National Institute for Health and Clinical Excellence

365/2 – Arthroscopic femoro-acetabular surgery for hip impingement syndrome

Consultation Comments table

IPAC date: Friday 13 May 2011

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 NHS Professional	**1**	We do not agree as a PCT that the evidence base is adequate. There are still substantial gaps in the knowledge base about the safety, efficacy and cost effectiveness of this procedure, particularly given the growth of volume and the range of indications it is used to treat. This procedure is rapidly growing and we are concerned that there is pressure to rapidly expand this procedure well beyond what the (limited) evidence will bear.	Thank you for your comment. The Committee considered the balance of safety and efficacy data available and the views of specialist advisers who were selected by the relevant specialist society. The guidance will not be changed.
2	Consultee 2 NHS Professional	**1**	We do not agree as a PCT that the evidence base is adequate. There are still substantial gaps in the knowledge base about the safety, efficacy and cost effectiveness of this procedure, particularly given the growth of volume and the range of indications it is used to treat. This procedure is rapidly growing and we are concerned that there is pressure to rapidly expand this procedure well beyond what the (limited) evidence will bear.	Thank you for your comment. The Committee considered the balance of safety and efficacy data available and the views of specialist advisers who were selected by the relevant specialist society. The Interventional Procedures Programme does not have a remit to consider cost-effectiveness. The guidance will not be changed.

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3	Consultee 3 NHS Professional	**1**	NHS Bradford and Airedale has concern over the provisional recommendation to fund arthroscopic femoro-acetabular surgery for hip impingement syndrome. There have been a significant number of studies published since the original IPG, however, the methodological quality of these is far from robust. There is a plethora of often poor quality observational research, however, an amassment of poor quality evidence does not equate to better evidence.	Thank you for your comment. The efficacy outcomes reported are those which are described in the available evidence, and meet the selection criteria set out in the Interventional Procedures Programme Methods Guide. Although randomised evidence may be desirable, other appropriate forms of evidence are used. The Committee making the recommendations consists of scientists, academics and clinicians with expertise in assessing the evidence typical of surgical interventions. An updated search is conducted during the consultation period and any relevant studies included in the overview and guidance where appropriate. The Interventional Procedures Programme does not have a remit to consider cost-effectiveness.
4	Consultee 4 British Hip Society	**1.1**	1.1 The evidence cited in the document consists of four case series and a nonrandomised controlled study. The reviewers note that “study quality is generally poor, with little prospective data collection in case series.” The follow-up varies between 10 months and 2.3 years. This follow-up is short-term only.	Thank you for your comment. The Committee recognised that the duration of outcome is important, particularly in young / active patients.
5	Consultee 4 British Hip Society	**1.2**	1.2 There is no definition of what “specialist expertise in arthroscopic hip surgery” means. Any surgeon who has been to a course or assisted at one of these procedures could claim expertise.	Thank you for your comment. NICE anticipates that professional bodies will determine training standards.
6	Consultee 4 British Hip Society	**1.3**	1.3 I suggest that all cases should be entered on to a national database so that the long term outcome of this procedure can be established by linkage with NJR, HES data and the acquisition of PROMS data. With this information it should be possible to define the characteristics of patients who should benefit from this intervention and the details of the most appropriate surgical intervention.	Thank you for your comment. Section 1.2 of the guidance will be changed to reflect the development of a national registry.

