NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

# Commissioning Policy

## Open or Arthroscopic Femoro-Acetabular Surgery for Hip Pain including Impingement

### Criteria Based Access

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Shaping better health

## Document Control

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# Version Control

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| 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 “intermediate care”. |
| 1617.1.02 | 26/03/2018 | IFR Coordinator | Rebranded to BNSSG CCG |
| 1819.2.00 | 26/10/2018 | Commissioning Policy Development Support Officer | Smoking and BMI references updated, BNSSG branding refreshed, PALS update. Approved on 14th February 2019 by Commissioning Executive. |
| 1920.1.00 | 29/04/2019 | Commissioning Policy Development Support Officer | Removal of SFI criteria, adding pain assessment chart. |
| 1920.1.01 | 03/06/2019 | Commissioning Policy Development Manager | Admin Corrections for CPRG and inclusion of OPCS codes. |
| 1920.1.0 | 03/06/2019 | Commissioning Policy Development Manager | Admin Corrections post CPRG and inclusion Remedy Link. |
| 2021.1.00 | 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**

# Open or Arthroscopic Femoro-Acetabular Surgery for Hip Pain including Impingement Policy

## General Principles

**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 Exceptional Funding Request Panel.**

1. Clinicians should assess the patients against the criteria within this policy prior to referring patients seeking treatment. Referring patients to secondary care that do not meet these criteria 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.
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 EFR team should be approached for advice.
3. On limited occasions, the CCG 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.
4. Where funding approval is given by the Exceptional Funding Request Panel, it will be available for a specified period of time, normally one year.
5. 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)
6. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing (ASH, 2016)
7. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination,

harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

8. 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/

9. For patients who do not qualify for a referral to secondary care 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.

10. 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 before onward referral to secondary care. NICE are now leading on Shared Decision Making.

## Background / Purpose and Scope

**Hip Arthroscopy Surgery**

Hip arthroscopy may relieve painful symptoms of many problems that damage the labrum, articular cartilage, or other soft tissues surrounding the joint. Although this damage can result from an injury, other orthopaedic conditions can lead to these problems, such as:

- **Femoroacetabular or HIP impingement (FAI)** is a disorder where abnormal bony shape or spur around the socket or the femoral head causes damage.
- **Torn Labrum** – The labrum of the acetabulum is the cartilage rim of the joint that makes it a bit deeper and helps provide a suction seal for the fluid in the joint. Sometimes this can get torn and lead to episodes of acute pain in the hip with sometimes a feeling of giving way.
- **Loose bodies** – Loose pieces of cartilage or bone can sometimes form in the joint for a variety of reasons and these can get caught between the bone surfaces leading to pain.

Appropriate imaging such as X-Rays can be used to support diagnosis.

**Femoroacetabular or Hip Impingement Surgery**

Hip impingement syndrome is caused by unwanted contact between abnormally shaped parts of the head of the thigh bone and the hip socket. This results in limited hip movement and pain.

Femoroacetabular impingement is characterized by abnormal contact between the femoral head/neck and acetabulum (ball & socket). There are two described types:

- "Cam" impingement is defined as an abnormality of the anterolateral femoral head/neck junction
- "Pincer" impingement is described as over coverage of the acetabulum over the femoral
- head causing abnormal compressive forces between the rim of the acetabulum and the femoral head/neck during hip movement.

In the majority of cases (86%), cam and pincer forms exist together i.e. "mixed impingement". The aim of femoro-acetabular surgery is to reduce pain and improve range of movement . It is believed that it may also help prevent hip arthritis in later life, although longer term studies are needed to prove this.

**Open Surgery**

With the patient under general anaesthesia, the joint is opened and dislocated so that the surgeon can see both of the bones in the hip joint. The surgeon removes some of the cartilage or bone, with the aim of reshaping the joint surface.

