1. Introduction

1.1 This document is part of a suite of policies adopted by the Commissioning Organisation to drive its commissioning of health and healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to policies in that suite.

1.2 This policy relates to the commissioning of endoscopic procedures on the knee joint cavity. These procedures include:

- Removal/repair of torn meniscus
- Reconstruction of ACL or PCL
- Plica resection
- Lateral release
- Autologous chondrocyte implantation
- Arthroscopic washout
- Diagnostic arthroscopy

2. Definition

2.1 Endoscopic procedures on the knee joint cavity have the intended outcome of diagnosing or treating conditions affecting the knee joint. These conditions include:

- Damaged ligaments or cartilage
- Patello-femoral syndrome
- Plica syndrome
- Loose bodies within the knee joint

2.2 The Commissioning Organisation recognises that a patient may:

- suffer from one of the conditions listed in 2.1 above.
- wish to have a service provided for their condition,
- be advised that they are clinically suitable for an endoscopic procedure on the knee joint cavity, and
- be distressed by their condition, and by the fact that they may not meet the criteria specified in this commissioning policy.

Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

3. Appropriate Healthcare

3.1 The Commissioning Organisation considers that the purpose of this intervention places it within the category of services that are appropriate for commissioning under Category 1. Therefore it will be commissioned by the Commissioning Organisation if it also satisfies the criteria for effectiveness, cost effectiveness and ethical delivery.

4. Effective Healthcare

4.1 The Commissioning Organisation recognises that endoscopic procedures on the knee joint cavity are effective in the following circumstances:

- Endoscopic plica resection for the second line treatment of patients with plica syndrome in whom conservative management has failed
- Endoscopic procedures for the management of patellofemoral pain syndrome as a second line treatment in patients in whom conservative management has failed
• Arthroscopic repair of mechanical damage to the cartilage and ligaments of the knee joint for patients who have MRI confirmation of injury and/or specialist clinical opinion that the benefits of the procedure outweigh the risk of harm.

4.2 The Commissioning Organisation considers that endoscopic procedures on the knee joint are not effective in the following circumstances:
• Arthroscopic washout or debridement of an osteoarthritic knee in the absence of mechanical locking.
• Autologous Chondrocyte Implantation for the treatment of knee problems caused by damaged articular cartilage.

5. Cost Effective Healthcare
5.1 The Commissioning Organisation considers that endoscopic procedures on the knee joint cavity are cost effective in 4.1 above.
5.2 The Commissioning Organisation considers that endoscopic procedures on the knee joint cavity are not cost effective in 4.2 above.
5.3 The Commissioning Organisation considers that diagnostic arthroscopy of the knee joint is not cost effective.

6. Ethical Healthcare
6.1 The Commissioning Organisation considers that endoscopic procedures on the knee joint cavity satisfy the criterion of ethical healthcare.

7. Policy
7.1 The Commissioning Organisation commissions endoscopic procedures on the knee joint cavity in the following circumstances:
• Where an MRI scan has shown evidence of mechanical damage to the ligaments and/or cartilage AND/OR the documented specialist clinical opinion is that the benefit of the procedure outweighs the risk of harm
• Where the procedure is to undertake plica resection in patients with symptomatic plica syndrome in whom conservative management for a period of at least 6 months has not been successful
• Where the procedure is to undertake a lateral release in patients with patellofemoral pain syndrome in whom conservative management for a period of at least 6 months has not been successful
7.2 The Commissioning Organisation does not commission endoscopic procedures on the knee joint cavity in the following circumstances:
• To determine the diagnosis of knee symptoms in the absence of a prior MRI scan
• Where the procedure is to undertake a washout or debridement of an osteoarthritic knee in the absence of mechanical locking.
• Where the procedure is undertaken to treat chondral defects by re-establishing the articular surface of the knee joint (e.g. Autologous Cartilage Implantation, marrow stimulation techniques including abrasion arthroplasty, drilling and microfracture and mosaicplasty/osteochondral transplantation)

8 Exceptions
8.1 The Commissioning Organisation will consider exceptions to this policy. This policy is based on criteria of appropriateness, effectiveness, cost effectiveness and ethical issues. A successful request to be regarded as an exception is likely to be based on evidence that the patient differs from the usual group of patients to which the policy applies, and this difference substantially changes the application of those criteria for this patient. Requests for funding for endoscopic procedures on the knee joint cavity under exceptional circumstances may be submitted to the Commissioning
Organisation’s Individual Funding Request Panel. (See Policy for Individual Funding Requests)

9. Force

9.1 This policy remains in force for a period of four years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner.