

Procedure that requires prior approval

Thames Valley Priorities Committee Commissioning Policy Statement

**Policy No. TVPC33 Surgical treatment of femoro acetabular hip impingement (FAI)
(open or arthroscopic)**

**Recommendation made by
the Priorities Committee: November 2015; reviewed July 20181**

Date of issue: February 2016 / Update November 2018

In addition to the Thames Valley Priorities Committee statement below, the following requirement also needs to be met for all patients of Berkshire West CCG. From 5 July 2021, all Berkshire West patients with a hip related condition need to be seen by the Berkshire West Triage service prior to referral to secondary care and therefore any referrals directly from GPs for Berkshire West patients should be rejected by secondary care.

Based on the limited evidence of clinical and cost effectiveness available for surgical interventions for FAI syndrome, open or arthroscopic femoro-acetabular surgery for hip impingement is commissioned only for patients who fulfil all of the following criteria:

1. Diagnosis of labral tear or definite femoro-acetabular impingement has been confirmed by appropriate investigations.
2. Failure to respond to all available conservative treatment options including activity modification, pharmacological intervention and specialist physiotherapy.
3. The clinician has ensured that the patient understands what is involved, is aware of the serious known complications outlined in the NICE patient information and agrees to the treatment knowing that there is only evidence of symptom relief in the short and medium term.
4. The surgeon must have completed specialist training and have experience of providing arthroscopic and/or open hip impingement surgery. Surgeons carrying out these procedures should be undertaking a minimum of 75 procedures per year to ensure sufficient specialist experience. Surgery will only be commissioned from surgeons included on the Thames Valley CCGs' list of specialist surgeons, maintained by the Individual Funding Request Team and confirmed as part of the prior approval process for the procedure.
5. The provider will provide full data on 100% of patients undergoing this procedure to the Non-Arthroplasty Hip Registry.
6. The provider will undertake a local review of cases to monitor safety and short term outcomes.

Exclusion criteria:

- Patients with a joint space that is less than 2.5mm wide anywhere along the sourcil (shadow of dense osseous tissue) on plain radiograph of the pelvis.
- Patients who have severe hip dysplasia.

This policy is in alignment with the NICE Interventional Procedure Guidance 403 Open femoro–acetabular surgery for hip impingement syndrome (2011)² and 408 Arthroscopic femoro–acetabular surgery for hip impingement syndrome (2011)³

1 No changes have been made to this policy.

2 <http://www.nice.org.uk/guidance/ipg403>

3 <http://www.nice.org.uk/guidance/ipg408>

ICD10 Diagnosis Codes and OPCS Procedure Codes There are no codes specific to the diagnosis of hip impingement or to hip impingement surgery.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>