Blackpool CCG

Policies for the Commissioning of Healthcare

Policy for Hip Arthroscopy

1 Introduction

1.1 This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to other policies in that suite.

1.2 This policy is based on the CCG’s statement of Principles for Commissioning of Healthcare.

2 Scope and definitions

2.1 Hip arthroscopy is a surgical technique in which a small telescope is inserted into the hip joint (femoro-acetabular cavity) for the purpose of inspecting, treating or irrigating (washing out) the hip joint. Arthroscopy thus represents a less invasive approach than open surgery in applications such as reducing hip impingement.

2.2 This policy relates to endoscopic procedures of the hip joint which have the intended outcome of diagnosing or treating conditions affecting the hip joint. These conditions include:
   - Labral tears and cartilage damage.
   - Osteoarthritis.
   - Loose bodies in the joint.
   - Snapping hip syndrome.
   - Hip impingement syndrome (Femoro-acetabular Infringement Syndrome – FAI).
   - Septic arthritis of the hip.
   - Hip plica.

2.3 Endoscopic procedures of the hip joint cavity include:
   - Removal of torn labrum or damaged cartilage.
   - Removal of loose bodies.
- Arthroscopic washout.
- Release of structures causing impingement.
- Debridement and washout of infection.
- Diagnostic arthroscopy.

<table>
<thead>
<tr>
<th>2.4</th>
<th>The CCG recognises that a patient may have certain feature, such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• suffer from one of the conditions listed in 2.2 above,</td>
</tr>
<tr>
<td></td>
<td>• wish to have a service provided for their condition,</td>
</tr>
<tr>
<td></td>
<td>• be advised that they are clinically suitable for a hip</td>
</tr>
<tr>
<td></td>
<td>arthroscopy, and be distressed by their condition, and by</td>
</tr>
<tr>
<td></td>
<td>the fact that that they may not meet the criteria specified in</td>
</tr>
<tr>
<td></td>
<td>this commissioning policy.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>3</th>
<th>Appropriate Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>The CCG considers that the purpose of endoscopic procedures on the hip joint cavity is to improve the health of patients by reducing pain, discomfort and disability. This places them within the category of interventions that accord with the Principle of Appropriateness in the Statement of Principles. Therefore they will be commissioned by the CCG if they also satisfy the criteria for effectiveness, cost effectiveness and ethical delivery.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>Effective Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>The CCG considers that there is some evidence of the effectiveness of Hip Arthroscopy for hip impingement syndrome in the relief of pain and other symptoms, at least in the short-medium term. There is insufficient evidence with which to draw firm conclusions regarding the effectiveness of endoscopic procedures on the hip joint cavity in the longer term.</td>
</tr>
</tbody>
</table>

| 4.2 | The National Institute for Health and Clinical Effectiveness (NICE) released guidance on arthroscopic femoro-acetabular surgery for hip impingement syndrome (Interventional Procedure Guidance (IPG213)) in 2007. This concluded that evidence on the safety and efficacy of this procedure did not appear adequate for it to be used without special arrangements for consent and for audit or research. |

| 4.3 | In 2011, NICE reviewed this guidance (IPG408) and noted methodological drawbacks in the included studies, a lack of RCT evidence and lack of longer term evidence of outcomes beyond two years, however the review concluded “current evidence on the efficacy of arthroscopic femoro–
acetabular surgery for hip impingement syndrome is adequate in terms of symptom relief in the short and medium term.” The guidance concludes that the procedure may be used provided that normal arrangements are in place for clinical governance, patient consent, submission of patient data to the British Hip Society Register and local review of outcomes.

4.4 The Cochrane MSK Group Review of Surgery for hip impingement (femoroacetabular impingement), 2014 6 considered the evidence base for this indication. It concluded that there was no evidence to either support or discourage the use of surgical procedures for femoro-acetabular impingement compared with alternative treatments. The review also noted that four randomised trials are currently underway with results appearing within the next three years which directly compare surgical and physiotherapy-led management of hip impingement.

4.5 The CCG recognises that there is some evidence on non-surgical treatment of Hip Impingement, including pain control, activity modification and physiotherapy. However studies are of low quality and heterogeneous with a variety of outcome measures 7. The clinical trials currently underway, such as the FASHION study 8, will provide evidence on the relative effectiveness of surgical and non-surgical approaches such as physiotherapy-led care.

4.6 There is limited evidence of effectiveness to support the use of hip arthroscopy in the treatment of acetabular labral tears, extra-articular lesions, septic arthritis, loose bodies, for mild/moderate osteoarthritis and as a diagnostic tool 2,4. However there is evidence to support the use of the approach in the case of trauma associated loose bodies or labral tears associated with acute injury. 5

5 Cost Effectiveness

5.1 Due to the lack of reliable information about medium-long term outcomes and costs, it is not possible to demonstrate hip arthroscopy for Femoro-acetabular Impingement as a cost effective intervention. As endoscopic procedures on the hip joint for this indication do not satisfy the CCG’s principle of effectiveness, it is unnecessary to consider cost effectiveness.

5.2 For indications such as trauma-related hip damage, including radiologically proven loose bodies within the hip joint or radiologically proven labral tears, where arthroscopy avoids the need for open hip surgery, arthroscopic approaches may represent a cost effective alternative 9.

6 Ethics

6.1 As endoscopic procedures for Femoro-acetabular Impingement of the hip joint cavity do not satisfy the CCG’s principles of effectiveness, it is
unnecessary to consider the criterion of ethical healthcare.

7 Affordability

7.1 The CCG does into call into question the affordability of Hip Arthroscopy for Femoro-acetabular Impingement and therefore this policy does not rely on the Principle of Affordability. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.

8 Policy

8.1 The CCG will only commission endoscopic procedures of the hip for the following

- The removal of radiologically proven loose bodies in the hip joint cavity, for example, following hip surgery or trauma, where alternative treatment would involve open surgery.

- The excision of radiological proven labral tears associated with an acute traumatic episode, in the absence of Femoro-acetabular Impingement, Osteoarthritis, or other pathology and in which more conservative methods, including activity modification and physiotherapy have failed.

These procedures will only be commissioned if the following requirements are met:

- It is provided by surgeons with specialist expertise in arthroscopic hip surgery.
- Normal arrangements are in place for clinical governance consent and audit with local audit of outcomes.
- The provider undertakes local review of cases to monitor safety and short term outcomes, including pain and functional scorings, which will be shared with the CCG.
- 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 the evidence may only support symptom relief in the short to medium term.

The CCG will not routinely commission arthroscopic procedures on the hip joint cavity for Femoro-acetabular Impingement.

The CCG will not routinely commission the use of hip arthroscopy for other pathologies or conditions, including its application as a diagnostic tool, in joint washout or in Osteoarthritis.
9 Exceptions

9.1 The CCG 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 hip arthroscopy under exceptional circumstances may be submitted to the CCG’s Individual Funding Request Panel. (See Policy for Individual Funding Requests for guidance on exceptionality and application process.)

10 Force

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

11 References


*Date of adoption: January 2017*

*Date for review: January 2018*