



Funding for FES

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-What we all know

- but it might not help with an IFR

Functional Electrical Stimulation Enables:

- ✓ A significant increase in the speed of walking
- ✓ Clinically meaningful changes in functional walking category
- ✓ Effort of walking is significantly reduced
- ✓ Fear of falling is significantly reduced
- ✓ A greater likelihood of achieving personal goals.

Cost per QALY for FES

– based on Salisbury service and ODFS Pace only

- PASA calculated in 2010 that the cost per QALY for FES for dropped foot was

–£15,406 per QALY

– This assumed that these chronic patients were still getting physio

– If this is taken not to be the case the calculation becomes less

–£5,705 per QALY (latest figures) – less if reduction in falls taken into account

Cost per QALY of other treatments

- Often difficult to find exact figures as to compare they need to be done at the same time in the same country
- Hip resurfacing – Leeds 2012
 - Cost per QALY £12,374
- Total Knee Replacement taken over 5 years
 - Cost per QALY £5,623
- Finland (2007)
 - TKR €14,000, THR €6,710, THR revision €52,274

Wiltshire Patient Survey 2014, n=63

(49% Wilts FES patients, Sept 13 – Apr 14)

- 31/63 given AFOs, 23 rejected them (9 uncomfortable, 9 did not work)
- Falls
 - Without FES 77% patients experienced falls (97% med. treatment)
 - With FES 25% patients experienced falls (17% med. treatment)
- Fear of Falling
 - Without 42/63, with FES 15/63
- Effort limiting distance walked
 - Without 41/63, with FES 23/63
- Reasons for use
 - Walk further 78%, more confident 73%, less effort 71%
- 97% patients likely or very likely to recommend FES to family and friends

Types of Funding

- Contract
- Private
- IFR (exceptions)
 - Rarity
 - Exceptional
- IFR (prior approval)
 - Where CCG has a FES contract but where patient is outside that. i.e different condition.

Time for Funding Applications

- At IA unless there is a contract
- On going funding – if you are unlucky

Forms to complete

- Each CCG/ CSU has its own forms with different questions and criteria
 - Can vary between 4 and 12 pages and between 6 and 60 questions.
 - Don't rely on others to complete the form
- Try and build up a library of your applications so you can cut and paste.
- Can take from 30 mins (once you have a library) to half a day or longer. NHS England are the worst (only for really complex or unusual cases)

Exceptions consideration

- Tried AFOs and rejected them.
- Falling is a major problem.
- Active at work.
- Young family or elderly relatives to care for.
- Shown to have improved walking ability with FES compared to AFO at initial assessment.
- Has tried FES in community and shown to be beneficial
- AFO causes knee hyperextension
- Significantly greater than usual benefit

IDS success rate last 16/12

- 40 forms completed
 - 35 funded for Salisbury
 - 3 pending
 - 1 facial rejected
 - 1 seen in local service

Evidence

- NICE - IPG 278
- NICE – MIB 56
- **PASA reports**
- Buyers Guide. Functional Electrical Stimulation for dropped foot of central neurological origin. CEP10010. Published by the NHS Purchasing and Supply Agency Feb 2010 www.dh.gov.uk/cep
- Relevant papers
 - Make sure they are relevant to the person for whom you are seeking funding. i.e Not just Stroke papers if the person has MS etc

Papers

- **References** – Due to the wide variety of treatment regimes in the literature, we have concentrated on the work from Salisbury exclusively, other than the original paper of Liberson. This has been done as this describes the exact treatment that will be provided in this case.
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- 2. Burridge J, Taylor P, Hagan S, Wood D, Swain I. The effect of common peroneal nerve stimulation on quadriceps spasticity in hemiplegia. *Physiotherapy* 1997;83(2):82–89.
- 3. Wright PA, Mann GE, Swain I. A comparison of electrical stimulation and the conventional ankle foot orthosis in the correction of a dropped foot following stroke. In: *9th Annual Conference of the International FES Society.*; 2004. Available at: http://ifess.org/proceedings/IFESS2004/IFESS2004_097_Wright.pdf. Accessed October 15, 2013.
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- 5. Taylor PN, Burridge JH, Dunkerley AL, et al. Clinical use of the Odstock dropped foot stimulator: its effect on the speed and effort of walking. *Arch. Phys. Med. Rehabil.* 1999;80(12):1577–1583.
- 6. Taylor PN, Burridge JH, Dunkerley AL, et al. Patients’ perceptions of the Odstock dropped foot stimulator (ODFS). *Clin. Rehabil.* 1999;13(5):439–446.
- 7. Street T, Taylor P, Swain I (2014). The practical clinical use of functional electrical stimulation (FES) in the treatment of dropped foot for people with stroke. *The International Journal of Stroke*, 9 (4), 40.
- 8. Swain ID, Taylor PN. The clinical use of functional electrical stimulation in neurological rehabilitation. In: *Horizons in Medicine 16 – Updates on major clinical advances*. Ed. Franklyn J. Pub. Royal College of Physicians, ISBN 1-86016-233-9, London, pp. 315-322, 2004.
- 9. Effectiveness of Functional Electrical Stimulation on Walking Speed, Functional Walking Category, and Clinically Meaningful Changes for People With Multiple Sclerosis
Archives of Physical Medicine and Rehabilitation, Vol. 96, Issue 4, p667–672 Published online: December 11, 2014

What makes someone '*exceptional*'?

- Remember, make it personal to the individual
 - Do they get a better result than average?
 - Do they have dependents?
 - Are they of working age and might stop work?
 - Do they fall over and could injure themselves?
 - Social isolation
 - Non participation in society leading to depression
 - Etc
- ***Pull on the committee heartstrings!!!!***

Exceptional?



Recommendations

- Talk to your CCG
- See if you can present to the IFR Committee of CCG/CSU
- Get a local champion on the inside.
- Ask them to visit and see how it works.
- Find out what they are looking for, i.e trip, used and failed with AFOs etc
- **Good luck !!**

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