

Policy title	Shoulder pain: subacromial decompression of the shoulder v1.1
Policy position	Criteria Based Access
Date of Forum recommendation	December 2019

The Priorities Forum has considered the evidence for clinical and cost effectiveness of arthroscopic shoulder decompression for subacromial shoulder pain i.e. subacromial decompression of the shoulder and recommends that primary care / musculoskeletal (MSK) community service referral for specialist for surgical opinion is supported for patients who meet all of the following criteria:

- Patient has had symptoms for at least 6 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 interventions such as education, rest, non-steroidal anti-inflammatory analgesia (NSAIDs) and 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.

Surgery should be performed as a day case where clinically reasonable.

Primary subacromial decompression in isolation is not normally funded unless the patient has a massive subacromial spur scoring the muscle and may otherwise require a cuff repair.

This policy should be considered in conjunction with local shoulder arthroscopy guidance.

Red Flag Symptoms

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.

Urgent referral (<2/52 weeks) 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).

This policy has been reviewed to pay due regard to NHS England Evidence Based Interventions (EBI) criteria. The BLMK ICB has considered the EBI guidance and supports the principles it expresses. The BLMK ICB policy has thresholds for referral for surgery and as such the BLMK ICB will maintain the current policy.

(This guidance is based on Thames Valley Priorities Committee Commissioning policy).

References:

1. Royal College of Surgeons (2014) Commissioning guide: Subacromial Shoulder Pain
2. NHS England 992018) Evidence Based Interventions: Guidance for Clinical Commissioning Groups

NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

Clinical coding:

Arthroscopic shoulder decompression for subacromial shoulder pain

W844

Y767

Primary Diagnosis M754 or M2551

Key words: Subacromial, shoulder decompression, shoulder pain