

KNEE ARTHROSCOPY WITH OSTEOARTHRITIS EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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Application Form	Generic EBI Application

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EVIDENCE BASED INTERVENTIONS (EBI) POLICY**

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VERSION CONTROL

Document Status:	current
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DOCUMENT CHANGE HISTORY

Version	Date	Comments
1718.v2	January 2019	Knee arthroscopy with and without osteoarthritis separated into 2 policies in line with the National Guidance statutory policy. CBA to EBI. IFR replaced with EBI

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	January 2019
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1 GENERAL PRINCIPLES

- 1.1 Funding approval must be secured prior to an assessment and/or surgery
- 1.2 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.
- 1.3 The CCG does not commission surgery for cosmetic purposes alone
- 1.4 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 patient meets the criteria to access treatment in this policy
- 1.5 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
- 1.6 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
- 1.7 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
- 1.8 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)
- 1.9 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing
- 1.10 Where funding approval is given by the Evidence Based Interventions Panel, it will be available for a specified period of time, normally one year

2 POLICY - NOT COMMISSIONED

- 2.1 Knee arthroscopy with osteoarthritis is not commissioned by the Clinical Commissioning Group (CCG)
- 2.2 NICE recommends that arthroscopic knee washout should not be used as a

treatment for patients with osteoarthritis, unless the knee locks (in which case it may be considered)

- 2.3 Arthroscopic knee washout (lavage and debridement) should not be used as a treatment for osteoarthritis because it is clinically ineffective
- 2.5 More effective treatment includes exercise programmes (e.g. [ESCAPE pain](#)), losing weight (if necessary) and managing pain. Osteoarthritis is relatively common in older age groups. Where symptoms do not resolve after non-operative treatment, referral for consideration of knee replacement, or joint preserving surgery such as osteotomy is appropriate
- 2.6 For further information, please see:
- <https://www.nice.org.uk/guidance/ipg230/evidence/overview-pdf-492463117>
 - <https://www.nice.org.uk/guidance/ipg230/chapter/1-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-nothttp://www.escape-pain.org/>

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 EVIDENCE BASED INTERVENTIONS PANEL APPLICATION PROCESS

- 4.1 Individual cases may be reviewed at the Commissioner's Evidence Based Interventions Panel where there is full support from a GP or Consultant for a treatment which is not commissioned by the Commissioner or where a patient is not eligible for a treatment under a specific policy
- 4.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 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 policy <https://www.england.nhs.uk/wp->

<content/uploads/2017/11/comm-policy-individual-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 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/bmjopen2017-016114`

6.5 Moseley JB, O'Malley K, Petersen NJ et al. (2002) A controlled trial of arthroscopic surgery for osteoarthritis of the knee. The New England Journal of Medicine 347: 81–8.

6.6 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.

- 6.7 Kalunian KC, Moreland LW, Klashman DJ et al. (2000) Visually-guided irrigation in patients with early knee osteoarthritis: a multicentre randomized controlled trial. *Osteoarthritis and Cartilage* 8: 412–18.
- 6.8 Chang RW, Falconer J, Stulberg SD et al. (1993) A randomized, controlled trial of arthroscopic surgery versus closed-needle joint lavage for patients with osteoarthritis of the knee. *Arthritis & Rheumatism* 36: 289–96.
- 6.9 Forster MC, Straw R. (2003) A prospective randomised trial comparing intra-articular Hyalgan injection and arthroscopic washout for knee osteoarthritis. *The Knee* 10: 291–3
- 6.10 Jackson RW, Dieterichs C. (2003) The results of arthroscopic lavage and debridement of osteoarthritic knees based on the severity of degeneration: a 4- to 6-year symptomatic follow-up. *Arthroscopy: The Journal of Arthroscopic and Related Surgery* 19: 13–20.
- 6.12 Bernard J, Lemon M, Patterson MH. (2004) Arthroscopic washout of the knee – a 5-year survival analysis. *The Knee* 11: 233–5
- 6.13 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>