**PRIOR APPROVAL REQUEST**

**Knee Arthroscopy**

Academy of Medical Royal College’s guidance

National Evidence Based Intervention policies can be viewed at

<https://www.aomrc.org.uk/ebi/clinicians/arthroscopic-surgery-for-meniscal-tears/>   
<https://www.aomrc.org.uk/ebi/clinicians/knee-arthroscopy-for-patients-with-osteoarthritis/>   
  
The local supplement can be found at  
<https://www.hweclinicalguidance.nhs.uk/clinical-policies>

Prior funding approval should be sought for ALL adult knee arthroscopies except

* Emergencies including infection, fracture and avascular necrosis
* Confirmed or suspected malignancy

**Please complete and return this form along with clinic letter/supporting evidence to:**

For west Essex patients [priorapproval.hweicb@nhs.net](mailto:priorapproval.hweicb@nhs.net) Tel: 01992 566150

For Hertfordshire patients [priorapproval.hweicb@nhs.net](mailto:priorapproval.hweicb@nhs.net) Tel: 01707 685354

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| **Patient consent** | This application has been discussed with the patient and the patient consents to relevant information being shared with the ICB. | Please tick |

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| **Date form completed** |  |
| **Urgency** | Routine (5 working days turnaround time)  Urgent (2 working days turnaround time)  **Note: An urgent request is one in which a delay may put the patient’s life at risk.**  **Turnaround times commence the working day after receipt of the funding application** |
| **Patient details**  **Complete all fields or use patient sticker** | Name: Date of birth: - - / - - / - - - -  Address:  Telephone number: NHS No:  Hospital No:  GP Name: Practice: |
| **Applying clinician’s details** | Consultant Name: Hospital/Organisation:  Contact details:  (Including email) |
| **Declaration** | I declare that the information provided is, to the best of my knowledge, true and I am aware that this procedure may be subject to clinical audit. |
| **Please specify laterality** | Left or Right  (When bilateral surgery is required, each site must be applied for separately) |

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| **Non-operative treatments tried** | Paracetamol NSAIDs Physiotherapy  Weight loss Other |
| **Evidence** | In all cases a clinic letter and MRI report is attached |
| **Meniscal tear** | Non-operative treatments (including paracetamol and topical NSAIDS)  have not settled symptoms after 3 months/persistent symptoms ongoing  and an MRI has revealed an unstable meniscal tear  **OR**  The patient has had an acute injury and an MRI scan reveals a potentially  reparable meniscus tear  **OR**  Patient has a locked knee and a bucket handle tear of the meniscus |
| **Other indications for knee arthroscopy** | 1. Surgery for osteochondral lesions 2. Repair of cruciate ligament reconstruction` 3. Patella tracking/anterior knee pain including lateral release 4. Synovectomy/symptomatic plica 5. Diagnostic uncertainty where:  * MRI is contraindicated (e.g., due to patient’s specific type of implanted cardiac pacemaker or defibrillator) * MRI image cannot be interpreted due to low quality and it is clear that obtaining a high-quality MRI image would be unfeasible (e.g., patient has had an Anterior Cruciate Ligament reconstruction and the metal screws are affecting the image quality. |
| **For patients where the criteria are not met and it can be demonstrated that there is an exceptional healthcare need, an Exceptional Case Request Form can be submitted to the IFR team.** | |

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| **Shared decision making** | Patients should be supported with their decisions. Resources that can support implementation of shared decision making can be found on the NHS England website:  <https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/> |

**HWE ICB Fitness for Elective Surgery policy criteria**

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| **Smoking status** | Never smoked  Current smoker  Ex-smoker – date last smoked: - - / - - / - -  For patients who currently smoke or have stopped smoking less than 8 weeks ago, please tick to show that you have made your patient aware that they will need to have stopped smoking or switched to e-cigarettes for at least 8 weeks prior to surgery |
| **Measurements** | Height: ……….cm Weight: …………kg BMI ……….. kg/m²    **BMI >40 –** Patientsare expected to reduce their weight by 15% or BMI <40 (whichever is greater).  **BMI 30-40 -** Patients are expected to lose 10% of their weight or reduce BMI to <30.  If the patient has already achieved their target weight loss in the last 9 months, please give details of previous recorded measurements and the date recorded by clinician or, attach referral coversheet from GP or community provider.  Previous Weight: ………..kg Previous BMI ………… kg/m²  Date measured - - / - - / - - - - % weight reduction = ………….  At 9 months, if the patient has not met their target weight and/or stopped smoking, they should be reassessed for their need for- and fitness for- surgery.  See the Fitness for Elective Surgery policy at  <https://www.hweclinicalguidance.nhs.uk/clinical-policies/fitness-for-surgery/> |