

General Commissioning Policy

Treatment	Diagnostic & Therapeutic Arthroscopy
For the treatment of	Diagnostic and Therapeutic Arthroscopy – Hip
Background	<p>NHS Scarborough and Ryedale CCG commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers.</p> <p>This policy defines the commissioning position for femoro-acetabular arthroscopic surgery (hip arthroscopy).</p>
Commissioning position	<p><u>Hip Arthroscopy</u></p> <p>The CCG does not currently commission hip arthroscopy on a routine basis other than where patients are shown to fulfil ALL the following criteria.</p> <p>Prior approval must still be sought from the Individual Funding Request panel before the procedure is carried out.</p> <p>Patients presenting with;</p> <ul style="list-style-type: none"> • Diagnosis of definite labral pathology and/or hip impingement syndrome as defined above through clinical and radiological investigation (e.g. X-rays, MRI, CT scans) AND • A recognised Orthopaedic Surgeon who specialises in young adult hip surgery has made the diagnosis, which should include discussion of each case with a specialist musculo-skeletal radiologist, AND • Severe symptoms with compromised function measured by objective scoring tools and with a duration of at least six months where diagnosis has been made (see scoring tools below) AND • Failure to respond to conservative treatment including activity modification, specialist physiotherapy and maximal pharmacological interventions for a period of 6 months AND • Treatment with hip replacement, resurfacing or other more established procedure is not clinically viable AND • Patient is aged between 18 and 50 years (clinical experience has shown that these patients are likely to gain the greatest benefit). <p>If agreed, the procedure should be carried out under general</p>

Notes

1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.

	<p>anaesthesia. The hip is subluxed using leg traction. An arthroscope and surgical instruments are inserted into the hip through two or three portals.</p> <p>Hip arthroscopy is not routinely funded for patients with the following conditions:</p> <ul style="list-style-type: none"> • Patients with advanced degenerative OA on a preoperative X-ray (Tonnis grade 2 or more) or severe cartilage injury (Outerbridge grade III or IV). • Patients with joint space on plain radiograph of the pelvis that is less than 2mm wide anywhere along the sourcil. • Patients who are candidates for total hip replacements. • Patients who have hip dysplasia or considerable protrusion • Patients with Osteonecrosis with femoral head collapse • Patients with grade III or IV heterotopic bone formation • Patients with sepsis and accompanying osteomyelitis or abscess formation • Patients with joint ankylosis • Patients with generalised joint laxity syndromes associated with hypermobility of the joints such as Marfan and Ehlers-Danlos syndromes • Patients with osteogenesis imperfecta
<p>Effective from</p>	<p>October 2015</p>
<p>Summary of evidence / rationale</p>	<p>The most recent systematic review of Femoro-acetabular Hip Arthroscopy was the Washington State HTA review undertaken in 2011¹. Although 36 articles were identified assessing the efficacy of arthroscopic femoro-acetabular surgery, none were level I or II studies and all reported as case series (level IV evidence). The main findings from the HTA are summarised below:</p> <p>‘The causes of hip pain, the natural history of FAI and its relationship to osteoarthritis are unclear, and the case definition and selection criterion of patients for hip surgery remain uncertain. Significant questions remain about the efficacy and effectiveness, safety and cost effectiveness of hip surgery for FAI’.</p> <p>NICE IPG 408² replaces previous guidance on arthroscopic femoro–acetabular surgery for hip impingement syndrome.</p> <p>The guidance states that current evidence on the efficacy of arthroscopic femoro–acetabular surgery for FAI is adequate in terms of symptom relief in the short and medium term. With regard to safety, there are well recognised complications.</p> <p>It recommends that the procedure may be used with normal arrangements in place for clinical governance, consent and audit with local review of outcomes and should be performed by surgeons with specialist expertise in arthroscopic hip surgery.</p>

	Note: 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. Individual cases will be reviewed as per the CCG policy.
Information to include in the Referral letter	The GP referral letter should contain: <ul style="list-style-type: none"> • Details of how the patient meets the above criteria OR demonstrates clinical exceptionality • Impact on activities of daily living • Treatments and interventions tried including the results • Drug history (prescribed and non-prescribed) • Relevant past medical/surgical history • Current regular medication • BMI • Smoking status • Alcohol consumption
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Contact for this policy	SRCCG Service Improvement Team scrccg.enquiries@nhs.net

References:

¹ Hip Surgery Procedures for Treatment of Femoroacetabular Impingement Syndrome. Washington State Health Technology Assessment. July 2011 <http://www.hta.hca.wa.go>

² NICE. Arthroscopic femoro–acetabular surgery for hip impingement syndrome. IPG 408 Sept 2011. www.nice.org.uk