Birmingham and Solihull / Sandwell and west Birmingham CCGs harmonised clinical treatment policies: phase 3

Area / Procedure	Definition	New policy summary	Proposed change	Rationale for change
Subacromial Pain	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. The rotator cuff tendons hold the shoulder joint in place and allow people to lift the arm and reach overhead.	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.	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 be widening the scope of the current NHSE policy on ASD to all causes of subacromial shoulder pain.	NHSE EBI ASD policy evidence review which clearly demonstrates a lack of clinical effectiveness for this intervention in these clinical circumstances.

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Image guided therapeutic intra-articular joint injections with corticosteroids with/without local anaesthetic.	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. N.B. conventional pharmacological and non-pharmacological interventions are defined as: • Analgesics/nonsteroidal anti-inflammatory drugs (NSAIDs) • Domestic exercise programme • Supervised physiotherapy/manual therapy • Non-image guided (palpated) steroid injections	Therapeutic image guided intra-articular corticosteroid injections are **Restricted**. 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 due to the limited quality of evidence of the clinical and cost effectiveness of this intervention. 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.	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. hips, knees and shoulders, is unnecessary to enable accurate delivery of the therapeutic injection.

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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. hips, 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.
The use of EXOGEN ultrasound bone healing system	The EXOGEN ultrasound bone healing system sends low-intensity pulsed ultrasound waves through the skin to the fractured bone to potentially help the body to heal the bone.	The use of Exogen ultrasound bone healing system is Not Routinely Commissioned due to a lack of robust clinical evidence to support this intervention.	No current policy	There is a lack of clinical evidence to support the use of the EXOGEN ultrasound bone healing system.

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The use of Liposuction in A. Lymphoedema.	**Liposuction is normally deemed to be a cosmetic procedure used to remove unwanted body fat.** Liposuction carried out for cosmetic reasons is not normally available on the NHS. However, liposuction can sometimes be used by the NHS to treat certain health conditions. **N.B.** Current conservative treatments for lymphoedema include manual lymph drainage (MLD), which stimulates the movement of lymph away from the affected limb, and decongestive lymphatic therapy (DLT). DLT combines MLD massage techniques with compressive bandaging, skin care and decongestive exercises. Once DLT sessions are stopped the patient is fitted with a custom-made compression garment, which is worn every day.	For patients with Lymphoedema who have failed conservative management in line with the current patient pathway for the treatment of lymphoedema, patients will be eligible for treatment of their lymphoedema with liposuction. Patient selection should only be done by a specialist lymphoedema multidisciplinary team as part of a lymphoedema service pathway.	Currently liposuction is Not Routinely commissioned and so this widens the scope of funding availability for liposuction to patients with a clinical diagnosis of lymphoedema who have failed conservative treatment.	Clinical evidence strongly supports this intervention for the defined group of patients.

Area / Procedure	Definition	New policy summary	Proposed change	Rationale for change
The use of Liposuction in B. Lipoedema	**Liposuction is normally deemed to be a cosmetic procedure used to remove unwanted body fat.** Liposuction carried out for cosmetic reasons is not normally available on the NHS. However, liposuction can sometimes be used by the NHS to treat certain health conditions.	For patients with Lipoedema, Liposuction is Not Routinely Commissioned in these clinical circumstances due to a lack of evidence to support this intervention.	No current policy for the use of liposuction in patients diagnosed with lipoedema	There is a small amount clinical evidence for the use of liposuction in lipoedema, which does show a benefit to patients in the trials. However, the number of patients in the trials is small. Further higher-grade research is needed before the CCG could support this intervention.
Bariatric Surgery	Bariatric surgery includes a group of surgical procedures which promote weight loss.	Patients eligible for surgery must have the following: • BMI of >35kg/m2 AND Type 2 diabetes mellitus which has been diagnosed within the last 10 years. OR • BMI of >50kg/m2	No current policy.	To widen the scope of available funding for patients for surgery, who would like to access bariatric surgery services in line with the service redesign which is taking place in Birmingham and Solihull.

