NHS
Somerset
Clinical Commissioning Group

DUPUYTREN'S SURGERY
PRIOR APPROVAL POLICY

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Application Form	Dupuytren's Prior Approval

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VERSION CONTROL

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DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
1718.v1	April 2017	Amended to include NICE update on CCH
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1. GENERAL PRINCIPLES

1.1. Funding approval will 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 will not be given.

1.2. Funding approval must be secured by primary care/secondary care prior to referring/treating patients seeking corrective surgery.

1.3. The CCG does not commission surgery for cosmetic purposes alone.

1.4. 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.

1.5. 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.

1.6. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.

1.7. Patients should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment.

1.8. The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate.

1.9. 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)

1.10. 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)

1.11. Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year.

2. BACKGROUND

2.1. Dupuytren's contracture is a fairly common condition that causes one or more fingers to bend into the palm of the hand.The symptoms of Dupuytren's contracture are often mild and painless and do not require treatment. There is great variation in the rate of progress; it is usually possible to distinguish the more aggressive form of the disease early on.

2.2. Surgery is the only effective method of treatment for Dupuytren's contracture. However, patients should be advised that probably 40% of people will have a recurrence following surgery[3]: Dupuytren's contracture can return to the same spot on the hand or may reappear somewhere else. Recurrence is more likely in younger patients; if the original contracture was severe; or if there is a strong family history of the condition.

2.3. Most patients with Dupuytren's contracture do not need treatment and can be managed expectantly[1] and surgery for this group of patients is low priority.

3. POLICY

3.1. The CCG **does not commission** the following for Dupuytren's contracture:

- Radiation Therapy

3.2. The CCG will Commission for people **not** taking part in the ongoing clinical trial;

Collagenase clostridium histolyticum CCH is recommended as an option for treating Dupuytren's contracture with a palpable cord in adults only if **all** of the following apply:

3.2.1. There is evidence of moderate disease (functional problems and metacarpophalangeal joint contracture of 30° to 60°and proximal interphalangeal joint contracture of less than 30° or first web contracture) plus up to 2 affected joints

3.2.2. Percutaneous needle fasciotomy (PNF) is not considered appropriate, but limited fasciectomy is considered appropriate by the treating hand surgeon

3.2.3. The choice of treatment (CCH or limited fasciectomy) is made on an individual basis after discussion between the responsible hand surgeon and the patient about the risks and benefits of the treatments available

3.2.4. One injection is given per treatment session by a hand surgeon in an outpatient setting

3.3. Surgical intervention for Dupuytren's contracture where the following criteria have been met;

The patient has a 30 degree or greater fixed flexion deformity (contracture) at either the:

3.3.1. metacarpophalangeal joint **or**

3.3.2. proximal interphalangeal joint

4. INDIVIDUAL FUNDING PROCESS

4.1. 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.

4.2. 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.

4.3. 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.

4.4. 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.

5. ACCESS TO POLICY

5.1. 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.

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

6. REFERENCES

The following sources have been considered when drafting / developing this policy:

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6.3. NHS Choices. (2015, May 29th). Dupuytren's contracture - Treatment. Retrieved from NHS Choices: http://www.nhs.uk/Conditions/Dupuytrens-contracture/Pages/Surgery.aspx

6.4. NICE. (DEC 2016). Radiation therapy for early Dupuytren's disease. Retrieved from https://www.nice.org.uk/guidance/indevelopment/gid-ipg10022/documents

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6.6. Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England.

Clinical microbiology and infection: the official publication of the European Society of Clinical Microbiology and Infectious Diseases, vol. 21, no. 11, p. 1008.e1.

6.7. Von Campe, A., Kende, K., Omaren, H., & Meuli-Simmen, C. (2012). Painful Nodules and Cords in Dupuytren Disease. The Journal of Hand Surgery, 1313-1318.

6.8. IJCP 2010 Paper http://onlinelibrary.wiley.com/doi/10.1111/j.1742-1241.2009.02300.x/abstract

6.9. Cochrane review dated 2014 https://www.ncbi.nlm.nih.gov/pubmed/24671929