

**GOVERNING BODY IN PUBLIC (PART I)
ORTHOPAEDICS RESTRICTION THRESHOLD – CONSULTATION**

Date of the meeting	6 th October 2016
Author	Hannah Wood – Senior Commissioning Manager
Sponsoring Board Member	Robert Shaw – Joint Director of Acute Commissioning
Purpose of Report	For Approval
Recommendation	The Governing Body is asked to approve, following public consultation, the recommendation to have a restriction threshold in place for orthopaedic Total Hip Replacements (THR), Total Knee Replacements (TKR) and Arthroscopy.
Reason for inclusion in Part II	N/A
Stakeholder Engagement	The restrictions have been developed in partnership with, and approved by, Orthopaedic Surgeons at Southend University Hospital NHS Foundation Trust. The Clinical Executive Committee approved the commencement of the public consultation. A public consultation has taken place and has been available to the public via local media stories, social media, and other organisations such as Healthwatch. The public were able to comment on the consultation online, by post or at a local drop in session held on the 20 th September 2016.
Previous GB / Committee/s, Dates	Clinical Executive Committee – 9 th June 2016 Governing Body – 4 th August 2016

Monitoring and Assurance Summary

This report links to the following Assurance Domains	<ul style="list-style-type: none"> • Quality • Equality and Diversity • Engagement • Outcomes • Governance • Partnership-Working • Leadership 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework / Risk Register	✓	✓	
Budgetary Impact	✓	✓	
Legal / Regulatory	✓		✓
People / Staff	✓	✓	
Financial / Value for Money / Sustainability	✓	✓	
Information Management & Technology	✓		✓
Equality Impact Assessment	✓	✓	
Freedom of Information	✓		✓

1. BACKGROUND

- 1.1 The 'Get it right first time' (GIRFT) report published in 2012 by Professor Briggs considers the current state of England's orthopaedic surgery provision and suggests that changes can be made to improve pathways of care, patient experience and outcomes.
- 1.2 Evidence demonstrates that patients who have a BMI of 40+ or who are smokers have poorer outcomes following hip and knee replacements. This evidence shows smokers have a higher rate of complications after surgery with the majority of outcomes being poor wound healing, infection and less satisfactory final outcomes. Researchers have noted that patients who quit smoking have improved outcomes following surgery.
- 1.3 For the first time in history there are more than 11 million people in the UK aged over 65 years. In England obesity rates are also increasing. In 1993 13.2% of males were obese and in 2012 this rose to 24.4%. Female obesity has also risen from 16.4% to 25.1%. The table below demonstrates the current smoking and obesity rates within the area of Southend CCG.

	Smoking Prevalence (2014)	Excess Weight in Adults (BMI over 25)
Southend	20.1%	66.8%

- 1.4 Currently NHS Southend Clinical Commissioning Group (CCG) is below the England and similar peer groups average for health gains and outcomes following hip and knee replacements. The table below shows the activity and spend for NHS Southend CCG for hip and knee replacements.

	Hip (Activity)	Hip (Cost)	Knee (Activity)	Knee (Cost)
2015/16	317	£1,946,980	202	£1,716,649

- 1.5 In England, 102 CCGs have restrictions around the patients BMI in place and 48 have restrictions in place for smokers before they can be referred for general surgery. Specifically around hip and knee replacements, 77 CCGs in England have restrictions in place around patients BMI and 14 have restrictions in place for patients that smoke.

2.0 CURRENT RESTRICTIONS IN PLACE

- 2.1 There are already restrictions in place in south east Essex for elective hip and knee replacements and arthroscopy. It is recommended that the content of these restrictions will remain. The existing restrictions are included in Appendix 1.

3. PROPOSED NEW RESTRICTIONS

- 3.1 The proposal is to amend the criteria for restrictions for hip and knee replacements and arthroscopy. These restrictions have been discussed and approved by a clinical working group of primary care and acute orthopaedic clinicians.

3.2 Hip and Knee Replacement

Amended criteria for restrictions:

- Patients with a BMI 40+
- Patients that smoke
- Use of the New Zealand Score
- Medically fit to undergo procedure
- Simultaneous Joint Replacements

BMI and Smoking

Patients with a BMI 40+ will be supported to lose weight via the Tier Two weight management programme and patients that smoke will be provided support by their practice nurse or via the smoking cessation team to stop smoking. Patients that smoke will be expected to have quit for a minimum of eight weeks. General Practice will be responsible for checking and recording the patients BMI and undertaking a CO2 test to ensure that the patient is a non smoker at the point of referral. Due to the number of weeks between referral and procedure, the Trust will repeat the CO2 test at pre-assessment to confirm maintenance of non-smoking cessation.

Public Health have confirmed that there is capacity in the current weight loss and smoking cessation services to support this cohort of patients.

New Zealand Score

The New Zealand score is used for hip and knee surgery instead of the Oxford score that is currently being used as per the current service restriction policy. It is anticipated that the New Zealand scoring will be undertaken as part of the new Clinical Assessment and Treatment Service (CATS) and the Oxford score no longer required in primary care.

Medically Fit

The following indicators will be required to be assessed in primary care to ensure that the patient is suitable for surgery:

- Diabetes under control
- Hypertension under control
- No significant cardiac event within the nine months
- No stroke within the last nine months

The clinical definitions for 'under control' for diabetes and hypertension will be agreed between GP and Trust clinicians.

All of the above indicators must be followed before a referral to secondary care. Primary Care will provide support to patients to ensure that they are suitable for surgery.

Simultaneous Joint Replacements

It is proposed that simultaneous joint replacements are no longer funded. Whilst there may be an advantage that the surgery is undertaken in one go, it does pose greater risks. By having both joints replaced at the same time the surgery is longer which increases risk of complications. Recovery and rehabilitation time may be increased when having simultaneous joint replacements and therefore this can place a greater demand on the body. It is suggested that staged joint replacement poses less risk to older patients and patients with heart conditions whilst also reducing the

length of time patients are in hospital. The majority of patients having total joint replacements are over the age of 65 years and whilst having stage joint replacements will mean having two episodes of surgery the main advantage is that it reduces risks of complications and recovery time.

3.3 Arthroscopy

Currently within south east Essex there is a high proportion of patients that undergo an arthroscopy and within a year have a total joint replacement. The proposal is to restrict arthroscopies unless all of the following criteria are fulfilled:

- Diagnosis of definite femoro-acetabular impingement (FAI) defined by appropriate investigations, X-rays, MRI and CT scans.
- An orthopaedic surgeon who specialises in young adult hip surgery has made the diagnosis. This should include discussion of each case with a specialist musculoskeletal radiologist.
- Severe symptoms typical of FAI with duration of at least six months where diagnosis of FAI has been made as above.
- Failure to respond to all available conservative treatment options including activity modification, pharmacological intervention and specialist physiotherapy.
- Compromised function, which requires urgent treatment within a 6- 8 month time frame, or where failure to treat early is likely to significantly compromise surgical options at a future date.
- Aged between 18 – 50 years.

Clinical experience has shown that patients aged 18 – 50 years are likely to gain the greatest benefit for having an arthroscopy.

4.0 PUBLIC CONSULTATION – WHO RESPONDED?

- 4.1 Following agreement at Governing Body, a public consultation commenced on the 22 August 2016 for one month. This was an important opportunity for the CCG to listen to local opinions and ensure patients, service users and members of the public had a voice in the decision making process.
- 4.2 Prior to the launch of the public consultation the Health Overview and Scrutiny Committee (HOSC) were made aware of the consultation and members were invited to feedback their views.
- 4.3 Local residents were made aware through local media stories, social media and via other organisations such as HealthWatch Southend, patient groups and the voluntary sector. Residents were able to respond via a printed survey, an online survey, email, letter or at a local drop in session held on the 20 September 2016.
- 4.4 Across Southend CCG and Castle Point and Rochford CCG there were 78 responses to the consultation. Both CCGs held drop in sessions but no residents attended. Of those who responded to the consultation, 25 live in Southend and 23 have had orthopaedic surgery. A further nine responses were from patients who have been referred to orthopaedics.

