

Extracorporeal Shockwave Therapy (ESWT) Policy

Exceptional Funding Request

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

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Extracorporeal shockwave therapy is not routinely funded by the ICB.

Please note this policy does not apply to Extracorporeal shock wave lithotripsy (ESWL) for the treatment of kidney stones.

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.

Extracorporeal Shockwave Therapy Policy – Plain Language Summary

Extracorporeal shockwave therapy (ESWT) is a non-invasive treatment that uses a device to deliver acoustic shockwaves through the skin to the targeted area. Ultrasound guidance can help position the device precisely. Treatment may require one or multiple sessions, and local anaesthesia might be administered, as high-energy ESWT can cause discomfort.

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

1. NICE (2022) Extracorporeal shockwave lithotripsy for calcific tendonitis (tendinopathy) of the shoulder (Interventional procedures guidance – IPG742) www.nice.org.uk
2. NICE (2016) Extracorporeal shockwave therapy for Achilles tendinopathy (Interventional procedures guidance – IPG571) www.nice.org.uk
3. NICE (2009) Extracorporeal shockwave therapy for refractory tennis elbow (Interventional procedures guidance – IPG313) www.nice.org.uk
4. NICE (2003) Extracorporeal shockwave therapy for Peyronie's disease (Interventional procedures guidance – IPG29) www.nice.org.uk
5. NICE (2009) Extracorporeal shockwave therapy for refractory plantar fasciitis (Interventional procedures guidance – IPG311) www.nice.org.uk
6. NICE (2011) Extracorporeal shockwave therapy for refractory greater trochanteric pain syndrome (Interventional procedures guidance – IPG376) www.nice.org.uk
7. National Health Service (2024) Health A to Z: Peyronie's disease [online] www.nhs.uk/conditions
8. National Health Service (2024) Health A to Z: Tennis elbow [online] www.nhs.uk/conditions
9. National Health Service (2022) Health A to Z: Plantar fasciitis [online] www.nhs.uk/conditions
10. National Health Service (2023) Health A to Z: Tendonitis [online] www.nhs.uk/conditions
11. National Library of Medicine (2014) Extracorporeal shockwave therapy improves short-term functional outcomes of shoulder adhesive capsulitis (25441567) www.pubmed.ncbi.nlm.nih.gov
12. National Library of Medicine (2014) Extracorporeal shockwave therapy in the treatment of erectile dysfunction: a prospective, randomized, double-blinded, placebo controlled study (24942563) www.pubmed.ncbi.nlm.nih.gov

Connected Policies

Forefoot Surgery in Secondary Care

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.

Document Control

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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): T745

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.