

## **The Review of Clinical Policies for Lancashire and South Cumbria Clinical Commissioning Groups (CCGs) – Frequently Asked Questions (FAQs)**

### **Supplementary FAQ's**

These frequently asked questions are supplementary to the FAQ's already identified as part of the clinical policy review process.

### **Policy for Extracorporeal Shock Wave Therapy**

#### **Why do we need a policy on extracorporeal shock wave therapy?**

It was determined that there were a growing number of requests for extracorporeal shock wave therapy through the Individual Funding Request (IFR) process. By putting in an IFR, medical practitioners, on behalf of their patients, request that their local CCG fund a specific treatment which is not routinely available on the NHS. This is usually done on an exceptional basis.

However, with such requests becoming more frequent it was felt the CCGs across Lancashire and South Cumbria needed to develop a commissioning policy for this treatment. This would assess the latest clinical evidence and determine whether there were grounds to fund this treatment and, if so, the clinical circumstances that should be met for any funding to take place. A commissioning policy will also determine when there are not enough grounds to support funding.

#### **What is extracorporeal shock wave therapy?**

Shock wave therapy is the use of sonic pulses of short duration on (specific) tissues in the body that require healing following injury or strain. The sonic pulses apply pressure to the tissues to promote the healing process. The tissue injury usually relates to tendons in various parts of the body, but the process can also be used on other conditions such as kidney stones and gall stones.

This policy is only concerned with the use of shock wave therapy on tendinopathies, where tendons have been damaged. It does not relate to the use of shock wave therapy for other conditions.

The reasons for using shock wave therapy on tendons of the heel, elbow, hip or shoulder are to provide symptom relief and to shorten the healing process.

#### **Why does the proposed policy indicate CCGs will not fund extracorporeal shock wave therapy for tendinopathies?**

After examining the latest evidence available and talking to clinical experts the CCGs do not feel there is enough evidence to suggest the treatment is appropriate or effective in treating tendinopathies. If it is not effective, then it cannot be cost-effective. This means the treatment fails to meet at least 3 of the 5 principles upon

which local NHS health services are based. (the 5 principles are appropriateness; effectiveness; cost-effectiveness; ethical; affordable – a treatment must meet all 5 of these principles if it is to be funded on the NHS).

## **Policy for Low Intensity Pulsed Ultrasound Therapy**

### **Why do we need a policy on low intensity pulsed ultrasound therapy?**

As with extracorporeal shock wave therapy, there has been an increasing demand for low intensity pulsed ultrasound therapy. As before, these have been submitted via the IFR process. For this reason, it was felt a commissioning policy should be developed.

### **What is low intensity pulsed ultrasound therapy**

Low intensity pulsed ultrasound therapy is used to treat fractures that are slower to heal than expected. As with Shock Wave Therapy, it is a means of assisting the healing process. An ultrasound probe is placed on the skin above the fracture to provide low intensity pulses on the fracture site, which is meant to stimulate bone healing. It involves short daily treatments and can be used by patients at home, using a device marketed as the EXOGEN ultrasound bone healing system. The patient uses it daily for months until the fracture is healed.

### **Why does the proposed policy indicate CCGs will not fund low intensity pulsed ultrasound therapy to help heal bone fractures?**

This is for the same reasons as the shock wave therapy, as identified above.

### **What if my GP/consultant feels shock wave therapy and/or low intensity pulsed ultrasound therapy are still my best option?**

The policy indicates that these two treatments will not be routinely funded. If your GP or consultant is of the opinion that your case is an exception then, as with other clinical policies, your clinician can put in an Individual Funding Request, which are decided on a case-by-case basis.