



***Coventry and Rugby
Clinical Commissioning Group***

Hallux Valgus (bunions)

VERSION CONTROL

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VERSION HISTORY

Date	Version	Comment / Update
April 2011	1.0	Version 1 for PCT, April 2011
November 2013	2.0	Version 2 for CCG
	3.0	Version 3

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1. Policy Statement

- 1.1. Surgery for asymptomatic bunions, for primarily cosmetic reasons, is regarded as a procedure of low clinical priority
- 1.2. These procedures are therefore not routinely funded by the CCG, and concerns about the cosmetic appearance of feet should not be referred onto secondary care
- 1.3. Requests for the removal of symptomatic bunions will only be considered if specific criteria are met, as detailed below under 'Criteria for surgical treatment'
- 1.4. Prior approval authorisation should be obtained by primary care clinicians before a referral is made for surgery. If referral is made for a specialist opinion to secondary care, then prior approval authorisation should be obtained by secondary care before treatment

2. Key Points

- 2.1. A number of primary care trusts in England have existing published policies on criteria for bunion surgery.^{1,2,3}
- 2.2. This policy is largely based on a policy previously published by NHS Bristol.¹

Scope of the policy

- 2.3. This applies to acquired hallux valgus ('bunion') for which the ICD-10 code is: M20.1.4

¹ NHS Bristol (2010) *Removal of Bunions / Lesser Toe Deformity – Policy Statement: Date of Issue: 15 April 2010* [Online] Available from: <http://www.bristol.nhs.uk/policiesandguidelines/policies/Removal%20of%20Bunions-Lesser%20Toe%20Deformity.doc> [Accessed 21 September 2010]

² Bedfordshire and Hertfordshire Priorities Forum (2008) *Statement Number: 41. Hallux Valgus (Bunions)*. [Online] Available from: <http://www.hertfordshire.nhs.uk/images/stories/ResourceCentre/BHPrioritiesForum/Guidance41Bunions.pdf> [Accessed 21 September 2010]

³ NHS Surrey. *List of low priority procedures and other procedures with restrictions or thresholds - Orthopaedics – 'Hallux valgus (Surgical treatment of)' and 'Hallux valgus (Minimal access surgery for)'*. [Online] Available from: <http://www.surreyhealth.nhs.uk/AboutUs/Whatwedo/Clinical%20Policies/List%20of%20Low%20Priority%20Procedures.pdf> [Accessed 21 September 2010]

⁴ World Health Organisation (2007) *ICD Version 2007 - Chapter XIII - Diseases of the musculoskeletal system and connective tissue (M00-M99)* [Online] Available from: <http://apps.who.int/classifications/apps/icd/icd10online/> [Accessed 21 September 2010]

2.4. A number of procedure codes may be used for bunion operations.^{3,5} Relevant OPCS codes⁶ (where used for surgery for hallux valgus) include:

- W79.1 Soft tissue operations on joint of toe, Soft tissue correction of hallux valgus
- W79.2 Soft tissue operations on joint of toe, Excision of bunion nec
- W79.9 Soft tissue operations on joint of toe, Unspecified
- W15.1 Division of bone of foot, Osteotomy of neck of first metatarsal bone
- W15.2 Division of bone of foot, Osteotomy of base of first metatarsal bone
- W15.3 Division of bone of foot, Osteotomy of first metatarsal bone nec
- W15.4 Division of bone of foot, Osteotomy of head of metatarsal bone
- W15.5 Division of bone of foot, Osteotomy of midfoot tarsal bone
- W15.6 Cuneiform osteotomy of proximal phalanx with resection of head of first metatarsal
- W15.8 Division of bone of foot, Other specified
- W15.9 Division of bone of foot, Unspecified
- W59.1 Fusion of joint of toe, Fusion of first metatarsophalangeal joint and replacement of lesser metatarsophalangeal joint
- W59.2 Fusion of joint of toe, Fusion of first metatarsophalangeal joint and excision of lesser metatarsophalangeal joint
- W59.3 Fusion of joint of toe, Fusion of first metatarsophalangeal joint nec
- W59.4 Fusion of joint of toe, Fusion of interphalangeal joint of great toe
- W59.5 Fusion of joint of toe, Fusion of interphalangeal joint of toe nec
- W59.6 Fusion of joint of toe, Revision of fusion of joint of toe
- W59.8 Fusion of joint of toe, Other specified
- W59.9 Fusion of joint of toe, Unspecified

2.5. NHS Coventry and Rugby CCG will agree to fund treatment, under prior approval, where the patient meets the following criteria.

