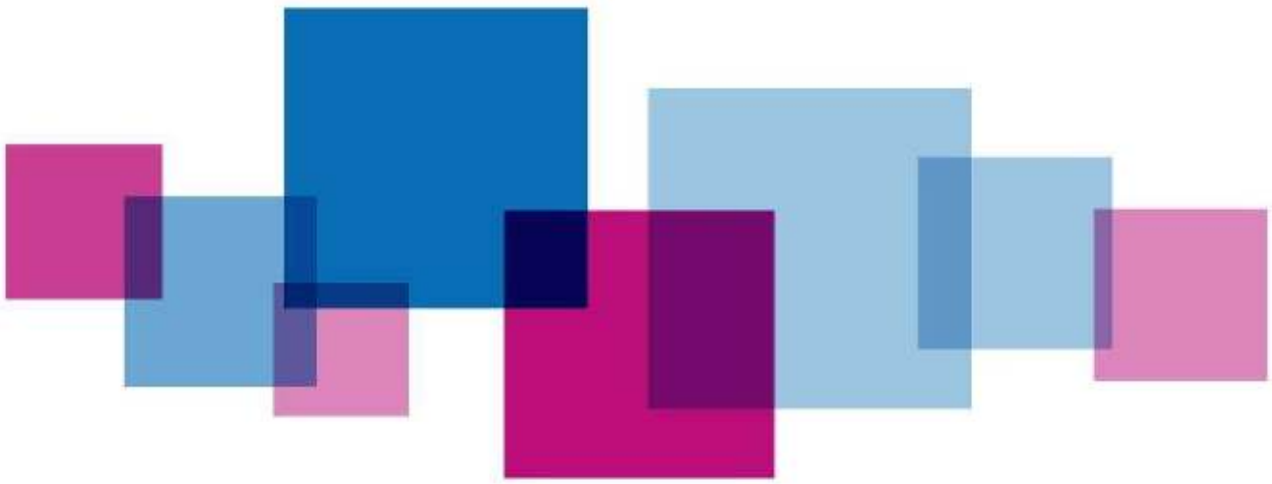
NHS
Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

Commissioning Policy

Knee Arthroscopy

Criteria Based Access



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Shaping better health

Document Control

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Version Control

Version	Date	Reviewer	Comment
1617.1	03/05/2016	IFR Manager	Policy reviewed and agreed by Board.
1617.1.01	20/10/2017	IFR Coordinator	To remove reference to MSK as “intermediate care”.
1617.1.02	27/03/2018	IFR Coordinator	Rebranded to BNSSG CCG.
v1819.2.01 draft	15/08/2018	IFR Coordinator	Rebranded to most recent BNSSG CCG template. Holding statements added.
1819.2.02	01/10/2018	IFR Coordinator	Smoking and BMI references updated, including PALS info update
1920.01.00	29.04.2019	CPD Manager	Working copy with amendments to include BASK clinical evidence published October 2018 and NHS England EBI review
1920.1.01	03/06/2019	Commissioning Policy Development Manager	Admin Corrections for CPRG and inclusion of OPCS codes
1920.1.01	20/06/2019	Commissioning Policy Development Manager	Admin Corrections post CPRG and inclusion of Remedy Link
2021.01.00	09/12/2020	Commissioning Policy Development Support Officer	MSK services website links updated.

THIS IS A CRITERIA BASED ACCESS POLICY
TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW

THIS POLICY RELATES TO ALL PATIENTS

Knee Arthroscopy Policy

General Principles

Treatment 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. Clinicians should assess their patients against the criteria within this policy prior to treatment.
2. Patients will only meet the criteria within this policy where 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 and the IFR team should be approached for advice.
3. All patients must be referred for an initial assessment, and where appropriate conservative management, to commissioned musculoskeletal services. Musculoskeletal services will assess a patient's suitability for surgery including: reference to this policy, manage patients conservatively when possible and where appropriate refer patients to secondary care for further management of their condition.

