

NHS Dorset Clinical Commissioning Group

Dupuytren's Contracture Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

DUPUYTREN'S CONTRACTURE CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 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, however regular follow-up is needed to detect early joint contracture. There is great variation in the rate of progress, but it is usually possible to distinguish the more aggressive form of the disease early on.
- 1.2 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. 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. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix A.

3. ACCESS CRITERIA

- 3.1 Treatment will be supported when:

- Metacarpophalangeal joint fixed flexion contracture of 30° or more,
- Or
- Proximal interphalangeal joint fixed flexion contracture of 10-20° or more,
- Or
- Patients under 45 years of age with disease affecting 2 or more digits and fixed flexion contracture exceeding 10° or more,
- Or
- There has been rapid progression over a few months,
- And
- The patient is suffering from significant functional impairment.

3.2 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:

- 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.
- Percutaneous needle fasciotomy (PNF) is not considered appropriate, but limited fasciectomy is considered appropriate by the treating hand surgeon.
- 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.
- One injection is given per treatment session by a hand surgeon in an outpatient setting.

4. EXCLUSIONS

4.1 There are no exclusions.

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition

5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. CONSULTATION

- 6.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed by the MSK Task and Finish Group which includes commissioners, clinicians and other relevant stakeholders.
- 6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. RECOMMENDATION AND APPROVAL PROCESS

- 7.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCGs Governing Body.

8. COMMUNICATION/DISSEMINATION

- 8.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9. IMPLEMENTATION

- 9.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

GLOSSARY

N/A

FREQUENTLY ASKED QUESTIONS

N/A

A DOCUMENT DETAILS	
Procedural Document Number	113
Author (Name and Job Title)	Tracy Hill Principal Programme Lead
Recommending group	MSK Task and Finish Group
Date of recommendation	June 2017
Date of approval by CCC	Sept 2017
Version	1.0
Review frequency	3 yearly
Review date	Sept 2020

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
1.0	June 2017	Tracy Hill Principal Programme Lead	MSK Task and Finish Group

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
June 2017	1.0	June 2020	Separated into three individual CBAPS; trigger finger, carpal tunnel, dupuytren's.	Sept 2017	CCC

D ASSOCIATED DOCUMENTS
<ul style="list-style-type: none"> Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date
The following link provides some further information on dupuytren's contracture which supports this CBAP.	https://cks.nice.org.uk/dupuytren's-disease#!scenario	June 2017

F DISTRIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
✓	✓	✓	✓