5.0 PUBLIC CONSULTATION – WHAT DID PEOPLE TELL US?

5.1 It was encouraging that the vast majority of respondents - 98.5% - stated they understood why the CCG was looking into restricting orthopaedic surgery. The CCG made great efforts to communicate the issues clearly.

5.2 We asked respondents to read the consultation document in full and then let us know whether they agreed with the proposed additional restrictions. After reading the document, 66 respondents completed this section of the survey as follows:

Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
19	13	9	7	18

5.3 Although some concerns were raised, there was also an acknowledgement that the public should be taking responsibility for their own health with regards to smoking and being overweight. The consultation responses in full are included in Appendix 5.

6.0 RISKS

No.	Risk	Consequence	Impact	Likelihood	Risk Rating	Mitigation
1.	Complaints from patients that no longer adhere to the criteria.	The CCG and hospital could have an influx of complaints	3	4	12	Clinical evidence to support decision making and support services in place.
2.	Effect on patients lifestyle if they do not meet the criteria.	Patients joint may cause more pain and become worse	3	3	9	Patients that do not fit the criteria will be at high risk of undergoing surgery
3.	High volume of patients being referred to smoking and weight management services	Services may not be able to manage the volume of patients	3	3	9	Services have confirmed that they have capacity to support this cohort of patients
4.	Simultaneous joint replacements	Patients have to undergo surgery twice	2	4	8	Less time in surgery so reduces risk of complication and will support quicker recovery and rehabilitation time.

7.0 CONCLUSION & RECOMMENDATION

7.1 The proposed amended criteria to restrictions will ensure patients are only undergoing elective procedures when they are medically fit and with minimal risk to their health. This will improve both recovery and outcomes.

7.2 Members of the Governing Body are invited to approve the recommendation to have amend the criteria to thresholds in place for orthopaedic Total Hip Replacements (THR), Total Knee Replacements (TKR) and Arthroscopy.

Author's name and Title : Hannah Wood, Senior Commissioning Manager

Date : 26th September 2016

APPENDICES	
Appendix 1	Current Service Restrictions
Appendix 2	Equality Impact Assessment
Appendix 3	Quality Impact Assessment
Appendix 4	Consultation Document
Appendix 5	All consultation Responses

APPENDIX 1

Current Service Restrictions

Total Hip Replacement

The CCG's commission surgery for hip replacement on a restricted basis. Referrals should be when other pre-existing medical conditions have been optimised and conservative measures have been exhausted and failed. Hip replacement surgery is only funded if:

- The patient complains of severe joint pain and has radiological features of severe disease and has severe functional limitation irrespective of whether conservative management has been trialled.
- The patient complains of severe joint pain and has radiological features of severe disease and has minor to moderate functional limitation, despite the use of non-surgical treatments such as adequate doses of NSAID analgesia, weight control treatments and physical therapies.
- The patient complains of mild to moderate joint pain and has radiological features of severe disease and has severe functional limitation, despite the use of non-surgical treatments such as adequate doses of NSAID analgesia, weight control treatments and physical therapies and is assessed to be at low surgical risk.

Evidence suggests that the following patients would be inappropriate candidates for hip joint replacement surgery:

- Where the patient complains of mild joint pain and has minor or moderate functional limitation.
- Where the patient complains of moderate to severe joint pain and has minor functional limitation and has not previously had an adequate trial of conservative management as described above.

Total Knee Replacement

The CCG's commission surgery for knee replacement on a restricted basis. Referrals should be when other pre-existing medical conditions have been optimised and conservative measures have been exhausted and failed. Knee replacement surgery is only funded if:

- The patient complains of intense or severe symptomatology and has radiological features of severe disease and has demonstrated disease within all three compartments of the knee (tri-compartmental) or localised to one compartment plus patello-femoral disease (bi-compartmental).
- The patient complains of intense or severe symptomatology and has radiological features of moderate disease and is troubled by limited mobility or stability of the knee joint.

Classification of pain levels and functional limitations below.

Variable	Definition
Pain Level	
Mild	<p>Pain interferes minimally on an intermittent basis with usual daily activities.</p> <p>Not related to rest or sleep.</p> <p>Pain controlled by one or more of the following: NSAIDs with no or tolerable side effects, aspirin/paracetamol at regular doses.</p>
Moderate	<p>Pain occurs daily with movement and interferes with usual daily activities.</p> <p>Vigorous activities cannot be performed.</p> <p>Not related to rest or sleep.</p> <p>Pain controlled by one or more of the following: NSAIDs with no or tolerable side effects, aspirin/paracetamol at regular doses</p>
Severe	<p>Pain is constant and interferes with most activities of daily living.</p> <p>Pain at rest or interferes with sleep.</p> <p>Pain not controlled, even by narcotic analgesics.</p>
Previous non-surgical treatments	
Correctly Done	NSAIDs, paracetamol, aspirin or narcotic analgesics at regular doses during 6 months with no pain relief; weight control treatment if overweight, physical therapies done.
Incorrectly Done	NSAIDs, paracetamol, aspirin or narcotic analgesics at inadequate doses or less than 6 months with no pain relief; or no weight control treatment if overweight or no physical therapies done.
Functional Limitations	
Minor	<p>Functional capacity adequate to conduct normal activities and self-care.</p> <p>Walking capacity of more than one hour.</p> <p>No aids needed.</p>
Moderate	<p>Functional capacity adequate to perform only a few or none of the normal activities and self-care.</p> <p>Walking capacity of about one half hour.</p> <p>Aids such as a cane are needed.</p>
Severe	<p>Largely or wholly incapacitated.</p> <p>Walking capacity of less than half hour or unable to walk or bedridden.</p> <p>Aids such as a cane, a walker or a wheelchair are required.</p>

Arthroscopy

Arthroscopy is commissioned in south east Essex on a restricted basis.

Hip

In diagnosis, Hip Arthroscopy (HA) was found to be more sensitive and specific than MRI and MRI arthrography. It is useful in patients with chronic (>6m) hip pain who have negative radiological investigations.

Therapeutic HA is indicated for the following:

- Loose bodies Labrum lesions tears, flaps) Septic arthritis – for debridement and lavage

NICE Interventional Procedure Guidance 213 suggests that arthroscopic femoro- acetabular surgery for hip impingement syndrome should only be used with “special arrangements for consent and for audit or research”. Individual Funding Request should be sought.

Knee

Cases for knee arthroscopy will only be funded if they meet the criteria below:

- Arthroscopy of the knee can be undertaken where a competent clinical examination (or MRI scan if there is diagnostic reason) has demonstrated clear evidence of an internal joint derangement (meniscal tear, ligament rupture or loose body) and where conservative treatment has failed or where it is clear that conservative treatment will not be effective.

Knee arthroscopy can therefore be carried out for:

- Removal of loose body
- Meniscal repair or resection / repair of chondral defects
- Ligament reconstruction/repair (including lateral release)
- Synovectomy/symptomatic plica
- To assist selection of appropriate patients for unicompartmental knee replacement

Knee arthroscopy should **NOT** be carried out (and will not be funded) for any of the following indications:

- Investigation of knee pain (MRI is a less invasive alternative for the investigation of knee pain)
- Treatment of osteoarthritis including arthroscopic washout and debridement.
- In line with NICE guidance CG59; this should not be offered as part of treatment for osteoarthritis unless the individual has knee osteoarthritis with a clear history of mechanical locking (not gelling, ‘giving way’)

Shoulder

Shoulder arthroscopy will only be funded for patients with adhesive capsulitis (‘frozen shoulder’) if the following treatments have all been tried and failed:

- (a) Activity modification
- (b) Physiotherapy and exercise programme
- (c) Oral analgesics including NSAIDs (unless contraindicated)
- (d) Intra-articular steroid injections
- (e) Manipulation under anaesthetic

Frozen shoulders or adhesive capsulitis following a fracture **WILL** be funded as undertaking manipulation under anaesthetic increases the risk of a re-fracture

In the majority of circumstances a clinical examination (history and physical 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 or if there are “red flag” symptoms/signs/conditions then an MRI scan might be indicated.

Red flag symptoms or signs include recent trauma, constant progressive non-mechanical pain (particularly at night), previous history of cancer, long term oral steroid use, history of drug abuse or HIV, fever, being systematically unwell, recent unexplained weight loss, persistent severe restriction of joint movement, widespread neurological changes, and structural deformity. Red flag conditions include infection, carcinoma, nerve root impingement, bony fracture and avascular necrosis.

