

NHS Fylde and Wyre Clinical Commissioning Group

Policies for the Commissioning of Healthcare

Policy for the Surgical Release of Trigger Finger

1	Introduction
1.1	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.
1.2	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).
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 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 ¹ .
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. This places them within the category of interventions that accord with the Principle of Appropriateness in the Statement of Principles. Therefore, these procedures will be commissioned by the CCG if they also satisfy the criteria for effectiveness, cost effectiveness and ethical delivery.
4	Effective Healthcare

4.1	The CCG consider that the surgical release of trigger finger is effective in improving medium-term pain and reducing risk of recurrence compared to steroid injection ² .
4.2	The CCG 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 patients ³ .
4.3	The CCG consider that the management of trigger finger should be in accordance with the British Society for Surgery of the Hand (BSSH) recommendations ⁴ .
5	Cost Effectiveness
5.1	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.
6	Ethics
6.1	The CCG considers that the surgical release of trigger finger meets the criterion for ethical healthcare delivery.
7	Affordability
7.1	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.
8	Policy
8.1.1	The CCG will commission the surgical release of trigger finger when one or more of the following criteria are satisfied:
8.1.2	<ul style="list-style-type: none"> • Patient has failed to respond to a single injection of steroid and local anaesthetic or it is contraindicated
8.1.3	<ul style="list-style-type: none"> • Triggering has recurred after injection treatment
8.1.4	<ul style="list-style-type: none"> • Patient has fixed deformity that cannot be corrected
8.2	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 ² .
9	Exceptions
9.1	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.
10	Force
10.1	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.
10.2	In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then: <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.
11	References
	<ol style="list-style-type: none"> 1. NHS Choices – Trigger Finger Weblink http://www.nhs.uk/Conditions/Trigger-finger/Pages/Introduction.aspx 2. J Hand Surg Eur Vol. 2011 Jan;36(1):53-6. Epub Aug 13. Percutaneous A₁ pulley release vs. steroid injection for trigger digit: the results of a prospective, randomised trial 3. J Hand Surg Am. Vol 2010 Apr;35(4):594-6. Complications of open trigger release. 4. The British Society for Surgery of the Hand (2016) Evidence based management of adult trigger fingers. Available at: http://www.bssh.ac.uk/userfiles/pages/files/professionals/BEST%20Guidelines/BEST%20trigger%20finger%20PUBLISHED.pdf (Accessed: 14 December 2016).

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