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

Version:	2425.v5b
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Application Form	Prior Approval Form

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VERSION CONTROL

Document Status:	Current policy
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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.V3	April 2019	IFR replaced with EBI name change. 'Regard 'to Section 14Z8 of the NHS Act 2006
1819.v3a	December 2019	Removal of CCH treatment
1920.v4	September 2022	3-year review. Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v4a	November 2022	Removal of PNF treatment. Inclusion of associate surgeries wording. Numbering correction and formatting.
2223.v5	March 2023	Wording change 3.6
2223.v5a	June 2024	Logo change with amendment to website link and clinical exceptionality wording on 3.6

Equality Impact Assessment EIA	1718.v1
Quality Impact Assessment QIA	20180302 v1
Sponsoring Director:	Dr Bernie Marden
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1 GENERAL PRINCIPLES (PRIOR APPROVAL)

1.1 Funding approval must be secured by primary care/secondary/community care prior to referring/treating patients for this prior approval treatment

1.2 Funding approval must be secured prior to a referral for an assessment/surgery. Referring patients without funding approval 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

1.3 On limited occasions, we 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 meet the criteria to access treatment in this policy

1.4 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

1.5 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

1.6 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

1.7 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so 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 in order to reduce the risk of surgery and improve healing

1.9 Where prior approval funding is secured by the EBI service it will be available for a specified period of time, normally one year

2 POLICY CRITERIA PRIOR APPROVAL

2.1 The ICB does **NOT** commission Radiation Therapy or Collagenase Clostridium Histolyticum (CCH) for Dupuytren's contracture

2.2 Treatment is not indicated in cases where there is no contracture, and in patients with a mild (less than 20°) contractures, or one which is not progressing and does not impair function.

2.3 The ICB commissions interventions (needle fasciotomy, fasciectomy and dermo fasciectomy) where the following criteria are met;

There is evidence of moderate disease, and the patient has a 30 degree or greater fixed flexion deformity (contracture) at the either:

a) Metacarpophalangeal joint **OR**
b) Proximal interphalangeal joint **OR**
c) Severe thumb contractures which interfere with function

2.4 Where an original funding authorisation is for a digit and the secondary care clinician determines when seeing the patient that they require further surgery to another digit on the same hand, the provider may undertake the other procedure(s) without seeking further funding authorisation where they fall under all the following conditions:

- The digit fulfils the relevant policy treatment criteria of the NHS Somerset treatment policy
- The treatment would be undertaken within the same episode of care
- The medical notes must clearly document how the policy treatment criteria have been met for the surgery of the additional digit
- Patient consent

2.5 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 treatment under this policy may be considered on an individual basis where their GP or Consultant believes clinical exceptional circumstances exist that warrant deviation from the rule of this policy

3.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required

3.3 Applications cannot be considered from patients personally

3.4 Only electronically completed EBI applications will be accepted to the EBI Service

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

3.6 EBI funding application 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.

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

3.8 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

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:

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