

EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT) INDIVIDUAL FUNDING REQUESTS POLICY

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Application Form	Generic IFR application form

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VERSION CONTROL

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EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT) INDIVIDUAL FUNDING REQUEST

Extracorporeal Shockwave Therapy (ESWT) treatment is not commissioned

1 GENERAL PRINCIPLES

- 1.1 Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.
- 1.2 The CCG does not commission surgery for cosmetic purposes alone.
- 1.3 Funding approval must be secured by primary care prior to referring patients seeking corrective surgery.
- 1.4 Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
- 1.5 On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
- 1.6 Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
- 1.7 Patients should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment.
- 1.8 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate.
- 1.9 Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)

- 1.10 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing
- 1.11 Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year

2 BACKGROUND

- 2.1 Extracorporeal shockwave therapy is a non-invasive treatment in which a device is used to pass acoustic shockwaves through the skin to the affected area. Ultrasound guidance can be used to assist with positioning of the device. It may be applied in one or several sessions and local anaesthesia may be used because high-energy ESWT can be painful.
- 2.2 It is not known exactly how it works, as the mechanism by which this therapy might have an effect is unknown, but it is thought that it might stimulate healing
- 2.3 ESWT has been reported to be used to treat a number of conditions by NICE including:
- Refractory Tennis Elbow (NICE, IPG 313)
 - Refractory Achilles Tendinopathy (NICE, IPG 312)
 - Refractory Plantar Fasciitis (NICE, IPG311)
 - Refractory Greater Trochanteric Pain Syndrome (NICE, IPG376)
 - Peyronie's Disease (NICE, IPG29)
 - Calcific Tendonitis (Tendinopathy) of the Shoulder (NICE, IPG 21)
- 2.4 In reviewing the use of ESWT in these treatments, NICE state “The evidence raised no major safety concerns; however, the evidence on its efficacy was inconsistent.”

Other reported uses

Treatment of Erectile Dysfunction (Yee CH, 2014 Oct)

- 2.5 This study treating patients with ESWT or sham therapy concluded there was no significant difference in the benefits for either group of patients.

Shoulder Adhesive Capsulitis (Chen CY, 2014 Dec)

- 2.6 This study assessed whether ESWT improves the functional outcome of primary shoulder adhesive capsulitis in comparison with oral steroid therapy and concluded that both therapies benefited the patient for a short period.

Please note

This policy does not apply to:

- Extracorporeal shock wave lithotripsy (ESWL) which is a common way of treating kidney stones that can't be passed in the urine
- The Exogen Bone Healing system which is routinely commissioned for non-union of fractures

Risks

- 2.7 Although ESWT is relatively risk free, when treating local anaesthesia may be used because high energy ESWT can be painful

3 POLICY

- 3.1 Extracorporeal shockwave therapy is **not commissioned** by the CCG

4 INDIVIDUAL FUNDING PROCESS

- 4.1 Individual cases can be reviewed at the Commissioner's Individual Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician Patients where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.
- 4.2 Applications cannot be considered from patients personally.
- 4.3 Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.
- 4.4 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.
- 4.5 An application put forward for consideration must demonstrate some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:
- significantly different to the general population of patients with the condition in question
 - likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

5 ACCESS TO POLICY

- 5.6 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067.

Or write to us: NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somccg.pals@nhs.net

6 REFERENCES

- 6.1 Chen CY, H. C. (2014 Dec). Extracorporeal shockwave therapy improves short-term functional outcomes of shoulder adhesive capsulitis. US: Journal of shoulder and elbow surgery / American Shoulder and Elbow Surgeons.
- 6.2 Haffner N, A. V. (2016). Extracorporeal shockwave therapy (ESWT) ameliorates healing of tibial fracture non-union unresponsive to conventional therapy.
- 6.3 IJCP 2010 Paper <http://onlinelibrary.wiley.com/doi/10.1111/j.1742-1241.2009.02300.x/abstract>
- 6.4 Cochrane review dated 2014
<https://www.ncbi.nlm.nih.gov/pubmed/24671929>
- 6.5 NICE. (IPG 21). Extracorporeal shockwave lithotripsy for calcific tendonitis (tendinopathy) of the shoulder. Retrieved from NICE.ORG.UK:
<https://www.nice.org.uk/guidance/ipg21>
- 6.6 NICE. (IPG 312). Extracorporeal shockwave therapy for refractory Achilles tendinopathy. Retrieved from NICE.org.uk:
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