Commissioning Policy: Warwickshire North CCG (WNCCG)

Treatment	Functional Electrical Stimulation (FES)
Indication	**"Drop Foot" of central neurological origin**
Treatment:	WNCCG does not routinely commission under community services FES for dropped foot because of the limited evidence for clinical effectiveness. Treatments for drop foot include physiotherapy, orthotic devices, medical therapy and electrical stimulation of the affected nerves and surgery. First-line treatment is usually physiotherapy and/or the use of an ankle foot orthosis (AFO). An AFO is a device, usually made of plastic, which is worn on the lower part of the leg and on the foot. It is used to align the lower leg correctly and control the motion of the ankle and foot, to provide stability and improve gait. Evidence will be required to demonstrate that first-line treatments have been tried. In accordance with national guidelines carefully selected patients may be eligible to be considered for FES if certain pre-requisite criteria are fulfilled: • The individual has a upper motor neuron lesion resulting from stroke, multiple sclerosis, cerebral palsy or spinal cord injury (but has an intact peroneal nerve): • There is evidence that the dropped foot interferes significantly with the individual's day to day living, arising from problems such as frequent falls and severe fatigue; • There is evidence that FES has been recommended for the individual after a thorough assessment of their suitability by the local physiotherapy service or MDT specialising in rehabilitation (this recommendation must specify how any benefit will be measured for the individual); • There is evidence to demonstrate that first-line treatments have been tried. Note: If a patient meets the policy criteria it is expected that the patient will demonstrate a positive trial of FES before proceeding to a permanent stimulator. In this case the patient willproceed with a surface electrode device, but an additional individual funding request will need to be made if an implanted electrode is being considered. NICE Interventional procedures guidance (IPG278) Functional electrical stimulation for drop foot of central neurological origin. Published date: January 2009 https://www.nice.org.uk/guidance/ipg278
Equality Impact	See EIA attached

VERSION CONTROL

Version	1.0
Ratified by	Governing Body
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Name of originator/author	
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Review date	September 2020

NHS
Warwickshire North
Clinical Commissioning Group

Equality Impact Assessment (EIA)

Policy/Service	Functional Electrical Stimulation (FES)	**Person completing EIA**	Kay Holland Interim Acute Programme Lead
Date of EIA	26 July 2017	**Accountable CCG Lead**	Andrea Green NHS Warwickshire North Clinical Commissioning Group

Aim of Work	The Public Sector Equality Duty (PSED) requires us to eliminate discrimination, advance equality of opportunity, and foster good relations with protected groups. This EIA assesses the impact of the policy on protected groups.
Who Affected	CCG registered patients

Protected Group	Likely to be a differential impact?	Protected Group	Likely to be a differential impact?
Age	No	**Race**	No
Disability	No	**Religion or belief**	No
Gender reassignment	No	**Sex**	No
Marriage and civil partnership	No	**Sexual orientation**	No
Pregnancy and maternity	No		

Describe any potential or known adverse impacts or barriers for protected/vulnerable groups and what actions will be taken (if any) to mitigate. If there are no known adverse impacts, please explain.

This is a harmonised policy across three Clinical Commissioning Groups – Coventry and Rugby CCG; South Warwickshire CCG and Warwickshire North CCG.

The impact of this policy has been discussed at length by the Policy Development group and all protected characteristics and Human Rights values given due regard and only patient demographic issues that could impact on individual risk and/or clinical effectiveness were taken into account when reaching a decision.

The policy provides a consistent clinically based criteria for decision making, benefitting patients within the CCG area by providing consistency and equity of service provision. The policy provides an avenue through the 'Individual Funding Requests' policy to seek funding in exceptional clinical circumstances.

No potential or known adverse impacts or barriers for protected and/or vulnerable groups were identified.

Please summarise where further action is required and when the projects/decision will be reviewed.
The policy will be reviewed as and when new evidence or guidance is published and by no longer than three years after ratification by Governing Body.