

CARPAL TUNNEL SURGERY CRITERIA BASED ACCESS (CBA) POLICY

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Application Form	EBI Generic application form if appropriate to apply

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VERSION CONTROL

Document Status:	Current policy
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DOCUMENT CHANGE HISTORY

Version	Date	Comments
1516.v2b	July 2017	Change CSU template to SCCG template
1516.v2c	June 2020	SCCG updated template, IFR replaced with EBI, FCPs included
2021.v3	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v3a	October 2022	3-year review and inclusion of associated surgeries in policy criteria section 2.5
2223.v3b	March 2023	Wording change 4.6
2223.v3c	June 2024	Logo change with amendment to website link and clinical exceptionality wording on 4.6
2425.v3d	October 2025	3-year review/SICB EBI team wording amendments to general principles & EBI pathway/2.3 & 2.4 inclusion of AND/OR, improved wording on nerve conduction studies. 2.5 Wording improved with reference to bilateral

Equality Impact Assessment (EIA)	April 2018
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Dr Bernie Marden
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1 GENERAL PRINCIPLES (CBA)

- 1.1 Treatment should only be given in line with these general principles.
- 1.2 Clinicians should assess their patients against the criteria within this policy AND ENSURE that compliance to the policy criteria is met by the patient PRIOR TO a referral to treatment or surgery
- 1.3 Treatment should ONLY be undertaken where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment
- 1.4 The ICB may approve funding for an ASSESSMENT ONLY to enable the Clinician to obtain further clinical evidence to help determine compliance to policy criteria by the patient.

In such cases, patients should be made aware that an assessment DOES NOT mean that they will automatically receive the treatment or surgery. The patient should be advised that, to effectively manage patient safety and ensure efficacy of the treatment/ surgery for the patient, they will only receive treatment or surgery if they meet policy criteria

- 1.5 Patients MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken
- 1.6 This policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '2 week wait pathway' rules for assessment and testing as appropriate
- 1.7 Patients with an elevated BMI of 30 or more MAY experience more post-surgical complications including post-surgical wound infection and should be encouraged to lose weight further prior to seeking surgery

<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)

- 1.8 Patients who are smokers should be referred to smoking cessation services to reduce the risk of surgery and improve healing
- 1.9 Where patients are unable to meet the specific treatment criteria set out in this policy, funding approval MAY be sought by submission of a Generic EBI application form to the Evidence Based Interventions (EBI) team on grounds of 'clinical exceptionality'

2 POLICY CRITERIA - CRITERIA BASED ACCESS (CBA)

- 2.1 GPs & FCPs to establish patient compliance to the criteria, with the compliance being confirmed in the OASIS service

2.2 All patients referred on to a surgical provider must have confirmation of compliance with criteria from the OASIS service otherwise the ICB will not accept liability for payment

2.3 Patients should follow the ICB local pathway for mild to moderate symptoms

Mild cases with intermittent symptoms causing little or no interference with sleep or activities require no treatment (see AOMRC below)

Cases with intermittent symptoms which interfere with activities or sleep should first be treated with:

a) corticosteroid injection(s) (medication injected into the wrist: good evidence for short (8-12 weeks) term effectiveness) **AND/OR**

b) night splints (a support which prevents the wrist from moving during the night: not as effective as steroid injections)

2.4 The Commissioner will fund carpal tunnel surgery where symptoms are severe (Canterbury grade 4-6) or persist following failure of:

- Initial corticosteroid injection **AND/OR**
- Nocturnal splinting for at least 2 months

Surgical referral should occur for severe symptoms of a neurological deficit, e.g.

- Continuous sensory blunting
- Muscle wasting or weakness of thenar abduction (moving the thumb away from the hand)

Nerve Conduction Studies may be considered for atypical symptoms, or symptoms recurrent after surgery if clinically indicated

2.5 A GP referral for carpal tunnel surgery on one side only MAY become a 'Bilateral Carpal Tunnel Surgery' if the secondary care clinician determines when seeing the patient, that the other side also meets the criteria of Somerset ICB's Carpal Tunnel Surgery CBA policy as detailed in section 2.4

Note. The medical notes MUST document how the policy criteria have been met for the second side

2.6 Patients who are not eligible for treatment under this policy, please refer to section 3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

3.1 Patients who are not eligible for surgery under this policy may be considered for surgery on an individual basis where the 'CLINICIAN BEST PLACED'

believes exceptional circumstances exist that warrant deviation from the rule of this policy

'THE CLINICIAN BEST PLACED' is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient

- 3.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the 'clinician best placed' on behalf of the patient

Note. applications CANNOT be considered from patients personally

- 3.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted

- 3.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale

- 3.5 Generic EBI Funding Applications are considered against '**clinical exceptionality**'. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB EBI webpage [Evidence Based Interventions - NHS Somerset ICB](#) and click on the section titled **Generic EBI Pathway**

- 3.6 Where appropriate photographic supporting evidence can be forwarded with the application form

4 ACCESS TO POLICY

- 4.1 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

- 4.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

- 5.1 **NHS England List 1** [NHS England » Evidence-Based Interventions Programme AOMRC - Home - aomrcebi](#)
- 5.2 Atroshi I, Flondell M, Hofer M, Ranstam J. Methylprednisolone injections for the carpal tunnel syndrome: a randomized, placebo-controlled trial. *Annals of internal medicine*. 2013;159(5):309-17.
- 5.3 Chesterton LS, Blagojevic-Bucknall M, Burton C et al. The clinical and cost- effectiveness

- of corticosteroid injection versus night splints for carpal tunnel syndrome (instincts trial): An open-label, parallel group, randomised controlled trial. *Lancet*. 2018, 392: 1423-33.
- 5.4 Gerritsen AA, de Vet HC, Scholten RJ, Bertelsmann FW, de Krom MC, Bouter LM. Splinting vs surgery in the treatment of carpal tunnel syndrome: A randomized controlled trial. *JAMA*. 2002, 288: 1245-51.
- 5.5 Korthals-de Bos IB, Gerritsen AA, van Tulder MW et al. Surgery is more cost-effective than splinting for carpal tunnel syndrome in the Netherlands: Results of an economic evaluation alongside a randomized controlled trial. *BMC Musculoskelet Disord*. 2006, 7: 86.
- 5.6 Louie D , Earp B & Philip Blazar P Long-term outcomes of carpal tunnel release: a critical review of the literature *HAND* (2012) 7:242–246
- 5.7 Marshall S, Tardif G, Ashworth N. Local corticosteroid injection for carpal tunnel syndrome. *Cochrane Database Syst Rev*. 2007(2):CD001554.
- 5.8 Page MJ, Massy-Westropp N, O'Connor D, Pitt V. Splinting for carpal tunnel syndrome. *Cochrane Database Syst Rev*. 2012(7):CD010003.
- 5.9 Shi Q, MacDermid JC. Is surgical intervention more effective than non- surgical treatment for carpal tunnel syndrome? A systematic review. *J Orthop Surg Res*. 2011;6:17.

6 Procedure and Diagnostic codes NHS England

when left(der.Spell_Dominant_Procedure,4) in ('A651','A659') and
der.Spell_Primary_Diagnosis like '%G560%' then 'M_carpal'