

## INGROWN TOENAIL TREATMENT CRITERIA BASED ACCESS (CBA) POLICY

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Target audience:	<p><b>NHS Somerset ICB:</b></p> <ul style="list-style-type: none"> <li>• NHS Providers</li> <li>• GP Practices</li> <li>• Contracts Team</li> </ul> <p><b>Medical Directors:</b></p> <ul style="list-style-type: none"> <li>• Somerset NHS Foundation Trust</li> <li>• Royal United Hospitals Bath NHS FT</li> </ul>
Application Form	EBI Generic application form if appropriate to apply

## INGROWN TOENAIL TREATMENT CRITERIA BASED ACCESS (CBA) POLICY

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### VERSION CONTROL

<b>Document Status:</b>	Current policy
<b>Version:</b>	2425.v3

### DOCUMENT CHANGE HISTORY

Version	Date	Comments
1.1	10/10/2017	Amended to criteria-based access, include exclusion criteria from the Somerset Partnership Podiatry and Podiatric Surgery Service
1718.v1.1	December 2021	3-year review, remove Somerset Partnership replace with Somerset Foundation Trust, updated pathway provided SFT Podiatry Service/ exclusion age raised from 15 to 16
2223.v2a	April 2022	Amend the email address for Podiatry due to separation from physiotherapy from <a href="mailto:PhysiotherapyMSKandPodiatryChard@SomersetFT.nhs.uk">PhysiotherapyMSKandPodiatryChard@SomersetFT.nhs.uk</a> to <a href="mailto:PodiatryChard@somersetft.nhs.uk">PodiatryChard@somersetft.nhs.uk</a>
2223.v2a	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2b	March 2023	Wording change 4.6
2223.v2c	July 2024	Logo change, amendment to website link, 4.6 clinical exceptionality wording
2425.v2d	January 2025	3-year review, amendment to wording in General Principles, EBI Pathway. SFT Podiatry Lead rewording of criteria & inclusion of photographs

Equality Impact Assessment (EIA)	N/A
Quality Impact Assessment (QIA)	1718. V1
Sponsoring Director:	Dr Bernie Marden
Document Reference:	2425.v3

# 1 GENERAL PRINCIPLES (CBA)

- 1.1 Treatment should only be given in line with these general principles.
- 1.2 Clinicians should assess their patients against the criteria within this policy AND ENSURE that compliance to the policy criteria is met by the patient PRIOR TO a referral to treatment or surgery
- 1.3 Treatment should ONLY be undertaken where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment
- 1.4 The ICB may approve funding for an ASSESSMENT ONLY to enable the Clinician to obtain further clinical evidence to help determine compliance to policy criteria by the patient.

