NHS NWL CCGs will fund functional electrical stimulation (FES) for drop foot of central neurological origin only. Patients should have been assessed by a multidisciplinary team specialising in rehabilitation prior to referral to FES.

NHS NWL CCGs will not fund FES for upper limbs or foot drop due to lower motor neurone diseases (such as motor neurone disease, polio, Guillain–Barre syndrome, peripheral neuropathy, traumatic injury etc.).

There is a lack of evidence for FES for shoulder pain, shoulder subluxation or reaching or grasping and so FES will not be funded for these indications.

Patients who are already receiving treatment will only be considered for on going funding if the following criteria apply:

- Documented history of tripping, falling, or gait problems;
- Patient has a full range of ankle dorsal flexion/good calf tone/absence of severe spasticity and lower limb oedema.

All referrals for the indication above should be sent to the Ealing FES service, ENable Service Manager, Ealing and Harrow Community Services, Claypools Hospital, W5 4RN, Tel: 020 8568 0679
Email: Contact ehn-tr.ENABLE@nhs.net

Referrals to any other centre for patients who meet the criteria will be for CCGs to consider as non-contracted activity and funding will be dependent on the CCG.

These polices have been approved by the eight Clinical Commissioning Groups in North West London (NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith and Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG and NHS West London CCG).

Functional electrical stimulation (FES) is the procedure by which electrical impulses (either through the skin or via implanted electrodes) are used to stimulate muscle contractions that mimic normal voluntary muscle contractions. FES is used where muscles have been paralysed by upper motor neurone lesions (UMN) (e.g. stroke, cerebral palsy, multiple sclerosis or spinal cord injury) with the aim of improving muscle function.

Current therapies for muscle weakness secondary to UMN include physiotherapy, orthosis, medical therapies such as muscle relaxants or botulinum toxin type A injections. Surgery is reserved for refractory cases. FES is not suitable for lower motor neurone conditions (such as Motor Neurone Disease, Polio, Guillain-Barre disease, peripheral neuropathy and traumatic injury) as it requires an intact peripheral nerve through which to conduct.

Evidence Base

Current evidence (NICE IPG 278, 2009)\(^1\) on the safety and efficacy (in terms of improving gait) of functional electrical stimulation (FES) for drop foot of central neurological origin appears adequate to support the use of this procedure provided that normal arrangements are in place for clinical governance, consent and audit. There have been a number of trials and several recent systematic reviews into the effectiveness of FES in limb dysfunction. However, most of the available evidence come from small studies with short intervention period and substantial methodological weaknesses. The cost per QALY of FES for foot drop of central neurological origin is approximately £19,238 (with a cost per QALY in the first year of £52,337, and of £10,964 in subsequent years).\(^2,3\)