Criteria for surgical treatment

2.6. Requests for the removal of symptomatic bunions will ONLY be considered where:

2.7. Conservative methods of management have failed. Conservative management techniques include:

- Avoiding high heel shoes and wearing wide fitting leather shoes which stretch
- Exercises specifically designed to alleviate the effects of a bunion and keep it flexible
- Applying ice and elevating painful and swollen bunions

⁵ NHS Choices Indicator: Day Case Rate [Online] Available from:
<http://www.nhs.uk/scorecard/Documents/NHS%20Choices%20Indicator%20methodology%20-%20overnight%20stay.pdf> [Accessed 21 September 2010]

⁶ The Information Centre for health and social care (NHS) *HES online - Main procedures and interventions: 3 character, 2008-09*. [Online] Available from:
http://www.hesonline.nhs.uk/Ease/servlet/AttachmentRetriever?site_id=1937&file_name=d:\efmfiles\1937\Accessing\DataTable\Operations\3%20character\MainOp3_0809.pdf&short_name=MainOp3_0809.pdf&u_id=8574 [Accessed 21 September 2010]

- Non-surgical treatments such as bunion pads, splints, insoles or shields
- **AND** the patient suffers from:
- **EITHER** severe deformity (overriding toes) that causes significant functional impairment*
- **OR** severe pain that causes significant functional impairment*
- **OR** recurrent ulcers or infections and there is radiographic evidence of joint damage

* Significant functional impairment is considered as:

- Symptoms which prevent the patient fulfilling vital work or educational responsibilities, or
 - Symptoms which prevent the patient carrying out vital domestic or carer activities.
- 2.8. In addition to the above criteria, smoking cessation and weight management should be considered as an integral part of appropriate clinical management prior to consideration of any elective surgery (with referral to appropriate services if indicated).
- 2.9. The CCG will agree to fund referrals and surgery where the patient meets the above criteria.
- 2.10. As prior approval authorisation is required under the policy, where a referral is submitted from primary care, a prior approval referral form will need to be completed and sent electronically via the e-Referral Service through the following service;

Low Priority Procedure Referral - Hallux Valgus (Bunions) - Coventry and Rugby CCG-05A

- 2.11. Where a referral is submitted to secondary care without an authorisation reference ID, secondary care must refuse the referral and send it back to the primary care clinician who should then follow the correct prior approval process to obtain an authorisation ID. Only when an authorisation reference ID is provided can surgery proceed.
- 2.12. See **Appendix 1** for a copy of the prior approval proforma to be used by primary care before making a referral to secondary care
- 2.13. Where a patient is referred for a specialist opinion and surgery is recommended then secondary care will need to complete a prior approval proforma and send to the Commissioning Support Unit for authorisation
- 2.14. See **Appendix 2** for a copy of the prior approval form to be used by secondary care

Appendix 1

Hallux Valgus (bunions) Surgery prior approval proforma for primary care

Patient Details		Referrer Details	
Surname:		Referring GP:	
Forename:		Usual GP:	
Address:		Address:	
Home tel:		Tel:	
Mobile tel:		Fax:	
Date of Birth:		Referral Date:	
NHS Number:		Interpreter Required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Preferred Language*:	
Speciality*:	Orthopaedics	Clinic*:	Foot and Ankle
Referral Status*:	Routine <input type="checkbox"/> Urgent <input type="checkbox"/>	Intended Place of Referral*:	ACUTE
Reason for Referral (referral letter)*:			
Referral Criteria (Please select):			Guidance
<p>Hallux Valgus (bunions)</p> <p>Patient has failed the following conservative methods;</p> <p><input type="checkbox"/> Avoiding high heel shoes and wearing wide fitting leather shoes which stretch</p> <p><input type="checkbox"/> Exercises specifically designed to alleviate the effects of a bunion and keep it flexible</p> <p><input type="checkbox"/> Applying ice and elevating painful and swollen bunions</p> <p><input type="checkbox"/> Non-surgical treatments such as bunion pads, splints, insoles or shields</p>			<p>All boxes needs to be ticked to meet the criteria for referral</p>
<p>Please confirm and indicate that ONE of the following eligibility criteria applies to the patient;</p> <p>Significant functional impairment is considered as:</p> <ul style="list-style-type: none"> - Symptoms which prevent the patient fulfilling vital work or educational responsibilities, or - Symptoms which prevent the patient carrying out vital domestic or carer activities <p><input type="checkbox"/> Severe deformity (overriding toes) that causes significant functional impairment*</p> <p><input type="checkbox"/> Severe pain that causes significant functional impairment*</p> <p><input type="checkbox"/> Recurrent ulcers or infections and there is radiographic evidence of joint damage</p>			
<p>Please attach any relevant tests, investigations or clinic letters.</p>			

