Placename CCG

Policies for the Commissioning of Healthcare

Policy for Extracorporeal Shock Wave Therapy for the treatment of Tendinopathies

	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	The CCG considers that Extracorporeal Shock Wave Therapy for the treatment of Tendinopathies does not accord with the Principles of Appropriateness, Effectiveness and Cost-effectiveness and therefore the CCG will not routinely commission this service.
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	Extracorporeal shock wave therapy (ESWT) is a non-invasive therapy in which controlled sonic pulses of short duration produce transient pressure disturbances in the tissues. It has been used for various applications in medical science for many years. ➢ Tendinopathies and avulsion injuries • plantar fasciitis, (and plantar fibromatosis) • tennis elbow (lateral epicondylitis) • Achilles' heel tendinopathy • greater trochanteric pain syndrome • shoulder tendinopathies ➢ Vasculogenic erectile dysfunction, Peyronie's disease, chronic prostatitis/chronic pelvic pain syndrome ➢ Lithotripsy (breaking up stones and calcification) ○ kidney stones, gall stones
2.3	The scope of this policy is limited to the use of Extracorporeal Shock Wave Therapy for the treatment of tendinopathies.
2.4	The CCG recognises that a patient may have certain features, such as • pain and loss of some function in the tendons in the heel (plantar faciitis and Achilles' heel tendinopathy), elbow (lateral epicondylitis), the outer hip (greater trochanter area) or shoulder

	• That this problem may persist for many months or longer (refractory) • That this may impact on their ability to undertake certain activities • That they wish to have an alternative to existing services provided for the treatment of their tendinopathies • being advised that they are clinically suitable for Extracorporeal shock wave therapy • be distressed by having the condition Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.
2.5	The CCG has used several NICE publications, including directive Interventional Procedure Guidance (IPG) on use of Extracorporeal shockwave therapy, as sources of reference. The first one was published in 2003: IPG 21 Extracorporeal shockwave lithotripsy for calcific tendonitis (tendinopathy) of the shoulder[1]. "Current evidence on the safety and efficacy of extracorporeal shockwave lithotripsy for calcific tendonitis of the shoulder appears adequate to support the use of the procedure". All of the IPG guidance published since then states that Extracorporeal shockwave therapy should only be used with special arrangements for clinical governance, consent and audit or research IPG 311 Extracorporeal shockwave therapy for refractory plantar fasciitis[2]. IPG 313 Extracorporeal shockwave therapy for refractory tennis elbow[3], IPG 571 Extracorporeal shockwave therapy for Achilles tendinopathy[4]. NICE Clinical Knowledge Summary (does not have the same status as an IPG) for Greater trochanteric pain syndrome (trochanteric bursitis) was last updated in 2016, and did not include of ECSW therapy in treatment for this condition[5].
3	**Appropriate Healthcare**
3.1	The purpose of Extracorporeal Shock Wave Therapy is to provide symptom relief from tendinopathy and shorten the time to healing and return to normal activities.
3.2	The Principle of Appropriateness includes a consideration of whether use of the therapy is the best means of achieving its purpose, i.e. to heal the tendinopathy. This policy relies on the criterion of appropriateness in that the CCG considers that it has not been established that extracorporeal shock wave therapy is the best means of achieving that outcome.
4	**Effective Healthcare**

4.1	This policy relies on the criterion of effectiveness in that the CCG considers the effectiveness of Extracorporeal Shock Wave Therapy has not been demonstrated. NICE Guidance states that this procedure should only be used with special arrangements for clinical governance, consent and audit or research".
5	**Cost Effectiveness**
5.1	This policy relies on the criterion of cost effectiveness in that the CCG considers the cost-effectiveness of Extracorporeal Shock Wave Therapy has not been demonstrated. NICE Guidance states that this procedure should only be used with special arrangements for clinical governance, consent and audit or research". The CCG considers that a therapy cannot be cost-effective if it is not effective.
6	**Ethics**
6.1	The CCG does not call into question the ethics of Extracorporeal Shock Wave Therapy 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 when considering an application to provide funding.
7	**Affordability**
7.1	The CCG does not call into question the affordability of Extracorporeal Shock Wave Therapy 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 when considering an application to provide funding.
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.
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:

	• 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.
10	**References**
	1. https://www.nice.org.uk/guidance/ipg21 2. https://www.nice.org.uk/guidance/IPG311 3. https://www.nice.org.uk/guidance/ipg313 4. https://www.nice.org.uk/guidance/ipg571 5. https://cks.nice.org.uk/greater-trochanteric-pain-syndrome-trochanteric-bursitis#!references

Date of adoption
Date for review