

CLINICAL POLICY ADVISORY GROUP (CPAG)

Bunion (Hallux Valgus) Surgery Policy

This procedure requires prior approval. Prior approval must be sought through Blueteq.

Criteria

■ **Black – criteria required to be met prior to referral**

■ **Blue – criteria to be met prior to procedure**

Statement

Derby and Derbyshire CCG (DDCCG), in line with its principles for procedures of limited clinical value has deemed that the surgical correction of bunions should not routinely be commissioned unless the patient meets criteria 1, 2 and 3:

1. Bunions are symptomatic
2. Patients have **persistent symptoms despite at least 3 months of conservative management, which includes:**
 - Well fitted and accommodating footwear and the avoidance of high heeled shoes
 - referral to orthotics for therapeutic footwear should be considered where conventional footwear does not relieve pressure from the deformity
 - Application of ice and the elevation of painful and swollen bunions
 - Optimisation of analgesia
 - Use of over the counter non-surgical treatments, such as bunion pads, splints, insoles or shields
3. The patient suffers from either:
 - Severe deformity (e.g. overriding toes) that causes significant functional impairment*
 - OR**
 - recurrent ulcers and infections at site of bunion or sole of foot
 - OR**
 - Severe pain that causes significant functional impairment*
 - OR**
 - Pain developing under the second metatarsophalangeal joint , indicating excessive foot strain from absorbing force being redirected off the big toe (transfer metatarsalgia)

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the CCG.

1. Background

Bunions, also known as hallux valgus, are common with a prevalence of 28.4% in adults older than 40 years. A bunion is a deformity of the big toe, where the toe tilts over towards the smaller toes and a bony lump appears on the inside of the foot. Occasionally a soft fluid swelling can also form over the bony lump.

The pressure of the shoe over the bony bulge can cause discomfort and/or pain and can lead to blisters or infection. The foot can become so broad that it becomes difficult to find shoes that fit. Furthermore, poorly fitting shoes or shoes that have an excessively high heel can worsen the deformity.

The management of bunions includes wearing low-heeled, wide shoes, with a soft sole, as well as non-surgical treatments that help alleviate symptoms. Such treatments include oral analgesia, bunion pads and orthoses. Where these measures are not effective, the deformity and pain is worsening and is causing significant disruption to lifestyle the person can be referred for the consideration of surgery.

Bunion surgery can help relieve pain and improve the alignment of the toe in 85%–90% of people. However, there is no guarantee that the foot will be perfectly straight or pain-free after surgery. Bunion surgery also carries a risk of complications, such as infection, joint stiffness, transfer pain (pain under the ball of the foot), hallux varus (overcorrection), bunion recurrence, damage to the nerves, and continued long-term pain.

2. Recommendation

Derby and Derbyshire CCG (DDCCG), in line with its principles for procedures of limited clinical does not commission the surgical correction of bunions unless criteria 1, 2 and 3 are all met:

1. Bunions are symptomatic
2. Patients have **persistent symptoms despite at least 3 months of conservative management, which includes:**
 - Well fitted and accommodating footwear and the avoidance of high heeled shoes
 - referral to orthotics for therapeutic footwear should be considered where conventional footwear does not relieve pressure from the deformity
 - Application of ice and the elevation of painful and swollen bunions
 - Optimisation of analgesia
 - Use of over the counter non-surgical treatments such as bunion pads, splints, insoles or shields

NB. Use of corticosteroid injections would be contraindicated/ inappropriate in management of the condition (eg suspected infection).
3. The patient suffers from either:
 - Severe deformity (e.g. overriding toes) that causes significant functional impairment*

OR

 - Recurrent ulcers and infections at site of bunion or sole of foot

OR

 - Severe pain that causes significant functional impairment*

OR

- Pain developing under the second metatarsophalangeal joint, indicating excessive foot strain from absorbing force being redirected off the big toe (transfer metatarsalgia)

*Significant functional impairment is defined by DDCCG as:

