General Commissioning Policy

Treatment	Functional Electrical Stimulation (FES)
For the treatment of	Dropped foot
Background	From April 2013 NHS England took over responsibility for commissioning activity in primary care, where initial conservative treatment takes place. NHS Hull CCG is responsible for commissioning activity in secondary care, and this policy sets out the eligibility criteria for Functional Electrical Stimulation. Requests for FES for dropped foot are currently considered by the Individual Funding Request (IFR) panel, due to the lack of a robust cost effectiveness evidence base.
Commissioning position	NHS Hull CCG does not routinely commission FES for dropped foot because of the limited evidence for clinical effectiveness and a lack of published, independent cost-effectiveness data. However, in accordance with national guidelines carefully selected patients may be eligible to be considered for Functional Electrical Stimulation by Hull CCG IFR Panel if certain pre-requisite criteria are fulfilled: • The individual has a upper motor neuron lesion resulting from stroke, multiple sclerosis (MS), cerebral palsy (CP) or spinal cord injury (SCI) (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 or 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); • 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 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. NB. If the IFR is granted it is expected that the patient will demonstrate a positive trial of FES before proceeding to a permanent stimulator. In this case it will not be necessary to seek further permission to proceed with the surface electrode device, the 'Odstock drop foot stimulator', but individual funding approval must be sought if an implanted electrode is being considered.

Notes

1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.
2. General Commissioning Policies are agreed by the Planning and Commissioning Committee on behalf of NHS Hull CCG.

	Expert opinion (Ref 3) views the implanted electrode as novel but more convenient for some patients.
Effective from	December 2013. *(This policy replaces Hull PCT Policy T09/10 dated July 2010.)*
Summary of evidence / rationale	Dropped foot is the inability to lift the foot and toes in the swing phase of the gait when walking, as a result of peroneal nerve damage. This can cause abnormal gait, reduced walking speed and an increased risk of falls. FES involves the application of electrical pulses to the common peroneal nerve. The pulses are produced by a stimulator unit worn externally and delivered via skin surface or implanted electrodes. The aim is to produce muscle contractions that mimic normal voluntary movement lifting the foot so that it does not drag on the ground and so improve gait. The literature on therapeutic electrical stimulation for post-stroke rehabilitation of the upper limb contains small to moderate sized RCTs and systematic reviews. Findings are inconclusive: they report reductions in impairment and improved function but these are not translated into improved activities of daily living or quality of life. Similarly, the therapeutic electrical stimulation studies of lower limb rehabilitation after stroke (small RCTs and papers) report contradictory findings at the level of impairment or activity. Overall, these findings may result from studies being underpowered and lacking internal validity. There are no cost-effectiveness studies. The recommendation from NICE IPG278 is that Functional Electrical Stimulation can be used for drop foot of central neurological origin provided normal arrangements are in place for clinical governance, consent and audit.
Date	December 2013
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Contact for this policy	Julia Mizon, Director of Commissioning and Partnerships, NHS Hull Clinical Commissioning Group. Julia.Mizon@nhs.net

References

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2. National Guidelines for Stroke. Royal College of Physicians (2009) http://www.rcplondon.ac.uk/sites/default/files/national-clinical-guidelines-for-stroke fourth-edition.pdf
3. The use of FES in adults with dropped foot. Evidence note. Quality Improvement NHS Scotland October 2008 http://www.healthcareimprovementscotland.org/welcome_to_healthcare_improvem.aspx
4. NETAG Appraisal (Jan 2012) Orthotic functional electrical stimulation for drop foot of neurological origin. http://www.netag.nhs.uk/files/recommendations/NETAG%20-%20FES%20Jan2012.pdf
5. NICE Stroke Pathway (movement difficulties) http://pathways.nice.org.uk/pathways/stroke#path=view%3A/pathways/stroke/rehabilitation-for-movement-difficulties-after-stroke.xml&content=close