

NHS Dorset Clinical Commissioning Group

# Ganglia

## Criteria Based Access Protocol



## **TREATMENT OF GANGLION CRITERIA BASED ACCESS PROTOCOL**

### **1. INTRODUCTION AND SCOPE**

- 1.1 Asymptomatic ganglions are considered low priority for treatment and will not be funded. These should not normally be referred to secondary care.
- 1.2 Ganglions arising at the level of the wrist rarely cause significant disability and will usually resolve. There is a reasonable chance that ganglia will disappear spontaneously and even if they persist they do not cause adverse long term effects.

### **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 one or more of the following points is evident:
  - mucoïd cysts that are disturbing nail growth or have a tendency to discharge as this presents a risk of septic arthritis in distal inter-phalangeal joint;
  - symptoms associated with the ganglion such as rapid increase in size, increase in size, loss of sensation in parts of the hand, neurological evidence of nerve compression loss or weakness of the wrist;
  - persistent pain;
  - the ganglion has resulted in functional impairment which prevents the individual from fulfilling work/study/carer or domestic responsibilities;
  - where there is doubt about the diagnosis.

### **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](mailto: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  | 127                                  |
| 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            | July 2017                            |
| Version                     | 3.0                                  |
| Review frequency            | 3 yearly                             |
| Review date                 | July 2020                            |

| B CONSULTATION PROCESS |             |                                     |                           |
|------------------------|-------------|-------------------------------------|---------------------------|
| Version No             | Review Date | Author and Job Title                | Level of Consultation     |
| 3.0                    | 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              | 3.0        | June 2017   | Update – minor changes. | TBC           | CCC                |

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

| E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES                     |   |           |
|--|---|-----------|
| Evidence   | Hyperlink (if available)  | Date      |
| This policy has been developed in line with the following reference. | <a href="http://www.nhs.uk/Conditions/excisionofganglion/Pages/Introduction.aspx">http://www.nhs.uk/Conditions/excisionofganglion/Pages/Introduction.aspx</a> | June 2017 |

| G DISTRIBUTION LIST   |                      |                         |                       |
|-----------------------|----------------------|-------------------------|-----------------------|
| Internal CCG Intranet | CCG Internet Website | Communications Bulletin | External stakeholders |
| ✓                     | ✓                    | ✓                       | ✓                     |