

Policy for Dupuytren's Contracture Release in Adults

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Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) 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.
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Author (inc Job Title):	
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Document control:		
Date:	Version Number:	Section and Description of Change
07.03.2019	V1	Policy ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups (JCCCGs)
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant

1. Policy

1.1 The ICB will commission needle fasciotomy, fasciectomy and dermofasciectomy for the purpose of Dupuytren's contracture release in adults in the following circumstances:

1.1.1 Finger contractures causing loss of extension of 30° or more at the metacarpophalangeal joint

OR

1.1.2 Finger contractures causing loss of extension of 20° or more at the proximal interphalangeal joint

OR

1.1.3 Severe thumb contractures which interfere with function.

1.2 The ICB will commission collagenase clostridium histolyticum (CCH) injections for the purpose of Dupuytren's contracture release in adults in line with the prevailing NICE Technology Appraisal Guidance (TA459), which states:

1.2.1 People who meet the inclusion criteria for the ongoing clinical trial (HTA-15/102/04), comparing CCH with limited fasciectomy, are encouraged to participate in the study.

1.2.2 For people not taking part in the ongoing clinical trial, CCH is recommended as an option for treating Dupuytren's contracture with a palpable cord in adults only if all of the following apply:

1.2.2.1 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 2 affected joints.

1.2.2.2 Percutaneous needle fasciotomy (PNF) is not considered appropriate, but limited fasciectomy is considered appropriate by the treating hand surgeon.

1.2.2.3 The choice of treatment (CCH or limited fasciectomy) is made on an individual basis after discussion between the responsible hand surgeon and the patient about the risks and benefits of the treatment available.

1.2.2.4 One injection is given per treatment session by a hand surgeon in an outpatient setting.

1.3 The ICB will not commission Dupuytren's contracture release in adults in the following circumstances:

1.3.1 Where there is no contracture

OR

1.3.2 In patients with mild contractures (i.e. contractures causing loss of extension of less than 20°)

2. Scope and definitions

2.1 This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).

2.2 Dupuytren's contracture is caused by fibrous bands in the palm of the hand which draw the finger(s) (and sometimes the thumb) into the palm and prevent them from straightening fully. If not treated the finger(s) may bend so far into the palm that they cannot be straightened.

2.3 The scope of this policy includes requests for Dupuytren's contracture release in adults aged 18 years and older.

2.4 The scope of this policy does not include requests for Dupuytren's contracture release in patients age under 18 years.

2.5 The ICB recognises that a patient may have certain features, such as

- having Dupuytren's contracture;
- wishing to have a service provided for their Dupuytren's contracture,
- being advised that they are clinically suitable for Dupuytren's contracture release, and
- be distressed by their Dupuytren's contracture and by the fact that that they may not meet the criteria specified in this commissioning policy.

2.6 Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

2.7 For the purpose of this policy the ICB defines Dupuytren's contracture as any such diagnosis made by a clinician using valid diagnostic methods.

2.8 There is a mandatory Technology Appraisal Guidance (TA) from the National Institute for Health and Care Excellence (NICE) on the use of Collagenase clostridium histolyticum for treating Dupuytren's contracture, NICE TA459.

3. Appropriate Healthcare

3.1 The purpose of needle fasciotomy, fasciectomy, dermofasciectomy and CCH is normally to straighten the finger(s) or thumb(s) to restore and retain hand function.

3.2 The ICB 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 ICB may consider the principle of appropriateness in the particular circumstances of the patient in question before confirming a decision to provide funding.

4. Effective Healthcare

- 4.1 The policy criteria at sections 1.1, 1.2 and 1.3 of the policy rely on the principle of effectiveness, as the ICB considers that the potential risks associated with Dupuytren's contracture release outweigh the potential benefits in the following circumstances:
- where the contracture does not impair function
 - there is an absence of a contracture
 - is a mild contracture.

5. Cost Effectiveness

- 5.1 The ICB does not call into question the cost-effectiveness of Dupuytren's contracture release and therefore 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 ICB may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.

6. Ethics

- 6.1 The ICB does not call into question the ethics of Dupuytren's contracture release and therefore 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 ICB may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.

7. Affordability

- 7.1 The ICB does not call into question the affordability of Dupuytren's contracture release and therefore this policy does not rely on the Principle of Affordability. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.

8. Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
- 8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

9. Force

- 9.1 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.

- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- 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 ICB will aspire to review and update this policy accordingly. However, until the ICB 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 ICB are concerned.

10. References

National Institute for Health and Clinical Excellence (2017), Collagenase clostridium histolyticum for treating Dupuytren's contracture, Technology Appraisal Guidance, TA459. <https://www.nice.org.uk/guidance/ta459/chapter/1-Recommendations>

NHS England (2018). Evidence-Based Interventions: Guidance for CCGs

11. Associated OPCS/ICD codes

OPCS codes	ICD codes
'T521','T522','T525','T526','T541	'M720'