

## Thames Valley Priorities Committee Commissioning Policy Statement

**Policy No. 276a (TVPC57)**      **Autologous blood injections and Platelet rich plasma injections**

**Recommendation made by the Priorities Committee:**      March 2017/ Updated March 2019<sup>1</sup>

Date agreed by OCCG      9<sup>th</sup> June 2019

**Date of issue:**      **June 2017, minor update June 2019**

Thames Valley Priorities Committee has considered the evidence for the use of Autologous blood injections (ABI) and platelet rich plasma (PRP) injections for the use in treating tendinopathy and rotator cuff injuries.

There is limited evidence of clinical and cost-effectiveness to support the use of ABI for tendinopathies or rotator cuff repairs, therefore ABI (including platelet-rich plasma injections) for tendinopathy or rotator cuff injuries is **not normally funded**.

This statement is in alignment with available NICE appraisal:  
NICE Interventional policy guidance IPG 438: Autologous blood injection for tendinopathy (2013); "The evidence on autologous blood injection for tendinopathy raises no major safety concerns. The evidence on efficacy remains inadequate, with few studies available that use appropriate comparators. Therefore, this procedure should only be used with special arrangements for clinical governance, consent and audit or research."

In autologous blood injection, blood is taken from the patient and re-injected around the affected tendon. Sometimes the blood is separated into red blood cells and platelets (cell fragments that produce substances called growth factors) before injecting the sample containing mostly platelets. The aim is to supply the tendon with growth factors that promote the healing process.

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<sup>1</sup> NICE IPG for osteoarthritis has been updated; no other changes have been made.

**For information:**

NICE IPG 637: platelet-rich plasma injections for osteoarthritis of the knee (2019)

"Current evidence on platelet-rich plasma injections for knee osteoarthritis raises no major safety concerns. However, the evidence on efficacy is limited in quality.

Therefore, this procedure should only be used with special arrangements for clinical governance, consent, and audit or research."

NICE IPG 437: autologous blood injection for plantar fasciitis (2013)

"The evidence on autologous blood injection for plantar fasciitis raises no major safety concerns. The evidence on efficacy is inadequate in quantity and quality. Therefore, this procedure should only be used with special arrangements for clinical governance, consent and audit or research."

**NOTES:**

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, eg, from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>
- Oxfordshire CCG's clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/policies.htm>