- Symptoms prevent the patient fulfilling work or educational responsibilities
- Symptoms prevent the patient carrying out domestic or carer activities
- Symptoms prevent the patient carrying out physical activities

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Exclusion Criteria

Surgery for prophylactic or cosmetic reasons is not commissioned. Referrals for surgical opinions for prophylactic or cosmetic reasons should not be made. In these circumstances patients can be given the option of referral to a non-surgical podiatry or chiropody clinic. See link to find a Podiatrist/ Chiropodist: [NHS Choices](#)

3. Rationale for Recommendation

Where a person does not meet the policy's criteria, the delay of surgery does not appear to lead to worse outcomes. Therefore having surgery before the bunion becomes worse is not needed.

Surgery is not indicated for cosmetic reasons because of the recovery time and the potential for complications associated with bunion surgery.

4. Useful Resources

- Find Podiatrists and Chiropodists Services, last revised August 20 NHS Choices, accessed 17/03/20, <https://www.nhs.uk/service-search/other-services/Podiatrists-and-chiropodists/LocationSearch/343>

5. References

- British Orthopaedic Foot and Ankle Society, Hallux valgus (bunion), <https://www.bofas.org.uk/Patient-Information/Hallux-valgus-bunion> (accessed June 2020)
- British Orthopaedic Association. Commissioning guide: Painful deformed great toe in adults. July 2017. <https://www.rcseng.ac.uk/standards-and-research/commissioning/commissioning-guides/topics/> (Accessed 06/06/18 and 02/06/20)
- NICE Clinical Knowledge Summaries: Bunions, last revised in August 2016, <https://cks.nice.org.uk/bunions> (accessed June 2020)
- Ferrari J, Higgins JPT, Prior TD. Interventions for treating hallux valgus (abductovalgus) and bunions. Cochrane Database of Systematic Reviews 2004, Issue 1.

6. Appendices

Appendix 1- Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

| Consultee | Date |
|---|--------------------------|
| Consultant Trauma & Orthopaedic Surgeon, Specialist Interest in Foot & Ankle Surgery, CRHFT | December 2019, July 2020 |
| Consultant Orthopaedic Foot and Ankle Surgeon, CRH | December 2019 |
| Consultant Podiatric Surgeon, DCHS | December 2019 |
| Consultant Trauma, Orthopaedic and Foot & Ankle Surgeon, UHDBFT | June, July 2020 |
| Clinical Policy Advisory Group | June, July 2020 |
| Clinical and Lay Commissioning Committee | July 2020 |

Appendix 2- Document Update

| Document Update | Date Updated |
|--|-----------------|
| Version 3.3 - New policy addition | July 2018 |
| Version 3.4 - Addition of 'This policy is subject to a prior approval' as requested by contracting. | September 2019 |
| Version 3.5 - Removal of 'This policy is subject to a prior approval' and addition of 'This procedure requires prior approval. Prior approval must be sought through Blueteq', as requested by contracting. | November 2019 |
| Version 4 – Policy reviewed and reformatted to reflect the new organisation. Key changes include: the addition of background information, rationale for recommendations, useful resources, clarification of restrictive criteria and exclusion criteria section. Changes also include the removal of urgent referral criteria, addition of Derbyshire PLCV Referral form and Blueteq form sections to the policy, removal of stretching excersises from list of conservative management and more specific pain criteria. | April-June 2020 |
| Version 4.1 – minor update: policy updated to include 'Patients requiring surgical correction of bunions should be referred to the podiatric surgery unless day case management is not appropriate' under the Useful Resources section of the policy. | July 2020 |

| | |
|---|-----------|
| Version 4.2 - minor update: removal of the statement 'Patients requiring surgical correction of bunions should be referred to the podiatric surgery unless day case management is not appropriate' from the 'Useful Resources' section of the policy. | July 2020 |
|---|-----------|

Appendix 3 - OPCS code(s)