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7	Consultee 4 British Hip Society	**1.3**	At the Annual General Meeting of the British Society in March 2011 the following motion received unanimous support from Members: "The British Hip Society believes that details of all surgery for femoro-acetabular impingement must be collected prospectively onto a single database linkable with NJR data."	NICE thanks the British Hip Society for this information. Section 1.2 of the guidance will be changed to reflect the development of a national registry.
8	Consultee 1 NHS Professional	**2.1**	There seem to be a very wide and expanding range of indications and significant outstanding uncertainties about the epidemiology and natural history of the conditions that arthroscopy is used to treat. A trial to gather this information Â would be useful for service planning and some epidemiological research may also be needed.	Thank you for your comment. The title of the guidance defines the indication to which the guidance relates. A new section 2.5.2 will be added to the guidance to make this even more explicit.
9	Consultee 2 NHS Professional	**2.1**	There seem to be a very wide and expanding range of indications and significant outstanding uncertainties about the epidemiology and natural history of the conditions that arthroscopy is used to treat. A trial to gather this information would be useful for service planning and some epidemiological research may also be needed.	Thank you for your comment. The title of the guidance defines the indication to which the guidance relates. A new section 2.5.2 will be added to the guidance to make this even more explicit.
10	Consultee 3 NHS Professional	**2.1**	The IPG considers athroscopic femoro-acetabular for hip impingement syndrome, however, it should be noted that there are a number of other indications that have not been addressed, including labral tears and articular cartilage problems, amongst others. There is concern that if NICE recommend this procedure for hip impingement, then use of this procedure for other indications may creep into practice. Accordingly, this recommendation needs to be more explicit about the clinical indications for this procedure.	Thank you for your comment. This guidance relates only to patients with hip impingement syndrome. A new section 2.5.2 will be added to the guidance to make this even more explicit. The placement of a procedure in the pathway of care for a disease or condition and its cost-effectiveness are outside the remit of the Interventional Procedures Programme..
11	Consultee 1 NHS Professional	**2.2**	Expensive additional equipment is required and funding has been sought for this and refused.	Thank you for your comment. Cost-effectiveness is not part of the remit of the Interventional Procedures Programme.

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12	Consultee 2 NHS Professional	**2.2**	Expensive additional equipment is required	Thank you for your comment. Cost-effectiveness is not part of the remit of the Interventional Procedures Programme.
13	Consultee 1 NHS Professional	**2.3**	The evidence of efficacy for this procedure remains poor. There is a wealth of published observational evidence but most of it is of poor quality (methodologically speaking) and from one enthusiastic (private sector) provider. Proponents assert that it is an effective procedure, but we are not aware of any trials that measure effectiveness against a suitable comparator. This procedure is considered experimental by some US reimbursement organisations and we, along with other English commissioners, have a policy of not routinely funding this procedure.	Thank you for your comment. The efficacy outcomes reported are those which are described in the available evidence, and meet the selection criteria set out in the Interventional Procedures Programme Methods Guide. Although randomised evidence may be desirable, other appropriate forms of evidence are used. The Committee making the recommendations consists of scientists, academics and clinicians with expertise in assessing the evidence typical of surgical interventions.. Section 1.2 of the guidance will be changed to reflect development of a national registry.
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15	Consultee 3 NHS Professional	**2.3**	No RCTs have been conducted to date to examine the effectiveness of this procedure. The key efficacy outcomes for this procedure include pain relief and delayed progression to osteoarthritis. The evidence presented suggests improvements in pain relief as measured by the modified Hip Harris Score – whilst this appears to be a valid measure, it would be useful to know how this translates to global health related QOL. There is little evidence to suggest that this treatment delays progression to osteoarthritis. Only one study presented appeared to address this outcome -it noted that 11% of hips developed osteoarthritis, however, there was no comparison group and so it is not possible to say whether this proportion is lower than we would expect in this population of patients compared to conservative management. If delayed progression to osteoarthritis is a key outcome measure, then what evidence is there to suggest that arthroscopy actually delays progression, and if so, by how long does it delay it? How many total hip arthroplasties will be prevented by this procedure?	Thank you for your comment. The efficacy outcomes reported are those which are described in the available evidence, and meet the selection criteria set out in the Interventional Procedures Programme Methods Guide. Although randomised evidence may be desirable, other appropriate forms of evidence are used. The Committee making the recommendations consists of scientists, academics and clinicians with expertise in assessing the evidence typical of surgical interventions.. Section 1.2 of the guidance will be changed to reflect development of a national registry.