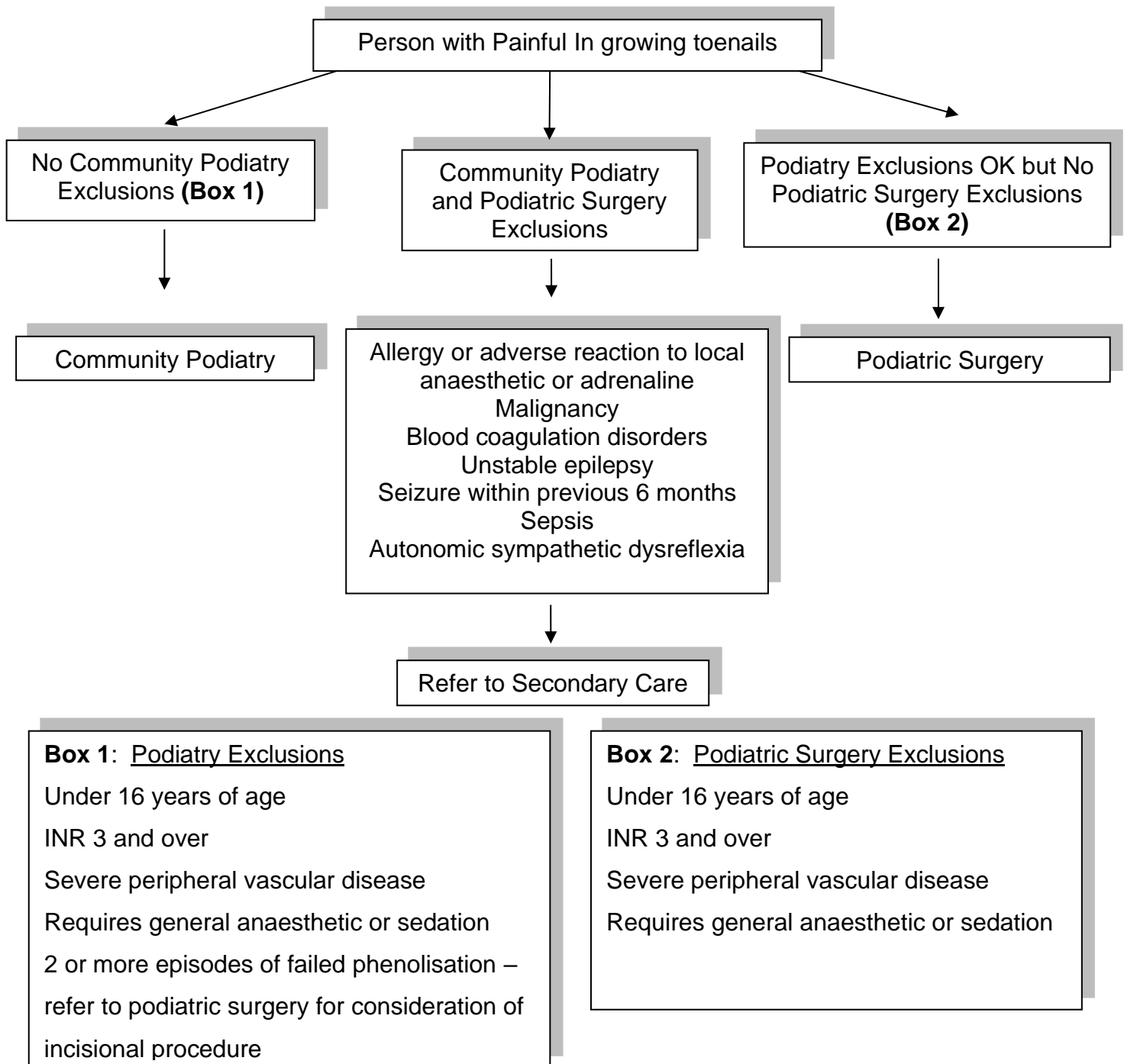
In such cases, patients should be made aware that an assessment DOES NOT mean that they will automatically receive the treatment or surgery. The patient should be advised that, to effectively manage patient safety and ensure efficacy of the treatment/ surgery for the patient, they will only receive treatment or surgery if they meet policy criteria

- 1.5 Patients MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken
- 1.6 This 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
- 1.7 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)

- 1.9 Patients who are smokers should be referred to smoking cessation services to reduce the risk of surgery and improve healing
- 1.10 Where patients are unable to meet the specific treatment criteria set out in this policy, funding approval MAY be sought by submission of a Generic EBI application form to the Evidence Based Interventions (EBI) team on grounds of 'clinical exceptionalty'

2.



### 3 POLICY CRITERIA – CRITERIA BASED ACCESS (CBA)

#### 3.1 NAIL SURGERY

Applicable only to nail surgery patients who can attend an outpatient clinic and who do not have an active foot ulcer.

Photographs are highly recommended to support triaging and care prioritisation.

#### 3.2 Non-eligible patients

Patients who **do not require nail surgery** yet **need nail care** to prevent pain, injury, or falls should seek a local private nail care provider or self-refer to the Age UK toenail cutting service.

Patients with significant foot concerns can be referred by their GP to the Community Podiatry Team for clinical assessment, education, and support.

3.3 Treatment of ingrown toenails in secondary care, including partial or total nail avulsion or other surgical interventions, is **not routinely commissioned** unless community-based nail surgery cannot be done safely.

