

Lancashire and South Cumbria Clinical Commissioning Groups

Policies for the Commissioning of Healthcare

Policy for the Surgical Release of Trigger Finger

	Introduction
	This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to other policies in that suite.
	This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
1	Policy
1.1	The CCG will commission the surgical release of trigger finger when one or more of the following criteria are met ¹ :
1.1.1	• The patient has failed to respond to up to two steroid injections OR
1.1.2	• The patient has failed to respond to splinting of the affected finger for a period between 3-12 weeks OR
1.1.3	• Triggering has recurred after splinting or injection treatment OR
1.1.4	• Patient has fixed deformity that cannot be corrected OR
1.1.5	• The patient has previously had 2 other trigger digits unsuccessfully treated with appropriate non-operative methods OR
1.1.6	• The patient is diabetic.
2	Scope and definitions
2.1	Surgical release of trigger finger is a surgical procedure to treat the symptoms of trigger finger.
2.2	The scope of this policy includes requests for both percutaneous release and open surgery.
2.3	<p>The CCG recognises that a patient may have certain features, such as</p> <ul style="list-style-type: none"> • having trigger finger • wishing to have a service provided for trigger finger, • being advised that they are clinically suitable for surgical release, and • be distressed by trigger finger, and by the fact that they may not meet the criteria specified in this commissioning policy. <p>Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p>
2.4	For the purpose of this policy the CCG defines trigger finger as stenosing tenosynovitis of the digital flexor tendon (usually the thumb, ring finger or little finger) which may cause pain, clicking, finger locking and reduced range of movement ² .

3	Appropriate Healthcare
3.1	The CCG considers that the purpose of surgical release of trigger finger is to improve the health of patients by reducing pain, discomfort and disability.
3.2	The CCG regards the achievement of this purpose as according with the Principle of Appropriateness. Therefore, this policy does not rely on the principle of appropriateness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider the principle of appropriateness in the particular circumstances of the patient in question when considering an application to provide funding.
4	Effective Healthcare
4.1	<p>This policy relies on the criterion of effectiveness as the CCG recognises that the surgical release of trigger finger is effective in improving medium-term pain and reducing risk of recurrence compared to steroid injection². However, the CCG also recognises that for many patients, trigger finger will resolve spontaneously or following conservative management. The CCG also recognises that major complications of surgical release are rare, but evidence suggest that minor complications including pain and wound complications may occur in 28% of patients³.</p> <p>The CCG therefore considers that, in circumstances other than those described in section 1 of the policy, the potential risks associated with surgery outweigh the potential benefits.</p>
5	Cost Effectiveness
5.1	<p>The CCG recognises that the outcome value for money of this treatment is within the NICE threshold and that the service satisfies the criterion of cost effectiveness.</p> <p>Therefore, the CCG does not call into question the cost-effectiveness of surgical release of trigger finger and this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be Cost Effective in this patient when considering an application to provide funding.</p>
6	Ethics
6.1	<p>The CCG considers that the surgical release of trigger finger meets the criterion for ethical healthcare delivery.</p> <p>Therefore, the CCG does not call into question the ethics of surgical release of trigger finger and this policy does not rely on the Principle of Ethics. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to raise ethical concerns in this patient when considering an application to provide funding.</p>

7	Affordability
7.1	<p>The CCG does not call into question the affordability of surgical release of trigger finger and therefore this policy does not rely on the Principle of Affordability.</p> <p>Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be affordable in this patient when considering an application to provide funding.</p>
7.2	<p>If the policy criteria are met the CCG recognises that the type of surgical procedure (percutaneous release or open surgery) will depend on the individual patient factors including the site of the tenosynovitis (e.g. open surgery may be preferable for thumbs and cases involving the proximal interphalangeal joint).</p>
8	Exceptions
8.1	<p>The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies. This policy is based on criteria of appropriateness, effectiveness, cost effectiveness and ethical issues. A successful request to be regarded as an exception is likely to be based on evidence that the patient differs from the usual group of patients to which the policy applies, and this difference substantially changes the application of those criteria for this patient. Requests for funding for surgical release of trigger finger under exceptional circumstances may be submitted to the CCG's Individual Funding Request Panel.</p>
9	Force
9.1	<p>This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.</p>
9.2	<p>In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:</p> <ul style="list-style-type: none"> • If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory. • If the new NICE guidance does not have mandatory status, then the CCG will aspire to review and update this policy accordingly. However, until it adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this CCG are concerned.
10	References
	<ol style="list-style-type: none"> 1. NHS England (2018). Evidence-Based Interventions: Guidance for CCGs https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf 2. NHS Choices – Trigger Finger Weblink http://www.nhs.uk/Conditions/Trigger-finger/Pages/Introduction.aspx

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Date of adoption:

Date for review:

	Appendix 1	
1.1	Codes The codes applicable to this policy are:	
	OPCS codes	ICD codes
	T652, T658, T659, T691, T698, T699, T705, T708, T709, T711, T718, T719, T721, T723, T724, T728, T729, T743, T748, T749	M653