

## BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

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| Policy Number/<br>Name      | BOBFPC50 Subacromial Decompression for Shoulder Impingement |
| Date of BOB ICB<br>Adoption | March 2024  |

The Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB 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:**

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).

**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

**NOTES:**

- Potentially exceptional circumstances may be considered by a patient's ICB 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 was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policies can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)

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| <b>Recommendation made by TVPC</b>    | September 2016<br>March 2018<br>November 2020 |
| <b>Date adopted and issued by OCG</b> | April 2018<br>February 2021                   |
| <b>Date of BOB ICB adoption</b>       | March 2024 – reformatted and rebadged only    |