EQUALITY IMPACT ASSESSMENT (ANALYSIS OF THE EFFECTS ON EQUALITY)

NAME OF PROJECT: Orthopaedics

DATE EIA COMPLETED: 03/08/16

ASSESSING MANAGER: Hannah Wood

Please refer to the Equality Impact Assessment Guidelines at each stage when completing this template.

Step 1: About your piece of work

Directorate	Acute Commissioning and Contracting
Lead Manager	Hannah Wood
Piece of Work (hereafter referred to as “project” to be assessed)	Orthopaedics
Main purpose and intended outcomes of project	To undertake a public consultation to have a restriction threshold in place for orthopaedic total hip replacement, total knee replacement and arthroscopy.
Groups whom the project should benefit or apply to, e.g., service users, CCG staff	SUHFT CCG staff Service users Public Health Services
Any associated strategies, policies, guidelines, frameworks	Get It Right First Time report published in 2012 by Professor Briggs

List any research or literature review evidencing that people with protected characteristics are specifically affected by this policy/process	

Step 2: Initial Screening

This section assesses whether your project has any relevance to equalities.

You should score each element as follows:

- 3 – this area has a high relevance to equalities
- 2 – this area has a medium relevance to equalities
- 1 – this area has a low relevance to equalities
- 0 – this area has no relevance to equalities

Overall Impact Score :

0 points	No or Relevance	1 – 9 points	Low Relevance
10 – 18 points	Medium Relevance	19 - 27 points	High Relevance

Irrespective of the total score calculated above, the overall impact is affected by the following:

If any one or more of the equality groups has scored 2 then the overall impact is MEDIUM

If any one or more of the equality groups has scored 3 then the overall impact is HIGH.

Project (or aspect of project)	Age	Disability	Gender	Pregnancy	Marital status	Race	Sexual Orientation	Religion	Human Rights	Total Points	Overall Impact (High, Medium Low)
Orthopaedics	2	3	0	0	0	2	0	0	0	6	High

Please identify the main issues relating to equality and diversity within your project and explain the rationale for your equality scoring :

Age

This project is for adults only, aged over 16 years, but patients aged over 65 years are more likely to need a hip or knee replacement. Older adults may be less able to lose weight due to their need for surgery and their ability to exercise more generally (weight loss requires exercise and food management)

Disability

Patients with disabilities may not be able to read and comment on the consultation, such as people with hearing and sight problems, learning difficulties and mental health issues. Those who have a disability may not be able due to their disability be able to lose the required percentage of weight

Race

First language may not be English.

Have you identified any positive impacts upon any of the equality groups? If so, please outline

If your overall score is “**none**”, your EIA ends here. Please send this form to Tricia D’Orsi and Linda Dowse.

If your score is “**low**”, have you identified any negative impacts of your project upon equalities? Yes / No

If Yes, please outline potential impacts and changes (however small) that can be made to tackle this impact. Please record this in Section 6. Please send this form to Tricia D’Orsi and Linda Dowse.

Please conduct the EIA again when you next review or change your project and please provide updates every 3 months on any remedial actions you have identified on page 4.

If the overall score is “**Medium or High**”, please turn over to complete your EIA.

Step 3: Scoping

You will need to refer to the information you provided in the initial screening in step 2, and key facts and figures about the local population to complete this section. You may find it helpful to refer in detail to the questions included in the EIA Guidelines for this section

Orthopaedic care is one of the highest activity specialties for the CCGs and therefore also has one of the highest spends.

In Castle Point & Rochford CCG there were 698 hip and knee replacements in 2015/16 at a cost of £4,931,284. In Southend CCG there were 519 hip and knee replacements at a cost of £3,663,629. Both CCG's have a high and increasing population of over 65 year olds and this cohort of patients are more likely to need a hip or knee replacement.

The population of the two CCG's has a variance of cultures therefore English may not be the primary language for some residents.

Patients with disabilities may not be able to read and comment on the consultation, such as people with hearing and sight problems, learning difficulties and mental health issues.

The consultation document will be widely available for comment and events will be held to ensure that the CCG gets the views of as many of the population as possible.

Patients who are elderly or have a disability are less likely to be able to lose weight to be in line with the threshold as they may be unable to exercise. Weight loss requires exercise and food management.

Step 4: Identifying Positive and Negative Impacts

Based on the evidence you have gathered in Section 3, have you identified any potential differential impact (positive or negative) for any of the equality groups?

	Positive	Negative
Age		Patients over 65 years are more likely to be impacted by this change. Older patients may not be mobile enough to exercise
Disability		Patients with disability may not be able to read and comment on the consultation, such as people with hearing and sight problems, learning difficulties and mental health issues. Patients with disabilities may not be able to exercise due to their disability
Gender	No impact	
Pregnancy	No impact	
Race		English may not be the primary language for the population so they may be unable to read the consultation.
Sexual Orientation	No impact	
Marital status	No impact	
Religion	No impact	

Human Rights	No impact	

Is the impact as a result of direct or indirect discrimination? (*refer to Guidelines for definitions of these terms*)

Yes

If the impact is as a result of indirect discrimination, please explain how this might be justifiable in meeting a particular aim of the project?

The impact is indirect discrimination as the consultation applies to all adults but it has a worse effect on people that smoke or have a BMI over 40. These restrictions are being consulted on to ensure that all patients are as healthy as possible to undergo surgery to ensure that they get the best possible outcomes.

Who have you consulted about the positive and negative impact of the project on equality and what were their views?

Currently out to public consultation for comment

Step 5: What has been done to promote equality in your project and how will you evaluate how effective this has been?

Currently out to public consultation to ensure that the population all have a say on the proposed restrictions

Step 6: What practical actions would help reduce any negative impact on the equality groups you have identified?

Issue identified	Action to be taken	Lead	Timescale
Patients with a BMI over 40	These patients will be supported by weight management programmes	Public Health	
Patients that smoke	These patients will be supported to stop smoking	Own GP practice or public health	
Patients unable to read and comment on the consultation	Local drop in sessions are being undertaken so that patients can verbal hear about the consultation and give feedback	CCG	Within the consultation timeframe

You have now completed your Equality Impact Assessment

Please submit to Tricia D’Orsi and Linda Dowse.

Instructions

This QIA process contains two stages:

1. QIA Checklist
2. QIA Tracker

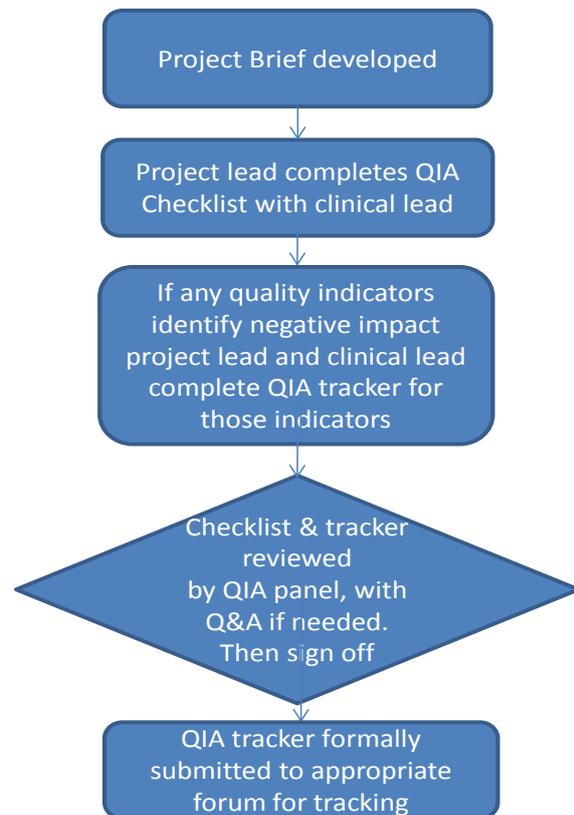
The Checklist is to be completed first by the project lead and clinical teams, using information from the project brief, and/or business case. This is to screen out whether the full tracker is required.

If potential for a negative impact is identified, that quality indicator should be pulled through to the QIA Tracker and explored in detail.