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16	Consultee 4 British Hip Society	**2.3 and 2.4**	In the document describing detailed information on the evidence, only the specialist advice of Johan Witt and Ricky Villar is noted. The British Hip Society organised for several other specialists to submit advice but this does not appear to have been recorded. The great value in this NICE document would be if it requires surgeons to enter a minimum dataset on to a national database. The British Hip Society has compiled such a minimum dataset and hopes to confirm the creation of this database by the beginning of May 2011. Without this recommendation in the NICE document I do not believe there will be any change in practice in the public or private sector for this intervention which holds promise for the treatment of impingement but is presently of unproven value.	Thank you for your comment. Specialist Advice was received from Professor Griffin, Mr. Haddad, Mr. Timperley, Mr. Villar and Mr. Witt and their advice is included in both the overview and guidance. Section 1.2 of the guidance will be changed to reflect development of a national registry.
17	Consultee 1 NHS Professional	**2.4**	Given the lack of long-term evidence of benefit, these safety issues are a concern.	Thank you for your comment.
18	Consultee 2 NHS Professional	**2.4**	Given the lack of long-term evidence of benefit, these safety issues are a concern.	Thank you for your comment.
19	Consultee 3 NHS Professional	**2.4**	There remain uncertainties regarding the safety of this procedure – complications were not reported on in all studies, and where considered vary between studies. Furthermore, as follow up was rarely reported beyond 2 years, the long term safety of this procedure remains unclear.	Thank you for your comment. The safety outcomes included in section 2.4 are those available in the published literature and the overview provides more details about individual studies.

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20	Consultee 1 NHS Professional	**2.5**	There are uncertainties about the long term impact of the procedure, and how long pain relief lasts in specified cohorts of patients, which really need addressing through a RCT and preferably a linked economic analysis. There seem outstanding uncertainties about the hip arthroscopy revision timeline vs THA revision timeline, as there is limited data on short and medium term complication rates. This procedure appears to be an innovation that is expanding rapidly but the evidence has not yet caught up with growth in activity. It would thus be a candidate for careful evaluation through a high quality trial .	Thank you for your comment. Section 1.1 states that there is evidence of relief in the short and medium-term. Longer term outcomes would also be welcomed. The lack of long-term outcomes is reflected in guidance recommendation 1.1 and 1.2. Section 1.2 of the guidance will be changed to reflect development of a national registry.
21	Consultee 2 NHS Professional	**2.5**	There are uncertainties about the long term impact of the procedure, and how long pain relief lasts in specified cohorts of patients, which really need addressing through a RCT and preferably a linked economic analysis. There seem outstanding uncertainties about the hip arthroscopy revision timeline vs THA revision timeline, as there seems limited data on short and medium term complication rates. This procedure appears to be an innovation that is expanding rapidly but the evidence has not yet caught up with growth in activity. It would thus be a candidate for careful evaluation through a high quality trial .	Thank you for your comment. Section 1.1 states that there is evidence of relief in the short and medium-term. Longer term outcomes would also be welcomed. The lack of long-term outcomes is reflected in guidance recommendation 1.1 and 1.2. Section 1.2 of the guidance will be changed to reflect development of a national registry.

