



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

Knee Arthroscopy Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

KNEE ARTHROSCOPY CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 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. It is not routinely offered as a treatment for patients with osteoarthritis who should be managed in line with the Knee Arthroscopy for Patients with Osteoarthritis Criteria Based Access Protocol.
- 1.2 Knee arthroscopy and knee irrigation is a procedure of low clinical value, and as such is not routinely commissioned.
- 1.3 If clinical assessment suggests the patient may have a Red flag condition and arthroscopy is needed, the patient should be urgently referred for treatment without delay. (Red flag conditions include infection, carcinoma, nerve root impingement, bony fracture, avascular necrosis). Symptoms and signs may include recent trauma, constant progressive non-mechanical pain (particularly at night), previous history of cancer, long term oral steroid use, history of drug abuse or HIV, fever, being systemically unwell, recent unexplained weight loss, persisting severe restriction of joint movement, widespread neurological changes, and structural deformity.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix A.

3. ACCESS CRITERIA

- 3.1 Treatment will be supported when:

- Clinical examination and MRI scan result has demonstrated clear evidence of an internal joint derangement (unstable meniscal tear, ligament rupture or loose body);

OR

- When synovectomy is indicated;

OR

- Treatment of significant isolated articular defects e.g. micro-fracture;

AND

- Where conservative treatment has failed for a period of six months or where it is clear that conservative treatment will not be effective.

4. EXCLUSIONS

- Debridement of degenerative meniscal tears in the presence of Osteoarthritis (see Criteria Based Access Protocol for Knee Arthroscopy for Patients with Osteoarthritis);

OR

- For diagnostic purposes only;

OR

- The patient has previously had an arthroscopy to treat the affected knee which offered limited benefit;

OR

- To provide arthroscopic washout alone as a treatment for chronic knee pain due to osteoarthritis. Current evidence suggests that arthroscopic knee washout alone should not be used as a treatment for osteoarthritis because it cannot demonstrate clinically useful benefit in the short or long term. More effective treatment includes exercise programmes (e.g. [ESCAPE pain](#)), losing weight (if necessary) and managing pain.

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition

5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

Second Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. REFERRALS

- 6.1 Patients referred for treatment, or referred for consideration of treatment, using the criteria detailed in the previous version of this CBAP (V2, dated June 2014) should continue to be treated, or considered for treatment, in accordance with the arrangements previously outlined in that CBAP.

7. CONSULTATION

- 7.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed by the MSK Task and Finish Group which includes commissioners, clinicians and other relevant stakeholders.
- 7.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

8. RECOMMENDATION AND APPROVAL PROCESS

- 8.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCGs Governing Body.

9. COMMUNICATION/DISSEMINATION

- 9.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

10. IMPLEMENTATION

- 10.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

11. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 11.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

GLOSSARY

N/A

FREQUENTLY ASKED QUESTIONS

N/A

A DOCUMENT DETAILS	
Procedural Document Number	104
Author (Name and Job Title)	Tracy Hill Principal Programme Lead
Recommending group	MSK Task and Finish Group
Date of recommendation	January 2019
Date of approval by CRG	NoveTBC
Version	4.1
Review frequency	3 years
Review date	November 2020

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
3	June 2017	Tracy Hill Principal Programme Lead	MSK Task and Finish Group

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
November 2017	3.0	October 2020	Updated access criteria in line with NICE guidance.	November 2017	CCC
May 2018	4.0	October 2020	Updated to provide further clarity.	May 2018	CCC
January 2019	4.1	February 2022	Updated in line with national policy (January 2019) and separated as a policy from patients with osteoarthritis	TBC	MSK/CRG

D ASSOCIATED DOCUMENTS	
<ul style="list-style-type: none"> NHS England Policy for Evidence Based Interventions, January 2019 Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group 	

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date
NICE Guidance	https://www.nice.org.uk/guidance/ipg230/evidence/overview-pdf-492463117	June 2017
NICE Guidance	https://www.nice.org.uk/guidance/ipg230/chapter/1-Guidance	

NICE Guidance	https://www.nice.org.uk/donotdo/referral-forarthroscopic-lavage-and-debridement-should-not-be-offered-as-partof-treatment-for-osteoarthritis-unless-the-person-has-kneeosteoarthritis-with-a-clear-history-of-mechanical-locking-not http://www.escape-pain.org/	
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F	DISTRIBUTION LIST		
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
✓	✓	✓	✓