If no negative impacts are expected then it is not necessary to complete the QIA Tracker section.

Once completed QIAs should be sent to the Quality Team, copying in the PMO Transformation Lead.

Ongoing management of KPIs and risks should be managed through existing mechanisms, (e.g. risk logs, KPI monitoring processes, financial tracking processes etc), this is not designed to replace regular monitoring.



Quality Impact Assessment Checklist

Project Name	
Portfolio (bucket)	
People completing the QIA	
Date	

	RAG RATING	QIA Panel Comments
PATIENT SAFETY		
CLINICAL EFFECTIVENESS		
PATIENT EXPERIENCE		
INEQUALITIES OF CARE		
STAFF EXPERIENCE		
TARGETS / PERFORMANCE		
PROMOTING WELLBEING		

QIA Panel names:	
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Quality Impact Assessment Checklist

To be completed by the Clinical Lead and Project Manager

Please complete this tracker for all projects, to identify whether there could be a potential impact on the quality indicators shown.

If no negative impacts are identified then it is not necessary to complete the next tab - QIA Tracker

Project Name	Orthopaedics
Portfolio (bucket)	Acute
Date	13/07/2016

Quality indicators to be risk assessed

Risk to	Quality Indicator	Quality Impact Assessment			Project Manager Comments	QIA Panel Comments
		Please 'X' ONE for each			Name: Hannah Wood	Name:
		Chance of impact on Indicator			Date: 13/07/2016	Date:
Positive Impact	No Impact	Negative Impact	Comments (if required) from the person completing the QIA assessment		Comments by the Quality Team or QIA panel approving the QIA	
PATIENT SAFETY	Patient safety adverse events including avoidable harm and Patient Safety Alert Services (PSAS)	X			Restrictions are being placed on patients with a BMI of 40+ or smokers as they are at higher risk of having surgery	
	Medicine management and safe administration		X			
	Mortality HSMR/SHMI		X			
	Any infection control issues including MRSA/Cdiff		X			
	CQC: Visits and Registration	X			The restrictions will support the orthopaedic backlog and the reduced number of beds following the CQC visit	
	NHSLA / CNST		X			
	Essential training		X			
	Workforce (vacancy turnover absence and revalidation)		X			
	Safe, clean, comfortable and well maintained environments/equipment		X			
	CLINICAL EFFECTIVENESS	NICE Guidance and Quality Standards, VTE, Stroke, Dementia	X			Evidence supports that patients with a BMI of 40+ and smokers are at higher risk during and after surgery
Helping people recover from ill health/ injury and preventing people from dying prematurely		X			Evidence supports that patients with a BMI of 40+ and smokers do not recover from surgery as quickly and can have complications	
Other Outcome Guidance e.g. PROMs			X			
Other external accreditation e.g. RCN			X			
National clinical audit/research and development			X			
Clinical outcomes		X			Southend hospital currently has poor patient outcomes compared to their peers	
Breastfeeding rates			X			
Emergency bed days			X			
Length of stay		X			Patients with a BMI 40+, smokers and patients having simultaneous joint replacement have a longer length of stay so the restrictions should reduce the overall length of stay	
Emergency re-admissions (30 day)			X			
PATIENT EXPERIENCE	Minor Injuries Standards		X			
	Day case rates		X			
	Patient feedback (e.g. FFT, NHS Choices, comments, compliments concerns, complaints, national and local surveys)	X			Restriction criteria will be going through a public consultation	
	Patients, Carers and Public engagement	X			Restriction criteria will be going through a public consultation	
	Waits for admission / Treatment	X			Restrictions will reduce the current orthopaedic backlog	
	Mixed Sex breaches		X			
	Delayed Discharge	X				
	End of Life pathway		X			
	Cancelled day case operations		X			
	Waiting times for therapy services	X			Patients with a BMI 40+, smokers and patients having simultaneous joint replacement usually require more rehabilitation following surgery	
INEQUALITIES OF CARE	Making every contact count		X			
	Access to services - equality impact			X	EIA has been completed. Patients will be supported by weight management and stop smoking services	
STAFF EXPERIENCE	Variation in care provision			X	EIA has been completed. Patients will be supported by weight management and stop smoking services	
	Workforce capability care and skills		X			
TARGETS / PERFORMANCE	Working practice		X			
	Staff satisfaction (e.g. FFT, annual staff survey / local surveys)		X			
PROMOTING WELLBEING (in the provision of care and support)	Mandatory Training compliance		X			
	Performance	X			Restrictions will reduce the current orthopaedic backlog	
	Achievement of local, regional, national targets	X			Restrictions will reduce the current orthopaedic backlog	
	Persons sense of personal dignity (including treatment of the individual with respect)	X			Patients will be supported by weight management and stop smoking services	
	Persons physical and mental health and emotional wellbeing	X			Patients will be supported by weight management and stop smoking services	
	Abuse and neglect (safeguarding)		X			
	Personal control over day-to-day life (including over care and support provided and the way it is provided)	X			Patients will be supported by weight management and stop smoking services	
	Opportunities for participation in work, education, training or recreation		X			
	Social and economic wellbeing	X			Patients will be supported by weight management and stop smoking services	
	Domestic, family and personal relationships		X			
Suitability of living accommodation		X				
Personal contribution to society including sustainability		X				

**Public Consultation on
Changes to Orthopaedic Care
22 August to 21 September 2016**

INTRODUCTION

The outcome of surgery is not always successful if patients have not addressed other conditions which impact on their physical health. There is clear evidence that patients who have a BMI¹ of 40+ or who smoke have poorer outcomes following hip and knee replacements.

As an example, in April this year a briefing was published by ASH (Action on Smoking and Health)² which promoted strong evidence of higher risks and worse surgical outcomes when a patient continues to smoke.

With this in mind, the two local Clinical Commissioning Groups (CCGs) — NHS Southend CCG and NHS Castle Point and Rochford CCG — are jointly reviewing their policies for orthopaedic surgery and are undertaking a public consultation on potentially changing the eligibility criteria for total hip replacements, simultaneous joint replacements, total knee replacements and arthroscopy.

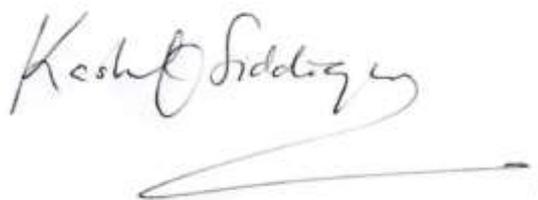
Orthopaedics is also one of the highest spend areas at Southend Hospital. Taking Southend patients alone, there were 519 hip or knee operations in 2015/16 at a cost to the local health system of £3,663,629. In Castle Point and Rochford there were 698 hip and knee replacements at a cost of £4,931,284.

We are seeking the views of local stakeholders, whether or not they would be directly impacted by this proposed change in policy. The consultation is open from Monday 22 August to Wednesday 21 September 2016. The consultation questionnaire is available at <http://bit.ly/CCGorthopaedic>

For more information, or would like the consultation document in another format, please contact SCCG.Communications@nhs.net or call 01702 313690.



Dr José Garcia Lobera
Chair, NHS Southend CCG



Dr Kashif Siddiqui
Chair, NHS Castle Point and Rochford CCG

¹ Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness.

² ASH is a campaigning public health charity established in 1971 by the Royal College of Physicians. It works to eliminate the harm caused by tobacco.

WHAT IS A CCG?

A CCG is a local NHS organisation which was created by the Health and Social Care Act 2012. As more than 90% of patients' contact with the NHS is with their GP, CCGs were created to enable GPs to buy the services that their patients need.

All GP practices within a given area now work together as a Clinical Commissioning Group (CCG) to buy most of the services that they refer their patients on to such as hospital, mental health and community services. The CCG is led by a Governing Body of elected local GPs supported by other clinicians and NHS managers.

HOW WE COMMISSION NHS SERVICES

The NHS is funded through taxation and this provides a fixed budget to buy and provide health services for the whole population. Commissioning health services is about understanding the health of a population group, planning what services to purchase to meet those needs and monitoring the quality of services that are delivered.

NHS Castle Point and Rochford CCG is responsible for assessing the needs of people living in the districts of Castle Point and Rochford, whilst NHS Southend CCG is responsible for the borough of Southend.

They decide which health services to purchase for their population. NHS England is responsible for direct commissioning of services outside the remit of clinical commissioning groups.

The challenge faced by organisations across the NHS is how to spend their allocated budgets in a way that benefits the health of the whole population while ensuring that services also meet the needs of individuals and delivers value for money.

With a growing population and rising demand for services, CCGs have to evaluate every service they commission to see if they offer good quality, value for money and an effective and equitable way of using our resources.

WHAT IS THIS DOCUMENT ABOUT?

NHS Castle Point and Rochford CCG and NHS Southend CCG already have restrictions in place for orthopaedic surgery and are proposing to introduce further restrictions.

We need to look at ways to improve the outcomes for patients who are undergoing a medical treatment or operation, and this sometimes means restricting one treatment until other health conditions have been addressed.

Like many other financially challenged organisations across the NHS, we regularly review all the services we commission to ensure that we are using NHS funds appropriately and fairly.

Therefore, we also need to look for ways to save money without impacting on patient care and this means that we have to look at how we can do things differently.

BETTER OUTCOMES

As an area, we are currently below our peer groups³ for health gains and outcomes following hip and knee replacements. By managing other related health issues prior to surgery, the outcome for patients can be significantly improved.

For instance, we know that patients who have a BMI of 40+ or who are smokers have poorer outcomes following hip and knee replacements. We also know that smokers have a higher rate of complications after surgery including poor wound healing, infection and less satisfactory final outcomes.

In April this year, a briefing was published by ASH (Action on Smoking and Health) which was produced jointly with other health organisations including the Royal College of Surgeons and the Royal College of General Practitioners. This briefing promoted strong evidence of higher risks and worse surgical outcomes when a patient continues to smoke, including that smokers are 38% more likely to die after surgery than non-smokers. Researchers have noted that patients who quit smoking have improved outcomes following surgery.

There is also a greater risk for patients having simultaneous joint replacements as the surgery is longer which increases the risk of complications and recovery which may increase rehabilitation time placing greater demand on the body. Patients having staged joint replacement will spend less time in surgery and will have a shorter recovery time.

³ A CCG's peer group is made up of CCGs with similar local populations in terms of size, age, prosperity etc. This enables a more meaningful comparison.

Currently within south east Essex there is a high proportion of patients that undergo an arthroscopy and within a year have a total joint replacement. Clinical experience has shown that age is a factor that determines how effective arthroscopy is. By altering the eligibility criteria, patients will see better outcomes as they will not be undergoing an arthroscopy and a total knee replacement within the same year.

By tackling these other health issues before undergoing surgery, we will ensure better outcomes for those patients and also reduce the financial burden on the NHS by minimising the health needs of those patients in the future.

NATIONAL PICTURE

The CCGs in south east Essex are not taking this action in isolation. There are 77 CCGs in England with restrictions in place (specifically for hip and knee replacements) around patients' BMI, and 14 have restrictions in place for patients who smoke.

OTHER RESTRICTIONS

Within south east Essex, there are a range of services which may be stopped, restricted or changed in order to improve patient outcomes and save money. The proposals to introduce additional restrictions for orthopaedic surgery are just part of a larger review of services across the whole health system.

WHAT ARE THE CURRENT RESTRICTIONS FOR ORTHOPAEDIC SURGERY?

There are already restrictions in place in south east Essex for hip and knee replacements and arthroscopy and it is proposed that these restrictions will remain. The list of current restrictions can be found at **Appendix 1**.

WHAT ADDITIONAL RESTRICTIONS ARE BEING PROPOSED?

The CCGs are proposing to add the following restrictions for hip and knee replacements and arthroscopy. These restrictions have been discussed and approved by a clinical working group of primary care and acute orthopaedic clinicians.

1. HIP AND KNEE REPLACEMENT

For hip and knee replacement, the proposed additional restrictions are as follows:

Patients with a BMI 40+

These patients will be supported to lose weight via the Tier Two and Tier Three weight management programmes. General Practice will be responsible for checking and recording the patient's BMI.

Patients who smoke

These patients will be provided support by their practice nurse or via the smoking cessation team to stop smoking. Patients who smoke will be expected to have quit

for a minimum of eight weeks. General Practice will be responsible for undertaking a carbon monoxide test to ensure that the patient is a non-smoker at the point of referral. Due to the number of weeks between referral and procedure, the hospital will repeat the carbon monoxide test at pre-assessment to confirm maintenance of non-smoking cessation.

Medically Fit

In order to ensure the patient is suitable for surgery, the following indicators will be assessed in primary care:

- Diabetes under control
- Hypertension under control
- No significant cardiac event within the nine months
- No stroke within the last nine months

GP and hospital clinicians will agree the clinical definitions for 'under control' for diabetes and hypertension. All of the above indicators must be followed before a referral to secondary care. Primary Care will provide support to patients to ensure that they are suitable for surgery.

Simultaneous Joint Replacements

It is proposed that simultaneous joint replacements are no longer funded. Whilst there may be an advantage that the surgery is undertaken in one go, it does pose greater risks. By having both joints replaced at the same time the surgery is longer which increases risk of complications.

Recovery and rehabilitation time may be increased when having simultaneous joint replacements and therefore this can place a greater demand on the body. It is suggested that staged joint replacement poses less risk to older patients and patients with heart conditions whilst also reducing the length of time patients are in hospital.

The majority of patients having total joint replacements are over the age of 65 years and whilst having stage joint replacements will mean having two episodes of surgery the main advantage is that it reduces risks of complications and recovery time.

New Zealand Score

It is proposed that the New Zealand score is used for hip and knee surgery instead of the Oxford score that is currently being used according to the current service restriction policy. The New Zealand score is a system used by clinicians to assess and score a patient to see whether their condition would benefit from surgery. It is anticipated that the New Zealand scoring will be undertaken as part of the new Clinical Assessment and Treatment Service (CATS). The CATS team are based at

Southend University Hospital Foundation Trust (SUHFT). The team is led by senior physiotherapists with consultant input and they assess all musculoskeletal referrals.

2. ARTHROSCOPY

Arthroscopy (also called arthroscopic surgery) is a minimally invasive surgical procedure on a joint in which an examination and sometimes treatment of damage is performed using an arthroscope, an endoscope that is inserted into the joint through a small incision. Currently within south east Essex there is a high proportion of patients that undergo an arthroscopy and within a year have a total joint replacement.

The proposal is to restrict arthroscopies unless all of the following criteria are fulfilled:

- Diagnosis of definite femoro-acetabular impingement (FAI) defined by appropriate investigations, X-rays, MRI and CT scans
- An orthopaedic surgeon who specialises in young adult hip surgery has made the diagnosis. This should include discussion of each case with a specialist musculoskeletal radiologist
- Severe symptoms typical of FAI with duration of at least six months where diagnosis of FAI has been made as above
- Failure to respond to all available conservative treatment options including activity modification, pharmacological intervention and specialist physiotherapy
- Compromised function, which requires urgent treatment within a 6- 8 month time frame, or where failure to treat early is likely to significantly compromise surgical options at a future date
- Aged between 18 – 50 years (clinical experience has shown that patients aged 18 – 50 years are likely to gain the greatest benefit for having an arthroscopy)

INDIVIDUAL FUNDING REQUEST (IFR)

An IFR is a request to an NHS commissioning organisation (such as a CCG) to fund healthcare for an individual who falls outside the range of services and treatments that the organisation has agreed to commission. Patients retain the right to make an IFR should they be told they do not meet the criteria for orthopaedic surgery.

WE ARE LISTENING TO YOU AND WANT TO HEAR YOUR VIEWS

We have already discussed these proposals at the Governing Body meetings of both NHS Southend CCG and Castle Point and Rochford CCG. Both governing bodies agreed to put this proposal out to public consultation. This is your chance, as a patient or local resident, to let us know what you think of these proposals and to raise any specific issues you have with them

You can do this by:

- Completing the following questionnaire
- Attending one of our workshops
- Writing to us directly

Your responses will be used to produce a report which will help to inform your CCG's final decision.

