

TRIGGER FINGER CRITERIA BASED ACCESS POLICY

Version:	1617.v1b
Discussion and Recommendation by the Somerset CCG Clinical Commissioning Policy Forum	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date:	16 June 2016
Name of Originator/Author:	IFR Manager
Name of Responsible Committee/Individual:	Clinical Operations Group (COG)
Date issued:	13 July 2016
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>SCCG Web Site IFR Page SCCG GP Pathway Navigator SCCG Contracts Team - Contract Variation SCCG GP Bulletin Somerset CCG GP Practices</p> <p>Medical Directors:</p> <ul style="list-style-type: none"> • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • United Hospitals Bristol NHS FT • Weston Area Health NHS Trust
Application Form	only required where criteria not is not met Generic IFR application form

TRIGGER FINGER CRITERIA BASED ACCESS POLICY

VERSION CONTROL

Document Status:	Current policy
Version:	1617.v1b

DOCUMENT CHANGE HISTORY		
Version	Date	Comments
1516.v1a	June 2017	Changed from CSU to SCCG policy template & amended wording to General Principles

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	1617.v1
---	---------

Sponsoring Director:	Sandra Corry
Author(s):	
Document Reference:	1617.v1b

TRIGGER FINGER CRITERIA BASED ACCESS POLICY

Trigger Finger is subject to this restricted policy

General Principles

Treatment should only be given in line with these general principles. Where patients are unable to meet these principles, in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the CCG's Individual Funding Request (IFR) Panel by submission of an IFR application.

1. Clinicians should assess their patients against the criteria within this policy prior to treatment.
2. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment and the IFR team should be approached for advice.
3. All primary care trigger finger referrals must be referred for an initial assessment, and where appropriate conservative management, to commissioned intermediate Orthopaedic Assessment services. Orthopaedic Assessment services will assess a patient's suitability for surgery including: reference to this policy, manage patients conservatively when possible and where appropriate refer patients to secondary care for further management of their condition.

<http://www.sompar.nhs.uk/what-we-do/general-health/orthopaedic-assessment/>

4. For patients who do not qualify for a referral to secondary care or do not wish to be assessed by musculoskeletal services, individual funding approval must be secured by primary care prior to referring patients seeking advice and/or corrective surgery in secondary care. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
5. On limited occasions, the CCG may approve funding for a further assessment in secondary care only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
6. Where funding approval is given by the Individual Funding Request Panel, it will be available for a specified period of time, normally one year.

7. Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)
8. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)

Background

Trigger Finger

Trigger finger is a condition that affects one or more of the hand's tendons, making it difficult to bend the affected finger or thumb. If the tendon becomes swollen and inflamed it can 'catch' in the tunnel it runs through (the tendon sheath). This can make it difficult to move the affected finger or thumb and can result in a clicking sensation.

Trigger finger usually affects the thumb, ring finger or little finger. One or more fingers can be affected, and the problem may develop in both hands. It's more common in the right hand, which may be because most people are right-handed.

Symptoms of trigger finger can include pain at the base of the affected finger or thumb when you move it or press on it, and stiffness or clicking when you move the affected finger or thumb, particularly first thing in the morning. If the condition gets worse, your finger may get stuck in a bent position and then suddenly pop straight. Eventually, it may not fully bend or straighten.

Policy – Criteria to Access Treatment – Criteria Based Access

1. GPs establish patient compliance to the criteria, with the compliance being confirmed in the Orthopaedic Assessment services
2. All patients referred on to a surgical provider must have confirmation of compliance with criteria from the Orthopaedic Assessment services otherwise the CCG are not liable for payment
3. Patients who decline injections for trigger finger will not be referred to secondary care for surgery but can return for a further review and assessment with deterioration of symptoms
4. The CCG will only fund surgery for patients diagnosed with trigger finger
5. Conservative methods of treatment should always be pursued in the first instance. The patient failed to respond to conservative non-invasive treatment methods e.g.
 - a) exercise/massage
 - b). rest from aggravating activities
 - c). splinting
 - d) NSAIDs

AND

6. Who fail to respond to at least one corticosteroid injection

OR

7. Who have a fixed flexion deformity that cannot be corrected by conservative measures

OR

8. Where corticosteroid injection is contraindicated per treatment episode
 - A maximum 2 injections per trigger finger per treatment episode
9. Trigger finger in the thumb if clinically appropriate refer to secondary care

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Applications cannot be considered from patients personally.

Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.

Clinical Commissioning Group

It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.

An application put forward for consideration must demonstrate some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067.

Or write to us: NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somccg.pals@nhs.net

References

The following sources have been considered when drafting this policy:

1. <https://www.evidence.nhs.uk/Search?q=TRIGGER+FINGER>
2. http://www.bssh.ac.uk/patients/conditions/18/trigger_fingerthumb
3. <http://www.nhs.uk/Conditions/Trigger-finger/Pages/Theprocedure.aspx>