

Dudley CCG, Walsall CCG & Wolverhampton CCG Harmonised Clinical Treatment Policies: Phase 3a – Policy Changes Explained.

Area / Procedure	Definition	New Policy Summary	Proposed Change	Rationale for Change
Subacromial Pain	<p>Subacromial pain in adults is one of the most common causes of non-traumatic shoulder pain and is a normal part of aging. It also can be known as ‘rotator cuff disease’, which is thought to be the wear and tear of the rotator cuff tendons.</p> <p>The rotator cuff tendons hold the shoulder joint in place and allow people to lift the arm and reach overhead.</p>	<p>Due to the lack of evidence for the clinical effectiveness of arthroscopic shoulder decompression (ASD) compared to conservative treatment, ASD for patients with sub-acromial pain is not routinely commissioned.</p>	<p>Current policy from NHSE EBI 2019 provides eligibility criteria for patients who have been recommended for Arthroscopic subacromial decompression for pure subacromial shoulder. Pure subacromial shoulder impingement’ is defined as subacromial pain not caused by associated diagnoses such as rotator cuff tears, acromio-clavicular joint pain, or calcific tendinopathy. The new policy will widen the scope of the current NHSE policy on ASD to all causes of subacromial shoulder pain.</p>	<p>NHSE EBI ASD Policy. Evidence Review which clearly demonstrates a lack of clinical effectiveness for this intervention in these clinical circumstances.</p>

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<p>Image guided therapeutic intra-articular joint injections with corticosteroids with/without local anaesthetic.</p>	<p>Image guided therapeutic intra-articular joint injections are anaesthetic and steroid based injections (corticosteroid injections) used to relieve severe joint pain and inflammation caused by Osteoarthritis.</p> <p>N.B. conventional pharmacological and non-pharmacological interventions are defined as:</p> <ul style="list-style-type: none"> • Analgesics/nonsteroidal anti-inflammatory drugs (NSAIDs) • Domestic exercise programme • Supervised physiotherapy/manual therapy • Non-image guided (palpated) steroid injections 	<p>Therapeutic image guided intra-articular corticosteroid injections are Restricted.</p> <p>Therapeutic image guided intra-articular corticosteroid injections should ONLY be offered to patients who have failed to respond to conventional pharmacological and non-pharmacological interventions AND Therapeutic image guided intra-articular corticosteroid injections should only be undertaken in the small joints (defined as joint of the hands & feet) by a suitably qualified clinician with experience in undertaking injections into the small joints and has maintained clinical practice by undertaking an adequate number of interventions with evidence which demonstrates successful outcome of symptom control and improved function.</p>	<p>No current policy.</p> <p>N.B. Diagnostic image – guided injections are not within the remit of this policy.</p>	<p>Clinical evidence strongly demonstrates that the use of image guidance to perform these injections in large joint, e.g. knees and shoulders, is unnecessary to enable accurate delivery of the therapeutic injection.</p>

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Image-guided HIGH VOLUME intra-articular injections (40mls+) of saline with or without corticosteroid and/or local anaesthetic.	High volume injections (10-55mls of saline solution) are injected into joints using an imaging guidance through an x-ray (fluoroscopy), ultrasound or computed tomography (CT) to identify the correct path to place the needle.	Due to the limited quality of evidence of clinical and cost effectiveness for image-guided high volume intra-articular injections compared to alternative treatment options, this intervention is Not Routinely Commissioned.	No current policy N.B. Diagnostic image – guided injections are not within the remit of this policy.	Clinical evidence strongly demonstrates that the use of image guidance to perform these injections in large joint, e.g.knees and shoulders, is unnecessary to enable accurate delivery of the HIGH VOLUME injection and that the use of a high volume injection is not supported by the clinical evidence.