

**Policy for the commissioning of arthroscopic shoulder decompression surgery
for the management of Pure Subacromial Shoulder Impingement**

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Placename CCG

Policies for the Commissioning of Healthcare

Policy for the commissioning of arthroscopic shoulder decompression surgery for the management of Pure Subacromial Shoulder Impingement

	Introduction
	This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to other policies in that suite.
1	Policy
1.1	<p>The CCG will commission arthroscopic decompression surgery for the management of confirmed pure subacromial shoulder impingement when all of the following criteria are satisfied:</p> <ul style="list-style-type: none">• The patient has had symptoms for at least 3 months from the start of treatment, AND• Symptoms are persistent or progressive and cause significant functional impairment AND• The patient's symptoms initially responded positively to a steroid injection, unless contraindicated, but have returned AND• Referral is at least 8 weeks post injection AND• Symptoms have failed to respond to at least 6 weeks of non-surgical treatment (i.e. compliance with advice on education, rest, NSAIDs, simple analgesia, appropriate physiotherapy), AND• The patient made an informed decision they wish to have surgery. <p>For the purpose of this policy significant functional impairment is defined as any of the following:</p> <ul style="list-style-type: none">○ Symptoms causing patient to wake up several times a night○ Symptoms preventing the patient fulfilling routine work or educational responsibilities○ Symptoms preventing the patient carrying out routine domestic or carer activities
2	Scope and definitions

2.1	This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
2.2	Arthroscopic sub-acromial decompression is a surgical procedure that involves decompressing the sub-acromial space by removing bone spurs and soft tissue arthroscopically.
2.3	The scope of this policy includes requests for sub acromial Decompression to treat a clinically confirmed pure Subacromial Impingement.
2.4	For the purpose of this policy “pure subacromial shoulder impingement” means subacromial pain not caused by associated diagnoses such as rotator cuff tears, acromio-clavicular joint pain, or calcific tendinopathy.
2.5	The scope of this policy does not include surgical repair of confirmed torn rotator cuff or any other shoulder joint problems as stated in section 2.4 above.
2.6	<p>The CCG recognises that a patient may have certain features, such as</p> <ul style="list-style-type: none"> • having pure subacromial impingement; • wishing to have a service provided for their subacromial impingement • being advised that they are clinically suitable for arthroscopic subacromial decompression, and • be distressed by their subacromial impingement and by the fact that that they may not meet the criteria specified in this commissioning policy. <p>Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p>
3	Appropriate Healthcare
3.1	<p>The CCG considers that the purpose of shoulder surgery for subacromial pain is to improve the health of patients by reducing pain, discomfort and disability.</p> <p>This places them within the category of interventions that accord with the Principle of Appropriateness in the Statement of Principles.</p>
4	Effective Healthcare
4.1	A randomised, pragmatic, parallel group, placebo-controlled trial investigated whether subacromial decompression compared with placebo (arthroscopy only) surgery improved pain and function and found no demonstrable short-

	<p>term clinical effect.¹ However, a more recent prospective randomised trial comparing the long-term outcome (10 year follow up) showed surgery to be superior to non-surgical treatment.²</p> <p>Other studies of limited quality identify certain patients with shoulder impingement syndrome who improve with surgical subacromial decompression where non-operative management fails.^{3,4} There is also some evidence to show the benefit of surgery when used selectively and applying national clinical guidelines.⁵</p> <p>Risks associated with arthroscopic sub-acromial decompression are low but – they include infection, frozen shoulder, ongoing pain, potential damage to blood vessels or nerves and those associated with having a general anaesthetic.⁶</p> <p>This policy relies on the criterion of effectiveness as the CCG considers that in many patients pure subacromial shoulder impingement will resolve following conservative management. Arthroscopic subacromial decompression surgery will therefore only be commissioned where conservative management has failed to adequately resolve symptoms, in line with the criteria at section one of the policy.</p>
5	Cost Effectiveness
5.1	<p>The CCG does not call into question the cost-effectiveness of arthroscopic subacromial decompression surgery and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.</p>
6	Ethics
6.1	<p>The CCG does not call into question the ethics of arthroscopic subacromial decompression surgery and therefore this policy does not rely on the Principle of Ethics. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.</p>
7	Affordability
7.1	<p>The CCG does not call into question the affordability of arthroscopic subacromial decompression surgery and therefore this policy does not rely on the Principle of Affordability. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.</p>

8	Exceptions
8.1	The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
8.2	In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this CCG. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.
9	Force
9.1	This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
9.2	In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then: <ul style="list-style-type: none"> • If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory. • If the new NICE guidance does not have mandatory status, then the CCG will aspire to review and update this policy accordingly. However, until the CCG adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this CCG are concerned.

Date of adoption

Date for review

10 References

1. ¹ Beard DJ, et al and CSAW Study Group. Arthroscopic subacromial decompression for subacromial shoulder pain (CSAW): a multicentre, pragmatic, parallel group, placebo-controlled, three-group, randomised surgical trial. Lancet. 2018 Jan 27;391(10118):329-338. doi:10.1016/S0140-6736(17)32457-1. (As cited by 2018 EBI Statutory Guidance)

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2. ² Farfaras S, et al. Subacromial Decompression Yields a Better Clinical Outcome Than Therapy Alone: A Prospective Randomized Study of Patients With a Minimum 10-Year Follow-up. *Am J Sports Med.* 2018 May;46(6):1397-1407. (As cited by 2018 EBI Statutory Guidance)
 3. ³ Holmgren T et al. Effect of specific exercise strategy on need for surgery in patients with subacromial impingement syndrome: randomised controlled study. *BMJ.* 2012 Feb 20;344:e787. doi: 10.1136/bmj.e787. (As cited by 2018 EBI Statutory Guidance)
 4. ⁴ Magaji SA et al. Arthroscopic subacromial decompression is effective in selected patients with shoulder impingement syndrome. *J Bone Joint Surg Br.* 2012 Aug;94(8):1086-9. (As cited by 2018 EBI Statutory Guidance)
 5. ⁵ Jacobsen JR et al. Acromioplasty in patients selected for operation by national guidelines. *J Shoulder Elbow Surg.* 2017 Oct;26(10):1854-1861. (As cited by 2018 EBI Statutory Guidance)
 6. ⁶ NHS England (2018). Evidence-Based Interventions: Guidance for CCGs.

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