**PRIOR APPROVAL REQUEST**

**Knee Replacements**

Hertfordshire and west Essex Evidence Based Intervention policies can be viewed at

<https://www.hweclinicalguidance.nhs.uk/clinical-policies>

Prior funding approval should be sought for **ALL** adult total and unicompartmental knee replacements except emergencies and confirmed or suspected malignancy.

We would expect patellar resurfacing to be done at the time of joint replacement if the patient has anterior knee pain. Due to the lack of sufficient evidence of clinical benefit and cost effectiveness to support routine resurfacing of the patella alone, patellar resurfacing is considered to be LOW PRIORITY and will not be funded. There is no OPCS code for patella resurfacing.

**Please complete and return this form along with clinic letter/supporting evidence to:**

For west Essex patients [priorapproval.hweicb@nhs.net](mailto:priorapproval.hweicb@nhs.net) Tel: 01992 566150

For Hertfordshire patients [priorapproval.hweicb@nhs.net](mailto:priorapproval.hweicb@nhs.net) Tel: 01707 685354

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| **Patient consent** | This application has been discussed with the patient and the patient consents to relevant information being shared with the ICB. | Please tick |

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| **Date form completed** |  | | | | | | | | | |
| **Urgency** | Routine (5 working days turnaround time)  Urgent (2 working days turnaround time)  **Note: An urgent request is one in which a delay may put the patient’s life at risk.**  **Turnaround times commence the working day after receipt of the funding application** | | | | | | | | | |
| **Patient details**  **Complete all fields or use patient sticker** | Name: Date of birth: - - / - - / - - - -  Address:  Telephone number: NHS No:  Hospital No:  GP Name: Practice: | | | | | | | | | |
| **Applying clinician’s details** | Consultant Name: Hospital/Organisation:  Contact details:  (Including email) | | | | | | | | | |
| **Declaration** | I declare that the information provided is, to the best of my knowledge, true and I am aware that this procedure may be subject to clinical audit. | | | | | | | | | |
| **Proposed surgery** | Left Right  **Total Knee replacement**  **Unicompartmental Knee replacement** | | | | | | | | | |
| **Non-surgical management** | **Type of management** | | **Y/N** | | **Dates, duration and comments** | | | | | |
| Weight reduction | |  | |  | | | | | |
| Analgesia | |  | |  | | | | | |
| NSAIDs | |  | |  | | | | | |
| Changing activity | |  | |  | | | | | |
| Introduction of walking aids | |  | |  | | | | | |
| Physical therapy (other than walking aids) | |  | |  | | | | | |
| Other therapies (please specify) | |  | |  | | | | | |
| **UKR only** | **The patient has end-stage osteoarthritis**  **The patient is symptomatic**  **The osteoarthritis is confined to the medial compartment**  **This is confirmed by standing X-Ray   X-ray report provided with this request  Initial non-surgical management has been provided**  The procedure must be undertaken by a surgeon who  can evidence that they complete a minimum of 12 UKRs per year and surgeons must have an audit dataset that they will submit to commissioner for review on an annual basis | | | | | | | | | |
| **TKR only** | **X-ray evidence of joint damage** | Slight | | | | Moderate | | | Severe | |
| **Mobility & Stability** | Preserved mobility  OR  Stable joint | | | | | Limited mobility  OR  Unstable joint | | | |
| **Localisation** | Bi-compartmental (localised to one  compartment plus  patello-femoral disease) | | | | | Tri-compartmental | | | |
| **Symptoms** | Slight | | Moderate | | | | Intense | | Severe |
| **Revision Surgery** | Persistent pain which may indicate joint Infection  **OR** | | | | | | | | | |
| Persistent joint pain and/or loss of range of movement and function **AND** X-ray confirms the presence of aseptic loosening of the prosthesis **AND** The patient has had the evidence for outcome from revision surgery explained to  them and understands that the outcomes from revision surgery are not likely be as good as those from primary replacement surgery. | | | | | | | | | |

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| **For patients where the criteria are not met and it can be demonstrated that there is an exceptional healthcare need, an Exceptional Case Request Form can be submitted to the IFR team.** |

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| **Shared decision making** | Patients should be supported with their decisions. Resources that can support implementation of shared decision making can be found on the NHS England website:  <https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/> |

**TKR surgical criteria for funding is approved where the patient complains of;**

1. At least intense symptomatology **AND** has radiological features of severe disease **AND** has demonstrated disease within all three compartments of the knee (tricompartmental) or localised to one compartment plus patello-femoral disease (bicompartmental) **OR**
2. At least intense symptomatology **AND** has radiological features of moderate disease **AND** is troubled by limited mobility or stability of the knee joint **OR**
3. Severe symptomatology **AND** radiological features of slight disease **AND** troubled by limited mobility or stability of the knee joint.

**HWE ICB Fitness for Elective Surgery policy criteria**

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| **Smoking status** | Never smoked  Current smoker  Ex-smoker – date last smoked: - - / - - / - -  For patients who currently smoke or have stopped smoking less than 8 weeks ago, please tick to show that you have made your patient aware that they will need to have stopped smoking or switched to e-cigarettes for at least 8 weeks prior to surgery |
| **Measurements** | Height: ……….cm Weight: …………kg BMI ……….. kg/m²    **BMI >40 –** Patientsare expected to reduce their weight by 15% or BMI <40 (whichever is greater).  **BMI 30-40 -** Patients are expected to lose 10% of their weight or reduce BMI to <30.  If the patient has already achieved their target weight loss in the last 9 months, please give details of previous recorded measurements and the date recorded by clinician or, attach referral coversheet from GP or community provider.  Previous Weight: ………..kg Previous BMI ………… kg/m²  Date measured - - / - - / - - - - % weight reduction = ………….  At 9 months, if the patient has not met their target weight and/or stopped smoking, they should be reassessed for their need for- and fitness for- surgery.  See the Fitness for Elective Surgery policy at  <https://www.hweclinicalguidance.nhs.uk/clinical-policies/fitness-for-surgery/> |