

CLINICAL POLICY ADVISORY GROUP (CPAG)

Bunion (Hallux Valgus) Correction 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

NHS Derby and Derbyshire ICB (NHSDDICB), 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. Patient has **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 ICB.

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

NHS Derby and Derbyshire ICB (NHS DDICB), 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 (e.g., 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 NHSDDICB as:

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

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

Exclusion Criteria

Surgery for prophylactic or cosmetic reasons are not commissioned by NHSDDICB. 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

- Guide To Bunion Surgery BOFAS, [BOFAS > Patient > Patient Information > Bunion Surgery](#), accessed 04/04/23
- Find Podiatrists and Chiropodists Services, last revised August 20 NHS Choices, accessed 04/04/23, <https://www.nhs.uk/service-search/other-services/Podiatrists-and-chiropodists/LocationSearch/343>

5. References

- British Orthopaedic Foot and Ankle Society, Hallux valgus (bunion), [BOFAS > Hyperbook > Forefoot Disorders > Hallux Valgus](#) (accessed 04/04/23)
- British Orthopaedic Association. Commissioning guide: Painful deformed great toe in adults. July 2017. <https://www.boa.ac.uk/resources/painful-deformed-great-toe-guide-final-pdf.html> (accessed 04/04/23)
- NICE Clinical Knowledge Summaries: Bunions, last revised in August 2021, <https://cks.nice.org.uk/bunions> (accessed 04/04/23)
- 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	April 2023
Consultant Orthopaedic Foot and Ankle Surgeon, CRHFT	April 2023
Consultant Podiatric Surgeon, DCHSFT	April 2023
Consultant Trauma, Orthopaedic and Foot & Ankle Surgeon, UHDBFT	April 2023
Clinical Policy Advisory Group (CPAG)	May 2023

Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 5.0</u> Policy review. Minor updates include: <ul style="list-style-type: none">• Policy has been re-worded the new NHSDDICB organisation• Policy name updated to Bunion (Hallux Valgus) Correction Surgery Policy• Prior approval form and Blueteq form have been updated to reflect the minor amendments in the policy• Addition of 'Guide to Bunion Surgery BOFAS' under section 4. Useful Resources.	May 2023

Appendix 3 - OPCS code(s)

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

Derbyshire PLCV Referral Form
for
"Derbyshire PLCV Prior Approval Service"

Bunion (Hallux Valgus) Correction Surgery Policy

**THIS FORM MUST BE COMPLETED IN FULL AND ATTACHED WITH THE
 APPROPRIATE CLINICAL INFORMATION TO THE E-REFERRAL SERVICE**
"PLCV: - DERBYSHIRE PRIOR APPROVAL PROCESS"

INCOMPLETE FORMS WILL BE RETURNED

A referral for an opinion **should not** go via prior approval as the request is for an opinion not a procedure.

For further information please click on the following links:

<https://www.derbyshireimc.org.uk/position>, [Derby and Derbyshire ICB PLCV position letter](#).

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	Criteria 1, 2 and 3 MUST apply
NHS Derby and Derbyshire ICB (NHS DDICB), 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"/>
2. Patient has 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"/>
3. The patient suffers from either: <ul style="list-style-type: none"> • 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) 	<input type="checkbox"/>
*Significant functional impairment is defined by NHS DDICB as:	

<ul style="list-style-type: none"> • Symptoms that prevent the patient fulfilling work or educational responsibilities • Symptoms that prevent the patient carrying out domestic or carer activities • Symptoms that prevent the patient carrying out physical activities 	
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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	
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Patient Choice of Provider	
First Choice:	[Manually enter provider name]
Second Choice:	[Manually enter provider name]

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

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 Single Code Entry: O/E - blood pressure reading Date	Pulse rate Single Code Entry: O/E - pulse rate	Height Single Code Entry: O/E - height	Weight Single Code Entry: O/E - weight	BMI Single Code Entry: Body mass index	HbA1C Date
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Please embed any attached items here.

Please note any individual patient requirements here (e.g. Wheelchair user).

Appendix 5 - Blueteq Form

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

[Click to view NHS Derby and Derbyshire ICB Policies](#)

Prior Approval Form - Prior Approval Form - (PLCV) Bunion (Hallux Valgus) Correction Surgery Policy			
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:	<input type="text"/>	GP Practice Name:	<input type="text"/>
NHS Number:	<input type="text"/>	GP Practice Code:	<input type="text"/>
Patient DOB:	<input type="text"/>	Is the patient a smoker:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Care Prior Approval Number:	<input type="text"/>		
PROCEDURE CRITERIA			
NHS Derby and Derbyshire ICB (NHS DDICB), 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
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
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 NHS DDICB as:			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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 Date