#### 3.4 Community Based Nail Surgery Referral Criteria:


- a) The referral must NOT be made for cosmetic purposes **AND**
- b) There is evidence of a stage 2 or 3 in growing toenail (*refer to photos below*) **OR**
- c) There is a persistent stage 1 in growing toenail with moderate/severe symptoms which is not resolving despite 6 months of conservative care e.g.
  - Appropriate self-care techniques.
  - Seeking support including private foot care.
  - Wearing appropriate footwear
  - Appropriate analgesia where required
  - Use of any devices to cushion, support, separate toes
- d) The patient is medically suitable for community nail surgery under local aesthetic i.e. patients with mild systemic disease (ASA grade 1 & 2) or patients with severe systemic disease (ASA grade 3) who have been appropriately optimised.
- e) Patients should be referred to secondary care if they are not suitable to have the procedure performed under local aesthetic by community podiatry or podiatric surgery including (but not limited to):



- Allergy, adverse reaction or severe interactions to local anaesthetics
- Malignancy
- Blood coagulation disorders
- Unstable epilepsy and or seizure with previous 6 months
- Autonomic sympathetic dysreflexia
- Under 16 years of age
- Unstable INR of 3 or over
- Where it is in the best interest of the patient to have the procedure performed under general aesthetic or sedation
- Severe peripheral vascular disease
- Patients who are an ASA Grade 3 (severe systemic disease)
- Severe needle phobia
- Severe learning disability
- Unstable angina or other unstable or symptomatic cardiac pathology

f) The patient and or their guardian understands the risks and benefits of nail surgery and understands that post-operative self-care will be required. Support from the nursing teams may be utilised if additional support is needed.

g) If further nail surgery is required within the same episode of care, and the criteria for nail surgery are met, no additional referral, funding or authorisation is required.

3.5 Patients who are not eligible for treatment under this policy, please refer to section 4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

TABLE 1: INGROWING TOENAIL CLASSIFICATION		
Stage	Description	Figure Example
Stage 1 (Mild):	“Mild erythema, oedema, and pain particularly with pressure”.	 <p>Figure 1 Stage 1</p>

<p><b>Stage 2 (Moderate):</b></p>	<p>“Significant erythema, oedema, local infection, and <u>seropurulent drainage</u>”.</p>	 <p>Figure 2 Stage 2</p>
<p><b>Stage 3 (Severe):</b></p>	<p>“Significant erythema, oedema, drainage, <u>granulation tissue formation</u>, and lateral wall hypertrophy”</p>	 <p>Figure 3 Stage 3</p>
<p><b>* All photos in the figures are from patients who have consented to have images shared and a signed copy is on their records.</b>  <b>References:</b> BOSTANCI, S., KOCYIGIT, P., &amp; GURGEY, E. (2007). Comparison of Phenol and Sodium Hydroxide Chemical Matricectomies for the Treatment of Ingrowing Toenails. <i>Dermatologic Surgery</i>, 33(6), 880-885.  <a href="https://doi.org/10.1111/j.1524-4725.2007.33143.x">https://doi.org/10.1111/j.1524-4725.2007.33143.x</a></p>		

#### 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 Where appropriate photographic supporting evidence can be forwarded with the application form

## 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](mailto:somicb.pals@nhs.net)

## 6 REFERENCES

- The following sources have been considered when drafting this policy:
- 6.1 NHS Choices. (2014, November 24). *Ingrown toenail* . Retrieved from NHS Choices:  
<http://www.nhs.uk/Conditions/Ingrown-toenail/Pages/Introduction.aspx>
- 6.2 Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: <https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
- Results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, , vol. 21, no. 11, p. 1008.e1.
- 6.3 Somerset NHS Foundation Trust Podiatry and Surgical Podiatry Services
- 6.4 Royal College of Podiatry (2022). “Nail Surgery Guidelines”. V6. London.  
Exley et al (2023). *A systematic review and meta-analysis of randomised controlled trials on surgical treatments for ingrown toenails part I: recurrence and relief of symptoms*. Journal of Foot and Ankle Research. 16(35). <https://doi.org/10.1186/s13047-023-00631-1>