Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Functional Electrical Stimulation (FES) for Foot Drop of Central Neurological Origin for Patients under 16 years

Prior Approval

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk /) or consider use of advice and guidance services where available.

Patients transitioning to adults will continue to be able to access FES if they continue to meet criteria. EFR route only for adults otherwise.

Note – Funding approval is required for the entire pathway of a device. No machine should be loaned, provided or supported prior to funding approval. Where a decision has been made to change a device, funding approval must again be secured before any new device can be provided. Trials of FES must not be initiated until funding approval is secured.

Section A - Criteria

Wireless devices are NOT commissioned. FES using skin surface electrodes will be commissioned for patients meeting the following criteria.

1. Patients have drop foot because of upper motor neurone damage, which is causing significant difficulties in mobility, **AND**
2. Patient's gait is not satisfactorily controlled using ankle foot orthoses or there is a documented rationale as to why ankle foot orthosis is not appropriate (for example spasticity), **AND**
3. The patient can physically manage a FES (+/- minimal assistance), **AND**
4. Clear treatment goals and expectations of benefit have been outlined to the patient, **AND**
5. If there is no significant improvement to mobility, or there are safety concerns, FES is discontinued.

Starting Guidance

It is recommended that clinicians use the starting guidance below when considering referrals or discontinuation of FES.

1. Foot drop as a result of neurological deficit due to an upper motor neurone lesion.
2. Foot drop causing significant difficulties in mobility, such as 'near misses', falls or considerable fatigue.
3. Able to walk a minimum distance of 10m or more with or without the use of ankle foot orthosis, sticks, frame, or crutches.
4. Gait is not satisfactorily controlled using ankle foot orthoses or an ankle foot orthosis is not appropriate (for example due to spasticity).
5. Able to passively achieve a neutral angle of the ankle (foot flat on floor).
6. Able to come from sitting to standing independently.
7. Can physically and cognitively manage an FES (+/- minimal assistance).
8. Clear treatment goals and expectations of benefit have been outlined to the patient.
9. Precautions to the use of FES include:
    a) Poor skin condition is a contraindication (sores or irritation prevents the use of self-adhesive electrodes)
    b) Poorly controlled epilepsy
    c) A history of significant autonomic dysreflexia in incomplete spinal cord injury above T6
    d) Patients with a cancerous tumour in the area of the electrical stimulation
    e) Exposed orthopaedic metal work in the area of electrical stimulation.

10. The patient has been informed that they will require reassessment at least yearly and that should the device be found to no longer provide benefit to mobility, it will not be reissued.

Stopping Guidance

FES should be discontinued if any of the below apply:

1. Device no longer required due to improvement in mobility.
2. No substantial improvement to mobility after assessment phase.
3. Unable to walk 10 metres (with or without the use of the above walking aids).
4. There are safety concerns.
5. There has been deterioration in a patient's condition which has resulted in FES no longer being suitable (for example lower limb weakness)

BNSSG ICB is responsible for making the best use of the NHS funds allocated to us to meet the health needs of our local population. The demand for services is greater than the resources available and therefore we have to prioritise the use of funds carefully. Our approach is to prioritise commissioning treatments, operations or drugs that are most effective in meeting the health needs of the population. All operations carry significant risks and where symptoms are mild or moderate it is likely that the risks outweigh the benefits. Not all conditions progress and when symptoms can be managed conservatively, that is the safest option.

BRAN

For any health- related decision, it is important to consider **"BRAN"** which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Research and experience have shown that treatment with FES can produce a more normal walking pattern, enabling people to walk faster, further and with less effort. It can also help build confidence in walking and increase independence as well as reducing the risk of trips and falls.

As well as being a treatment for foot drop FES can also be used in rehabilitation, complementing physiotherapy techniques, often to assist with movements in muscles that have become weak. This allows you to build up strength and range of movement. This may also help with reducing spasticity and sometimes in reducing swelling, depending on the cause.

Risks

The risks of using an external functional stimulation device include:
Discomfort during treatment.
Skin irritation at the site of electrodes.
Worsening spasticity.

Alternatives

Treatment options include physiotherapy and / or an ankle-foot orthosis.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Functional Electrical Stimulation for Foot Drop of Central Neurological Origin (Including Surface and Implanted Devices) – Plain Language Summary

Drop Foot is where an individual finds it difficult to lift or move their feet and toes while walking. It can affect one or both feet and can make walking harder or less safe. The most common cause of Drop Foot is an injury to a nerve within the brain or spinal cord that link to the nerves controlling foot lift. Drop Foot can be treated with Functional Electrical Stimulation (FES). FES uses a small battery powered device and self-adhesive pads on the skin to pass small pulses to the nerves, causing the affected muscles to move the foot. Stimulation is turned on and off at the right time using a small pressure pad placed in the shoe. FES feels like a tingling sensation and most people quickly become used to it.

This policy has been developed with the aid of the following references:

1. National Health Service (2019) Health A to Z: Foot Drop [online] www.nhs.uk/conditions
2. NICE (2016) ODFS Pace and Pace XL functional electrical stimulation devices for treating drop foot (Guidance MIB56) www.nice.org.uk
3. NICE (2009) Functional electrical stimulation for drop foot of central neurological origin (Guidance IPG278) www.nice.org.uk
4. Patient Platform Limited (2018) Professional Article: Foot Drop [online] www.patient.info

Connected Policies
N/A

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED), and NHSE Evidence-Based Interventions (EBI). This applies to all the activities for which the ICBs are responsible, including policy development and review.

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):
A707, A708

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on **BNSSG.customerservice@nhs.net**.