   All BNSSG Patients – http://www.sirona-cic.org.uk/nhsservices/adult-services/musculoskeletal-msk-physiotherapy/
4. For patients who do not qualify for a referral to, or do not wish to be assessed by, musculoskeletal services, individual funding approval must be secured by primary care prior to referring patients seeking advice and/or corrective surgery in secondary care. 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.
5. On limited occasions, the ICB may approve funding for a further assessment in secondary care 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.

6. Where funding approval is given by the Individual Funding Request Panel, it will be available for a specified period of time, normally one year.
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)
8. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing (ASH, 2016)
9. Patients' (and carers' as appropriate) expectations of surgery, and the likely degree of additional benefit that may be obtained from surgery compared with continuing conservative management, must have been discussed in primary care. Patients must have been made aware of and given an opportunity in primary care to complete the Decision Aid tool on knee arthroscopy surgery. These decision aids can be found here:

   All BNSSG Patients – http://www.sirona-cic.org.uk/nhsservices/adult-services/musculoskeletal-msk-physiotherapy/

Background / Purpose and Scope

A Knee Arthroscopy is a surgical technique whereby a small telescope is inserted into a joint to inspect, diagnose and treat intra-articular problems. Knee irrigation or washout involves flushing the joint with fluid, which is introduced through small incisions in the knee and this treatment is not routinely funded by the ICB.

Efficacy of Knee Arthroscopy

Arthroscopic partial meniscectomy is one of the most common orthopaedic procedures, yet rigorous evidence of its efficacy is lacking. In a recent trial involving patients without knee osteoarthritis but with symptoms of a degenerative medial meniscus tear, the outcomes after arthroscopic partial meniscectomy were no better than those after a sham surgical procedure. (Sihvonen R1 & Group, 2014)

In addition, the Evidence Development and Standards Branch, Health Quality Ontario conducted a literature search for studies published from January 2005 to February 2014 and concluded that The evidence does not show the superiority of arthroscopic debridement with or without meniscectomy in patients with osteoarthritis of the knee or with meniscal injury from degenerative causes. (Evidence Development and Standards Branch, Health Quality Ontario , 2014)
This policy reflects this clinical evidence.

Risks

A knee arthroscopy is generally considered to be a safe procedure, but like all types of surgery

it does carry some risks. It's normal to experience short-lived problems such as swelling, bruising, stiffness and discomfort after an arthroscopy. These will usually improve during the days or weeks following the procedure.

More serious problems are much less common, occurring in less than 1 in 100 cases. They include:

- a blood clot deep vein thrombosis (DVT) can cause pain and swelling in the affected limb
- infection inside the joint/septic arthritis can cause a high temperature (fever), pain and swelling in the joint
- bleeding inside the joint which often causes severe pain and swelling
- accidental damage to the nerves that are near the joint – this can lead to numbness and some loss of sensation, which may be temporary or permanent

NOTE:

If clinical assessment suggests the patient may have a "Red flag" condition and therefore arthroscopy 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. (NHS Choices,2015)

Policy Criteria

The ICB will fund knee arthroscopy in patients only where:

Clinical examination (or MRI scan) has demonstrated clear evidence **of a new episode* of** internal joint derangement (i.e. ligament rupture or loose body within the knee)

OR

The patient is suffering with regular clinically significant mechanical symptoms such as true knee locking or the knee is unstable *i.e. giving way*.

OR

The patient is suffering confirmed Meniscal Tear with regular clinically significant mechanical symptom. (such as catching, locking, instability or giving way).

AND

Connservative management over a period of at least 3 months has been fully explored, and complied with, but treatment has failed. Conservative management can include advice, physio and support from the musculoskeletal services and pain management with non-steroidal anti-inflammatory drug (NSAID) painkillers. A trial of conservative management should be the first-line treatment for all patients with degenerative meniscal tears. (Khan M, 2014)

Evidence of symptoms and compliance with conservative management must be documented in the patient's clinical records and demonstrated in any referral to secondary care.

*New Episode: A new episode is defined as a new event / tear or loose body which is independent to the previous event / injury which resulted in the need for the original Knee Arthroscopy. Patients must meet all required criteria for each new event

Continued Below

***Surgery Failure: Where approval has been given under this policy and there is a proven failure of treatment outcome noted at the subsequent follow up appointment, then responsibility lies with the Surgical Provider to readdress the ongoing issue under the original funding approval.**

Exclusions:

Knee arthroscopy is not routinely commissioned for the following indications and funding approval with supporting clinical evidence will need to be sought via the IFR route where there are exceptional circumstances present:

- Arthroscopic knee washout (lavage and debridement) should not be used as a treatment for osteoarthritis because it is clinically ineffective.

