

*Buckinghamshire Clinical Commissioning Group
East Berkshire Clinical Commissioning Group
Oxfordshire Clinical Commissioning Group
Berkshire West Clinical Commissioning Group*

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 210c (TVPC8)	Follow-up appointments after primary hip and knee joint replacement surgery
Recommendation made by the Priorities Committee:	May 2014, Updated November 2018, Reviewed October 2020¹
Date agreed by OCCG	February 2019, December 2020
Date of issue:	October 2014, February 2019, December 2020

The Thames Valley Priorities Committee has reviewed the evidence for routine follow-up of patients after primary hip and knee replacement surgery and **recommends** that funding should be available for one routine follow up appointment (which is expected to take place 6-8 weeks after surgery).

- The majority of patients can be discharged from hospital without the need for routine review. However, approximately 20% of patients have short-term problems post-surgery (difficulty mobilising, superficial infection, pain, etc.).
- It can be difficult to predict which patients will have problems. Therefore, all patients should be offered a review appointment at around 6-8 weeks post-discharge.
- Routine review after the 6-8 weeks post-discharge appointment should not be offered.
- If patients suffer symptoms directly related to their joint replacement, that present after their 6-8 week follow-up but within one year of the procedure, they should be offered an additional appointment.

Further long term routine ongoing follow up will **not normally be funded**.

NB these recommendations do not apply to patients who have devices which are known to have a high risk of early failure/ complications/ side effects. These devices are subject to MHRA device alerts and should be offered surveillance in line with MHRA recommendations.

¹ Reviewed by TVPC following publication of NICE NG157 Joint replacement (primary): hip, knee and shoulder

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG 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.
- This policy will be reviewed in the light of new evidence or new national guidance, eg, from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.cscsu.nhs.uk/>
- Oxfordshire CCG's clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/policies.htm>