NHS
Somerset
Clinical Commissioning Group

CARPAL TUNNEL SURGERY
CRITERIA BASED ACCESS POLICY

Version:	2021.v3
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
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Name of Originator/Author:	EBI Team
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Executive Group (CEC)
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Target audience:	**SCCG**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • Somerset Partnership NHS FT
Application Form	EBI Generic application form if appropriate to apply

CARPAL TUNNEL SURGERY
CRITERIA BASED ACCESS (CBA) POLICY

VERSION CONTROL

Document Status:	Current policy
Version:	2021.v3

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
1516.v2b	July 2017	Change CSU template to SCCG template
1516.v2c	June 2020	SCCG updated template, IFR replaced with EBI, FCPs included

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	April 2018
Quality Impact Assessment QIA. Date:	March 2018
Sponsoring Director:	Sandra Cory
Document Reference:	2021.v3

1 GENERAL PRINCIPLES (CBA)

1.1 Treatment should only be given in line with these general principles. Where patients are unable to meet these principles, in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the CCG's Evidence Based Interventions (EBI) Panel by submission of an EBI application

1.2 Clinicians should assess their patients against the criteria within this policy prior to a referral and/or treatment

1.3 Treatment should only be undertaken where the criteria have been met and there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment

1.4 Referring patients to secondary care without them meeting the criteria or funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment

1.5 On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy

1.6 Patients should be advised being referred does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment

1.7 The CCG does not commission surgery for cosmetic purposes alone

1.8 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate

1.9 Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased (Thelwall, 2015)

1.10 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA BASED ACCESS

2.1 GPs & FCPs to establish patient compliance to the criteria, with the

compliance being confirmed in the OASIS service

2.2 All patients referred on to a surgical provider must have confirmation of compliance with criteria from the OASIS service otherwise the CCG will not accept liability for payment

2.3 Patients should follow the CCG local pathway for mild to moderate symptoms:

2.4 The Commissioner will fund carpal tunnel surgery where symptoms are severe (Canterbury grade 4-6) or persist following failure off:

- Initial corticosteroid injection
- Nocturnal splinting for at least 2 months

Surgical referral should occur for severe symptoms of a neurological deficit, e.g.

- Continuous sensory blunting
- Muscle wasting or weakness of thenar abduction (moving the thumb away from the hand)

3 BACKGROUND

3.1 Carpal tunnel syndrome is caused by compression of one of the nerves that controls sensation and movement in the hands (median nerve).The carpal tunnel is a narrow passage in your wrist made up of small bones and a tough band of tissue that acts as a pulley for the tendons that bend the fingers

4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

4.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy

4.2 Completion of a **Generic EBI Application Form** by a GP or Consultant may be put forward

4.3 Applications cannot be considered from patients personally

4.4 Only electronically completed EBI applications will be accepted to the EBI Service

4.5 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBI Service. This will reassure the patient has a reasonable expectation of the outcome of the application and its context

4.6 EBI applications are reviewed and considered for clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England information using the link below page 9-13; https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-indivdual-funding-requests.pdf

4.7 Social, Emotional and Environmental factors *i.e. income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application

4.8 An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question

- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

5 ACCESS TO POLICY

5.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

5.2 **Or write to us**: NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somccg.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 Atroshi I, Flondell M, Hofer M, Ranstam J. Methylprednisolone injections for the carpal tunnel syndrome: a randomized, placebo-controlled trial. Annals of internal medicine. 2013;159(5):309-17.

6.2 Chesterton LS, Blagojevic-Bucknall M, Burton C et al. The clinical and cost- effectiveness of corticosteroid injection versus night splints for carpal tunnel syndrome (instincts trial): An open-label, parallel group, randomised controlled trial. Lancet. 2018, 392: 1423-33.

6.3 Gerritsen AA, de Vet HC, Scholten RJ, Bertelsmann FW, de Krom MC, Bouter LM. Splinting vs surgery in the treatment of carpal tunnel syndrome: A randomized controlled trial. JAMA. 2002, 288: 1245-51.

6.4 Korthals-de Bos IB, Gerritsen AA, van Tulder MW et al. Surgery is more cost-effective than splinting for carpal tunnel syndrome in the

Netherlands: Results of an economic evaluation alongside a randomized controlled trial. BMC Musculoskelet Disord. 2006, 7: 86.

6.5 Louie D , Earp B & Philip Blazar P Long-term outcomes of carpal tunnel release: a critical review of the literature HAND (2012) 7:242–246

6.6 Marshall S, Tardif G, Ashworth N. Local corticosteroid injection for carpal tunnel syndrome. Cochrane Database Syst Rev. 2007(2):CD001554.

6.7 Page MJ, Massy-Westropp N, O'Connor D, Pitt V. Splinting for carpal tunnel syndrome. Cochrane Database Syst Rev. 2012(7):CD010003.

6.8 Shi Q, MacDermid JC. Is surgical intervention more effective than non-surgical treatment for carpal tunnel syndrome? A systematic review. J Orthop Surg Res. 2011;6:17.

7 **Procedure and Diagnostic codes NHS England**

when left(der.Spell_Dominant_Procedure,4) in ('A651','A659') and der.Spell_Primary_Diagnosis like '%G560%' then 'M_carpal'