



## Don't blacklist surgery for common hand conditions, says royal college

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NHS England should not restrict access to surgery for carpal tunnel syndrome, Dupuytren's contracture, trigger finger, or wrist ganglion, the Royal College of Surgeons has urged.

In July, NHS England proposed cutting funding for 17 procedures it considered unnecessary, to save money and eliminate unwarranted clinical variation around the country.<sup>1</sup> The list included a range of procedures, such as injections for non-specific low back pain without sciatica, knee arthroscopy for patients with osteoarthritis, breast reduction, and surgery for snoring.

NHS England said that these 17 procedures were carried out about 350 000 times a year and cost over £400m (€455m; \$518m) a year. It was aiming for what it termed a "moderate" reduction of around 170 000 procedures a year, which would save around £200m.

In response to the consultation the Royal College of Surgeons said that NHS resources should be used wisely and that it supported most of the recommended cuts. However, it was concerned—along with the British Society for Surgery of the Hand (BSSH)—that the evidence base for limiting access to surgical treatments for four hand conditions had not been appropriately considered.

The college said that these conditions can have a significant detrimental effect on quality of life and that, although mild cases may resolve without surgery, timely surgical treatment can relieve symptoms and prevent irreversible loss of function.

The BSSH said that, in people with severe persistent carpal tunnel syndrome symptoms, surgery provided a permanent cure for 80-90%,<sup>2</sup> was better than non-surgical treatment,<sup>3</sup> and was more cost effective.<sup>4</sup>

Scarlett McNally, a consultant orthopaedic surgeon and college council member, said, "I have frontline experience of how badly

these conditions [carpal tunnel syndrome, Dupuytren's contracture, trigger finger, and wrist ganglion] can affect some people's quality of life. I have also seen how quickly and effectively they can be resolved with surgery.

"Patients may experience symptoms ranging from pain and numbness that makes it difficult for them to carry out day-to-day tasks to total loss of function, preventing them from being able to work."

She said that NHS England had suggested physiotherapy and splinting as an alternative to surgery for Dupuytren's contracture but that the Royal College of Surgeons was not aware of any published evidence that these are beneficial.

The college's consultation response also raised concerns that individual funding requests were being recommended to limit access to some procedures, which it said can increase regional variation in patient access to treatments.

The deadline for responses to the consultation was the end of September, and the final policy is due to be published before the end of the financial year.

- 1 Iacobucci G. NHS proposes to stop funding 17 "unnecessary" procedures. *BMJ* 2018;362:k2903. doi:10.1136/bmj.k2903 29967052
- 2 Shewring DJ. Response to Iacobucci G. NHS proposes to stop funding 17 "unnecessary" procedures. *BMJ* 2018. <https://www.bmj.com/content/362/bmj.k2903/rapid-responses>.
- 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. doi:10.1001/jama.288.10.1245 12215131
- 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. doi:10.1186/1471-2474-7-86 17109748

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