Patient Name:	${Title_and_surname} ${Forename}
Address:	${Patient_address}
Date of Birth:	${Date_of_birth}
NHS Number:	${NHS_number}
Consultant/Service to whom referral will be made:	
Institution:	

NHS
West Suffolk
Clinical Commissioning Group

Please send this form with the referral letter or to the consultant who you sent the referral to

Lifestyle Information		
Latest BMI: ${Latest_BMI}	Latest BP: ${Latest_BP}	Smoking Status:
Has the patient been referred for:	☐ Weight Management	☐ Smoking Cessation

T35 Knee Arthroscopy

Information Governance Statement

All Prior Approval Requests must be reviewed by the clinical commissioning group (CCG) as the statutory body responsible for funding decisions. This application form and other supporting information supplied may be shared with the CCG. If so, personal information will be retained only for the purposes of this Prior Approval Request and, in some cases, may be used for invoicing and payment reconciliation. The patient's medical records may be used for the purpose of clinical audit which will be completed by a clinician. Anonymised information may also be shared as part of the CCG reporting process.

Does the patient consent to the sharing of their personal information? Y/N

Refusal of consent will not preclude application of this referral. However, the referring body must ensure that all personal identifiable data is redacted from this application.

Instructions for use: Please further refer to the full policy for details.

To Consultants: Please refer to the above policy and complete the following form and provide evidence to support the criteria.

Knee arthroscopy can be undertaken where a competent clinical examination (or MRI scan) has demonstrated clear evidence of internal joint derangement and where conservative treatment has failed or where it is clear that conservative treatment will not be effective. Conservative treatment is recommended before arthroscopy and may include weight loss if BMI is more than 30kg/m, use of NSAIDS and/or physical therapy. Arthroscopy should not be considered a diagnostic tool except where there is continuing diagnostic uncertainty despite non-invasive investigations

WSCCG will only fund knee arthroscopy when the following criteria have been met:

In ordinary circumstances, referral/addition to the waiting list should not be considered unless the patient meets **one or more** of the following criteria.*	
Diagnostic arthroscopy:	
On-going diagnostic uncertainty (e.g. inflammatory arthropathy) despite competent clinical examination and non-invasive investigations (e.g. MRI)	Y/N

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Therapeutic arthroscopy:	
Where clinically appropriate a trial of at least three months' conservation treatment has failed and not addressed the symptoms	Y/N
Removal of a loose body (including a flap that catches or partially moves – articular cartilage or meniscal or scar tissue or ligament) where there is history of knee locking	Y/N
Demonstrated clinical evidence of the following internal joint derangement: meniscal tear, articular cartilage pathology, synovial pathology, impingement (amenable to treatment e.g. by notchplasty, removal of Cyclops lesion or excision of infrapatellar fat pad) or patellofemoral maltracking	Y/N
Evidence of knee osteoarthritis with a clear history of mechanical symptoms** and without advanced degenerative changes on a weight-bearing anteroposterior radiograph	Y/N

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to West Suffolk CCG's Individual Funding Request (IFR) policy for further information.*

** Mechanical symptoms are: pain of sudden onset or intermittent that is well-localised to the joint line and related to activity, catching / locking, true giving way, a persistent effusion

The following indications for arthroscopy are exempt from the policy:
• Performed as an urgent procedure following knee trauma (e.g. intra-articular fracture, cruciate ligament avulsion) • Patients attending as an emergency who need treatment following meniscal or articular cartilage injury • Washout of suspected or proven septic arthritis of the knee joint • Biopsy for investigation of suspected malignancy • Performed in conjunction with open surgery (e.g. cartilage repair, ligament reconstruction) • Assessment as planning of major surgical intervention (e.g. osteotomy, arthroplasty) • If there are extenuating circumstances where an MRI has been impossible due to valid clinical reasons that are clearly documented within the clinicians notes.

Consultant Use Only:

Please complete the following and file for future compliance audit.

Referral criteria is met and the patient will benefit from the proposed treatment: Y/N

Signature……..

Date:

Consultant Name:

Institution:

GP Use Only:

Practice Stamp/Address:

Referring Clinician _____

Date: ___/___/___

For Commissioners Use:

Criteria met as per policy Y/N

Compliance with notes Y/N

Audit Date:

Audited by:

Version No	Updated by	Date updated
2.1	V Stearn	Feb 2017