

**Procedure that requires Prior Approval
from the Bedfordshire MSK service (Circle Bedfordshire)
Bedfordshire, Hertfordshire, West Essex and Milton Keynes
Priorities Forum statement**

Number	86
Subject	Subacromial decompression of the shoulder
Date of decision	February 2018
Date of refresh	December 2019: NHSE EBI¹ 'due regard' statement added
Date of review	February 2021

GUIDANCE

[This guidance is based on Thames Valley Priorities Committee Commissioning policy]

The Priorities Forum has considered the evidence for clinical and cost effectiveness of subacromial decompression of the shoulder and recommends primary care/ MSK community service referral can be considered for surgical opinion 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 intervention (education, rest, NSAIDs, 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.

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.

¹ <https://www.england.nhs.uk/evidence-based-interventions/ebi-programme-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) 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 Evidence Based Interventions criteria. The BLMK CCGs have considered the NHSE EBI¹ guidance and supports the principles it expresses. The BHPF policy is more stringent than the NHS EBI policy and as such the BLMK CCGs will maintain the current BHPF policy

References

1. Royal College of Surgeons (2014) Commissioning guide: Subacromial Shoulder Pain

Human Rights and Equalities Legislation has been considered in the formation of this policy