NHS
Coventry and Warwickshire
Integrated Care Board

Policy for Hip Resurfacing

Reference Number:	
Version:	Version 2
Name of responsible Committee and date approved or recommended to Integrated Care Board:	Finance and Performance Committee
Date approved by the Integrated Care Board (if applicable):	04 October 2023
Next Review Date:	April 2026
Expiry Date:	October 2026
Name of author and title:	Lucy Dyde, IFR Manager
Name of reviewer and title:	Dr Mike Caley, Deputy Medical Director
Department:	Medical Directorate

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
05/04/2023	V2	• Formatting changes	Clinical Commissioning Policy Development Group

Contents

1. **Category: Prior Approval**
   Prior approval from the Integrated Care Board (ICB) will be required before any treatment proceeds in secondary care unless an alternative contract arrangement has been agreed with the ICB that does not necessitate the requirement of prior approval before treatment.

2. **Background**
   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.

   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.

   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).

3. **Indication**
   Osteoarthritis

4. **Eligibility Criteria**
   The ICB 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:

   - The patient qualifies for primary total hip replacement; AND
   - The patient is likely to outlive conventional primary hip replacements

5. **References**

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

6. Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.
Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Quality and Equality Impact Assessment

Scheme Title:	Policy for Hip Resurfacing		
Project Lead:	Lucy Dyde, IFR Team Manager	**Senior Responsible Officer:**	Dr Angela Brady
		Quality Sign Off:	Mary Mansfield
Intended impact of scheme:	To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility. The policy for Hip Resurfacing supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB 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:	Through the process detailed in this document.		
Name of person completing	Lucy Dyde		

assessment:	
Position:	IFR Team Manager
Date of Assessment:	27 April 2023

Quality Review by:	Mary Mansfield
Position:	Deputy Director of Nursing
Date of Review:	16 May 2023

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	✓							
	Patient experience	✓							
	Patient safety	✓							
	Parity of esteem	✓							
	Safeguarding children or adults	✓							
NHS Outcomes Framework Could the scheme	Enhancing quality of life	✓							
	Ensuring people have a positive experience of	✓							

impact positively or negatively on the delivery of the five domains:	care								
	Preventing people from dying prematurely	✓							
	Helping people recover from episodes of ill health or following injury	✓							
	Treating and caring for people in a safe environment and protecting them from avoidable harm	✓							
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	✓							
	Access to the highest quality urgent and emergency care			✓					
	Convenient access for everyone	✓							
	Ensuring that citizens are fully included in all aspects of service design and change			✓					
	Patient Choice			✓					
	Patients are fully empowered in their own care	✓							

	Wider primary care, provided at scale			✓					
Access Could the proposal impact positively or negatively on any of the following:	Patient choice			✓					
	Access	✓							
	Integration			✓					
Compliance with NHS Constitution	Quality of care and environment	✓							
	Nationally approved treatment/drugs	✓							
	Respect, consent and confidentiality	✓							
	Informed choice and involvement	✓							
	Complain and redress			✓					

*Risk score definitions are provided in the next section.

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?
To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility. The policy for Hip Resurfacing supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB 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.

Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.
Patients

Is a full Equality Analysis Required for this project?			
Yes	Proceed to complete this form.	No	Explain why further equality analysis is not required.
If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.			

Equality Analysis Form

1. Evidence used
What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.
No new evidence since the adoption of this policy by the ICB in July 2022. 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

2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.
Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy. However, older patients are more likely to require referral for the procedure, follows NICE guidance.
Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy. However, patients with a disability caused by osteoarthritis are more likely to require referral for the procedure, follows NICE guidance.
Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.
Marriage and civil partnership: A person who is married or in a civil partnership.
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.
Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.
Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.
Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.
Sex: A man or a woman
This policy does not contain any statements which may exclude clinicians of the NHS Coventry

and Warwickshire Integrated Care Board from applying this policy.
Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.
Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.
Other disadvantaged groups:
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

3. Human Rights

FREDA Principles / Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility. The policy for Hip Resurfacing supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB 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.
Respect – right to have private and family life	How will the person's right to respect for private and family	The patient will not be contacted by the ICB. If the

respected	life, confidentiality and consent be upheld?	patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	This policy is applied to all patients of the NHS Coventry and Warwickshire Integrated Care Board to prioritise resources and provide interventions with the greatest proven health gain, within ICB 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.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	All communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Individuals will have the opportunity to discuss their healthcare with the requesting clinician. If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Right to **Life**	Will or could it affect someone's right to life? How?	No
Right to **Liberty**	Will or could someone be deprived of their liberty? How?	No

4. Engagement, Involvement and Consultation
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
N/A	N/A	N/A
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us …. So we will …..):		
N/A		

5. Mitigations and Changes
Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.
N/A

6. How will you measure how the proposal impacts health inequalities?
e.g Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities. You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.
Requests will be managed on a prior approval basis by the IFR team and activity is monitored through Acute Contracting/Business Intelligence who will monitor the activity and review as appropriate.

7. Is further work required to complete this assessment?			
Please state what work is required and to what section. e.g additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g disability).			
Work needed	**Section**	**When**	**Dare completed**
N/A	N/A	N/A	N/A

8. Sign off		
The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.		
Requirement	**Name**	**Date**
Senior Manager Signoff	Michael Caley, Deputy CMO	27.04.2023
Which committee will be considering the findings and signing off the EA?	F&P	04.10.2023
Approved by the Policy Procedure and Strategy Assurance Group.		

Once complete, please send to the ICB's Governance Team.