NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Referral for Forefoot Surgery in Secondary Care

(Includes Hallux Valgus, Hallux Rigidus, Hammer Toe, Mallet Toe, Claw Toe, Plantar Fasciitis)

Criteria Based Access

Patients 18 years and over

POLICY CRITERIA – COMMISSIONED

CRITERIA BASED ACCESS

Requests for Referral for Forefoot Surgery in Secondary Care will be approved where the following criteria are met:

1. Referral is NOT being made for cosmetic purposes or prophylactic treatment.

AND

2. Patients have persistent symptoms despite at least 6 months of conservative management (if appropriate for the condition) which is recorded within the care record or provided from another provider.

AND

3. The patient meets the criteria when compared to the matrix system on the next page. (These levels to be evidenced in the patient record)

NOTE:
High Risk Feet should be referred for review without delay where clinically appropriate.
A high risk foot is one with any of the following presentations:

- previous/current ulceration
- previous amputation
- on renal replacement therapy
- neuropathy and non-critical limb ischaemia together
- neuropathy in combination with callus and/or deformity
- non-critical limb ischaemia in combination with callus and/or deformity
- spreading infection
- critical limb ischaemia
- gangrene
- suspicion of an acute Charcot arthropathy, or an unexplained hot, red, swollen foot with or without pain

For guidance please see https://remedy.bnssgccg.nhs.uk/

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Classification of Pain Level and Functional Impairment

This model has been developed with local clinicians adapting models used within the BNSSG Commissioning policies.

Pain Levels:

Slight

- Sporadic pain.
- Allows daily activities to be carried out (those requiring great physical activity may be limited).
- Medication, aspirin, paracetamol or NSAIDs to control pain with no/few side effects.

Moderate

- Occasional pain.
- Pain when walking on uneven surfaces (half an hour, or standing).
- Some limitation of daily activities.
- Medication, aspirin, paracetamol or NSAIDs to control with no/few side effects.

Intense

- Pain of almost continuous nature, which may include night waking.
- Pain when walking short distances or standing for less than half an hour.
- Daily activities requiring more effort to maintain required level.
- Actively making adjustment to plans to actively limit amount of walking / standing required.
- Continuous use of Pain relief for treatment to take effect.
- Requires the sporadic use of support systems walking stick, crutches).

Severe

- Continuous pain.
- Pain when resting.
- Daily activities significantly limited constantly.
- Continuous use of analgesics - narcotics/NSAIDs with adverse effects or no response.
- Requires more constant use of support systems (walking stick, crutches).

Functional Impairment

Minor

- Functional capacity adequate to conduct normal activities and self-care.
- Walking capacity of more than one hour.
- No aids needed or adjustment of foot position.

Moderate

- Functional capacity adequate to perform only a few or none of the normal activities.
- Walking capacity limited and / or requiring breaks.
- Aids such as a cane are needed or foot positioning needing adjusting.
- Style of footwear becoming limited to accommodate foot changes.

Severe

- Largely or wholly incapacitated.
- Walking capacity of less greatly compared to what is considered normal for patient.
- Unable to wear closed toe shoes.

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Clinician's Guide: When and Where to Refer?

Pain / Functional Impairment	Minor	Moderate	Severe
Slight	Manage Conservatively in Primary Care	Manage Conservatively in Primary Care	Consider a referral to Musculoskeletal (MSK) Interface for further conservative management and advise Musculoskeletal (MSK) Interface to manage conservatively in the first instance. To consider secondary care referral if conservative management fails
Moderate	Manage Conservatively in Primary Care	Consider a referral to Musculoskeletal (MSK) Interface for further conservative management and advise Musculoskeletal (MSK) Interface to manage conservatively in the first instance. To consider secondary care referral if conservative management fails	Consider a referral to Musculoskeletal (MSK) