Referral criteria for Total Hip Replacements (THR) should be based on the level of pain and functional impairment suffered by the patient. NHS NWL CCGs will fund THR for patients who fulfil the following criteria;

1. Patient complains of severe joint pain AND functional limitation, despite the use of non-surgical treatments such as adequate doses of NSAID analgesia, weight control treatments and physical therapies.

OR

2. Patient complains of mild to moderate joint pain 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.

Note: Patients who smoke should have attempted to stop smoking 8 to 12 weeks before referral to reduce the risk of surgery and the risk of post-surgery complications. Patients should be routinely offered referral to smoking cessation services to reduce these surgical risks.

These policies have been approved by the eight Clinical Commissioning Groups in North West London (NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith and Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG and NHS West London CCG).

Total hip replacement (THR) is a common intervention carried out in the NHS. The most frequent indication for this is degenerative osteoarthritis in adults. Osteoarthritis of the hip is common in the older age groups in the UK, with approximately 210,000 people thought to have moderate to severe osteoarthritis1. The aim of a THR is to relieve pain and improve function. This operation can be very successful for the appropriate patients, with less than 10% of people who undergo these operations needing revision surgery.

Prior to referral for THR, non-surgical treatments, as specified in Figure 1, should be offered for all patients and the management of any underlying medical conditions should be optimised. This should include communication of the risks and benefits of all treatment options, taking into account the individual patient's comorbidities 2,3. Where appropriate, patients should be encouraged to reduce their BMI to <30 prior to surgery4. Referral decisions should not be made on the basis of hip radiography as this is thought to be unreliable5.
Cemented vs Cementless procedures

Hip replacement techniques can broadly be split into those that use cement and those that do not. Traditionally cement has been used to fix the prosthesis in place, but cementless prostheses that allow the bone to grow into the implant, are becoming more popular. In 2004 cemented hip replacements made up approximately half of the total while cementless accounted for a fifth. Cementless hip replacements have increased from 22% of all replacements in 2005 to 41% total replacements in 2011 across England and Wales.

The 2010 National Hip Fracture database report showed that the proportion of cemented procedures being done in NWL acute trusts varies considerably, ranging from 30-92%. Clinically there are advantages and disadvantage to both techniques. A meta-analysis comparing both procedures has shown them to have equivalent revision rates, though analysis of the newer studies may indicate better survival in uncemented hip replacements. At present it is not possible to make robust comparisons of outcomes for cemented vs cementless hip replacements.

NICE is due to update its guidance on prosthesis for hip replacements next year but its Technology Appraisal in 2000 recommended that cemented hip replacements should be performed over cementless. This is supported by SIGN 2009, and the recent 2010 National Hip Fracture Database analysis report. SIGN 2009 recommended that cementless procedures could be considered in patients with cardiorespiratory complications, particularly in frail older patients. The difference in cost of the procedures is mostly that of the prosthesis, with cementless prostheses being more expensive. The limited cost-effectiveness research has shown both procedures to have a similar cost-effectiveness due to differences in revision rates.

Figure 1: Targeting treatment: a summary of available treatments

Latest version of the policy is available at:
http://www.hounslowccg.nhs.uk/what-we-do/individual-funding-requests.aspx
Version 4 (April 2016)
Definitions of pain and functional limitation levels:

### Pain level

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>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 at regular doses, paracetamol.</td>
</tr>
<tr>
<td>Moderate</td>
<td>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 at regular doses, paracetamol.</td>
</tr>
<tr>
<td>Severe</td>
<td>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.</td>
</tr>
</tbody>
</table>

### Functional limitations

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor</td>
<td>Functional capacity adequate to conduct normal activities and self care. Walking capacity of more than one hour. No aids needed.</td>
</tr>
<tr>
<td>Moderate</td>
<td>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.</td>
</tr>
<tr>
<td>Severe</td>
<td>Largely or wholly incapacitated. Walking capacity of less than half hour or unable to walk or bedridden. Aids such as a cane, a walker or a wheelchair are required.</td>
</tr>
</tbody>
</table>
Patient information:
http://www.nhs.uk/conditions/Hip-replacement/Pages/Introduction.aspx

References
2. NICE 2008 clinical guideline 177 Osteoarthritis: the care and management of osteoarthritis in adults www.nice.org.uk/guidance/cg177
5. National Joint Registry Annual report 2012
9. Guidance on the Selection of Prostheses for Primary Total Hip Replacement NICE 2000 TA