant:** Individual prior approval at Clinical Triage provided the patient meets the above criteria. Requests must be submitted with all relevant supporting evidence which must include a copy of the relevant minute from the MDT meeting where the case was discussed and approved.

<table>
<thead>
<tr>
<th>Clinical Exceptionality:</th>
<th>Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality.</th>
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<tbody>
<tr>
<td>Fitness for Surgery:</td>
<td>The clinician making the request must confirm that in their opinion the patient is fit for the surgery requested.</td>
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<tr>
<td>Best Practice Guidelines:</td>
<td>All providers are expected to follow best practice guidelines (where available) in the management of these conditions.</td>
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<tr>
<td>Funding request form:</td>
<td>Hip Replacement</td>
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</tbody>
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**Hip Replacement**

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**in Greater Manchester**