

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

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Application Form	Prior Approval Form

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

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VERSION CONTROL

Document Status:	Current policy
Version:	2526.v3g

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
1920.v3b	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address. Amendment to wording with reference to overriding toes item 2
2223.v3c	November 2022	3-year review and inclusion of wording in policy criteria section 2.6
2223.v3d	March 2023	Wording change 4.5
2223.v3e	June 2024	Logo change with amendment to website link and clinical exceptionality wording on 4.6
2425.v3f	May 2025	3-year review and wording amendment to general principles/ EBI pathway/remove 2.3 re invasive surgical techniques as full details within NICE IPG789 2.8 (included in references)

Equality Impact Assessment EIA	N/A
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Dr Bernie Marden
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1 GENERAL PRINCIPLES PA (PRIOR APPROVAL)

- 1.1 Funding approval must be in place prior to treating patients for this prior approval treatment

Please note: Funding approval is given where there is evidence that the treatment requested is clinically effective and the patient has the potential to benefit from the proposed treatment

- 1.2 Receiving funding approval for the specified treatment requested, DOES NOT confirm that the patient will receive treatment or surgery. The patient MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken

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

- 1.4 Patients with an elevated BMI of 30 or more MAY experience more post-surgical complications including post-surgical wound infection and should be encouraged to lose weight further prior to seeking surgery

<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)

- 1.5 Patients who are smokers should be referred to a smoking cessation service to reduce the risk of surgery and improve healing

- 1.6 Prior approval funding is available for one year commencing the date of approval

2 POLICY CRITERIA PRIOR APPROVAL (for toe and forefoot conditions)

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

- 2.2 Urgent referral (<2/52)

- Impending or non-healing skin ulcer
- Peripheral limb ischaemia

- 2.3 **Surgical Foot Treatments (for example: Hammer, Mallet, or Claw Toe) will be authorised where the following criteria are met:**

- a) The referral is NOT being made for cosmetic purposes **AND the patient**

- b) Has untreated hallux valgus deformity and has diabetes (or another cause of peripheral neuropathy) which puts them at risk of deep infection/amputation **OR**
- c) Is suffering from severe deformity of overriding toes **OR**
- d) Has persistent moderate/severe symptoms (covered by the other conditions in the background information section 3) despite **6 months** of conservative management as detailed in 2.5 below

2.4 **Conservative management over 6 months**

- a) Modification of footwear: avoidance of high-heeled shoes, wearing wide cut or specially altered shoes with increased medial pocket to minimise deforming forces **AND**
- b) Externally fitted devices to improve alignment and reduce irritation, e.g., orthoses and bunion pads **AND**
- c) Stretching exercises to improve/maintain joint flexibility **AND**
- d) Ice and elevation for pain and swelling **AND**
- e) Optimum analgesia

2.5 Where an original funding authorisation is for a toe and the secondary care clinician determines when seeing the patient that they require further surgery to another toe on the same foot, the provider may undertake the other procedure(s) without seeking further funding authorisation where they fall under all the following conditions.

- The toe fulfils the relevant policy treatment criteria of the NHS Somerset treatment policy
- The treatment would be undertaken within the same episode of care
- The medical notes must clearly document how the policy treatment criteria have been met for the surgery of the additional toe
- Patient consent

2.6 The patient is fit for surgery and understands if approved for surgery they will be unable to drive for 6 weeks *(or 2 weeks after surgery on the left foot if they drive an automatic car)*. Also, where applicable, they will be off work for a minimum of two weeks

3 **BACKGROUND**

Conditions and Treatments included in this policy:

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

Hallux Rigidus (Royal College of Surgeons, 2013)

The development of arthritic changes within the joint causing stiffness, pain and deformity

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

Mallet Toe (Royal College of Surgeons, 2013)

A similar condition to hammer toe affecting the distal interphalangeal joint

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

It is expected that many 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)

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 surgery under this policy may be considered for surgery on an individual basis where the 'CLINICIAN BEST PLACED' believes exceptional circumstances exist that warrant deviation from the rule of this policy

'THE CLINICIAN BEST PLACED' is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient

- 4.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the 'clinician best placed' on behalf of the patient

Note. applications CANNOT be considered from patients personally

- 4.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted

- 4.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale
- 4.5 Generic EBI Funding Applications are considered against '**clinical exceptionalism**'. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptionalism' please refer to the NHS Somerset ICB EBI webpage [Evidence Based Interventions - NHS Somerset ICB](#) and click on the section titled **Generic EBI Pathway**

- 4.6 Photographs can be forwarded with the funding application form to further support the clinical evidence provided where appropriate

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 ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy:

- 6.1 National Institute for Health and Care Excellence. (2022, October). Osteoarthritis in over 16s: diagnosis and management. Retrieved from NICE [Overview | Osteoarthritis in over 16s: diagnosis and management | Guidance | NICE](#)
- 6.2 National Institute for Health and Care Excellence. (IPG789 June 2024). Minimally invasive percutaneous surgical techniques with internal fixation for correcting hallux valgus. Retrieved from NICE <https://www.nice.org.uk/guidance/ipg789>
- 6.3 NHS Choices. (2022, February 24). Heel pain. Retrieved from NHS Choices: <http://www.nhs.uk/conditions/heel-pain/pages/introduction.aspx>
- 6.4 NHS Choices. (2022, January 12). Morton's neuroma. Retrieved from NHS Choices: [Morton's neuroma - NHS](#)
- 6.5 British Orthopaedic Association Guidance on Bunions