W791 W792 W15 W151 W1522 W153 W54 W155 W156 W157 W158 W159

Appendix 3 – Derbyshire PLCV Referral Form



Derby and Derbyshire
Clinical Commissioning Group

Derbyshire PLCV Referral Form

Bunion (Hallux Valgus) surgery

THIS FORM MUST BE COMPLETED IN FULL AND ATTACHED WITH THE APPROPRIATE CLINICAL INFORMATION TO THE E-REFERRAL SERVICE

"PLCV: - DERBYSHIRE PRIOR APPROVAL PROCESS: Bunions Only_RAS"

REFERRALS WITHOUT FORMS WILL BE REJECTED

| Patient details | Referring GP details |
|-----------------|----------------------|
| Surname | Referring GP |
| Forename(s) | Practice name |
| Address | Practice address |
| Post code | Post code |
| Date of birth | Telephone number |
| NHS Number | GP practice code |

| Patient Consent | |
|--|-------------------------------------|
| | Mark or tick boxes below to confirm |
| I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome. | <input type="checkbox"/> |
| By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf. | <input type="checkbox"/> |
| Please confirm that you have given PLCV patient leaflet to the patient | <input type="checkbox"/> |

| Part A - PLCV Criteria | Either Criteria 1 &2 and 3 MUST apply |
|---|--|
| Derby and Derbyshire CCG (DDCCG), in line with its principles for procedures of limited clinical value has deemed that the surgical correction of bunions should not routinely be commissioned unless the patient meets criteria 1, 2 and 3*: | |
| 1. Bunions are symptomatic | <input type="checkbox"/> <i>*Required</i> |
| 2. Patients have persistent symptoms despite at least 3 months of conservative management, which includes: <ul style="list-style-type: none"> • Well fitted and accommodating footwear and the avoidance of high heeled shoes <ul style="list-style-type: none"> - referral to orthotics for therapeutic footwear should be considered where conventional footwear does not relieve pressure from the deformity • Application of ice and the elevation of painful and swollen bunions • Optimisation of analgesia • Use of over the counter non-surgical treatments such as bunion pads, splints, insoles or shields | <input type="checkbox"/> <i>*Required</i> |
| 3. The patient suffers from either: <ol style="list-style-type: none"> a. Severe deformity (e.g. overriding toes) that causes significant functional impairment* OR <ol style="list-style-type: none"> b. recurrent ulcers and infections at site of bunion or sole of foot OR <ol style="list-style-type: none"> c. Severe pain that causes significant functional impairment* OR <ol style="list-style-type: none"> d. Pain developing under the second metatarsophalangeal joint, indicating excessive foot strain from absorbing force being redirected off the big toe (transfer <u>metatarsalgia</u>) <p>*Significant functional impairment is defined by DDCCG as:</p> <ul style="list-style-type: none"> • Symptoms prevent the patient fulfilling work or educational responsibilities • Symptoms prevent the patient carrying out domestic or carer activities • Symptoms prevent the patient carrying out physical activities | <input type="checkbox"/> <i>*Required</i> |

| |
|---|
| Additional clinical information that may have a bearing on the application |
| |

| Additional Patient Information | BOTH must apply |
|--|--------------------------|
| This patient is willing to undergo a surgical procedure should it be offered. | <input type="checkbox"/> |
| I have discussed with the patient the fact they will be referred for a possible procedure but there is no guarantee that a surgical intervention will be the required outcome following the consultation with the secondary care specialist. | <input type="checkbox"/> |

| | |
|--------------------------|--|
| Prior Approval No | |
|--------------------------|--|

| Patient Choice of Provider | |
|----------------------------|--------------------------------|
| First Choice: | [Manually enter provider name] |
| Second Choice: | [Manually enter provider name] |

| | |
|--|-------------|
| I confirm that the patient meets the current clinical guideline/policy for referral for the procedure. | |
| Name of referrer: _____ | Date: _____ |

| Part B – Reason for referral | |
|------------------------------|---|
| Salutations: | Dear colleague, |
| Preamble/context: | Macro to insert last consultation |
| | Thank you, Dr. XXX (insert your name here) |

