NHS
Somerset
Clinical Commissioning Group

BUNION (AND OTHER PAINFUL TOE CONDITION) SURGICAL TREATMENT POLICY PRIOR APPROVAL

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Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
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Target audience:	**SCCG**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Somerset Foundation Trust • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT
Application Form	Bunion Prior Approval Application Form

BUNION (AND OTHER PAINFUL TOE CONDITION)
SURGICAL TREATMENT PRIOR APPROVAL POLICY
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VERSION CONTROL

Document Status:	Current policy
Version:	1920.v3b

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
1718.v2	July 2017	SFI wording removed
1718.v3	August 2018	Reformatting of layout
1718.v3a	February 2020	Change of policy layout and updates agreed by CCPF December 2019.
1920.v3a	February 2020	Bilateral surgery pathway/toe amputation commissioned/overriding toes specific to bunions/removal of comments re fit for surgery / post-operative care, clarification on wording for patients with diabetes

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	N/A
Quality Impact Assessment QIA. Date:	March 2018
Sponsoring Director:	Sandra Cory
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1 GENERAL PRINCIPLES (PRIOR APPROVAL)

1.1 Funding approval must be secured by primary care/secondary care prior to referring/treating patients for this prior approval treatment

1.2 Funding approval must be secured prior to a referral for an assessment/surgery. Referring patients without funding approval secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment

1.3 On limited occasions, we may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy

1.4 Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed

1.5 Receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment

1.6 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate

1.7 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery. https://www.sciencedirect.com/science/article/pii/S1198743X15007193 (Thelwall, 2015)

1.8 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

1.9 Where prior approval funding is secured by the EBI service it will be available for a specified period of time, normally one year

2 POLICY CRITERIA

2.1 Toe amputation is commissioned and sits outside of this policy.

2.2 Urgent referral (<2/52)

a) Impending or non-healing skin ulcer

b) Peripheral limb ischaemia

2.3 Surgical correction of hallux valgus using minimal access techniques is **NOT routinely commissioned**

2.4 Other requests for Surgical Foot Treatments will be approved where the following criteria are met:

2.4.1 Referral is NOT being made for cosmetic purposes **AND**

2.4.2 The patient has untreated hallux valgus deformity, with severe deformity of overriding toes and has diabetes (or another cause of peripheral neuropathy) and has or is considered at risk of ulceration, deep infection or amputation **OR**

2.4.3 Patients have persistent moderate / severe symptoms despite at least 6 months of conservative management

2.5 Prior conservative management must include **ALL** of the following:

a) Modification of footwear: avoidance of high-heeled shoes, wearing wide cut or specially altered shoes with increased medial pocket to minimise deforming forces

b) Externally fitted devices to improve alignment and reduce irritation, erg orthoses and bunion pads

c) Stretching exercises to improve/maintain joint flexibility

d) Ice and elevation for pain and swelling

e) Optimum analgesia

f) If the original GP referral is for only one foot and the secondary care clinician determines when seeing the patient that the other foot also meets the criteria of Somerset CCG's EBI policy then the provider may undertake the procedure on the second foot without returning the patient to either the Orthopaedic Assessment Service or the GP. The medical notes must clearly document how the criteria have been met for the second side.

3 BACKGROUND

Conditions and Treatments included in this policy:

3.1 **Hallux valgus** (often referred to as a bunion) is the deviation of the big toe (the hallux) away from the mid-line towards the lesser toes.

The metatarsal head drifts towards the midline and this together with its overlying bursa and inflamed soft tissue is known as the bunion, which causes pain and rubbing on shoes

3.2 **Hallux Rigidus** (Royal College of Surgeons, 2013)
The development of arthritic changes within the joint causing stiffness, pain and deformity

3.3 **Hammer Toe** (Royal College of Surgeons, 2013)
Hammer toe or contracted toe is a deformity of the proximal interphalangeal joint of the second, third, or fourth toe causing it to be permanently bent, resembling a hammer

3.4 **Mallet Toe** (Royal College of Surgeons, 2013)
A similar condition to hammer toe affecting the distal interphalangeal joint

3.5 **Claw Toe** (Royal College of Surgeons, 2013)
Another similar condition to hammer toe, with dorsiflexion of the proximal phalanx on the lesser metatarsophalangeal joint, combined with flexion of both the proximal and distal interphalangeal joints. Claw toe can affect the second, third, fourth, or fifth toes

3.6 It is expected that the vast majority of patients with foot conditions and mild pain will be managed in primary care by providing patients with appropriate practical information on managing their symptoms such as pain relief and footwear modification (lower heels, wider fitting shoes, high toe box)

3.7 This advice and conservative treatment must be documented as it will form evidence to support part of the access criteria for this intervention

4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

4.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy

4.2 Completion of a **Generic EBI Application Form** by a GP or Consultant may be put forward

4.3 Applications cannot be considered from patients personally

4.4 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBIP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context

4.5 EBI applications are reviewed and considered for clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England IFR policy

https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-indivdual-funding-requests.pdf

4.6 In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question:

- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

5 ACCESS TO POLICY

5.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

5.2 **Or write to us**: NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somccg.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 National Institute for Health and Care Excellence. (2014, February). Osteoarthritis: care and management. Retrieved from NICE org: https://www.nice.org.uk/guidance/cg177

6.2 National Institute for Health and Care Excellence. (2010, February). Surgical correction of hallux valgus using minimal access techniques. Retrieved from NICE Org: https://www.nice.org.uk/guidance/ipg332

6.3 NHS Choices. (2014, October 16). Heel pain. Retrieved from NHS Choices: http://www.nhs.uk/conditions/heel-pain/pages/introduction.aspx

6.4 NHS Choices. (2015, August 20). Morton's neuroma. Retrieved from NHS Choices: http://www.nhs.uk/conditions/mortonsneuroma/pages/introduction.aspx

6.6 British Orthopaedic Association Guidance on Bunions