KNEE ARTHROSCOPY WITH OSTEOARTHRITIS EVIDENCE BASED INTERVENTIONS (EBI) POLICY

Version:	2324.v3f
Recommendation by:	NHS Somerset ICB Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	November 2023
Name of Originator/Author:	EBI Programme
Approved by Responsible Committee/Individual:	NHS Somerset ICB Clinical Executive Committee (CEC)
Publication/issue date:	March 2024
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	**NHS Somerset ICB**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Somerset Foundation Trust • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT
Application Form	Generic EBI Application

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VERSION CONTROL

Document Status:	Current policy
Version:	2324.v3f

DOCUMENT CHANGE HISTORY		
Version	Date	Comments
1718.v2	January 2019	Knee arthroscopy with and without osteoarthritis separated into 2 policies in line with the National Guidance statutory policy. CBA to EBI. IFR replaced with EBI
1819.v3	October 2020	Removal of Ligament rupture repair, inclusion of Arthroscopic Ligament rupture repair routinely commissioned, updated General Principles & EBIP process
2021.v3a	June 2021	Three-year review, no clinical amendments. Inclusion of Locked knee - Meniscal Tear Surgery CBA Policy in line with NHS England EBI List 2
2122.v3b	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v3d	November 2022	Inclusion of NICE guideline NG226
2223.v3d	March 2023	Wording change on 3.6
2223.v3e	November 2023	3-year review, no clinical amendments, re-organisation of layout, Inclusion of link for NICE guidelines NG226

Equality Impact Assessment EIA	January 2019
Quality Impact Assessment QIA	January 2019
Sponsoring Director:	Bernie Marden
Document Reference:	2324.v3f

1 GENERAL PRINCIPLES (EBI)

1.1 Funding approval must be secured prior to a referral for an assessment and/or surgery. 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

1.2 On limited occasions, we may approve funding for an assessment 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 meet the criteria to access treatment in this policy

1.3 Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed

1.4 Receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment

1.5 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate

1.6 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)

1.7 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 KNEE ARTHROSCOPY WITH OSTEOARTHRITIS POLICY – NOT COMMISSIONED

Patients who are not eligible for treatment under this policy, please refer to section 3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

2.1 Ligament Rupture

- Arthroscopic Ligament rupture repair is routinely commissioned for all patients (with or without osteoarthritis) who have not responded adequately to conservative treatment as detailed in point 2.3 b/c

- Ligament rupture surgery does not require prior approval funding

2.2 Refer to the NHS Somerset ICB **Knee Meniscal Tear Surgery CBA Policy** under the following clinical circumstances

- Where an MRI scan has demonstrated clear evidence of an internal joint derangement
- Recurrent locking of the knee
- Imaging shows
    - an unstable meniscal tear
    - loose body within the knee (with a combination of significant mechanical issues of pain, locking)

2.3 Knee arthroscopy surgery for the treatment of osteoarthritis (OA) is not commissioned by the ICB

a) NICE recommends that arthroscopic knee washout should not be used as a treatment for patients with osteoarthritis.

Arthroscopic knee washout (lavage and debridement) should not be used as a treatment for osteoarthritis because it is clinically ineffective. For further information:
https://www.nice.org.uk/guidance/ipg230/chapter/1-Guidance

b) **Treatment/Management**

- More effective treatment includes exercise programmes (e.g., Escape-pain - Self management for Arthritic pain using exercise), losing weight (if necessary) and managing pain. Osteoarthritis is relatively common in older age groups.

- Where symptoms do not resolve after non-operative treatment, referral for consideration of knee replacement, or joint preserving surgery such as osteotomy is appropriate

c) Management with topical NSAIDs or if ineffective oral NSAID (unless contra-indicated) at the lowest effective dose for the shortest possible time with PPI gastroprotection. Do not routinely offer paracetamol or weak opioids unless:

- they are only used infrequently for short-term pain relief **and**
- all other pharmacological treatments are contraindicated, not tolerated or ineffective.
- Do not offer glucosamine or strong opioids
- NICE NG226 Overview | Osteoarthritis in over 16s: diagnosis and management | Guidance | NICE

2.4 RED FLAG

If clinical assessment suggests the patient may have a "red flag" condition therefore treatment is needed urgently, refer for treatment without delay and without further reference to the criteria within this policy "red flag" conditions include:

- Septic Arthritis/infection
- Carcinoma
- Bony fracture
- Avascular necrosis
- Locked knee

2.5 Autologous chondrocyte implantation as approved by NICE is commissioned by NHS England

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

3.1 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

3.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required

3.3 Applications cannot be considered from patients personally

3.4 Only electronically completed EBI applications will be accepted to the EBI Service

3.5 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBI service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context

3.6 EBI applications are reviewed and considered against clinical exceptionality

EBI funding application are considered against clinical exceptionality. To eliminate discrimination for patients, **social, environmental, workplace, and non-clinical personal factors cannot be taken into consideration.**

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB EBI webpage Evidence Based Interventions - NHS Somerset ICB and click on the section titled Generic EBI Pathway

3.7 Where appropriate photographic supporting evidence can be forwarded with the application form

3.8 An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question

- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

4 ACCESS TO POLICY

4.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

4.2 **Or write to us**: NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

5.1 NHS England - Wave 2 EBI document

5.2 Meniscal surgery guidelines - (baskonline.com)

5.3 NICE guidance: https://www.nice.org.uk/guidance/ipg230/chapter/1- Guidance

5.4 Brignardello-Petersen R, Guyatt GH, Buchbinder R, et al Knee arthroscopy versus conservative management in patients with degenerative knee disease: a systematic review BMJ Open 2017;7:e016114. doi: 10.1136/bmjopen2017-016114`

5.5 Moseley JB, O'Malley K, Petersen NJ et al. (2002) A controlled trial of arthroscopic surgery for osteoarthritis of the knee. The New England Journal of Medicine 347: 81–8.

5.6 Hubbard MJS. (1996) Articular debridement versus washout for degeneration of the medial femoral condyle. Journal of Bone and Joint Surgery (British) 78-B: 217–19.

5.7 Kalunian KC, Moreland LW, Klashman DJ et al. (2000) Visually- guided irrigation in patients with early knee osteoarthritis: a multicentre randomized controlled trial. Osteoarthritis and Cartilage 8: 412–18.

5.8 Chang RW, Falconer J, Stulberg SD et al. (1993) A randomized, controlled trial of arthroscopic surgery versus closed-needle joint lavage for patients with osteoarthritis of the knee. Arthritis & Rheumatism 36: 289–96.

5.9 Jackson RW, Dieterichs C. (2003) The results of arthroscopic lavage and debridement of osteoarthritic knees based on the severity of degeneration: a 4- to 6-year symptomatic follow-up. Arthroscopy: The Journal of Arthroscopic and Related Surgery 19: 13–20.

5.10 Bernard J, Lemon M, Patterson MH. (2004) Arthroscopic washout of the knee – a 5-year survival analysis. The Knee 11: 233–5

5.11 NICE guidelines NG226 https://www.nice.org.uk/guidance/ng226/evidence