

CARPAL TUNNEL SURGERY CRITERIA BASED ACCESS POLICY

Version:	1516.2c
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	11 May 2016
Name of Originator/Author:	IFR Manager
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Operations Group (COG)
Publication/issue date:	13 June 2016
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>SCCG:</p> <ul style="list-style-type: none"> • Contracts Team • Providers • GP Practices SCCG • GP Bulletin • Web Site IFR Page <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 • Somerset Partnership NHS FT
Application Form	Generic IFR application form

CARPAL TUNNEL SURGERY CRITERIA BASED ACCESS POLICY

CONTENTS

Section		Page
	VERSION CONTROL	2
	GENERAL PRINCIPLES	3
	BACKGROUND	3
	POLICY CRITERIA	4
	REVIEW	2019
	MONITORING, COMPLIANCE AND EVALUATION	
	ASSOCIATED DOCUMENTS	
Appendices		
APPENDIX 1	Use Title Case	

CARPAL TUNNEL SURGERY CRITERIA BASED ACCESS POLICY

VERSION CONTROL

Document Status:	Current policy
Version:	1516.v2c

DOCUMENT CHANGE HISTORY		
Version	Date	Comments
1516.v2b	July 2017	Change CSU template to SCCG template

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	1516.v1
---	---------

Sponsoring Director:	Sandra Corry
Author(s):	
Document Reference:	1516.v2c

CARPAL TUNNEL SYNDROME SURGERY CRITERIA BASED ACCESS POLICY

CARPEL TUNNEL 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.
3. On limited occasions, the CCG may approve funding for an assessment 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.
4. 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)
5. 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

Carpal tunnel syndrome is a relatively common condition that affects the nerves of the hand causing pain, numbness and a burning or tingling sensation in the hand and fingers. Symptoms can be intermittent, and range from mild to severe. Patients with intermittent or mild/moderate symptoms should be managed conservatively in the first instance. Patients with severe symptoms (Canterbury criteria 4-6) should be referred for surgery.

What causes carpal tunnel syndrome?

Carpal tunnel syndrome is caused by compression of one of the nerves that controls sensation and movement in the hands (median nerve). The carpal tunnel is a narrow passage in your wrist made up of small bones and a tough band of tissue that acts as a pulley for the tendons that bend the fingers.

POLICY - CRITERIA TO ACCESS TREATMENT - CBA

1. GPs to establish patient compliance to the criteria, with the compliance being confirmed in the OASIS service.
2. All patients referred on to a surgical provider must have confirmation of compliance with criteria from the OASIS service otherwise the CCG will not accept liability for payment
3. Patients should follow the CCG local pathway for mild to moderate symptoms:
4. The Commissioner will fund carpal tunnel surgery where symptoms are severe (Canterbury grade 4-6) or persist following failure off:
 - a) Initial corticosteroid injection and Nocturnal splinting for at least 2 months
5. Surgical referral should occur for severe symptoms of a neurological deficit, e.g.
 - a) Sensory blunting
 - b) Muscle wasting or weakness of thenar abduction

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.

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 demonstrated 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

Please use the Harvard Referencing style

The following sources have been considered when drafting this policy: