

NHS England / NHS Dorset Clinical Commissioning Group

Trigger Finger Release

Criteria Access Based Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

TRIGGER FINGER RELEASE CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 Trigger finger is a common disorder. A tender nodule in the flexor tendon at the base of a finger or thumb causes catching, snapping or locking of the involved finger flexor tendon. It can cause dysfunction and pain as the finger is extended from a flexed position.

2. DEFINITIONS

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

3. ACCESS CRITERIA

- 3.1 Trigger finger often resolves over time and is often a nuisance rather than a serious problem. If treatment is necessary steroid injection can be considered. Surgery should only be offered in specific cases according to NICE accredited guidelines by the British Society for Surgery to the Hand, where alternative measures have not been successful and persistent or recurrent triggering, or a locked finger occurs.

- 3.2 Cases interfering with activities or causing pain should first be treated with:

- a. one or two steroid injections which are typically successful (strong evidence), but the problem may recur, especially in diabetics
or
- b. splinting of the affected finger for 3-12 weeks (weak evidence).

- 3.3 Surgery should be considered if:

- a. the triggering persists or recurs after one of the above measures (particularly steroid injections);
or
- b. the finger is permanently locked in the palm;
or
- c. the patient has previously had 2 other digits unsuccessfully treated with appropriate non-operative methods;
or
- d. the patient has diabetes.

- 3.4 Surgery is usually effective and requires a small skin incision in the palm, but can be done with a needle through a puncture wound (percutaneous release).

4. EXCLUSIONS

- 4.3 There are no exclusions.

4.4

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 This protocol is updated in line with NHS England Evidence Based Interventions Policy (11th 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 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.

8 IMPLEMENTATION

- 8.1 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.

9 DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 9.1 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.
- 9.2 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.

A DOCUMENT DETAILS	
Procedural Document Number	100
Author	Tracy Hill, Principal Programme Lead
Recommending group)	MSK Task and Finish Group
Date of recommendation	January 2019
Date of approval by CRG	April 2019
Version	5.0
Review frequency	3 yearly
Review date	February 2022

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
5.0	February 2019	Tracy Hill, Principal Programme Lead	MSK Task and Finish Group Updated to reflect NHSE Consultation July 2018 to November 2018

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. Update – to reflect change from 2 steroid injections to 1.	TBC	CCC
January 2019	5.0	February 2019	Updated in line with national policy (January 2019)	April 2019	MSK/CRG

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 • NHS England Policy for Evidence Based Interventions, January 2019

E	SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES	
Evidence	Hyperlink (if available)	Date
<p>The adjacent link provides some further information on trigger finger which supports this CBAP.</p> <p>Other evidence can be found at p44 of NHS England Evidence Based Interventions – Guidance for CCGs</p>	http://www.nhs.uk/conditions/Triggerfinger/Pages/Introduction.aspx	June 2017
	https://www.england.nhs.uk/publication/evidencebased-interventions-guidance-for-clinicalcommissioning-groups-ccgs/	Nov 2018

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