NHS
Somerset
Clinical Commissioning Group

LOCKED KNEE/MENISCAL TEAR SURGERY CRITERIA BASED ACCESS (CBA) POLICY

Version:	2122.v1
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	July 2021
Name of Originator/Author:	EBI Service
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Executive Committee (CEC)
Publication/issue date:	August 2021
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	**SCCG**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Somerset Foundation Trust • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT
Application Form	EBI Generic application form if appropriate to apply

LOCKED KNEE / MENISCAL TEAR
CRITERIA BASED ACCESS (CBA) POLICY

VERSION CONTROL

Document Status:	Current policy
Version:	2122.V1

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**

Equality Impact Assessment (EIA)	N/A
Quality Impact Assessment QIA.	August 2021 V1
Sponsoring Director:	Dr A Murray
Document Reference:	2122.V1

1 GENERAL PRINCIPLES (CBA)

1.1 Treatment should 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 may be sought from the CCG's Evidence Based Interventions Service (EBI) by submission of an EBI application form

1.2 Clinicians should assess their patients against the criteria within this policy prior to a referral and/or treatment

1.3 Treatment should only be undertaken where the criteria have been met and there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment

1.4 Referring patients to secondary / community care without them meeting the criteria or funding approval not 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 Patients should be advised being referred 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 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)

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

2 POLICY CRITERIA BASED ACCESS – CBA

2.1 There are a number of occasions when arthroscopic meniscal surgery can be considered as a first-line treatment;

- Firstly, patients who have a locked knee need urgent assessment
- If a bucket handle tear of the meniscus is present, most cases need arthroscopic repair or resection of the meniscus
- Secondly where the patient has had an acute injury and an MRI scan reveals a potentially repairable meniscus tear, an arthroscopic meniscal repair should be considered

2.2 Patients with a clear history of a significant acute knee injury and and/or who have a recurrent locking knee may have a repairable meniscal tear and should undergo referral to intermediate or secondary care and there should be consideration of an MRI investigation

2.3 The majority of patients who initially present in primary/intermediate care with knee symptoms, no red flags and no history of acute knee injury or a locked knee DO NOT NEED AN MRI investigation and can be treated with non-operative supportive measures

2.4 Where symptoms have not settled after three months of non-operative treatment an MRI scan should be considered. In cases with an unstable meniscal tear on MRI, arthroscopic meniscal surgery may be indicated

2.5 Patients with persistent mechanical knee symptoms should be referred to an orthopaedics assessment service and consideration of an MRI scan of the knee to investigate for a meniscal tear and/or other pathology

2.6 Degenerate meniscal tears and Osteoarthritis (OA) are extremely common in the general population.

MRI is not recommended for a suspected degenerative meniscal tear unless there are mechanical symptoms e.g. locking or lack of improvement with conservative treatment e.g. exercise/therapy, weight loss, bracing, topical or oral analgesia

Arthroscopic Meniscectomy

2.7 The use of arthroscopic surgery to treat degenerate meniscal tears should follow published BASK guidelines

The bone & Joint Journal - Arthroscopic meniscal surgery
A National Society Treatment Guideline and Consensus Statement
https://online.boneandjoint.org.uk/doi/pdf/10.1302/0301-620X.101B6.BJJ-2019-0126.R1

The Bone & Joint Jou7ranl Arthroscopic Meniscal Surgery
https://doi.org/10.1302/0301-620X.101B6.BJJ-2019-0126.R1

British Association for Surgery of the Knee BASK meniscal guideline
Meniscal surgery guidelines - Professional (baskonline.com)

2.8 The majority of patients with a meniscal tear should be initially treated non-operatively and should not have arthroscopic meniscectomy as a first line treatment.

Non-operative treatment is highly effective and many patients treated this way will improve and do not require surgery

Non-operative treatment:

- Patient education using verbal and written materials
- Physiotherapy
- Weight loss interventions
- Exercise should comprise both local muscle strengthening
- and general aerobic fitness
- Paracetamol and topical NSAIDs should be first line pharmacological pain management strategies

2.9 Patients considering arthroscopic knee surgery should go through a shared decision-making process and have a good understanding of the risks of surgery. The procedure is a relatively safe intervention but does carry a low risk of infection and deep vein thrombosis, both of which are serious complications

2.10 Routine use of arthroscopy for degenerative knee disease, where no specific target pathology has been identified (e.g. proven meniscal tear and persistent symptoms), is not recommended. Use of arthroscopy in patients with generic degenerative knee disease and no specific target pathology has not been found to be clinically beneficial and is unlikely to be cost-effective

Using agreed guidelines for employing arthroscopic surgery to treat meniscal tear pathology and avoiding indiscriminative use will reduce unwarranted variation in clinical care

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

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

3.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required

3.3 Applications cannot be considered from patients personally

3.4 Only electronically completed EBI applications will be accepted to the EBI Service

3.5 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 service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context

3.6 EBI applications are reviewed and considered against clinical exceptionality

3.7 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

3.8 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

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

3.10 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

4 ACCESS TO POLICY

4.1 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

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

5 REFERENCES

The following sources have been considered when drafting this policy:
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