**Arthroscopic Surgery**

With the patient under general anaesthesia, a special camera (called an arthroscope) is inserted into the hip joint through a small incision. Using instruments inserted through one or two additional incisions, the surgeon removes some of the cartilage and bone, with the aim of reshaping the joint surface and repairing or removing any torn labrum. Unlike open surgery, in arthroscopic surgery the hip joint does not need to be dislocated, and recovery is quicker. (NICE, 2011)

**NICE Recommendations on Surgery Provision**

Current evidence on the efficacy of femoro–acetabular surgery for hip impingement syndrome is adequate in terms of symptom relief in the short and medium term. With regard to safety, there are well recognised complications. Therefore this procedure may be used provided that normal arrangements are in place for clinical governance, consent and audit with local review of outcomes.

The British Hip Society has established a register for open and arthroscopic femoro–acetabular surgery for hip impingement syndrome and clinicians should submit details of all patients undergoing this procedure to the register. (British Hip Society, 2016) One of the main purposes of the register is to provide information about long-term outcomes. It is important that both the register and other studies report details of patient selection to allow clear understanding of these outcomes.

Open femoro–acetabular surgery for hip impingement syndrome involves major surgery with the potential for serious complications and should only be undertaken by surgeons who are well-trained and highly experienced in this type of procedure. Arthroscopic femoro–acetabular

surgery for hip impingement syndrome should only be carried out by surgeons with specialist expertise in arthroscopic hip surgery.

NICE have produced Interventional Procedure Guidance 408 which sets out the risk of surgery for patients. (NICE, 2011)

## Classification of Pain Level and Functional Impairment

This guide below is produced to support all clinicians and patients in classifying the pain and/or impairment suffered due to their condition in order to judge whether it is the appropriate time to refer a patient to secondary care.

**Pain Levels:**

Slight

- Sporadic pain.
- Pain when climbing/descending stairs.
- Allows daily activities to be carried out (those requiring great physical activity may be limited).
- Medication, aspirin, paracetamol or NSAIDs to control pain with no/few side effects.

Moderate

- Occasional pain.
- Pain when walking on level surfaces (half an hour, or standing).
- Some limitation of daily activities.
- Medication, aspirin, paracetamol or NSAIDs to control with no/few side effects.

Intense

- Pain of almost continuous nature.
- Pain when walking short distances on level surfaces or standing for less than half an hour.
- Daily activities significantly limited.
- Continuous use of NSAIDs for treatment to take effect.
- Requires the sporadic use of support systems walking stick, crutches).

Severe

- Continuous pain.
- Pain when resting.
- Daily activities significantly limited constantly.
- Continuous use of analgesics - narcotics/NSAIDs with adverse effects or no response.
- Requires more constant use of support systems (walking stick, crutches).

**Functional Impairment**

Minor

- Functional capacity adequate to conduct normal activities and self-care
- Walking capacity of more than one hour
- No aids needed

Moderate

- Functional capacity adequate to perform only a few or none of the normal activities and self-care
- Walking capacity of between thirty minutes to an hour
- Aids such as a cane are needed

Severe

- Largely or wholly incapacitated
- Walking capacity of less than half hour or unable to walk or bedridden
- Aids such as a cane, a walker or a wheelchair are required

**Clinician's Guide: When and Where to Refer?**

| Pain / Functional Impairment | Minor | Moderate | Severe |
|---|---|---|---|
| **Slight** | Manage Conservatively in Primary Care – do not refer without funding approval | Manage Conservatively in Primary Care – do not refer without funding approval | Consider a referral to MSK for further conservative management and advice MSK to manage conservatively |
| **Moderate** | Manage Conservatively in Primary Care – do not refer without funding approval | Manage Conservatively in Primary Care – do not refer without funding approval | Consider a referral to MSK for further conservative management and advice MSK to manage conservatively |
| **Intense** | Consider a referral to MSK for further conservative management and advice MSK to manage conservatively | MSK Review and where appropriate referral to Secondary Care | MSK Review and where appropriate referral to Secondary Care |
| **Severe** | Consider a referral to MSK for further conservative management and advice MSK to manage conservatively | MSK Review and where appropriate referral to Secondary Care | Consider referral immediately if risk of losing mobility |

