**REFFERAL FORM FOR CONSIDERATION OF HIP or KNEE REPLACEMENT SURGERY**

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| **PATIENT DETAILS** |
| Date of Referral: |  | Date Referral Received: |  |
| GP Practice: |  | Referring GP: |  |
| Patient Name: |  | Patient Date of Birth: |  |
| Patient Address: |  | Patient Contact Number: |  |
| NHS Number: |  | Hospital Number (if known): |  |
| Joint requiring investigation, please specify | **HIP ☐****KNEE ☐** |
| **Has the patient consented to share information regarding the treatment for which funding is being requested with NHS commissioner IFR management panels?** | **Yes ☐ No ☐** |
| **POLICY STATEMENT – extract from full policy, which is accessible via this link** <http://www.redditchandbromsgroveccg.nhs.uk/strategies-policies-and-procedures/commissioning-ifr-policies-a-z/> |
| The Commissioner will support joint replacement surgery for patients where the following conditions are met:* Symptoms have failed to respond to CONSERVATIVE TREATMENT (see next section)
* The patient has a BMI of below 35 (see next section)
* If applicable, the referral has been endorsed by Physiotherapy/Orthopaedic Practitioner Service;
* The patient has an Oxford Hip Score or Oxford Knee Score of less than **30**

***Patients with an Oxford score of 30 or more will not be routinely funded*** |
| **CONSERVATIVE TREATMENTS REQUIRED BEFORE REFERRAL – duration 12 weeks where appropriate** |
| Weight Loss where appropriate (with minimum 10% weight loss achieved if BMI > 35) | **Yes ☐ No ☐ NA ☐** |
| Engagement in Exercise and Activity | **Yes ☐ No ☐** |
| Analgesia – up to step 3 analgesic ladder (e.g. NSAIDs) | **Yes ☐ No ☐** |
| Physiotherapy – completion of course of physiotherapy including 12 week trial of recommended exercises | **Yes ☐ No ☐** |
| **CLINICAL ELIGIBILITY CRITERIA** | **Please enter value** |
| **Oxford Hip Score or Oxford Knee Score** [**http://www.orthopaedicscore.com/scorepages/oxford\_hip\_score.html**](http://www.orthopaedicscore.com/scorepages/oxford_hip_score.html)[**http://www.orthopaedicscore.com/scorepages/oxford\_knee\_score.html**](http://www.orthopaedicscore.com/scorepages/oxford_knee_score.html) | **Out of 48** |
| **Patient’s Current BMI**  |  |
| **Following provision of information regarding the potential risks and benefits of joint replacement, is the patient willing to accept surgery?** | **Yes ☐ No ☐** |
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| **HISTORY/EXAMINATION/PMH/DH/ALLERGIES** |
| Are there any co-morbidities that need to be considered/managed before surgery?*(If yes, please provide details below)* | **Yes ☐ No ☐** |
| Please provide relevant clinical information to support the referral request: |
| **PATIENTS NOT MEETING THE POLICY** |
| For patients who do not fall within the eligibility criteria set out in the policy but where there is demonstrable evidence that the patient has clinically exceptional circumstances, an Individual Funding Request may be considered. The referring clinician should consult the Commissioner’s “Operational Policy for Individual Funding Requests” document for further guidance on this process. <http://www.redditchandbromsgroveccg.nhs.uk/strategies-policies-and-procedures/commissioning-ifr-policies-a-z/> |

**Failure to fully complete this form and provide all of the necessary information will result in the request being returned**