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LOW PRIORITY PROCEDURE: Policy T9 Dupuytren's Contracture

Policy Author: Ipswich and East & West Suffolk CCG

Policy start date: December 2006 (previously Policy T12)

First revision date: March 2009

Second revision date: January 2011 (minor amendments May 2011)

Third revision date: March 2014

Fourth revision date: August 2016

Review date: August 2019

Policy Summary

Common hand conditions should only be referred to secondary care and any subsequent treatment undertaken in accordance with the criteria listed below. It is the responsibility of all clinicians to ensure that only patients meeting the criteria defined in the policy are referred and or treated. In case of clinical uncertainty GPs can refer to secondary care for an expert opinion.

Ipswich and East Suffolk CCG and West Suffolk CCG will only fund correction of Dupuytren's disease when the following criteria are met:

OPCS Codes: T52.1, 52.2, 52.5, 52.6, 54.1, and (Z89.4 – Z89.7 with T52.8, 52.9, 54.8, 54.9, 55.8, 55.9, 56.1, 56.2, 57.1, 57.4, 57.8 or 57.9).

The ICD 10 code for Dupuytren's disease is M72.0, but there are no appropriate codes for the clinical criteria.

Eligibility Criteria

In ordinary circumstances, referral/treatment should not be considered unless the patient meets at least one of the following criteria:

Loss of extension in the metacarpal phalangeal joint exceeding 30 degrees

OR

Any loss of extension in the proximal interphalangeal joint by 10 to 20 degrees

Rationale for the policy

Many hand conditions occur commonly, cause few serious symptoms and will generally resolve spontaneously. Given the potential complications of surgical procedures and the duty of the Clinical Commissioning Group to use its limited resources to provide the greatest benefit to the population, the above criteria for referral have been developed. These criteria are aimed at offering treatment to those who need it most and who are most likely to benefit from surgical treatment.

The policy has been updated based on NHS England Interim Commissioning Guidance, other CCGs' policies, and a review of published evidence. For details, see the Evidence Brief.

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