NHS
Somerset
Clinical Commissioning Group

KNEE ARTHROSCOPY WITHOUT OSTEOARTHRITIS PRIOR APPROVAL (PA) POLICY

Version:	2021.v3a
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:** • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • Somerset Foundation Trust
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:	2021.v3a

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)
1819.v3	September 2020	Removal of the term 'ligament rupture' as routinely commissioned, General Principles & EBIP process updated

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	January 2019
Quality Impact Assessment QIA. Date:	January 2019
Sponsoring Director:	Sandra Cory
Document Reference:	2021.v3a

1 GENERAL PRINCIPLES (PRIOR APPROVAL)

1.1 Funding approval must be secured by primary care/secondary care prior to referring/treating patients for this prior approval treatment

1.2 Funding approval must be secured prior to a referral for an assessment/surgery. Referring patients without funding approval 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 On limited occasions, we 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

1.4 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

1.5 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

1.6 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

1.7 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery. https://www.sciencedirect.com/science/article/pii/S1198743X15007193 (Thelwall, 2015)

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

1.9 Where prior approval funding is secured by the EBI service it will be available for a specified period of time, normally one year

2 POLICY PRIOR APPROVAL CRITERIA

Arthroscopic Ligament rupture repair is routinely commissioned for all patients (with or without osteoarthritis) who have not responded adequately to conservative treatment,

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 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 their GP or Consultant believes clinical exceptional circumstances exist that warrant deviation from the rule of this 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 Only electronically completed EBI applications will be accepted to the EBI Service

4.5 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

4.6 EBI applications are reviewed and considered against clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England information using the link below page 9-13;

- https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-indivdual-funding-requests.pdf

4.7 Social, Emotional and Environmental factors *i.e. income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application

4.8 Where appropriate photographic supporting evidence can be forwarded with the application form

4.9 An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests 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