

EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT) EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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Target audience:	NHS Somerset ICB: <ul style="list-style-type: none"> • NHS Providers • GP Practices • Contracts Team Medical Directors: <ul style="list-style-type: none"> • Somerset NHS Foundation Trust • Royal United Hospitals Bath NHS FT
Application Form	Generic EBI Application

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VERSION CONTROL

Document Status:	Current policy
Version:	2526.v2d

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1718.V1	December 2021	3-year review, removal of IPG21 & background info, template updated
2122.v2	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2a	March 2023	Wording change 3.6
2223.v2b	June 2024	Logo change with amendment to website link and clinical exceptionality wording on 3.6
2425.v2c	May 2025	3-year review and wording amendment to general principles and EBI pathway. Include NICE IPG742 2.3

Equality Impact Assessment EIA	N/A
Quality Impact Assessment QIA	18/09/2017 V1
Sponsoring Director:	Dr Bernie Marden
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1 GENERAL PRINCIPLES EBI (Evidenced Based Intervention)

- 1.1 Funding approval must be in place prior to treating patients for this prior approval treatment

Please note: Funding approval is given where there is evidence that the treatment requested is clinically effective and the patient has the potential to benefit from the proposed treatment

- 1.2 Receiving funding approval for the specified treatment requested, DOES NOT confirm that the patient will receive treatment or surgery. The patient MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken

- 1.3 The policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '2 week wait pathway' rules for assessment and testing as appropriate

- 1.4 Patients with an elevated BMI of 30 or more MAY experience more post-surgical complications including post-surgical wound infection and should be encouraged to lose weight further prior to seeking surgery

<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)

- 1.5 Patients who are smokers should be referred to a smoking cessation service to reduce the risk of surgery and improve healing

- 1.6 Prior approval funding is available for one year commencing the date of approval

2 POLICY CRITERIA NOT COMMISSIONED

- 2.1 Extracorporeal shockwave therapy is **not commissioned** by the ICB

- 2.2 This policy does not apply to:

- Extracorporeal shock wave lithotripsy (ESWL) which is a common way of treating kidney stones that can't be passed in the urine
- The Exogen Bone Healing system which is routinely commissioned for non-union of fractures

- 2.3 Extracorporeal shockwave therapy for calcific tendinopathy in the shoulder NICE (IPG742) November 2022

Evidence-based recommendations on extracorporeal shockwave therapy for calcific tendinopathy in the shoulder. This involves placing a device on the

skin that delivers short pulses of sound to the shoulder. The aim is to reduce pain and improve shoulder function.

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 3.1 Patients who are not eligible for surgery under this policy may be considered for surgery on an individual basis where the 'CLINICIAN BEST PLACED' believes exceptional circumstances exist that warrant deviation from the rule of this policy

'THE CLINICIAN BEST PLACED' is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient.

- 3.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the 'clinician best placed' on behalf of the patient

Note. Applications CANNOT be considered from patients personally

- 3.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted

- 3.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale

- 3.5 Generic EBI Funding Applications are considered against '**clinical exceptionality**'. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB / EBI webpage Evidence Based Interventions - [Evidence Based Interventions - NHS Somerset ICB](#) and click on the section titled **Generic EBI Pathway**

- 3.6 Photographs can be forwarded with the funding application form to further support the clinical evidence provided where appropriate

4 ACCESS TO POLICY

- 4.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

- 4.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

- 5.1 Chen CY, (2014 Dec). Extracorporeal shockwave therapy improves short-term functional outcomes of shoulder adhesive capsulitis. US: Journal of shoulder and elbow surgery / American Shoulder and Elbow Surgeons.
- 5.2 Haffner N, A. V. (2016). Extracorporeal shockwave therapy (ESWT) ameliorates healing of tibial fracture non-union unresponsive to conventional therapy
- 5.3 Cochrane review dated 2014 <https://www.ncbi.nlm.nih.gov/pubmed/24671929>
- 5.4 NICE (IPG571) Extracorporeal shockwave therapy for Achilles tendinopathy Interventional guidance Published December 2016 <https://www.nice.org.uk/guidance/ipg571>
- 5.5 NICE (IPG742) Extracorporeal shockwave therapy for calcific tendinopathy in the shoulder Published November 2022 <https://www.nice.org.uk/guidance/ipg742>