

NHS Dorset Clinical Commissioning Group

Carpal Tunnel Contracture Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

CARPAL TUNNEL CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 Carpal tunnel syndrome is a relatively common condition that affects the nerves of the hand causing pain, numbness and a burning or tingling sensation in the hand and fingers. Symptoms can be intermittent, and range from mild to severe. Patients with intermittent or mild/moderate symptoms should be managed conservatively in the first instance.
- 1.2 Carpal tunnel surgery is regarded as a procedure of low clinical priority for patients with intermittent or mild to moderate symptoms and is therefore not routinely funded by the Clinical Commissioning Group.

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:
 - Acute, severe symptoms persist after conservative therapy with either corticosteroid injection and/or splinting;
 - Or
 - Mild to moderate symptoms persist for at least 4 months after conservative therapy with either local corticosteroid injection (if appropriate) and/or nocturnal splinting (used for at least 8 weeks);
 - Or
 - There is neurological deficit e.g. sensory blunting, muscle wasting or weakness of thenar abduction;
 - And
 - Severe symptoms significantly interfere with daily activities.

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.
- 10.2 This protocol has been linked to the Dorset GP IT system and any future changes arising after review will need to be made via this system.

GLOSSARY

N/A

FREQUENTLY ASKED QUESTIONS

N/A

A DOCUMENT DETAILS	
Procedural Document Number	102
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	July 2017
Version	4.0
Review frequency	3 yearly
Review date	July 2020

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
4.0	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	4.0	June 2020	Separated into three individual CBAPS; trigger finger, carpal tunnel, dupuytren's. Removed proven EMG changes as an inclusion.	July 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 carpal tunnel which supports this CBAP.	https://cks.nice.org.uk/carpal-tunnel-syndrome	June 2017

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