Allergies:	
Consultation Information:	
Active Problem Information:	
Current Medication:	
Relevant Information	
Alcohol:	BMI:
BP:	Smoking Status:
Patient Sex:	

Prior to referral, authorisation must be sought by completing this form and sent via the e-Referral Service through the following service;

Low Priority Procedure Referral- Hallux Valgus (Bunions) - Coventry and Rugby CCG-05A

Note: treatment should only be undertaken in secondary care if this form is approved.

Appendix 2

**Hallux Valgus (bunions) Surgery prior approval proforma
for secondary care**

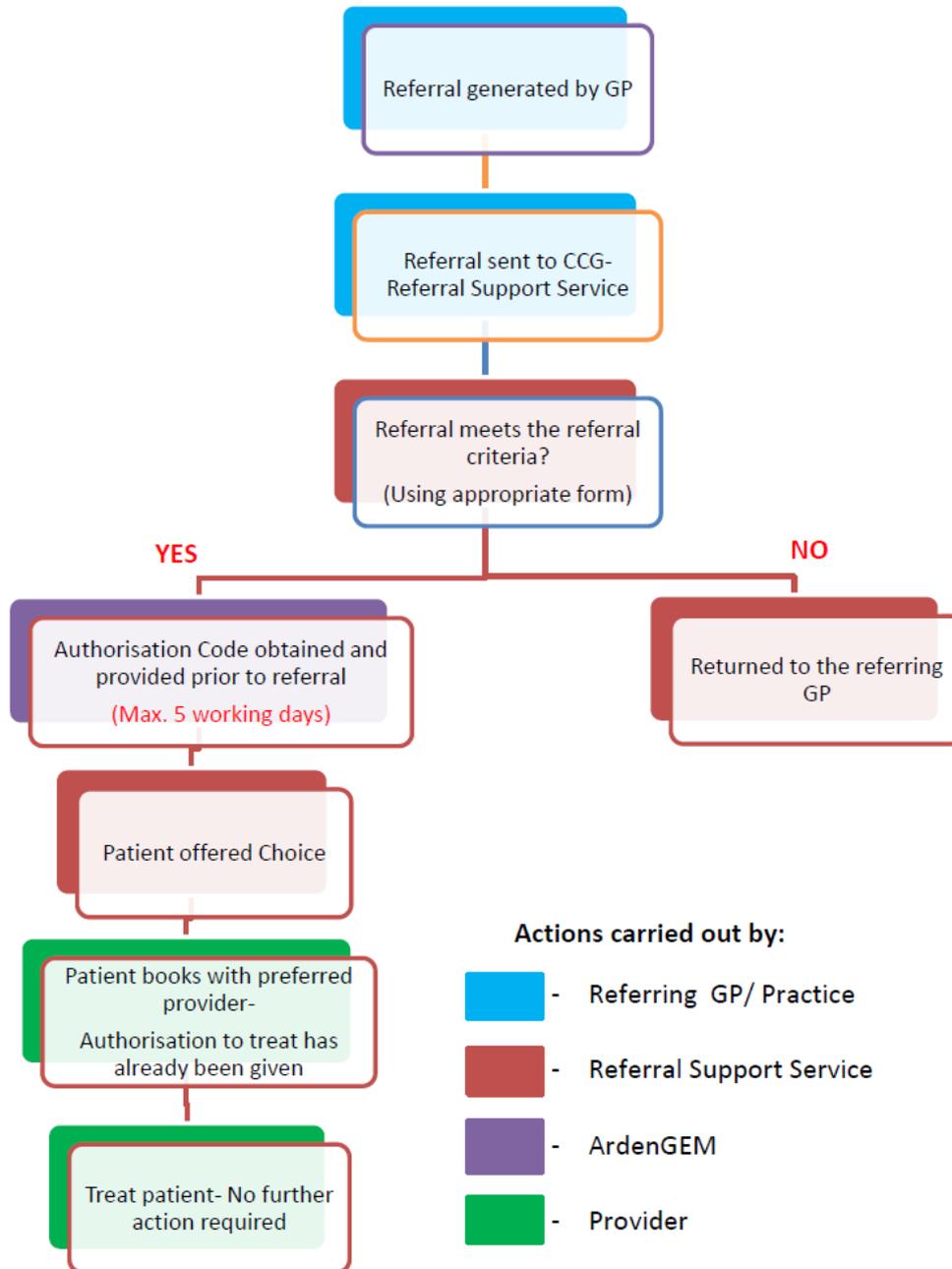
Hallux Valgus (bunions)	
Clinician Making Request:	Proposed provider:
Patient NHS No:	
Patient's Initials:	Patient's DoB:
GP Practice Name:	GP Postcode:
<u>Eligibility Criteria</u>	
Please indicate whether the patient meets the following criteria:	Please tick
1. Please confirm that the patient meets the eligibility criteria for Hallux Valgus (bunions).	<input type="radio"/> Yes <input type="radio"/> No
2. Patient has failed the following conservative methods; <input type="checkbox"/> Avoiding high heel shoes and wearing wide fitting leather shoes which stretch <input type="checkbox"/> Exercises specifically designed to alleviate the effects of a bunion and keep it flexible <input type="checkbox"/> Applying ice and elevating painful and swollen bunions <input type="checkbox"/> Non-surgical treatments such as bunion pads, splints, insoles or shields	<input type="radio"/> Yes <input type="radio"/> No
3. Please confirm and indicate that ONE of the following eligibility criteria applies to the patient <input type="checkbox"/> Severe deformity (overriding toes) that causes significant functional impairment* <input type="checkbox"/> Severe pain that causes significant functional impairment* <input type="checkbox"/> Recurrent ulcers or infections and there is radiographic evidence of joint damage * Significant functional impairment is considered as: • Symptoms which prevent the patient fulfilling vital work or educational responsibilities, or • Symptoms which prevent the patient carrying out vital domestic or carer activities.	<input type="radio"/> Yes <input type="radio"/> No
4. Please provide the following information below:	
Is the patient is a smoker? <input type="radio"/> Yes <input type="radio"/> No	If yes, has patient been referred to smoking cessation? <input type="radio"/> Yes <input type="radio"/> No

