Interim Clinical Commissioning Policy: Treatment of Hip Impingement Syndrome

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Interim Clinical Commissioning Policy

Treatment of Hip Impingement Syndrome

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Policy Statement

NHS England will commission treatments for Hip Impingement Syndrome in accordance with the criteria outlined in this document.

In creating this policy NHS England has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

This policy document outlines the arrangements for funding of this treatment for patients where NHS England directly commissions this service.

Equality Statement

NHS England has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. NHS England is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

Plain Language Summary

Hip impingement syndrome is caused by unwanted contact between abnormally shaped parts of the head of the thigh bone and the hip socket. This results in limited hip movement and pain.

1. Introduction

Treatment of Hip Impingement Syndrome is regarded as a procedure of low clinical priority and therefore not routinely funded by the Commissioner.
2. Criteria for commissioning

Open or arthroscopic femero-acetabular surgery for hip impingement is commissioned if the following criteria are met:

1. Labral tear or impingement has been confirmed on MRI; and

2. Where hip arthroscopy is supported in the washout of an infected native hip joint in patients refractory to medical management, patients with underlying disease or patients who are immunosuppressed.

3. Where hip arthroscopy is supported for the removal of radiologically proven loose bodies within the hip joint with an associated acute traumatic episode. Arthroscopy is not supported as a diagnostic tool where there is suspicion of loose bodies.

4. The clinician has ensured that the patient understands what is involved, is aware of the serious known complications outlined in NICE patient information and agrees to the treatment knowing that there is only evidence of symptom relief in the short and medium term¹, and

5. The surgeon must have completed specialist training and have experience of providing arthroscopic hip surgery; and

6. The provider will provide full data on 100% patients undergoing this procedure to the British Hip Society register (currently being established to support assessment of long term outcomes); and

7. The provider will undertake local review of cases to monitor safety and short term outcomes.

The clinician proposing this intervention will make the decision to treat based on the criteria set out above.

If the patient does not fully meet this criteria the clinician may submit an application for exceptional funding


An annual audit will be completed to confirm that patients have been treated in accordance with these criteria.

3. Evidence Base
