

**NICE TA 304 - Total hip replacement and resurfacing arthroplasty for the treatment of pain or disability resulting from end stage arthritis of the hip (Review of technology appraisal guidance 2 and 44)**

<p><b>1</b></p>	<p><b>Summary of NICE TA 304</b></p> <p>Prostheses for total hip replacement and resurfacing arthroplasty are recommended as treatment options for people with end-stage arthritis of the hip only if the prostheses have rates (or projected rates) of revision of 5% or less at 10 years.</p> <p>In 2013/14 the Board funded approximately 1750 total hip replacements (both as Core and WLI within the HPSS and in the Independent Sector) and 13 resurfacing arthroplasty.</p>
<p><b>2</b></p>	<p><b>Number of people in Northern Ireland expected to take up service/therapy (new cases per year)</b></p> <p>TA 304 relates to the choice of prosthesis used for arthroplasty which is not a new therapy. If the number of total hip replacements and resurfacing remains the same as the current planning assumption the total costs will not change as the prostheses are currently in use and costs are comparable across brands.</p> <p>However, the following demographic information needs to be taken into account:</p> <p>TYC estimates that between 2009 and 2020 there will be a 40% increase in people &gt;75 years old, this will impinge on the demand for total hip replacements and resurfacing arthroplasty.</p> <p>Evidence from the British Orthopaedic Associate in 2012 suggests that in the last six years there has been a steady 4% increase in hip replacements. It should be noted that this is on the basis of the number of total hip replacements per 100,000 populations in the UK which in 2012 was 173. In Northern Ireland our rates per 100,000 population is 97 which is significantly less than other EU countries which in 2009 had a EU average of 153.</p>
<p><b>3</b></p>	<p><b>Costs</b></p> <p>As per the above planning assumption, the costs will remain the same per patient.</p> <p>However, the number of patients requiring total hip replacement is likely to rise as a result of demographic changes. Current expenditure for this procedure is approximately £12.5m.</p>

3.1	<p><b>Cost per patient per annum</b></p> <p>As per the above planning assumption, the costs will remain the same per patient at approximately £7,073.</p>
3.2	<p><b>In year cost per patient per annum (for new and prevalent cases)</b></p> <p>N/A</p>
3.3	<p><b>Cost savings and how these will be secured</b></p> <p>None.</p>
3.4	<p><b>Recurrent overall cost</b></p> <p>The recurrent overall cost is in the region of £12.5m.</p>
4	<p><b>Expected implementation period</b></p> <p>Immediate</p>
5	<p><b>Commissioning arrangements</b></p> <p>This relates to procurement of hip prostheses. The costs for the prosthesis will need to be included within the elective funding to deal with the increasing demand for surgical procedures.</p> <p>BSO PALS have procurement arrangements in place which will ensure that joints procured for use in HSC facilities are those recommended by NICE and national bodies making recommendations for use in the NHS.</p>
6	<p><b>Monitoring arrangements</b></p> <p>Procedure based SBAs are required.</p>
7	<p><b>DHSSPS Legislative/Policy Caveats</b></p> <p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p>