

## Engagement Report

### Topic details

<b>Title of policy or policy statement:</b>	<b>Fresh osteochondral allograft for osteochondral lesions of the knee in adults and post-pubescent children.</b>
<b>Programme of Care:</b>	<b>Trauma</b>
<b>Clinical Reference Group:</b>	<b>Spinal services</b>
<b>URN:</b>	<b>2007</b>

### 1. Summary

This report summarises the feedback NHS England received from engagement during the development of this policy proposition, and how this feedback has been considered. The policy proposition went out to stakeholder engagement between the 7<sup>th</sup> to 21<sup>st</sup> October 2021. There were 8 responses.

### 2. Background

This policy proposition proposes that fresh osteochondral allograft (OCA) be made available as a routine commissioning treatment option to adults and post-pubescent children who have osteochondral lesions greater than 2cm<sup>2</sup> in size. The potential exists for significant cost savings given that without treatment, osteochondral lesions will deteriorate over time and progress to osteoarthritis with the potential to result in significant physical and psychological impairment. In cases where cartilage repair is no longer feasible, the only remaining treatment option is total joint replacement, a procedure with low satisfaction rates (60 - 70%) and high revision rates in patients under 50 years old.

The main alternative surgical treatment for osteochondral lesions is autologous chondrocyte implantation (ACI). When ACI is used in osteochondral lesions, bone grafting to replace the missing bone is initially performed upon which the ACI is then placed. The results of ACI combined with bone graft are inferior compared to ACI alone. Unlike ACI alone and OCA, where 15 - 20 year data exists, there is minimal long-term data to evidence the efficacy of ACI combined with bone graft.

This policy proposition has been developed by a Policy Working Group made up of clinicians, a patient representative, a public health lead and commissioners.

### 3. Engagement

NHS England has a duty under Section 13Q of the NHS Act 2006 (as amended) to 'make arrangements' to involve the public in commissioning. Full guidance is available in the Statement of Arrangements and Guidance on Patient and Public Participation in

Commissioning. In addition, NHS England has a legal duty to promote equality under the Equality Act (2010) and reduce health inequalities under the Health and Social Care Act (2012).

The policy proposition was sent for stakeholder testing for 2 weeks from 7<sup>th</sup> October 2021 to 21<sup>st</sup> October 2021. The comments have then been shared with the Policy Working Group to enable full consideration of feedback and to support a decision on whether any changes to the proposition might be recommended.

Respondents were asked the following questions:

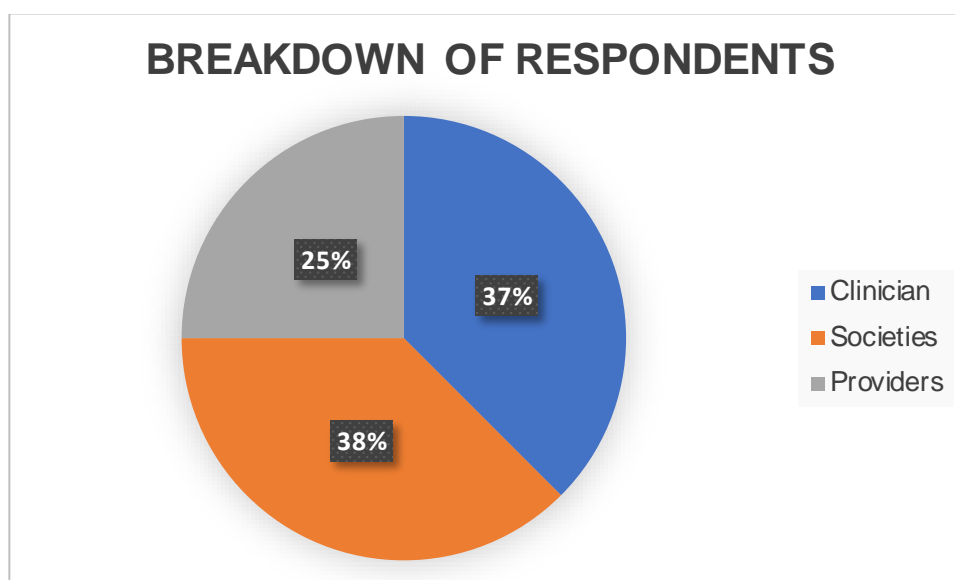
- Do you support the proposition for osteochondral allograft for osteochondral lesions of the knee in adults and post-pubescent children to be available through routine commissioning based on the evidence review and within the criteria set out in this document?
- Do you believe that there is any additional information that we should have considered in the evidence review? If so, please give brief details.
- Do you believe that there are any potential positive and/or negative impacts on patient care as a result of making this treatment option available? If so, please give details.
- Do you have any further comments on the proposition? If Yes, please describe below, in no more than 500 words, any further comments on the proposed changes to the document as part of this initial 'sense check'.
- Please declare any conflict of interests relating to this document or service area.
- Do you support the Equality and Health Inequalities Impact Assessment?

A 13Q assessment has been completed following stakeholder testing.

The Programme of Care has decided that the proposition offers a clear and positive impact on patient treatment, by potentially making a new treatment available which widens the range of treatment options without disrupting current care or limiting patient choice, and therefore further public consultation was not required. This decision has been assured by the Patient Public Voice Advisory Group.

#### 4. Engagement Results

Eight responses were received from clinicians, societies and providers. The breakdown is as follows:



All of the respondents supported the policy proposition and deemed that it would have positive impacts upon patients.

In line with the 13Q assessment it was deemed that further public consultation was not required.

## 5. How has feedback been considered?

Responses to engagement have been reviewed by the Policy Working Group and the Trauma PoC. The following themes were raised during engagement:

Keys themes in feedback	NHS England Response
<b>Relevant Evidence</b>	
Agreement that the relevant evidence had been reviewed and the search strategy was sound.	Noted.
It was suggested that OCA should be used when ACI fails rather than as a first line treatment instead of ACI.	This comment is outside the scope of the policy proposition. The process to identify providers is within the commissioning plan.
Concern raised regarding exclusion of pre-pubertal children. Suggested this age group most likely to benefit from OCA especially those with large defects. There is evidence to support this.	There is currently no evidence to support the intervention in pre-pubescent children. If evidence does become available in the future then the policy can be reviewed.
<b>Impact Assessment</b>	
Definite positive benefits for patients and the health economy.	Noted.
<b>Potential impact on equality and health inequalities</b>	
It was suggested that this intervention should not be limited to a single centre within regions. Instead, a regional 'network' was proposed in order to utilise the experience and interest around the region. Similar to plans for some revision knee replacement networks.	This is accepted and the proposal of a regional 'network' is already established and active. NHSE have identified 15 cartilage centres and the network is hosted by the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust. The intervention should be restricted to centres that can do both ACI and OCA in order to make the objective decision of whether ACI is suitable or not.
<b>Changes/addition to policy</b>	
No changes	

## 6. Has anything been changed in the policy proposition as a result of the stakeholder testing and consultation?

No changes have been made to the policy proposition based on the engagement responses.

**7. Are there any remaining concerns outstanding following the consultation that have not been resolved in the final policy proposition?**

No.