Is weight management relevant for this patient? <input type="radio"/> Yes <input type="radio"/> No	If yes, has a referral been made to weight management services? <input type="radio"/> Yes <input type="radio"/> No
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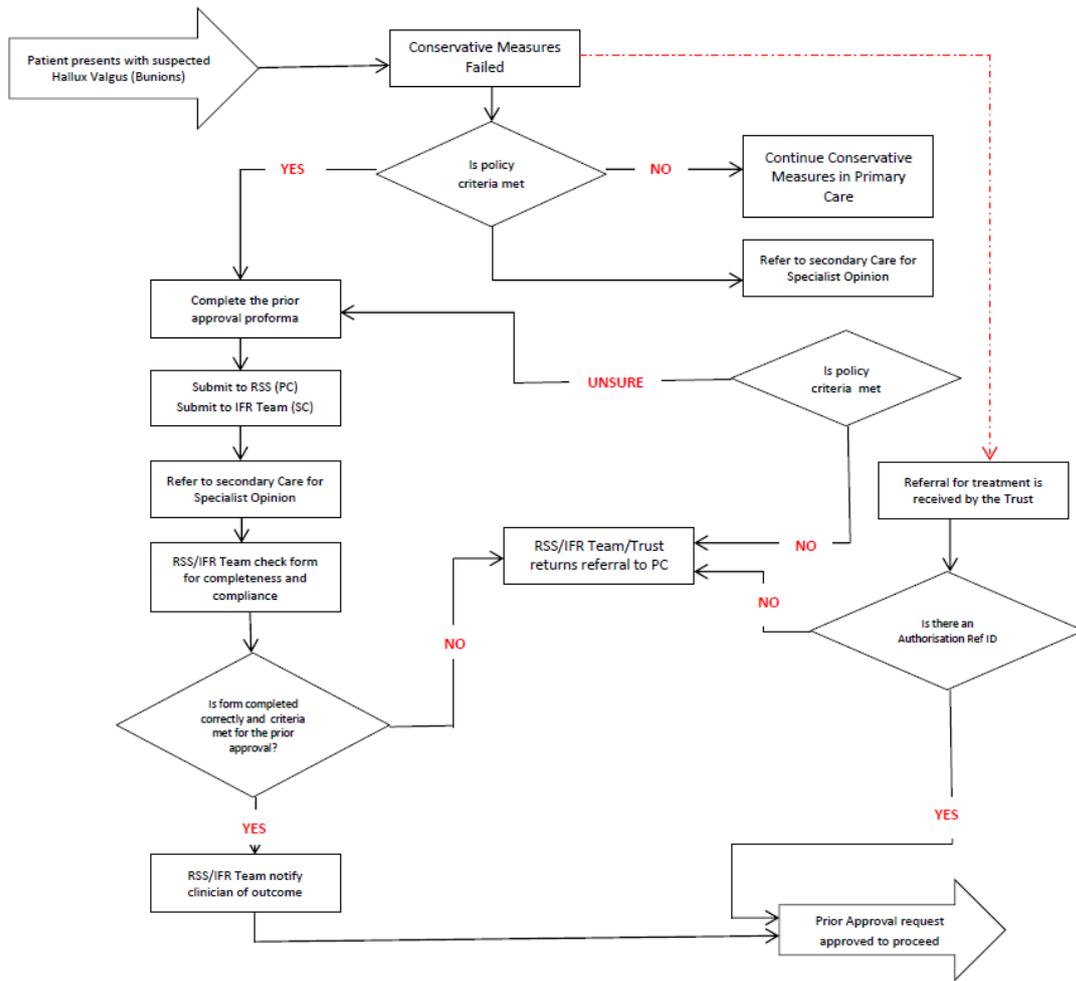
5. CLINICIAN DECLARATION I confirm that the above information is complete and accurately describes the patient's condition. Clinician GMC No.: <input type="text"/> Note: treatment should only be undertaken in secondary care if this form is approved.	<input type="radio"/> Yes <input type="radio"/> No
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Appendix 3