**POLICY CRITERIA – COMMISSIONED**

**CRITERIA BASED ACCESS**

In addition to the condition specific criteria below, funding approval for surgical treatment will only be provided by the CCG for patients meeting these general criteria set:

1. The clinician has ensured that the patient understands what is involved, is aware of the serious known complications outlined in NICE patient information and agrees to the treatment knowing that there is only evidence of symptom relief in the short and medium term,

**AND**

2. The patient has fully engaged with conservative therapy for at least 3 months including activity modifications, restriction of exercise and avoidance of symptomatic motion (clearly detailed throughout the patient's primary care record or via Musculoskeletal Services' letters or other clinic letters), has failed to improve the patient's or the symptoms of the patient

**AND**

3. Diagnosis has been confirmed by appropriate investigations including X-Rays, MRI and/or CT scans.

Note: In order to comply with NICE recommendations:

- the surgeon must have completed specialist training and have experience of providing arthroscopic hip surgery and for each case should include discussion of each case with a specialist musculoskeletal radiologist; and

- the provider must seek patient consent and, where agreed, provide full data on100% patients undergoing this procedure to the British Hip Society register (British Hip Society, 2016) to support assessment of long term outcomes as well as undertake local review of cases to monitor safety and short term outcomes.

**Condition Specific Criteria Policy - CRITERIA BASED ACCESS**

**Labral Tears and/or Loose Body Treatment**

The CCG will fund open or arthroscopic hip surgery ONLY when patients fulfil **all** of the criteria numbered 1 to 3 above and the following criterion:

4. The patient is experiencing moderate-to-severe hip pain that is worsening by flexion activities (e.g., squatting or prolonged sitting or climbing stairs)

**Condition Specific Criteria Policy - CRITERIA BASED ACCESS**

**Femoro-acetabular or Hip Impingement**

The CCG will fund open or arthroscopic hip surgery for the treatment of femoro-acetabular impingement (FAI) ONLY when patients fulfil **all** of the criteria numbered 1 to 4 above and the following criterion:

5. Patients should be skeletally mature (i.e. they should be 19 and have completed puberty).

**AND**

6. Have severe symptoms typical of FAI with:
   - 6.1. The symptoms lasting for a period of least six months (clearly detailed throughout the patient's primary care record or via Musculoskeletal Services' letters or other clinic letters).

**OR**

   - 6.2. Compromised function, which requires urgent treatment within a 6-8 months time frame,

**OR**

   - 6.3. Where failure to treat early is likely to significantly compromise surgical options at a future date.

**Exclusions**

The CCG will not routinely fund hip arthroscopy in patients with femoro-acetabular impingement where any of the following criteria apply:

- Patients with advanced Osteo-Arthritic change on preoperative X-ray or severe cartilage injury.
- Patients with a joint space on plain radiograph of the pelvis that is less than 2mm wide anywhere along the sourcil.
- Patients who are a candidate for hip replacement.
- Any patient with severe hip dysplasia or with a Crowe grading classification of 4.
- Patients with osteogenesis imperfecta.
-

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

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

## 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 CCGs are responsible, including policy development and review.

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

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

**Hip Replacement:** Treatment will not be offered under this policy. Clinician's 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

British Hip Society. (2016, April). *Non Arthroplasty Hip Register - NAHR*. Retrieved April 14, 2016, from British Hip Society : https://www.britishhipsociety.com/main?page=NAHR

NICE. (2011, July). *NICE*. Retrieved from Open femoro–acetabular surgery for hip impingement syndrome: https://www.nice.org.uk/guidance/ipg403

NICE. (2011, September). *NICE*. Retrieved from Arthroscopic femoro–acetabular surgery for hip impingement syndrome: https://www.nice.org.uk/guidance/ipg408

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.

## OPCS Procedure codes

Procedures challenged in this policy:
OPCS Code: W582,W588,W589,W580,W838,W898 W581, Z843, or W844 with Z843
Relevant diagnoses for this policy:
ICD10 Code: M248, Q658
Diagnoses for which the above procedures are permitted:
ICD10 Codes: M16, M160, M161, M162, M163, M164, M165, M166, M167, M168, M169