

Chorley and South Ribble Clinical Commissioning Group and Greater Preston Clinical Commissioning Group (CCG)

Policies for the Commissioning of Healthcare

Pan-Lancashire policy for Hip Arthroscopy

	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	Policy Criteria
1.1	The CCG considers that endoscopic procedures on the hip joint cavity do not accord with the Principle of Effectiveness and therefore the CCG will not normally commission hip arthroscopies.
2	Scope and definitions
2.1	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).
2.2	Hip arthroscopy is a surgical technique in which a small camera (arthroscope) is inserted into the hip joint (femoro-acetabular cavity).
2.3	<p>This policy relates to endoscopic procedures of the hip joint which have the intended outcome of diagnosing or treating conditions affecting the hip joint. Conditions include but are not limited to:</p> <ul style="list-style-type: none"> • 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.
2.4	<p>Endoscopic procedures of the hip joint cavity include, but are not limited to:</p> <ul style="list-style-type: none"> • Removal of torn labrum or damaged cartilage. • Removal of loose bodies. • Arthroscopic washout.

	<ul style="list-style-type: none"> • Release of structures causing impingement. • Debridement and washout of infection. • Diagnostic arthroscopy.
2.5	<p>The CCG recognises that a patient may have certain feature, such as:</p> <ul style="list-style-type: none"> • suffer from one of the conditions listed in 2.2 above, • wish to have a service provided for their condition, • be advised that they are clinically suitable for a hip arthroscopy, and • be distressed by their condition, and by the fact that that they may not meet the criteria specified in this commissioning policy. <p>Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p>
3	Appropriate Healthcare
3.1	The purpose of a hip arthroscopy is normally to inspect, treat or irrigate the hip joint to improve the health of patients by reducing pain, discomfort and disability.
3.2	The CCG regards the achievement of this purpose as according with the Principle of Appropriateness. Therefore, this policy does not rely on the principle of appropriateness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider the principle of appropriateness in the particular circumstances of the patient in question before confirming a decision to provide funding.
4	Effective Healthcare
4.1	<p>This policy relies on the criterion of effectiveness as the CCG considers:</p> <ul style="list-style-type: none"> • there is insufficient evidence upon which to draw firm conclusions regarding the long-term effectiveness of endoscopic procedures on the hip joint cavity.¹ • with regards to safety, there are well recognised complications associated with the procedure.¹
5	Cost Effectiveness
5.1	The CCG does not call into question the cost-effectiveness of hip arthroscopy and therefore this policy does not rely on the Principle of Cost-Effectiveness. 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 CCG does not call into question the ethics of hip arthroscopy and therefore this policy does not rely on the Principle of Ethics. 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 raise ethical concerns in this patient before confirming a decision to provide funding.
7	Affordability
7.1	The CCG does not call into question the affordability of hip arthroscopy 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	Exceptions
8.1	The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
8.2	In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this CCG. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.
9	Force
9.1	This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
9.2	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.
10	References
	1. National Institute for Health and Clinical Excellence, Arthroscopic femoro-acetabular surgery for hip impingement syndrome IPG408, September 2011: https://www.nice.org.uk/guidance/ipg408/chapter/1-Guidance

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Appendix 2- OPCS & ICD codes

The codes applicable to this policy are:

OPCS codes	ICD codes
Y767W888, W889, Z843	M9498, M9499, M949, M9488, M150, M240, R294, Q656, Q658, Q659, M138, M1388, M1389, M139