

Policy for the use of sodium hyaluronic acid injections in osteoarthritis

INTRODUCTION

The purpose of this policy is to ensure that Bath/Swindon/Wiltshire CCGs fund treatment only for clinically effective interventions delivered to the right patients at the right place and time.

This policy has been developed to support the decision making process associated with the allocation of resources for commissioning. It will be used to support the development of effective, efficient and ethical agreements with provider organisations. In creating this policy the evidence base has been reviewed for this treatment and the clinical conditions for which it is prescribed. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

BACKGROUND

Hyaluronic acid (Hyaluronan) and its derivatives are available for osteoarthritis of the knee. Sodium hyaluronate (*Durolane*®, *Euflexxa*®, *Fermathron*®, *Hyalgan*®, *Orthovisc*®, *Ostenil*®, *Ostenil Plus*®, *RenahaVis*®, *Suplasyn*®, *Synocrom*®, *Synopsis*®) or hylan G-F 20 (*Synvisc*®) is injected intra-articularly to supplement natural hyaluronic acid in the synovial fluid.

Sodium hyaluronate (*SportVis*®) is also licensed for the relief of pain and optimisation of recovery following ankle sprain, and for the relief of chronic pain and disability associated with tennis elbow.

PRINCIPLES

Sodium hyaluronic acid injections are not routinely commissioned for osteoarthritis.

Funding may be considered on an individual patient basis via an Individual Funding Request (see individual CCGs websites), if there is evidence of clinical exceptional circumstances.

Exceptionality means 'a person to which the general rule is not applicable'. The over-riding question which the IFR process must answer is whether each patient applying for exceptional funding has demonstrated that his/her circumstances are exceptional. A patient may be able to demonstrate exceptionality by showing that s/he is:

- Significantly different to the general population of patients with the condition in question

and as a result of that difference

- They are likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition.

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Clinical Evidence Review: NICE

NICE Clinical Guideline 177 states ‘Do not offer’ intra-articular hyaluronan injections for the management of osteoarthritis.

Such injections may reduce pain over 1–6 months, but are associated with a short-term increase in knee inflammation.

When NICE reviewed CG177 in 2017, the committee noted that “a large placebo response to intra-articular treatments may result in this treatment appearing to be more effective.”

Their conclusion from the evidence review was that **“Evidence for hyaluronic acid is inconsistent in finding statistically significant effects in osteoarthritis.** In developing the guideline, the guideline committee recommended that hyaluronic acid products should not be used because, **although statistically significant effects were seen, the effects were not considered to be clinically important. Additionally, many studies of preparations licensed in the UK were of low or very low quality.”**

The Guidance Development Group (GDG) noted the findings of the evidence review and in particular commented that the quality of the evidence that demonstrated a possible benefit from the use of Hyalgan® over placebo in improving pain in people with OA of the knee was of low quality. They therefore felt that it would not be appropriate to name a particular preparation within a recommendation especially when the evidence for this product was of varying quality. They noted also that the increased adverse events profile associated with injections versus placebo.

The GDG decided that the recommendation made in the original OA guideline (CG59) remained valid for the NHS and as such chose not to recommend the use of hyaluronans.

NHS Funds

Clinical Commissioning Groups (CCGs) buy healthcare on behalf of the local population. The money for this comes from a fixed budget. By law, we are required to keep within this budget.

Demand for healthcare is greater than we are able to fund from this fixed budget. This isn’t just a problem in BaNES, Swindon & Wiltshire, it is a nationwide issue. Unfortunately, this means that some healthcare which patients might wish to receive and which consultants, doctors and other health professionals might wish to offer cannot be funded. It has always been the situation, ever since the start of the NHS in 1948, that the NHS is not able to fund every treatment.

Assessing what the overall population needs most

This means we have to prioritise what we spend, so local people have availability to the healthcare treatments which are needed most.

This assessment of need is made across the whole population and wherever possible, on the basis of best evidence about effectiveness. We also aim to do this in a way that is fair, so that different people with equal need have equal opportunity to access services. This approach is not new and it is not only happening in Wiltshire, it is consistent with other NHS organisations who buy healthcare for their local populations.

PRIVATE FUNDING

If patients choose to privately fund a drug or intervention that is not normally funded by BaNES, Swindon & Wiltshire CCG, they will continue to retain their entitlement to all other elements of NHS care available to a local resident.

However, when patients are privately funding an intervention, they are responsible for all the costs associated with that intervention, including any Consultant costs or diagnostics. They are, therefore, unable to receive a mixture of privately funded and NHS funded care within the same appointment or intervention - they cannot ‘top up’ an NHS funded appointment or intervention by paying for an additional intervention to be provided or monitored during the same consultation within the same episode of care.

We do not expect NHS providers to offer this intervention privately.

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MANAGING EXCEPTIONS

In their dealings with patients and the public, providers should, if necessary, make it clear that the decision by NHS Commissioners to consider treatments or procedures to be of low priority under this policy is a considered decision. This is made against their responsibility to seek the greatest health advantage possible for local populations, using the resources allocated to them. It is necessary for NHS Commissioners to make decisions regarding the investment of resources in interventions which achieve the greatest health gain for the local population.

Where individual patient circumstances require the escalation of their care please refer to the Individual Funding Requests Policy.

IMPLEMENTATION

BaNES, Swindon & Wiltshire CCGs will require secondary care service providers to embrace and abide by the policy and advise patient's accordingly.

MONITORING THE POLICY

BaNES, Swindon & Wiltshire CCGs will monitor the adherence to this policy through the contractual process, using contractual levers where breaches of the Policy are identified.

Referrals to secondary care that are outside of this policy will be routinely monitored by the Commissioning Management and the Contracts Management Teams of the NHS Commissioners.

References

1. Osteoarthritis: care and management NICE CG177 (Feb 2014)
<https://www.nice.org.uk/guidance/cg177> and
<https://www.nice.org.uk/guidance/cg177/evidence/full-guideline-pdf-191761311>

Further information:

<https://www.nice.org.uk/donotdo/do-not-offer-intraarticular-hyaluronan-injections-for-the-management-of-osteoarthritis>

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