Please return this questionnaire to:

NHS Southend CCG
Freepost RTBZ-GAKR-AECG
Harcourt House, 5-15 Harcourt Avenue
Southend-on-Sea
Essex SS2 6HT

You do not need a stamp.

Or you can complete the same survey online at

<http://bit.ly/CCGorthopaedic>

QUESTIONS

We would like to hear your views on our proposal to bring additional restrictions to orthopaedic surgery. We would particularly like to hear from those affected by the proposals, but everyone's views are welcome as this consultation affects the way the local NHS spends public money on healthcare.

1. Which of the following applies to you? (Multiple choice)

	I have had orthopaedic surgery in the past
	I have been referred for orthopaedic surgery which has not yet taken place
	I have not had orthopaedic surgery and have not been referred either
	I am responding on behalf of another individual (please specify below)
	I am responding on behalf of a group or organisation (please specify below)
	Other (please specify below):

2. Where do you live? (Please select one)

	Castle Point
	Rochford
	Southend-on-Sea
	I do not live in Castle Point, Rochford or Southend

3. Which GP Practice are you registered with? If you are not registered, please simply write 'Not registered' next to 'Name of Practice'

Name of Practice	
Address	

4. Having read this document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?

	Yes
	No

5. Having read this document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?

	Strongly Agree
	Agree
	Not Sure
	Disagree
	Strongly Disagree
	If you have any comments, please write them below.

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6. Please consider the following statement:

“The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient.”

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

If you have any comments, please write them below.

7. Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for.

8. If you have any other comments regarding these proposals, please write them here.

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9. It is important we ensure we have listened to people from all parts of our community and the following questions help us monitor this.

It is extremely helpful to us if you can complete the following information which will remain anonymous.

Your year of birth	
Your gender	
Your ethnic origin	
Your sexual orientation	
Your religion or belief	
Do you consider yourself to have a disability? (if yes then please state)	

10. If you would like us to provide you with an update on this proposal, please give us your name and email address so we can contact you.

Name	
Email	
Postal Address (incl. postcode)	

APPENDIX 1 - CURRENT RESTRICTIONS IN PLACE

There are currently restrictions in place in south east Essex for hip and knee replacements and arthroscopy as follows. It is recommended that the content of these restrictions will remain.

Total Hip Replacement

The CCGs commission surgery for hip replacement on a restricted basis. Referrals should be when other pre-existing medical conditions have been optimised and conservative measures have been exhausted and failed. Hip replacement surgery is only funded if:

- The patient complains of severe joint pain and has radiological features of severe disease and has severe functional limitation irrespective of whether conservative management has been trialled.
- The patient complains of severe joint pain and has radiological features of severe disease and has minor to moderate functional limitation, despite the use of non-surgical treatments such as adequate doses of NSAID analgesia, weight control treatments and physical therapies.
- The patient complains of mild to moderate joint pain and has radiological features of severe disease and has severe functional limitation, despite the use of non-surgical treatments such as adequate doses of NSAID analgesia, weight control treatments and physical therapies and is assessed to be at low surgical risk.

Evidence suggests that the following patients would be inappropriate candidates for hip joint replacement surgery:

- Where the patient complains of mild joint pain and has minor or moderate functional limitation.
- Where the patient complains of moderate to severe joint pain and has minor functional limitation and has not previously had an adequate trial of conservative management as described above.

Total Knee Replacement

The CCGs commission surgery for knee replacement on a restricted basis. Referrals should be when other pre-existing medical conditions have been optimised and conservative measures have been exhausted and failed. Knee replacement surgery is only funded if:

- The patient complains of intense or severe symptomatology and has radiological features of severe disease and has demonstrated disease within all three compartments of the knee (tri-compartmental) or localised to one compartment plus patello-femoral disease (bi-compartmental).

- The patient complains of intense or severe symptomatology and has radiological features of moderate disease and is troubled by limited mobility or stability of the knee joint.

Classification of pain levels and functional limitations below.

Variable	Definition
Pain Level	
Mild	Pain interferes minimally on an intermittent basis with usual daily activities. Not related to rest or sleep. Pain controlled by one or more of the following: NSAIDs with no or tolerable side effects, aspirin/paracetamol at regular doses.
Moderate	Pain occurs daily with movement and interferes with usual daily activities. Vigorous activities cannot be performed. Not related to rest or sleep. Pain controlled by one or more of the following: NSAIDs with no or tolerable side effects, aspirin/paracetamol at regular doses
Severe	Pain is constant and interferes with most activities of daily living. Pain at rest or interferes with sleep. Pain not controlled, even by narcotic analgesics.
Previous non-surgical treatments	
Correctly Done	NSAIDs, paracetamol, aspirin or narcotic analgesics at regular doses during 6 months with no pain relief; weight control treatment if overweight, physical therapies done.
Incorrectly Done	NSAIDs, paracetamol, aspirin or narcotic analgesics at inadequate doses or less than 6 months with no pain relief; or no weight control treatment if overweight or no physical therapies done.
Functional Limitations	
Minor	Functional capacity adequate to conduct normal activities and self-care. Walking capacity of more than one hour. No aids needed.
Moderate	Functional capacity adequate to perform only a few or none of the normal activities and self-care. Walking capacity of about one half hour. Aids such as a cane are needed.
Severe	Largely or wholly incapacitated. Walking capacity of less than half hour or unable to walk or bedridden.

Variable	Definition
	Aids such as a cane, a walker or a wheelchair are required.

Arthroscopy

Arthroscopy is commissioned in south east Essex on a restricted basis.

Hip

In diagnosis, Hip Arthroscopy (HA) was found to be more sensitive and specific than MRI and MRI arthrography. It is useful in patients with chronic (>6m) hip pain who have negative radiological investigations.

Therapeutic HA is indicated for the following:

- Loose bodies Labrum lesions tears, flaps) Septic arthritis – for debridement and lavage

NICE Interventional Procedure Guidance 213 suggests that arthroscopic femoro-acetabular surgery for hip impingement syndrome should only be used with “special arrangements for consent and for audit or research”. Individual Funding Request should be sought.

Knee

Cases for knee arthroscopy will only be funded if they meet the criteria below:

- Arthroscopy of the knee can be undertaken where a competent clinical examination (or MRI scan if there is diagnostic reason) has demonstrated clear evidence of an internal joint derangement (meniscal tear, ligament rupture or loose body) and where conservative treatment has failed or where it is clear that conservative treatment will not be effective.

Knee arthroscopy can therefore be carried out for:

- Removal of loose body
- Meniscal repair or resection / repair of chondral defects
- Ligament reconstruction/repair (including lateral release)
- Synovectomy/symptomatic plica
- To assist selection of appropriate patients for uni-compartmental knee replacement

Knee arthroscopy should NOT be carried out (and will not be funded) for any of the following indications:

- Investigation of knee pain (MRI is a less invasive alternative for the investigation of knee pain)
- Treatment of osteoarthritis including arthroscopic washout and debridement.

- In line with NICE guidance CG59; this should not be offered as part of treatment for osteoarthritis unless the individual has knee osteoarthritis with a clear history of mechanical locking (not gelling, 'giving way')

Shoulder

Shoulder arthroscopy will only be funded for patients with adhesive capsulitis ('frozen shoulder') if the following treatments have all been tried and failed:

- (a) Activity modification
- (b) Physiotherapy and exercise programme
- (c) Oral analgesics including NSAIDs (unless contraindicated)
- (d) Intra-articular steroid injections
- (e) Manipulation under anaesthetic

Frozen shoulders or adhesive capsulitis following a fracture WILL be funded as undertaking manipulation under anaesthetic increases the risk of a re-fracture

In the majority of circumstances a clinical examination (history and physical 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 or if there are "red flag" symptoms/signs/conditions then an MRI scan might be indicated.

Red flag symptoms or signs include recent trauma, constant progressive non-mechanical pain (particularly at night), previous history of cancer, long term oral steroid use, history of drug abuse or HIV, fever, being systematically unwell, recent unexplained weight loss, persistent severe restriction of joint movement, widespread neurological changes, and structural deformity. Red flag conditions include infection, carcinoma, nerve root impingement, bony fracture and avascular necrosis.

