

Patella Resurfacing Policy

Reference Number:	This will be applied to all new ICB-wide PPSs by the Governance and Corporate Affairs Team and will be retained throughout its life span.
Version:	Version 1.0
Name of responsible Committee and date approved or recommended to Integrated Care Board Board:	Audit Committee
Date approved by the Integrated Care Board (if applicable):	1 July 2022
Next Review Date:	1 April 2024
Expiry Date:	1 October 2024
Name of author and title:	Lucy Dyde
Name of reviewer and title:	Ali Cartwright
Department:	Corporate Office

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

Treatment	Patella Resurfacing
	<p>The Integrated Care Board has considered the evidence for Patellar resurfacing as part of a total knee replacement procedure.</p> <p>Due to lack of sufficient evidence of clinical benefit to support routine resurfacing of the patella and the lack of evidence of cost-effectiveness at the reconstruction tariff (HR05Z), patella resurfacing as part of TKR is not normally funded.</p> <p>Exceptional cases can be considered through the Individual Funding Request Process.</p> <p>Where clinicians proceed with Patella Resurfacing (HR05Z) without ICB approval, the Provider will be remunerated at the tariff for Total Knee Replacement (HRG HB21C) providing the patient meets the criteria for the relevant policy for 'Primary knee joint replacement surgery for patients with osteoarthritis of the knee'.</p> <p>NOTES:</p> <ol style="list-style-type: none"> 1. Potentially exceptional circumstances may be considered by the ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status. 2. This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
Quality and Equality Impact	See QEIA attached

Quality and Equality Impact Assessment

Scheme Title:	Patella Resurfacing Policy		
Project Lead:	Clive Campton, IFR Manager Kate Cogman, Contracts Manager	Senior Responsible Officer:	Dr Sarah Raistrick, Chair
		Quality Sign Off:	Mary Mansfield
Intended impact of scheme:	The Patella Resurfacing policy supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.		
How will it be achieved:	The Governing Body adopts the policy.		

Name of person completing assessment:	Clive Campton Kate Cogman
Position:	IFR Manager Contracts Manager
Date of Assessment:	March 2020

Quality Review by:	Mary Mansfield
Position:	Deputy Director of Nursing
Date of Review:	October 2020

Stage 1a: High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome			✓					
	Patient experience			✓					
	Patient safety			✓					
	Parity of esteem			✓					
	Safeguarding children or adults			✓					
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life			✓					
	Ensuring people have a positive experience of care			✓					
	Preventing people from dying prematurely			✓					
	Helping people recover from episodes of ill health or following injury			✓					
	Treating and caring for people in a safe environment and protecting them from avoidable harm			✓					

Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			✓					
	Access to the highest quality urgent and emergency care			✓					
	Convenient access for everyone			✓					
	Ensuring that citizens are fully included in all aspects of service design and change			✓					
	Patient Choice			✓					
	Patients are fully empowered in their own care			✓					
	Wider primary care, provided at scale			✓					
Access Could the proposal impact positively or negatively on any of the following:	Patient choice			✓					
	Access			✓					
	Integration			✓					
Compliance with NHS Constitution	Quality of care and environment			✓					
	Nationally approved treatment/drugs			✓					
	Respect, consent and confidentiality			✓					
	Informed choice and involvement			✓					
	Complain and redress			✓					

*Risk score definitions are provided in the next section

Risk rating score definition

Likelihood	Impact
1 – Rare	1 – Negligible
2 – Unlikely	2 – Minor
3 – Moderate	3 – Moderate
4 – Likely	4 – Major
5 – Almost certain	5 – Catastrophic

Consequence	Likelihood				
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Catastrophic (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Minor (2)	2	4	6	8	10
Negligible (1)	X-1	2	3	4	5

How will a successful implementation of quality indicators be measured?

Quality Outcome	Measured By

Stage 1b: Equality Questions

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

Other partners/stakeholders involved in scheme:

N/A

Who will be affected by this piece of work?

ICB registered patients

PROTECTED GROUP	Is there likely to be a differential impact? (Please tick one)			Evidence/Comments for answers. Where available please share any baseline data and research on the population that this piece of work will affect. Include any consultations with service users that have been carried out.
	YES	NO	UNKNOWN	
Gender		✓		Adopting the policy will not have an impact.
Race		✓		Adopting the policy will not have an impact.
Disability (including mental impairment, learning difficulty)		✓		Adopting the policy will not have an impact.
Religion/belief		✓		Adopting the policy will not have an impact.
Sexual orientation		✓		Adopting the policy will not have an impact.
Age		✓		Adopting the policy will not have an impact.
Social deprivation		✓		Adopting the policy will not have an impact.
Carers		✓		Adopting the policy will not have an impact.
Human rights		✓		Adopting the policy will not have an impact.
Pregnancy and Maternity		✓		Adopting the policy will not have an impact.

Stage 1c: Post Implementation Review

Use the template below to record outcomes of reviews – if more than one is required cut and paste the box below

Quality Impact	Has there been a differential impact? (Please tick one)			Evidence/Comments for answers	Mitigations
	YES	NO	UNKNOWN		