

NHS Clinical Commissioning Groups in Lancashire

Changes to Clinical Policies

Policy/Procedure	Current CCG Policy	Proposed/Updated Policy	Difference/Level of Change
Policy for surgical treatment of Carpel Tunnel Syndrome	5 criteria to be met; detail on what is effective and cost effective regarding the treatment of carpel tunnel.	Same 5 criteria to be met; minor expansion on the detail around what is effective and cost effective treatment of carpel tunnel.	No change to the policy.
Tonsillectomy Policy	Uses the 5 SIGN (Scottish Intercollegiate Guidelines Network) criteria to determine eligibility for funding of tonsillectomy, plus criterion for tonsillectomy on confirmed cases of obstructive sleep apnoea; tonsillectomy for people with Quinsy (Peri-Tonsillar Abscess); and will commission tonsillectomy for patients with suspected malignancy without a need for prior approval for funding.	Uses the 5 SIGN criteria (as before), plus criteria for tonsillectomy on confirmed cases of obstructive sleep apnoea but now with a distinction between those aged under 16 and those aged 16 or over (when advised by experts in sleep apnoea); no change for people with Quinsy. Reference to prior approval for patients with suspected malignancy has been removed.	Some changes to the criteria. Distinction made regarding tonsillectomy for sleep apnoea between those aged under 16 and those aged 16 and over, and no reference to prior approval for patients with suspected malignancy. Modest change with impact on some patients. Tonsillectomy for sleep apnoea affects approximately 200 people a year in Lancs.
Policy for surgical release of Trigger Finger	3 criteria to be met, including 'The patient has co-morbidities associated with an increased risk of trigger finger (e.g. rheumatoid arthritis or diabetes mellitus) and the patient's symptoms have not improved with at least 4 months of conservative treatment'; detail on what is effective and cost effective regarding the treatment of trigger finger.	There are still 3 criteria but these have been streamlined and the references to co-morbidities, a 4 month timescale and conservative treatments, such as physiotherapy and splintage, have been removed. Modest changes to how the principles are applied apart from cost effectiveness, where a section on trigger finger resolving spontaneously and on a prognosis following corticosteroid injection and co-morbidity has been removed.	Criteria changes to the policy with some impact upon how patients access the service. Access to the service following 4 months of physio (or other remedies) removed; such patients will need to have a steroid injection, following which access to surgical treatment is possible under new policy. Changes will have limited impact on some patients, with alternative route (steroid injection) available to all.

<p>Policy for Endoscopic Procedures on the Knee Joint Cavity</p>	<p>Current policy has 3 main criteria to determine eligibility: these are where an MRI scan shows mechanical damage to ligaments/cartilage and/or specialist opinion considers the procedure will be beneficial; where patients have symptomatic plica syndrome; and/or in treating patients with patellofemoral pain syndrome. In applying the principles, endoscopic knee procedures are considered to be effective in treating these 3 conditions (mechanical damage; plica syndrome and patellofemoral pain syndrome).</p>	<p>Updated policy now specifies these procedures are for people aged 16 and over. The treatment of symptomatic plica syndrome has been removed from the procedures that are funded as no longer considered effective. Treatment of 'locked knee' has now been introduced and the 'lateral release in patients with patellofemoral pain syndrome' criteria amended by removing the need for 6 months of physio or other treatments and introducing a need for X-ray or MRI scan prior to considering the procedure.</p>	<p>Although similar in scope to the previous policy, this has undergone a few changes, based on clinical evidence, which will have an impact on some patients, including those with plica syndrome (procedures for plica syndrome affect approximately 20 patients in 12 months across Lancashire). Patients with 'locked knee' are now supported by this policy. Specifying age 16 has little material impact on the delivery of these procedures.</p>
<p>Male Circumcision</p>	<p>Current policy has 5 criteria, one or more of which must be met if male circumcision is to be commissioned.</p>	<p>Updated policy has expanded the criteria to 9, one or more of which must be met if male circumcision is to be commissioned. The criteria now include traumatic injury, malignant lesions and congenital abnormalities.</p>	<p>New draft policy is broadly the same but identifies some additional circumstances/conditions when circumcision will be commissioned, largely expanding on and replacing the 'in the case of certain rare conditions identified by paediatric surgeons or urologists' criteria of the original policy.</p>
<p>Policy for funding insulin pumps and glucose monitoring devices for patients with diabetes</p>	<p>No current policy</p>	<p>Not applicable</p>	<p>New policy</p>