

Place name CCG

Policies for the Commissioning of Healthcare

Policy for Elective Endoscopic Procedures on the Knee Joint Cavity

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 CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
2	Scope and definitions
2.1	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.
2.2	The scope of this policy includes requests for an endoscopic procedure on the knee joint cavity for patients 16 and over. Procedures include: <ul style="list-style-type: none"> • Removal/repair of torn meniscus • Lateral release • Arthroscopic washout • Diagnostic arthroscopy • Plica reconstruction • Autologous chondrocyte implantation • Micro fracture • Reconstruction of the anterior cruciate ligament (ACL) or posterior cruciate ligament (PCL) (not subject to prior approval)
2.3	Endoscopic procedures on the knee joint cavity have the intended outcome of diagnosing or treating conditions affecting the knee joint. These conditions include: <ul style="list-style-type: none"> • Damaged ligaments or cartilage • Loose bodies within the knee joint • Patellofemoral syndrome • Plica syndrome
2.4	The CCG recognises that a patient may: <ul style="list-style-type: none"> • Suffer from one of the conditions listed in 2.3 • 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 these procedures is to improve the health of patients by reducing pain, discomfort and disability and, therefore, accords with the Principle of Appropriateness in the <i>Statement of Principles</i> .
4	Effective Healthcare
4.1	<p>The Commissioning Organisation recognises that endoscopic procedures on the knee joint cavity are effective in the following circumstances:</p> <ul style="list-style-type: none"> • Arthroscopic repair of mechanical damage to the cartilage and ligaments of the knee joint cavity for patients who have MRI confirmation of injury and where the specialist opinion that the benefits of the procedure outweigh the risk of harm. • Endoscopic procedures for the management of patellofemoral pain syndrome where there is lateral facet overload, when an x-ray/MRI is carried out prior to consideration of arthroscopy.
4.2	<p>The Commissioning Organisation considers that endoscopic procedures on the knee joint cavity are not effective in the following circumstances:</p> <ul style="list-style-type: none"> • Arthroscopic washout or debridement of an osteoarthritic knee in the absence of mechanical locking • To determine the diagnosis of knee symptoms in the absence of a prior MRI scan, except where an MRI scan is contraindicated. • Endoscopic plica resection for the second line treatment of patients with plica syndrome in whom conservative management has failed. • Autologous chondrocyte implantation for the treatment of knee problems caused by damaged articular cartilage except in the context of ongoing or new clinical studies that are designed to generate robust and relevant outcome data, including the measurement of health related quality of life and long-term follow-up (11.3). • Micro fracture for the management of articular cartilage lesions.
5	Cost Effectiveness
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 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 Cost Effective in this patient before confirming a decision to provide funding.
6	Ethics
6.1	The Commissioning Organisation recognises that endoscopic procedures on the knee joint cavity satisfy the criteria within the 'Ethical' component of the <i>Statement of Principles</i> .
7	Affordability
7.1	The Commissioning Organisation recognises that this policy satisfies the criteria within the 'Affordability' component of the <i>Statement of Principles</i> .
8	Policy
8.1	The commissioning organisation commissions endoscopic procedures on the knee joint cavity in the following circumstances:
8.1.1	Where an MRI scan has shown evidence of mechanical damage to the ligaments and /or cartilage.
	OR
8.1.2	Where the patient has a locked knee (mechanical block to extension) that has not responded to at least 3 months of non-surgical treatment (11.2)
	OR
8.1.3	There is a palpable loose body or a loose body seen on x-ray which is considered to be causing symptoms of pain and disability.
	OR
8.1.4	haemarthrosis or osteochondral injury on x-ray.
	OR
8.1.5	Where the procedure is to undertake a lateral release in patients with patellofemoral pain syndrome where there is lateral facet overload and when x-ray/MRI is carried out prior to consideration of arthroscopy.
	OR
8.1.6	Where the MRI scan is inconclusive or contraindicated, it will be for the specialist to make a clinical judgement on whether an arthroscopy is required,

	based on the patients' history and findings.
8.1.7	AND The documented specialist clinical opinion is that the benefit of the procedure outweighs the risk of harm. This includes those patients for whom an MRI scan is contraindicated.
8.2	The commissioning organisation does not commission endoscopic procedures on the knee joint cavity in the following circumstances:
8.2.1	Where the procedure is to undertake a washout or debridement of an osteoarthritic knee in the absence of mechanical locking
8.2.2	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 micro fracture and mosaicplasty/osteochondral transplantation
8.2.3	Endoscopic plica resection for the second line treatment of patients with plica syndrome in whom conservative management has failed.
8.2.4	To determine the diagnosis of knee symptoms in the absence of a prior MRI scan, except where an MRI scan is contraindicated.
9	Exceptions
9.1	The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
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.
10.2	In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then: <ul style="list-style-type: none"> • If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory. • If the new NICE guidance does not have mandatory status, then the CCG will aspire to review and update this policy accordingly. However, until the CCG adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this CCG are concerned.
11	References
	1. NICE CG177 (2014)

	<ol style="list-style-type: none">2. NICE IPG 230 (2007)3. NICE TA 89 (2005)4. Commissioning Guide: Painful osteoarthritis of the Knee. British Association of Knee Surgery (BASK) and British Orthopaedic Association (BOA). (2013)
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Date of adoption
Date for review

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