

Commissioning Policy

Hip arthroscopy

Criteria Based Access

Date adopted: 10th December 2024

Version: 2.1

Authorisation and document control

Name of policy:	Hip arthroscopy.
Job title of author:	Senior Programme Manager
Name of sign off group:	Commissioning Policy Review Group

Equality and Engagement Impact Assessment	
Date Equality and Engagement Impact Assessment was completed:	13/11/2024

Consultation	
Name of group	Date considered
MSK CPG clinical leads	September 2024

Authorisation	
Name of group	Date approved
Commissioning Policy Review Group	10.12.2024
System Quality Committee	

Date of adoption	December 2024
Date of publication	December 2024
Review date	December 2027
To be reviewed by Commissioning Manager – Elective Care	

Version control				
Version number	Date	Summary of changes	Author/Editor	Approved by
1	08/12/2017	Initial policy developed	Commissioning Manager	ECCP
2	17/05/2021	First bullet point amended to standardise with terms of the definition of conservative management. Plain English Summary, Rationale & Evidence Base updated. (review date to be agreed at 3 years)	Commissioning Manager	ECCP

2.1	10/12/2024	Editorial changes to move policy to new template	Senior Programme Manager	CPRG
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1.0 Background

Hip (or femoro-acetabular) impingement results from abnormalities of the femoral head or the acetabulum. It can be caused by jamming of an abnormally shaped femoral head into the acetabulum, or by contact between the acetabular rim and the femoral head-neck junction.

The management of hip impingement syndrome includes conservative measures, such as modification of activity and non-steroidal anti-inflammatory medication. Where conservative measures fail to adequately resolve issues and patients continue to experience severe symptoms surgery may be considered.

Arthroscopic femoro-acetabular surgery for hip impingement syndrome involves removing some cartilage or bone with the aim of reshaping the joint surface with the aim of reducing pain and improving hip joint movement.

This policy sets out the criteria that should be met before surgical intervention is considered.

2.0 Policy statement

Policy details

The ICB will only fund hip arthroscopy for patients meeting the following criteria:

- The patient's symptoms persist despite the patient having fully engaged with conservative measures as defined by NICE Quality Standard QS87 ([Quality Standard 7: Core treatments before referral for consideration of joint surgery](#)) for a period of 3 months.

AND

- Diagnosis has been confirmed by appropriate investigations including X-Rays, MRI and/or CT scans.

AND

- The patient's significant functional impairment is likely to be corrected or significantly improved by surgery.

AND

- The patient is experiencing moderate-to-severe hip pain that is worsened by flexion activities (e.g., squatting or prolonged sitting or climbing stairs)

OR

- Patients should be skeletally mature (i.e. they should be 19 and have completed puberty).

AND

- Have severe symptoms typical of Femoro-acetabular Impingement (FAI) with:
 - The symptoms lasting for a period of least six months (clearly detailed throughout the patient's primary care record or via Musculoskeletal Services' letters or other clinic letters).

OR

 - Compromised function, which requires urgent treatment within a 6-8 month time frame,

OR

 - Where failure to treat early is likely to significantly compromise surgical options at a future date.

3.0 Patients who are not eligible for treatment under this policy

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.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

GICB policy on Elective Hip Replacement Surgery <https://www.nhsglos.nhs.uk/wp-content/uploads/2024/07/Elective-Hip-Replacement-Surgery.pdf>

GICB policy on hip resurfacing techniques <https://www.nhsglos.nhs.uk/wp-content/uploads/2023/07/Hip-resurfacing-techniques.pdf>

5.0 References

NICE IPG 403 [Open femoro–acetabular surgery for hip impingement syndrome](#) July 2011

NICE IPG 408 [Arthroscopic femoro–acetabular surgery for hip impingement syndrome](#) Sept 2011