

**POLICIES AND PROCEDURES FOR THE COMMISSIONING OF APPROPRIATE,  
EFFECTIVE AND PRIORITY HEALTHCARE**

**POLICY NUMBER 33**

**POLICY FOR THE SURGICAL MANAGEMENT OF HIPARTHROSCOPY**

Policy/Procedure Number	F&WCCG/COMM/33
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# **POLICIES AND PROCEDURES FOR THE COMMISSIONING OF APPROPRIATE, EFFECTIVE AND PRIORITY HEALTHCARE**

## **Policy for Hip Arthroscopy**

### **1. Introduction**

- 1.1 This document is part of a suite of policies adopted by the Clinical Commissioning Group (CCG) 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.

### **2. Definition**

- 2.1 This policy relates to endoscopic procedures of the hip joint cavity which have the intended outcome of diagnosing or treating conditions affecting the hip joint. These conditions include:

- Labral tears and cartilage damage.
- Osteoarthritis and loose bodies
- Snapping hip syndrome
- Septic arthritis of the hip
- Hip impingement syndrome
- Hip plica

- 2.2 Endoscopic procedures of the hip joint cavity include:

- Removal of torn labrum or damaged cartilage
- Arthroscopic washout
- Release of structures causing impingement
- Debridement and washout of infection
- Diagnostic arthroscopy

- 2.3 The CCG 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 a hip arthroscopy, 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 CCG considers that the purpose of endoscopic procedures on the hip joint cavity places them within the category of interventions that are appropriate for commissioning (Category 1). Therefore they will be commissioned by the CCG if they also satisfy the criteria for effectiveness, cost effectiveness and ethical delivery.

#### **4. Effective Healthcare**

- 4.1 The CCG considers that there is insufficient evidence with which to draw firm conclusions regarding the effectiveness of endoscopic procedures on the hip joint cavity.
- 4.2 The National Institute of Clinical Effectiveness' Interventional Procedure Guidance for arthroscopic femoro-acetabular surgery for hip impingement syndrome concluded that current evidence on the safety and efficacy of this procedure does not appear adequate for it to be used without special arrangements for consent and for audit or research<sup>1</sup>. More recent research has been of insufficient quality to challenge this guidance.
- 4.3 Evidence of effectiveness is of insufficient quality to support the use of hip arthroscopy in the treatment of acetabular labral tears, extra-articular lesions, septic arthritis, loose bodies and mild/moderate osteoarthritis of the hip<sup>2</sup>.

#### **5. Cost effective Healthcare**

- 5.1 As endoscopic procedures on the hip joint do not satisfy the CCG's principle of effectiveness, it is unnecessary to consider cost effectiveness.

#### **6. Ethical Healthcare**

- 6.1 As endoscopic procedures on the hip joint cavity do not satisfy the CCG's principles of effectiveness, it is unnecessary to consider the criterion of ethical healthcare.

#### **7. Policy**

- 7.1 The CCG will not normally commission endoscopic procedures on the hip joint cavity.

#### **8 Exceptions**

- 8.1 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.)

#### **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.

**Date of adoption:** 1 October 2012

**Date of review:** 30 September 2016

#### **References**

1. National Institute for Health and Clinical Excellence. 'Arthroscopic femoro-acetabular surgery for hip impingement syndrome', IPG213 2007  
<http://guidance.nice.org.uk/IPG213> Accessed 7/04/2010.
2. Stevens MS, Legay DA, Glazebrook MA, Amirault D. Systematic review of the evidence for hip arthroscopy: grading the current indications Arthroscopy. 2010 Oct;26(10):1370-83