Problems - This needs to be auto pulled from the GP system

Relevant SH & FH:

| | |
|---|--|
| Date to be included | Single Code Entry: Tobacco consumption |
| Smoking status | Single Code Entry: Alcohol consumption |
| Alcohol | Single Code Entry: Occupations |
| Occupation | Single Code Entry: Ethnic category - 2001 census |
| Ethnicity | Single Code Entry: Military veteran |
| Veteran? | |
| Freetext: | |
| Detail which might assist timely discharge: | |

Medication – Date to be included. The GP's need to have the* option to EDIT this once it has been populated.

Allergies – Date to be included. The GP's need to have the option to EDIT this once it has been populated.

Useful values:

| BP | Pulse rate | Height | Weight | BMI | HbA1C |
|---|-------------------------------------|---------------------------------|---------------------------------|------------------------------------|-------|
| Single Code Entry: O/E - blood pressure reading | Single Code Entry: O/E - pulse rate | Single Code Entry: O/E - height | Single Code Entry: O/E - weight | Single Code Entry: Body mass index | Date |

| |
|--|
| Please embed any attached items here. |
| |
| Please note any individual patient requirements here (e.g. Wheelchair user). |
| |

Appendix 4 – Blueteq Form

[Click here to access the guidelines/NICE algorithm](#)

[Click to view Southern Derbyshire CCG Policies](#)

| Prior Approval Form - Prior Approval Form - (PLCV) Bunion (Hallux Valgus) Surgery | | | |
|--|----------------------|--------------------------|--|
| PATIENT CONSENT | | | |
| I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please confirm that you have given PLCV patient leaflet to the patient | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| APPLICANT DETAILS | | | |
| Clinician Making Request: | | Trust: | |
| Clinician Full Name: | <input type="text"/> | Telephone: | <input type="text"/> |
| Contact Email (nhs.net): | <input type="text"/> | | |
| PATIENT DETAILS | | | |
| Patient Name: | | GP Practice Name: | |
| NHS Number: | | GP Practice Code: | |
| Patient DOB: | | Is the patient a smoker: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Care Prior Approval Number: | <input type="text"/> | | |
| PROCEDURE CRITERIA | | | |
| Derby and Derbyshire CCG (DDCCG), in line with its principles for procedures of limited clinical value has deemed that the surgical correction of bunions should not routinely be commissioned unless the patient meets criteria 1, 2 and 3*: | | | |
| 1. Bunions are symptomatic | | | <input type="checkbox"/> Yes <input type="checkbox"/> No * Required |
| 2. Patients have persistent symptoms despite at least 3 months of conservative management, which includes: - Well fitted and accommodating footwear and the avoidance of high healed shoes. (Referral to orthotics for therapeutic footwear should be considered where conventional footwear does not relieve pressure from the deformity). - Application of ice and the elevation of painful and swollen bunions. - Optimisation of analgesia. - Use of over the counter non-surgical treatments such as bunion pads, splints, insoles or shields. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No * Required |
| 3. The patient suffers from either: a. Severe deformity (e.g. overriding toes) that causes significant functional impairment.* OR b. recurrent ulcers and infections at site of bunion or sole of foot. OR c. Severe pain that causes significant functional impairment* OR d. Pain developing under the second metatarsophalangeal joint, indicating excessive foot strain from absorbing force being redirected off the big toe (transfer metatarsalgia). *Significant function impairment is defined by DDCCG as: - Symptoms prevent the patient fulfilling work or educational responsibilities. - Symptoms prevent the patient carrying out domestic or carer activities. - Symptoms prevent the patient carrying out physical activities. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No * Required |
| ADDITIONAL INFORMATION | | | |
| Please provide any additional clinical information that may have a bearing on the application in the text box below. | | | |
| SUBMISSION DECLARATION | | | |
| I confirm that the above information is complete and accurately describes the patient's condition. | | | |
| Submitting User | <input type="text"/> | Date | <input type="text"/> |