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Knee Arthroscopy for Acute Knee Injury	Arthroscopic knee surgery is a treatment which may include: • arthroscopic lavage (also called 'arthroscopic washout'), • arthroscopic debridement (in combination with lavage) and • arthroscopic partial menisectomy (APM) which may be performed singly or in combination with debridement and lavage.	Knee arthroscopy for acute knee injury is restricted. 1. The patient does not have degenerative knee disease AND 2. The patient has experienced an acute knee injury AND 3. Following the acute knee injury the patient has undergone clinician verified conservative treatment with physiotherapy; analgesia and PRICE which has failed AND 4. The patient continues to have mechanical symptoms which are causing functional impairment.	Current policy is only for knee arthroscopy in degenerative knee disease. This new policy increases the scope of the policy to include acute knee injury. We propose to limit the availability of knee arthroscopy for acute knee injury to those conditions and individuals where this intervention is likely to be of benefit, in line with latest evidence.	Clinical evidence strongly demonstrates that knee arthroscopy in acute knee injury provides no greater benefit than conservative treatment in the period immediately following injury. However if no further improvement is found following 3 months of conservative treatment, if clinically indicated, the patient may proceed to arthroscopy.

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Non-Invasive Ventilation A. COPD	When we breathe in oxygen out of the air - this oxygen is transferred to the blood in our lungs. The body then uses the oxygen and produces a waste gas called carbon dioxide, which we breathe out. The process of this exchange is ventilation. The aim of using Non-Invasive Ventilation (NIV) is not only to obtain satisfactory oxygen levels, but also to expire carbon dioxide. Respiratory failure is a particular problem with diseases that cause obstruction to our airways, such as chronic obstructive pulmonary disease (COPD). In COPD, the airways are narrowed, making it harder to get oxygen into the lungs and carbon dioxide out.	For patients with COPD, who have certain clinical features leading to respiratory failure, the policy enables funding to be made available for these patients for domiciliary (in the home) non-invasive ventilation.	No current policy.	To ensure that in line with the most up to date clinical evidence and clinical expertise, patient with COPD and a clinical need for home non-invasive ventilation may access this treatment
Non- Invasive Ventilation B. Neuro-Muscular dependent	A number of chronic neuromuscular disorders, for example muscular dystrophy and motor neurone disease lead to progressive respiratory muscle dysfunction, which in turn can lead to respiratory failure and death. The aim of using Non-Invasive ventilation (NIV) is not only to obtain satisfactory oxygen levels, but also to expire carbon dioxide.	For patients who have a Neuro-muscular disorder and who have certain clinical features leading to respiratory failure, the policy enables funding to be made available for these patients for domiciliary non-invasive ventilation.	No current policy	To ensure that in line with the most up to date clinical evidence and clinical expertise, patient with a neuro muscular disorder and a clinical need for home non-invasive ventilation may access this treatment

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Non-Invasive Ventilation C. Sleep Apnoea	Apnoea is defined as a temporary absence or cessation of breathing. Obstructive Sleep Apnoea hypopnea syndrome (OSAHS) is a condition in which a person experiences repeated episodes of apnoea because of a narrowing or closure of the pharyngeal airway during sleep. This is caused by a decrease in the tone of the muscles supporting the airway during sleep. Complete closure (obstruction) stops airflow (apnoea) whereas partial obstruction decreases airflow (hypopnoea). OSAHS results in episodes of brief awakening from sleep to restore normal breathing. Treatment for OSAHS aims to reduce daytime sleepiness by reducing the number of episodes of apnoea/hypopnoea experienced during sleep. The type of non-invasive ventilation most commonly used in the clinical management of sleep apnoea is continuous positive airway pressure (CPAP).	Continuous positive airway pressure (CPAP) is commissioned as a treatment option for adults with moderate or severe symptomatic obstructive sleep apnoea/hypopnoea syndrome (OSAHS). CPAP is only recommended as a treatment option for adults with mild OSAHS if: a. The OSAHS is causing severe functional impairment, which is impacting on the patient's ability to carry out activities of daily living AND b. lifestyle advice and any other relevant treatment options have been unsuccessful or are considered inappropriate.	No current policy	To ensure that in line with the most up to date clinical evidence and clinical expertise, patients diagnosed with OSAHS and a clinical need for nocturnal CPAP may access this treatment