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22	Consultee 3 NHS Professional	**2.5**	As noted by NICE, there remain significant gaps in the knowledge base. Despite the fact that a number of studies have been published on this subject, the methodological quality remains a significant concern. Many of these concerns have already been noted by NICE, however, the following methodological concerns should also be considered: •Small sample size in many of the studies •Many studies did not include an appropriate comparator group •Selection criteria for the studies if often unclear or not reported on and so selection bias cannot be ruled out •Study cohorts vary considerable (demographics, severity of disease) – therefore, difficult to assess external validity. •Follow up varied considerably between studies, usually up to 2 years, therefore, long term efficacy and safety remains uncertain. •Evidence presented fails to address whether or not the procedure is cost effective.	Thank you for your comment. The efficacy outcomes reported are those which are described in the available evidence, and meet the selection criteria set out in the Interventional Procedures Programme Methods Guide. Although randomised evidence may be desirable, other appropriate forms of evidence are used. The Committee making the recommendations consists of scientists, academics and clinicians with expertise in assessing the evidence typical of surgical interventions. Section 1.2 of the guidance will be changed to reflect development of a national registry. Cost-effectiveness is outside the remit of the Interventional Procedures Programme.
23	Consultee 5 NHS Professional	**General**	Commissioners should immediately ensure they commission only from centres of excellence with significant experience in assessing young patients for this procedure, that each surgeon has carried out a minimum number of arthroscopic hip ops for FAI annually and can demonstrate concrete evidence of detailed auditing and outcome monitoring. Commissioners should ensure patient choice is available. It is quite clear that some hospitals are not geared up to providing this service yet. Patients, through their own efforts, and with no help from GPs or commissioners who often lack the necessary knowledge, are tracking down suitable out of area services but are then being denied access.	Thank you for your comment.

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24	Consultee 5 NHS Professional	**General**	Receiving trusts have been told by their PCT to refuse on grounds that patients are out of area or they are running a 3y service. Local hospitals are refusing to refer out of area because they allege they have the necessary expertise in house, yet FOI requests show 3 ops in 4 years (surgeon A-1op/ B-2ops), without auditing and outcome monitoring, in complete contradiction of NICE IPG which requires it for all patients. Patients are left in a black hole, with the option of either accepting the local NHS service which does not comply with NICE, or paying privately. Andrew Lansley, DoH, SHAs should immediately issue clear guidance that patients who have been forced to go down the private route, despite their best efforts to secure NHS care of an adequate standard, should have their bills paid by the NHS until this shambles is sorted out. There are clear parallels with the BRI inquiry, with surgeons, GPs & Commissioners failing to clarify if a specialist service is up to scratch and the NHS failing to advise patients of the risks and benefits of using service X versus service Y.	Thank you for your comment. The title of the guidance defines the indication to which the guidance relates. A new section 2.5.2 will be added to the guidance to make this explicit.

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25	Consultee 5 NHS Professional	**General**	If services have been collecting detailed audit & outcome data for the past 4 years, why aren't they publishing it on their websites and providing it to patients and commissioners? There is no choice without the necessary information to make an informed choice. Why didn't NICE insist on centralised monitoring in 2007 via the hip registry? We should have 4 years of data to refer to. Instead we are just starting to set up a registry. All the data from the past 4 years should be immediately collated and results reviewed. SNAP auditing software is suggested. Patients and Carers should sit on the Registry panel and review data and its availability to patients. Only once services have undergone an accreditation type review, and can demonstrate the required training for patient assessment, FAI arthroscopic surgery, assessments,auditing & outcome monitoring should they be allowed to offer the service and be commissioned to do so. The skills for arthroscopic hip surgery are greater than for arthroscopy alone.	Thank you for your comment. Section 1.2 of the guidance will be changed to reflect development of a national registry.
26	Consultee 5 NHS Professional	**General**	Your description of symptoms of a bit of clicking and pain does not begin to describe the impact this condition has on everyday living and on future career options for young people, and the absolute necessity to access the best possible care as soon as possible. Advice should also be issued to schools, PE teachers, coaches, physios etc. What is currently being described as a "stiff hip", with the advice to see a physio, could result in untold damage to the cartilage and long term consequences.	Thank you for your comment. Provision of advice to schools etc is outside NICE's remit in relation to Interventional Procedures Guidance.
27	Consultee 4 British Hip Society	**General**	I am concerned that these provisional NICE recommendations leave the door open for any surgeon to undertake this procedure on any patient irrespective of age, pathology or evidence of existing osteoarthritis of the hip. The definition of hip impingement is simplistic.	Thank you for your comment. The title of the guidance defines the indication to which the guidance relates. A new section 2.5.2 will be added to the guidance to make this even more explicit.

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