Hallux Valgus (Bunions) Prior Approval Process Primary Care



Prior Approval Pathway for Hallux Valgus (Bunions)



Key	
- - - - -	Incorrect Pathway
PC	Primary Care
SC	Secondary Care
RSS	Referral Support Service
IFR	Individual Funding Request

3. Policy Implementation Plan

Accountable director :	Director of Commissioning
Policy author:	Policy Development Group
Responsible person	



Coventry and Rugby Clinical Commissioning Group

Equality Impact Assessment

Department	Arden&GEM CSU	Name of person completing EIA	IFR Lead/Public Health
Date of EIA	December 2015	Accountable CCG Lead	Director of Commissioning
		CCG Sign off and date	Governing Body September 2016
Piece of work being assessed	Hallux valgus policy		
Aims of this piece of work	To assess the impact of the policy on all of the protected groups.		
Other partners/stakeholders involved			
Who will be affected by this piece of work?	Coventry and Rugby CCG registered patients		

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect. What is available? Eg population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. Include consultation with service users wherever possible	Is there likely to be a differential impact? Yes, no, unknown
Gender	Evidence and reviews for the requirement of surgery for hallux valgus indicates more prevalent in women (http://www.nhs.uk/conditions/bunion/Pages/Introduction.aspx ; http://www.ifootankleres.com/content/4/S1/A8 ;	No

	http://onlinelibrary.wiley.com/doi/10.1002/acr.20396/pdf)	
Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect. What is available? Eg population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. Include consultation with service users wherever possible	Is there likely to be a differential impact? Yes, no, unknown
Race	Evidence and reviews for the requirement of surgery for hallux valgus indicate there may be racial difference in the prevalence of foot disorders (http://onlinelibrary.wiley.com/doi/10.1002/acr.21752/abstract)	No
Disability	Evidence and reviews for the requirement of surgery for hallux valgus does not indicate there are any differentials based on disability	No
Religion/ belief	Evidence and reviews for the requirement of surgery for hallux valgus does not indicate there are any differentials based on religious beliefs	No
Sexual orientation	Evidence and reviews for the requirement of surgery for hallux valgus does not indicate there are any differentials based on sexual orientation	No
Age	Evidence and reviews for the requirement of surgery for hallux valgus indicates it becomes more frequent with increasing age (http://www.footankleres.com/content/4/S1/A8 ; http://onlinelibrary.wiley.com/doi/10.1002/acr.20396/pdf)	No
Social deprivation	Evidence and reviews for the requirement of surgery for hallux valgus does not indicate there are any differentials based on religious beliefs	No
Carers	Evidence and reviews for the requirement of surgery for hallux valgus does not indicate any impact on carers	No
Human rights	Evidence and reviews for the requirement of surgery for hallux valgus does not indicate there is any impact on human rights	No

Equality Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the outcome/impact	Timescale	Lead