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Biological mesh	Surgical mesh is a screen-like material that is used as a reinforcement for tissue or bone. It can be made of synthetic polymers or biopolymers. Materials used for surgical mesh include: • **Non-absorbable synthetic polymers** (polypropylene) • **Absorbable synthetic polymers** (polyglycolic acid or polycaprolactone) • **Biologic** (acellular collagen sourced from cows or pigs) • **Composite** (a combination of any of the three previous materials) The policy relates to the use of biologic mesh in hernia repair.	Due to the currently available low quality evidence to support the use of biological mesh over standard mesh, the use of biological mesh is not routinely commissioned.	No current policy. Currently available by Individual Funding Request. No change.	No change. To ensure current commissioning stance is in line with currently available clinical evidence.

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Body Contouring	The Surgical Procedures for Body Contouring include: ○ Full abdominoplasty: ○ Mini abdominoplasty ○ Extended abdominoplasty ○ Endoscopic abdominoplasty ○ Apronectomy (Panniculectomy) ○ Arm reduction and lift (Brachioplasty): ○ Buttock and/or Thigh lift (Thighplasty): ○ Liposuction / Liposculpture / Suction Assisted Lipectomy Policy relates to the removal of excess skin ONLY in certain clinical circumstances.	The patient is 18 or over at the time of application **AND** The patient has lost at least 50% of their original excess weight and maintained their weight for at least two years, both of which have been recorded and documented by a clinician in the patient's medical notes **AND the patient has one of the following:** **Skin folds are causing** severe functional impairment which is impacting on the patient's ability to carry out activities of daily living. **OR** Recurrent skin infections in the skin folds which fail to resolve, despite appropriate medical treatment for at least 6 months.	Body Contouring is not routinely commissioned under the current policy. This policy will enable patients in certain clinical circumstances to access funding for surgery.	To ensure patients with a clinical need may access funding for surgery in line with the current clinical evidence.

Adenoidectomy	Adenoids are small lumps of tissue at the back of the nose, above the roof of the mouth. Adenoids are part of the immune system, which helps fight infection and protects the body from bacteria and viruses. In most cases only children have adenoids. They start to grow from birth and are at their largest when a child is around three to five years of age. By age seven to eight, the adenoids start to shrink and by the late teens, they're barely visible. By adulthood, in most people they will have disappeared completely. Adenoids can be helpful in young children, but they're not an essential part of an adult's immune system. The adenoids can be removed during an operation called an adenoidectomy.	Adenoids may be removed in the following clinical circumstances: • Documented medical problems caused by obstruction of the airway by enlarged adenoids **AND** all conservative treatments have been exhausted.	Current policy only relates to children. New policy widens the scope to incorporate the small cohort of adult patients where the adenoids are enlarged.	To ensure in the cohort of adult patients who are experiencing clinical problems due to enlarged adenoids may in certain clinical circumstances, access surgery.

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Hysteroscopy for Heavy Menstrual Bleeding	**Heavy Menstrual Bleeding (HMB) is common but can have a big effect on a woman's everyday life.** HMB does not always have an underlying cause but can result from problems such as fibroids or endometriosis. A hysteroscopy is a procedure used to examine the inside of the womb (uterus). It is carried out using a hysteroscope, which is a narrow telescope with a light and camera at the end. Images are sent to a monitor so that the doctor or specialist nurse can see the inside of the womb.	Hysteroscopy for Heavy Menstrual Bleeding is commissioned as a <u>first line</u> investigation in the following clinical circumstances: The patient must have suspected submucosal fibroids **OR** polyps **OR** endometrial pathology **AND** The patient has one of the following symptoms: • persistent intermenstrual bleeding **OR** • risk factors for endometrial pathology	Current policy states that ultrasound scan is the first line treatment for all women and only if this does not enable clinical diagnosis should a hysteroscopy be undertaken. The new policy states that in certain clinical circumstances hysteroscopy should be the first line investigation.	Change in clinical practice due to evidence review and NICE Guidance 88.