TRIGGER FINGER (INCLUDING THUMB)
CRITERIA BASED ACCESS (CBA) POLICY

Version:	2526.v3
Recommendation by:	NHS Somerset ICB Clinical Commissioning Policy Forum (CCPF)
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Name of Originator/Author:	EBI Service
Approved by Responsible Committee/Individual:	NHS Somerset Management Board
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Target audience:	**NHS Somerset ICB**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Somerset NHS Foundation Trust • Royal United Hospitals Bath NHS FT
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.v1a	June 2017	Changed from CSU to SCCG policy template & amended wording to General Principles
1617.v1b	December 2018	New statutory guidance for evidence-based policies following the National Consultation
1819.v2	June 2020	Update template, rebranding from IFR to EBI, policy name to include 'thumb', include FCPs, fixed flexion amended to locked in any position
2021.v2	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2a	October 2022	Inclusion of associated surgeries wording
2223.v2b	January 2023	3-year review. Wording change on 4.6
2223.v2c	July 2024	Amendment to website link and clinical exceptionality wording on 4.6
2425.v2d	October 2025	3-year review, Amendment to wording under general principles/EBI pathway. 2.4 inclusion of Corticosteroid injection(s) /2.5 wording taken from AoMRC National Statutory Guidance. Background info removed.

Equality Impact Assessment (EIA)	1819.v1
Quality Impact Assessment QIA	2018.v1
Sponsoring Director:	Dr Bernie Marden
Document Reference:	2526.v3

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 BASED ACCESS

2.1 GPs and FCPs establish patient compliance to the criteria, with the compliance being confirmed in the Orthopaedic Assessment Services

2.2 Mild cases of trigger finger/thumb which cause no loss of function require no treatment or avoidance of activities which precipitate triggering and may resolve spontaneously

2.3 Conservative methods of treatment should always be pursued in the first instance;

- NSAIDs
- Exercise/massage
- Rest from aggravating activities
- Splinting for 3-12 weeks
- One or two Corticosteroid injection(s) unless contraindicated
    - Insulin dependent diabetic patients need not follow the injection pathway

2.4 Surgery should be considered where:

Patients referred on to a surgical provider must have confirmation of compliance with criteria as shown below from the Orthopaedic Assessment Services (OASIS) otherwise the ICB are not liable for payment;

a. Trialled unsuccessfully the conservative methods of treatment as detailed in item 2.3

b. Triggering persists or recurs after one of the above conservative measures in 2.3 (particularly steroid injections) **OR**

c. The finger/thumb is permanently locked, that cannot be corrected by conservative measures **OR**

d. The patient has previously had 2 other trigger finger/thumb unsuccessfully treated with appropriate non-operative methods as detailed in point 2.4 **OR**

e. Diabetic

2.5 Where an original funding authorisation is for a finger and the secondary care clinician determines when seeing the patient that they require further surgery to another finger 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 finger 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 finger
- Patient consent

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 https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/clinical-prioritisation-programme/frequently-asked-questions-about-evidence-based-interventions/

5.2 http://www.bssh.ac.uk/patients/conditions/18/trigger_fingert thumb

5.3 Trigger finger release in adults - EBI - AoMRC