Orthopaedic Public Consultation Responses

Response One

Questions	Response
Which of the following applies to you?	I have had orthopaedic surgery in the past
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Shoebury Health Centre
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Strongly disagree. I was due to have double knee surgery in June 2015. It was cancelled 4 days before the operation because of funding issues and only took place in August 2016. During the years delay I went from being mobile to having to use a walking stick on a daily basis and being prescribed tramadol (a highly addictive drug) for daily pain relief. My mobility reduced significantly and left me in daily severe pain and discomfort. Over the course of the year communication was non-existent. I had to phone for updates and was constantly told the operation would be happening 'next month'. Additional restrictions will reduce the quality of life for other people in similar situations.
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Not sure. What does this have to do with orthopaedic surgery?
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	I am due to have further knee surgery before Xmas. I would not want this impacted by further restrictions leading to another years delay.
If you have any other comments regarding these proposals, please write them here.	

Response Two

Questions	Response
Which of the following applies to you?	I have had orthopaedic surgery in the past
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Central Surgery
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Not sure
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Disagree. I am overweight and my knees are the reason for my disability, I have asked for help with rehabilitation but physio is next to useless. They see you for a short meeting, give you a leaflet and send you away. I believe that having physio like hospitals abroad with a proper gym would help save money in the long run and save people from surgery in some cases.
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	My health has declined massively, chronic pain after a knee replacement has left me laid up 24/7 However the help from Southend hospital has been to give me opiates, so my other knee has now gone and my hips are getting worse also other health problems and so I will need more and more care and or surgery in years to come
If you have any other comments regarding these proposals, please write them here.	

Response Three

Questions	Response
Which of the following applies to you?	I am responding on behalf of a group or organisation – Healthwatch Southend
Where do you live?	Southend on Sea
Which GP practice are you registered with?	West Road
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic	Strongly agree. In general people we have spoken to about this strongly agree to the

surgery?	proposal on the understanding that the support to help people reduce their BMI or quit smoking does go ahead
Please consider the following statement: “The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient.”	Agree
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	
If you have any other comments regarding these proposals, please write them here.	

Response Four

Questions	Response
Which of the following applies to you?	I have not had orthopaedic surgery and have not been referred either
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Kent Elms
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Disagree
Please consider the following statement: “The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient.”	Disagree. Knowing someone who was made to wait for a hip replacement, no assistance was given to assist in losing weight. This person was not obese but was a little overweight. This person was made to wait until they could just put one foot in front of another and I was concerned for their mental health
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	I know of no-one at the moment requiring this surgery
If you have any other comments regarding these proposals, please write them here.	I have concerns that the input would be mainly by senior physiotherapists with consultant input. Access to physiotherapists is not the problem, the problem comes in that they do not examine the patient, or offer hands on physiotherapy except as a last resort, they appear reluctant to refer a patient to a consultant anyway and I would have no confidence with a decision where they had the greater input

Response Five

Questions	Response
Which of the following applies to you?	I have been referred for orthopaedic surgery which has not yet taken place
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Leigh Surgery
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Strongly agree. It is the patients obesity that wears the joints out in the first place
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Agree. They do a lot to stop smoking but not much to help folk lose weight. Going to the Gym is expensive, a free membership with proof of attendance would help
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	It is good, it may make folk realise their joints have worn out due to carrying excess weight. There is no point replacing joints to carry the same weight, patients need to do more to help themselves. Too much money is wasted on surgery when patients do little to help themselves and if they really want surgery, then they have to make the effort to lose weight
If you have any other comments regarding these proposals, please write them here.	There are many more cost saving ideas ... stop providing vest and pants / nickers to stoma patients. If a patient is having accident then they need to be seen by the stoma nurse, not given vests and nickers at very high prices. Don't prescribe medicines that can be bought over the counter, paracetamol is so cheap, yet because they get a script free, they expect the GP to provide them. If an item is not on the POM list and cheaper than a prescription, the patient should be made to purchase it themselves

Response Six

Questions	Response
Which of the following applies to you?	I have not had orthopaedic surgery and have not been referred either
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Elmsleigh Drive
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is	Yes

considering additional restrictions on orthopaedic surgery?	
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Strongly disagree. Seems like a funding issue to me. The patients come second to the money.
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Strongly disagree. You need to be out on the streets catching people who are slightly overweight and getting them right before their weight gets out of hand.
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	Hopefully it will not affect me at all
If you have any other comments regarding these proposals, please write them here.	Why just Orthopaedic Care? For example, overweight mothers are more likely to give birth to children who become overweight and/or develop type 2 diabetes, so why not stop maternity care for overweight mothers? We know the answer - you would get a backlash. It's OK to pick on one part of the population but not other parts

Response Seven

Questions	Response
Which of the following applies to you?	I am responding on behalf of a group or organisation – I work at SGH every day in my job
Where do you live?	Southend on Sea
Which GP practice are you registered with?	St Luke's
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Strongly agree
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Strongly agree
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	
If you have any other comments regarding these proposals, please write them here.	

Response Eight

Questions	Response
Which of the following applies to you?	I have been referred for orthopaedic surgery which has not yet taken place
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Kent Elms
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Strongly disagree. No consideration seems to have been given to the fact that if one has a disabling osteopathic problem, ones mobility is severely reduced. This in turn inevitably leads to weight increase because of lack of exercise. This would seem to be a purely cost cutting exercise under the guise of personal health improvement, knowing that orthopaedics is one of the highest spending departments, its obvious that it is a necessary part of the hospital. In the same way that the lack of government funding, disguised as hospital debt, is reducing the operation of the NHS, this should not be allowed to happen to Southend. I have also read the Service Restriction Policy which horrified me at the amount of operations not sanctioned by the CCG. This is a disgrace in itself.
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Disagree. The support is quite adequate in the majority of cases, but not all.
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	It is the thin end of the wedge as far as I'm concerned. What other departments are going to hit by these fallacious arguments?
If you have any other comments regarding these proposals, please write them here.	If all you are trying to do is save money then be honest and say that

Response Nine

Questions	Response
Which of the following applies to you?	I have had orthopaedic surgery in the past
Where do you live?	Southend on Sea
Which GP practice are you registered with?	North Avenue Surgery
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on	Yes

orthopaedic surgery?	
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Strongly agree. I had a Hip Replacement 6 years ago. I was overweight by around 3 stone at the time. After the surgery I decided to rid myself of the excess fat ... it took a year+ but Oh how better life is now. I wish I had been told "NO operation unless you lose weight" . I mentioned this later to the surgeon and he said he was not allowed to tell me that. I think it would be a great idea to insist on weight loss prior to joint replacement and I think 40 BMI is too high
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Not sure. Unless there is a Medical reason for overweight I don't see why the NHS should spend money telling people how to get the weight off. It's not Rocket Science Food in ... Energy uses it up so don't put in more than you need! I feel the same about Smoking ... why spend money to tell people what they know ... If they try Electronic Cigarettes or Patches they will save money on the real things so will they then give the money they save back to the NHS?
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	It will make me take care of myself just in case I require more joint replacement in the future(I hope not)
If you have any other comments regarding these proposals, please write them here.	I think I have said enough!

Response Ten

Questions	Response
Which of the following applies to you?	I have had orthopaedic surgery in the past
Where do you live?	Southend on Sea
Which GP practice are you registered with?	The medical Centre
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Agree
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Agree
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are	Focusing resources on those people who can and do help themselves i.e recognising personal responsibility

completing this survey for	
If you have any other comments regarding these proposals, please write them here.	

Response Eleven

Questions	Response
Which of the following applies to you?	I have had orthopaedic surgery in the past
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Eastwood Road
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Strongly disagree. If someone is in severe pain and they are unable to mobilise due to pain, how is it humane and also cost effective in the long term to condemn them to even more loss of mobility and isolation possibly leading to more cost to CCG/NHS/Adult Social Care when potential patient needs full or part time care as they are unable to take care of themselves on a day to day basis?
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Disagree. It is important to have a more holistic overview of patients and take into account more than just a patients weight, however, I do agree that Smoking has been conclusively proven to be severely injurious to health. Patients may well need psychological support to enable them to quit smoking if there are other Social, and possible Mental Health issues!
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	I have no current plans or awareness of needing orthopaedic surgery but if in the future I was injured such as suffering a fracture, or any other problem necessitating surgery, I would be horrified if I were to be denied surgery purely on a statistical table that may or may not determine my eligibility by weight!
If you have any other comments regarding these proposals, please write them here.	