OR

- The patient has previously had an arthroscopy to treat the affected knee resulting in the resolution of the tear which has now re-occurred.

OR

- Intractable knee pain even if considered likely the patient has the potential to benefit from arthroscopic treatment according to assessment by a Consultant Knee Surgeon.

OR

- For diagnostic purposes only.

For more guidance please see https://remedy.bnssgccg.nhs.uk/

Due Regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB's are responsible, including policy development and review.

Consideration has been given to this policy and the development process of the above criterion following the recent NHSE Evidence-Based Interventions (EBI) recommendations and

local clinicians have confirmed that this criteria supports the recommendations made in regard to the current clinical evidence available.

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 at the ICB's Individual Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

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 at the ICB's Individual Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on **BNSSG.customerservice@nhs.net .**

Connected Policies

Knee Replacement: Treatment will not be offered under this policy. Clinicians should refer to the intervention specific policy.

This policy has been developed with the aid of the following references:

Ash. (2016). *Ash.org.uk.* Retrieved Sept 24, 2018, from www.ash.org.uk: www.ash.org.uk/briefings

Evidence Development and Standards Branch, Health Quality Ontario . (2014). *Arthroscopic Debridement of the Knee: An Evidence Update.* Ontario: Ontarioa Health Technology Assessment Series.

Khan M, E. N. (2014). Arthroscopic surgery for degenerative tears of the meniscus: a systematic review and meta-analysis. *Canadian Medical Association Journal*.

NHS Choices. (2015, April 27). *NHS Choices*. Retrieved from Arthroscopy: http://www.nhs.uk/Conditions/Arthroscopy/Pages/Introduction.aspx

NHS England Medical directorate and Strategy and Innovation directorate. (n.d.). *https://www.england.nhs.uk/publication/evidence-based-interventions-response-to-the-public-*

consultation-and-next-steps/. Retrieved 04 29, 2019, from https://www.england.nhs.uk/evidence-based-interventions/ebi-programme-guidance/: https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-consultation-response-document-v2.pdf

NICE. (n.d.). *Arthroscopic knee washout, with or without debridement, for the treatment of osteoarthritis.* Retrieved from www.nice.org.uk: https://www.nice.org.uk/guidance/ipg230/chapter/1-guidance

Pain, E. (2019). *Enabling Self-management and Coping With Arthritic Pain Using Exercises*. Retrieved May 13, 2019, from Escape Pain: https://escape-pain.org/

Professional, B. A. (n.d.). *https://baskonline.com/professional/clinical-care/meniscal-surgery-guidelines/*. Retrieved 04 29, 2019, from https://baskonline.com: https://baskonline.com/professional/clinical-care/meniscal-surgery-guidelines/

Sihvonen R1, P. M., & Group, F. D. (2014). Arthroscopic partial meniscectomy versus sham surgery for a degenerative meniscal tear. *The New England Journal of Medicine*.

Thelwall, S. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, vol. 21, no. 11, p. 1008.e1.

Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases,* , vol. 21, no. 11, p. 1008.e1.

OPCS Procedure codes

Procedures challenged in this policy:
OPCS Code: W801,W802,W803,W808,W809, W821, W822, W823, W824, W825, W826, W827, W828, W829, W851, W852, W853, W854, W855, W856, W857, W858, W859,W861,W868,W869, W871, W878, W879 , W881,W888,W889 or W833, W831, W832, W834, W835, W836, W837, W838, W839, W84, W840, W841, W842, W843, W844, W845, W846, W847, W848, W849 with Z846
Relevant diagnoses for this policy:
ICD10 Code: None
Diagnoses for which the above procedures are permitted:
ICD10 Codes: M361, M00, M01, M010, S724, S728, S729, S821, S829, M87, M870, M17, M170, M171, M172, M173, M174, M175, M176, M177, M178, M179, S82, S820