

NHS England / 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

NICE recommends **no** treatment is necessary for people with Dupuytren's disease who do not have contracture.

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.

- 3.1 An intervention (collagenase injections, needle fasciotomy, fasciotomy and dermofasciectomy) should be considered for:
- a. finger contractures causing loss of finger extension of 30° or more at the metacarpophalangeal joint or 20° at the proximal interphalangeal joint.
- OR**
- b. finger contractures causing loss of finger extension of 30° or more at the metacarpophalangeal joint or 20° at the proximal interphalangeal joint.
- OR**
- c. finger contractures causing loss of finger extension of 30° or more at the metacarpophalangeal joint or 20° at the proximal interphalangeal joint.
- OR**
- d. Severe thumb contractures which interfere with function

3.2 NICE concluded that collagenase should only be used for:

a. Participants in the ongoing clinical trial (HTA-15/102/04)

**OR**

b. Adult patients with a palpable cord if:

- i) 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 two affected joints; **and**
- ii) needle fasciotomy is not considered appropriate, but limited fasciectomy is considered appropriate by the treating hand surgeon

**OR**

Patients under 45 years of age with disease affecting two or more digits and fixed flexion contracture exceeding 10° or more

#### **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 This protocol is updated in line with NHS England Evidence Based Interventions Policy (11<sup>th</sup> January 2019) following national consultation July 2018 to November 2018.
- 6.2 Prior to approval from Dorset CCG's Clinical Reference Group this Protocol was reviewed by the MSK Task and Finish Group which includes commissioners, clinicians and other relevant stakeholders.
- 6.3 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 Reference Group in line with processes agreed by the CCG's Governing Body.

## **8. COMMUNICATION/DISSEMINATION**

- 8.1 Following approval of Criteria Based Access Protocols at clinical Reference Group 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 major new aspects to be included in this version and therefore no requirement for an implementation.

## **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.

## **APPENDIX A**

### **GLOSSARY**

**N/A**

**N/A**

<b>A</b>	<b>DOCUMENT DETAILS</b>	
<b>Procedural Document Number</b>	113	
<b>Author (Name and Job Title)</b>	Tracy Hill, Principal Programme Lead	
<b>Recommending group</b>	MSK Task and Finish Group	
<b>Date of recommendation</b>	January 2019	
<b>Date of approval (NHSE)</b>	April 2019	
<b>Version</b>	2.0	
<b>Review frequency</b>	3 yearly	
<b>Review date</b>	February 2022	

<b>B</b>	<b>CONSULTATION PROCESS</b>		
<b>Version No</b>	<b>Review Date</b>	<b>Author and Job Title</b>	<b>Level of Consultation</b>
1.0	June 2017	Tracy Hill, Principal Programme Lead	MSK Task and Finish Group
1.1	February 2019	Tracy Hill, Principal Programme Lead	MSK Task and Finish Group Updated to reflect NHSE Consultation July 2018 to November 2018

<b>C</b>	<b>VERSION CONTROL</b>				
<b>Date of recommendation</b>	<b>Version No</b>	<b>Review date</b>	<b>Nature of change</b>	<b>Approval date</b>	<b>Approval Committee</b>
June 2017	1.0	June 2020	Separated into three individual CBAPS; trigger finger, carpal tunnel, dupuytren's.	Sept 2017	CCC
January 2019	2.0	Feb 2022	Updated in line with national policy (January 2019)	April 2019	MSK/CRG

<b>D</b>	<b>ASSOCIATED DOCUMENTS</b>
	<p>NHS England Policy for Evidence Based Interventions, January 2019</p> <p>Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group</p> <p>Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group</p>

<b>E</b>	<b>SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES</b>		
<b>Evidence</b>	<b>Hyperlink (if available)</b>	<b>Date</b>	
The following link provides some further information on Dupuytren's contracture which supports this CBAP.	<a href="https://cks.nice.org.uk/dupuytrense#!scenario">https://cks.nice.org.uk/dupuytrense#!scenario</a>	June 2017	

<b>F</b>	<b>DISTRIBUTION LIST</b>			
<b>Internal CCG Intranet</b>	<b>CCG Internet Website</b>	<b>Communications Bulletin</b>	<b>External stakeholders</b>	
✓	✓	✓	✓	