

SHIP8 Clinical Commissioning Groups Priorities Committee

Policy title Number/version	Policy 14: Subacromial Decompression of the Shoulder Version 2 (2020) Version 1 (2016)
Policy position	Criteria Based Access
Date of Committee Recommendation/ CCG recommendation	30/07/2020
Date of CCG issue	
Update	This policy will be updated as per 3 year cycle or in light of a substantial body of new evidence or new national guidance (e.g. NICE)

The Priorities Committee has reviewed the national guidance and recent evidence for clinical and cost effectiveness of subacromial decompression of the shoulder and recommends that:

Open subacromial decompression alone is NOT NORMALLY FUNDED.

Prior approval for arthroscopic subacromial decompression surgery in isolation for the treatment of pure shoulder impingement* will be considered as a treatment option if the following criteria are fulfilled:

- The person has had symptoms for at least 6 months AND
- Symptoms are intrusive and debilitating (for example waking several times a night, pain when putting on a coat) AND
- The person has engaged in physiotherapy for at least 6 weeks AND
- The person has had a positive response to a steroid injection AND
- The person has been informed of the potential risks versus benefits of subacromial shoulder decompression surgery and is involved in shared decision making.

Clinical coding:

OPCS code

- 029.1 Sub-acromial decompression (SAD/ASD)
- Y76.7 Arthroscopic approach to joint

ICD10 Code

- M75.4 Impingement syndrome of shoulder
- M25.51 Pain in joint, shoulder region

*Pure subacromial shoulder impingement means subacromial pain not caused by associated diagnoses such as rotator cuff tears, acromio-clavicular joint pain, or calcific tendinopathy. There is a separate SHIP policy for 'Management of rotator cuff tears and rotator cuff syndrome' (Policy 41).

Whilst the Committee recognised the considered expert advice of NICE and NHS England Evidence Based Interventions guidance in their recommendation, it also had a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment. Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status