NHS
Somerset
Clinical Commissioning Group

DUPUYTREN'S CONTRACTURE RELEASE SURGERY IN ADULTS PRIOR APPROVAL (PA) POLICY

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Application Form	Prior Approval Dupuytren's Contracture Surgery

DUPUYTREN'S CONTRACTURE RELEASE SURGERY IN ADULTS PRIOR APPROVAL POLICY
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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
1718.v2	January 2018	New policy template and PALs email address
1718.V3A	April 2019	IFR replaced with EBI name change. 'Regard'to Section 14Z8 of the NHS Act 2006

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	20 February 2017 1718.v1
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Sponsoring Director:	Sandra Corry
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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

1.11 Where funding approval is given by the Evidence Based Interventions Panel, it will be available for a specified period of time, normally one year

2 POLICY CRITERIA

2.1 Somerset CCG **does not commission Radiation Therapy** for Dupuytren's contracture

2.2 Surgical intervention for Dupuytren's contracture is commissioned where the following criteria have been met;

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

2.2.1 Metacarpophalangeal joint **OR**

2.2.2 Proximal interphalangeal joint **OR**

2.2.3 Severe thumb contractures which interfere with function

2.3 The CCG will Commission Collagenase clostridium histolyticum CCH for people **not** taking part in the ongoing clinical trial;

2.3.1 In adults with a palpable cord and where **ALL** of the following apply;

2.3.2 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

2.3.3 Percutaneous needle fasciotomy (PNF) is not considered appropriate, but limited fasciectomy is considered appropriate

The choice of treatment (CCH or limited fasciectomy) is made on an individual basis after discussion between the responsible hand surgeon and the patient

2.5 Procedure and Diagnostic Codes

When left(der.Spell_Dominant_Procedure,4) in
('T521','T522','T525','T526','T541')
and (APCS.Age_At_Start_of_Spell_SUS between 18 and 120) and
left(der.Spell_Primary_Diagnosis,4)='M720' then 'N_dupuytr

3 BACKGROUND

3.1 NICE recommends no treatment is necessary for people with Dupuytren's disease who do not have contracture

3.2 Dupuytren's contracture is caused by fibrous bands in the palm of the hand which draw the finger(s) (and sometimes the thumb) into the palm and prevent them from straightening fully. If not treated the finger(s) may bend so far into the palm that they cannot be straightened. All treatments aim to

straighten the finger(s) to restore and retain hand function for the rest of the patient's life. However none cure the condition which can recur after any intervention so that further interventions are required

4 EVIDENCE BASED INTERVENTIONS REQUEST APPLICATION 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

4.2 Completion of a **Generic EBI Application Form** by a GP or Consultant may be put forward

4.3 Applications cannot be considered from patients personally

4.4 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 EBIP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context

4.5 EBI applications are reviewed and considered for clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England IFR policy https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-indivdual-funding-requests.pdf

4.6 In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that 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 this policy:

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6.2 NHS England https://www.england.nhs.uk/commissioning/wpcontent/uploads/sites/12/2013/11/N-SC012.pdf

6.3 BNSSG https://www.bristolccg.nhs.uk/innf/dupuytrens-contracture/

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6.5 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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6.7 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.

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

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J Hand Surg Eur Vol. 2011;36(5):396-407

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6.18 Rodrigues JN, Becker GW, Ball C, Zhang W, Giele H, Hobby J, et al. Surgery for Dupuytren's contracture of the fingers. Cochrane Database Syst Rev. 2015(12):CD010143

6.19 Scherman P, Jenmalm P, Dahlin LB. Three-year recurrence of Dupuytren's contracture after needle fasciotomy and collagenase injection: a two-centre randomized controlled trial. J Hand Surg Eur Vol. 2018;43(8):836-40

6.20 Skov ST, Bisgaard T, Sondergaard P, Lange J. Injectable Collagenase Versus Percutaneous Needle Fasciotomy for Dupuytren Contracture in Proximal Interphalangeal Joints: A Randomized Controlled Trial. J Hand Surg Am. 2017;42(5):321-8 e3

6.21 Stromberg J, Ibsen Sorensen A, Friden J. Percutaneous Needle Fasciotomy Versus Collagenase Treatment for Dupuytren Contracture: A Randomized Controlled Trial with a Two-Year Follow-up. J Bone Joint Surg Am. 2018;100(13):1079-86

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