Berkshire West Clinical Commissioning Group

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC 50 **Subacromial decompression for shoulder impingement (reviewed in light of Evidence Based Intervention (EBI) guidance)**

Recommendation made by the Priorities Committee: September 2016; updated March 2018[1]; November 2020[2]

Date of issue: **January 2021**

The Thames Valley Priorities Committee has considered the evidence for clinical and cost effectiveness of subacromial decompression for shoulder pain due to shoulder impingement and recommends primary care referral can be considered for surgical opinion for patients who meet **all** of the following criteria:

- Patient has had symptoms for at least 3 months from the start of treatment
- Symptoms are intrusive and debilitating (for example waking several times a night, pain when putting on a coat)
- Patient has been compliant with conservative intervention (education, rest, NSAIDs, simple analgesia, appropriate physiotherapy) for at least 6 weeks
- Patient has initially responded positively to a steroid injection but symptoms have returned despite compliance with conservative management
- Referral is at least 8 weeks following steroid injection
- Patient confirms they wish to have surgery.

For patients who initially present with shoulder pain in primary or intermediate care, the first line of radiological investigation should be a plain x-ray.

If following an x-ray and clinical assessment, the diagnosis is still in doubt then a referral to the secondary care shoulder service is indicated where further specialist assessment and appropriate investigations including USS, CT scans and MRI scans can be arranged.

Image guided subacromial injections are not recommended in primary, intermediate or secondary care. Evidence does not support the use of guided subacromial injections over unguided subacromial injections in the treatment of subacromial shoulder pain.

Red flag symptoms:[3]

Emergency referral - same day:

- Acutely painful red warm joint– e.g. suspected infected joint.
- Trauma leading to loss of rotation and abnormal shape - unreduced shoulder dislocation.

[1] Minor editing for clarity no change to threshold.

[2] Updated to reflect Evidence Based Intervention List 2 Guidance on imaging in primary care and image guided subacromial injections.

[3] https://www.boa.ac.uk/wp-content/uploads/2014/08/Subacromial-Shoulder-Commissioning-Guide_final.pdf

Urgent referral (<2/52) to secondary care:

- Shoulder mass or swelling - suspected malignancy
- Sudden loss of ability to actively raise the arm (with or without trauma) - acute cuff tear.
- New symptoms of inflammation in several joints - systemic inflammatory joint disease (rheumatology referral).

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- Thames Valley clinical policies can be viewed at http://www.fundingrequests.cscsu.nhs.uk/

OPCS Procedure Codes:

O29.1 Subacromial decompression

Secondary OPCS codes:

Z94.1	Bilateral operation
Z94.2	Right sided operation
Z94.3	Left sided operation
Z94.4	Unilateral operation
Y71.3	Revisional operations NOC
W572	Primary excision arthroplasty of joint NEC
T79.1	Plastic repair of rotator cuff of shoulder NEC
W84.4	Endoscopic decompression of joint
Y767	Arthroscopic approach to joint