Response Twelve

Questions	Response
Which of the following applies to you?	I have had orthopaedic surgery in the past
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Valkyrie Surgery
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Strongly agree
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Agree
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	
If you have any other comments regarding these proposals, please write them here.	

Response Thirteen

Questions	Response
Which of the following applies to you?	I have had orthopaedic surgery in the past
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Carnarvon Road Surgery
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Strongly agree
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Agree
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	Providing more effective surgery and reducing waiting times for the people who will benefit most
If you have any other comments regarding these proposals, please write them here.	

Response Fourteen

Questions	Response
Which of the following applies to you?	I have not had orthopaedic surgery and have not been referred either
Where do you live?	Southend on Sea
Which GP practice are you registered with?	West Road Surgery
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Agree. it is important that patients who need surgery have it early on as pain in the joints makes it harder for the individual to exercise and so they put on weight and then are declined surgery when it is harder to exercise
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Disagree.
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	patients need to be reviewed earlier and a program agreed and reviewed and encouraged
If you have any other comments regarding these proposals, please write them here.	

Response Fifteenth

Questions	Response
Which of the following applies to you?	I have not had orthopaedic surgery and have not been referred either
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Pall Mall Surgery
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Strongly disagree. Arbitrarily targeting smokers and overweight people is discriminatory and has no rational basis. Most medical conditions are impacted by lifestyle choices. Drinking any alcohol at all is damaging to health, so all drinkers, 75% of the population, should be denied treatment. As should drug-takers. And drivers, since driving per se is damaging to health. So that's most of the population too. Those

	<p>foolish enough to ski, play rugby or ride horse have only themselves to blame if injured, and should be left writhing around in agony. Taking too much exercise, too little, or the wrong sort, should be punished by withdrawing treatment of stress fractures, achilles injuries, broken legs, heart attacks, those sort of things...watching tv, using computers and choosing to work in a dangerous profession like the police, fire brigade or farming should render such people undeserving of medical care. And don't get me started on the armed services, who should be left injured on the battlefield...working in a profession where one is exposed to cancer-causing chemicals should also result in zero medical help. If in an accident, first culpability for the accident should be determined before the emergency services attend.... accident victims should be left lying in the road for months until this is achieved. If anyone starts a fire with a chip-pan, cigarette or whatever, the emergency services should just let their house burn down and refuse to give any medical care...sunburn should never be treated, no matter how serious - sunbathing is a selfish and foolish pastime...if someone is attacked by a family pet, they're on their own...go on holiday abroad and get an exotic disease, and when you return... tough, you shouldn't have gone anywhere where you could catch such illnesses.... flying, sailing, swimming...it's all your own fault, no emergency services or healthcare for you...climbing, country walking, and now injured?... no rescue or hospital care... need I continue?</p>
<p>Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."</p>	<p>Not sure</p>
<p>Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for</p>	<p>I have osteoporosis and could possibly need orthopaedic treatment in the future. I smoke and would love to be able to stop but none of the aids are of any use to me. It is impossible (for me) to stop smoking and this policy will discriminate against me should I need treatment. Is not discrimination illegal?</p>
<p>If you have any other comments regarding these proposals, please write them here.</p>	

Response Sixteen

Questions	Response
Which of the following applies to you?	I have not had orthopaedic surgery and have not been referred either
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Central Practice, Southchurch
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Not sure. Patients who are not smoking and not over-weight but are in pain that prevents them from being fully mobile should not be maintained on pain killers and anti-inflammatory drugs. I feel strongly about this.
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Agree
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	
If you have any other comments regarding these proposals, please write them here.	

Response Seventeen

Questions	Response
Which of the following applies to you?	I have not had orthopaedic surgery and have not been referred either
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Highlands Surgery
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Agree
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Not sure
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	

If you have any other comments regarding these proposals, please write them here.	
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Response Eighteen

Questions	Response
Which of the following applies to you?	I have not had orthopaedic surgery and have not been referred either
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Queensway Surgery
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Strongly disagree.
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Strongly disagree. You're not supporting them, you are bullying them and discriminating against them even though they have paid more tax, used to support the NHS, than those current medial dogma consider 'healthy'. Using the discredited BMI index, itself only ever meant to be seen as blunt tool, is to be used as a sophisticated way to decide if a patient should have surgery or not is a joke. And it's not very funny. Stop trying to be comedians and get your compassion back. If you proceed with these recommendations, you will be cutting off the NHS's nose to spite it's face.
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	
If you have any other comments regarding these proposals, please write them here.	

Response Nineteen

Questions	Response
Which of the following applies to you?	I have not had orthopaedic surgery and have not been referred either
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Highlands Surgery
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on	Yes

orthopaedic surgery?	
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Agree
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Not sure
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	I do have issues with both my knees and may well need surgery in the future. However, as I do not smoke and I do keep control of my weight the policy change should not have a direct impact on me
If you have any other comments regarding these proposals, please write them here.	I think there should be an understanding that the NHS and its patients have a joint responsibility to achieve positive health outcomes. Also, the NHS's finite budget must be used to maximise positive outcomes and this policy change appears to be trying to do this

Response Twenty

Questions	Response
Which of the following applies to you?	I have not had orthopaedic surgery and have not been referred either
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Pall Mall Surgery
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Strongly agree. Generally it is well known that we must all take responsibility for our own health. Much has been written and talked about the bad effects of obesity and smoking. We now need to encourage more people to seriously think about the ramifications of not doing so.
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Agree
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	I do not think I will see any difference as I stopped smoking 21 years ago because I desperately wanted a child and I keep a close watch on my eating habits
If you have any other comments regarding these proposals, please write them here.	

Response Twenty One

Questions	Response
Which of the following applies to you?	Shoeburyness Residents Association
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Dr Schrembri
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Strongly agree. Our only comment is concern that "Orthopaedic" has not be defined in the consultation document. By implication, orthopaedic is limited to: 1. Hip and knee replacement and 2. Arthroscopy Should other orthopaedic surgery be excluded because of patient unsuitability, the CCG will organise will organise a further consutation to cover other treatments
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Agree. It would seem sensible to exclude treatment to illegal recreational substance users unless the users were able to provide independant verification of having discontinued their use for a defined time.
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	It is likely there will be resentment against the GP/ Hospital or any other service provider. One member needs orthopaedic surgery because of hip problems. The neighbour is a retired nurse who is seriously overweight. The neighbour respects the poicy and is attempting to lose the necessary weight. Predicting residents reactions is a tricky business. GPs and other health providers need to be "on-side" to sell the new policy.This is likely to reduce the impact of the proposed change in policy
If you have any other comments regarding these proposals, please write them here.	It is essential that NHS money is used wisely. It is an inappropriate to use taxpayer money to provide a fix which is unlikely to last and involve a repeat performance.

Response Twenty Two

Questions	Response
Which of the following applies to you?	I have had orthopaedic surgery in the past
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Pall Mall Surgery
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is	Yes

considering additional restrictions on orthopaedic surgery?	
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Agree
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Disagree. I do understand that the NHS has many priorities and insufficient funding to manage them all.
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	
If you have any other comments regarding these proposals, please write them here.	

Response Twenty Three

Questions	Response
Which of the following applies to you?	I have not had orthopaedic surgery and have not been referred either
Where do you live?	Southend on Sea
Which GP practice are you registered with?	Pall Mall Surgery
Having read the consultation document, do you understand the reasons the NHS in Castle Point, Rochford and Southend is considering additional restrictions on orthopaedic surgery?	Yes
Having read the consultation document, do you agree with the CCGs' proposals for additional restrictions on orthopaedic surgery?	Strongly agree
Please consider the following statement: "The support the NHS is putting in place to support patients to lose weight or stop smoking is sufficient."	Strongly agree
Please use the following box to explain how, if at all, you feel this change in policy might impact on you or the individual you are completing this survey for	
If you have any other comments regarding these proposals, please write them here.	I strongly agree with the additional restrictions, and believe that the NHS should consider no longer treating (for free) illnesses caused directly by excessive smoking or obesity