NHS
Somerset
Clinical Commissioning Group

KNEE ARTHROSCOPY WITHOUT OSTEOARTHRITIS PRIOR APPROVAL (PA) POLICY

Version:	1819.V3
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
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Approved by Responsible Committee/Individual:	Somerset CCG Clinical Executive Committee (CEC)
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Target audience:	**SCCG**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • Somerset Partnership NHS FT
Application Form	Knee Arthroscopy without Osteoarthritis Prior Approval Application

KNEE ARTHROSCOPY WITHOUT OSTEOARTHRITIS
PRIOR APPROVAL (PA) POLICY
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VERSION CONTROL

Document Status:	Current Policy
Version:	1819.V3

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
1718.v2	December 2018	Knee Arthroscopy with or without Debridement Policy separated to two polices without & with osteoarthritis as per the National Consultation document
1819 V3	February 2019	CEC change to layout & inclusion of OAS & Consultant to complete an EBI application form, removal of wording in background section, change of name EBI to Evidenced Based Interventions (EBI)

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	January 2019
Quality Impact Assessment QIA. Date:	January 2019
Sponsoring Director:	Sandra Cory
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1 GENERAL PRINCIPLES

1.1 Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given

1.2 Funding approval must be secured by primary care/secondary care prior to referring/treating patients seeking corrective surgery

1.3 The CCG does not commission surgery for cosmetic purposes alone

1.4 Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment

1.5 On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy

1.6 Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed

1.7 Patients should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment

1.8 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate

1.9 Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)

1.10 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

1.11 Where funding approval is given by the Evidenced Based Interventions Panel, it will be available for a specified period of time, normally one year

2 POLICY PRIOR APPROVAL CRITERIA

2.1 Arthroscopic knee washout (lavage and debridement) **is not routinely**

commissioned for patients who are:

- 45 or over **and**
- have activity-related joint pain **and**
- have either no morning joint-related stiffness or morning joint stiffness that lasts no longer than 30 minutes

2.2 Arthroscopic knee washout (lavage and debridement is routinely commissioned for patients 44 and under without Osteoarthritis where;

- clinical examination (or MRI scan) has demonstrated clear evidence of an internal joint derangement (i.e. unstable meniscal tear, ligament rupture or loose body within the knee) that is amenable to arthroscopic treatment **And**

- conservative management over a period of at least 3 months has been fully explored, and complied with, but treatment has failed

2.3 Arthroscopic knee washout (lavage and debridement is routinely commissioned for patients 45 and over who have had a full series of weight-bearing x-rays (4 series knee views) to exclude a diagnosis of osteoarthritis where;

- Clinical examination (or MRI scan) has demonstrated clear evidence of an internal joint derangement (i.e. unstable meniscal tear, ligament rupture or loose body within the knee) that is amenable to arthroscopic treatment **And**

- Conservative management over a period of at least 3 months has been fully explored, and complied with, but treatment has failed

2.4 Conservative management includes the following;

- advice
- physio
- support from the intermediate musculoskeletal services
- pain management with non-steroidal anti-inflammatory drug (NSAID) painkillers

2.5 If clinical assessment suggests the patient may have a “red flag” condition therefore treatment is needed urgently, refer for treatment without delay and without further reference to the criteria within this policy. “red flag” conditions include:

- Septic Arthritis/infection
- Carcinoma,
- bony fracture
- avascular necrosis
- A “locked knee” with complete block to extension

2.6 **Note:**
Autologous chondrocyte implantation as approved by NICE is commissioned by NHS England

3 BACKGROUND

3.1 Arthroscopic washout of the knee is an operation where an arthroscope (camera) is inserted in to the knee along with fluid. Occasionally loose debris drains out with the fluid, or debridement, (surgical removal of damaged cartilage) is performed.

4 EVIDENCED BASED INTERVENTIONS PANEL REQUEST APPLICATION PROCESS

4.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where the orthopaedic service or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy

4.2 Completion of a **Generic EBI Application Form** by the Orthopaedic Assessment Service or Consultant may be put forward

4.3 Applications cannot be considered from patients personally

4.4 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBI Panel. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context

4.5 EBI applications are reviewed and considered for clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England IFR policy
https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-indivdual-funding-requests.pdf

4.6 In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that they are exceptional as defined below:

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

- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

5 ACCESS TO POLICY

5.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

5.2 **Or write to us**: NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somccg.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 NICE guidance: https://www.nice.org.uk/guidance/ipg230/evidence/overview-pdf- 492463117

6.2 NICE guidance: https://www.nice.org.uk/guidance/ipg230/chapter/1- Guidance

6.3 NICE guidance: https://www.nice.org.uk/donotdo/referral-for-arthroscopic-lavage-and-debridement-should-not-be-offered-as-part- of-treatment-for-osteoarthritis-unless-the-person-has-knee-osteoarthritis-with-a-clear-history-of-mechanical-locking-not

6.4 British Orthopaedic Association and the Royal College of Surgeons: https://www.rcseng.ac.uk/-/media/files/rcs/standards-and- research/commissioning/boa--painful-oa-knee-guide-final-2017.pdf

6.5 Siemieniuk Reed A C, Harris Ian A, Agoritsas Thomas, Poolman Rudolf W, Brignardello-Petersen Romina, Van de Velde Stijn et al. Arthroscopic surgery for degenerative knee arthritis and meniscal tears: a clinical practice guideline BMJ 2017; 357:j1982

6.6 Brignardello-Petersen R, Guyatt GH, Buchbinder R, et al Knee arthroscopy versus conservative management in patients with degenerative knee disease: a systematic review BMJ Open 2017;7:e016114. doi: 10.1136/bmjopen-2017-016114`

6.7 Hubbard MJS. (1996) Articular debridement versus washout for degeneration of the medial femoral condyle. Journal of Bone and Joint Surgery (British) 78-B: 217–19.

6.8 Bernard J, Lemon M, Patterson MH. (2004) Arthroscopic washout of the knee – a 5-year survival analysis. The Knee 11: 233–5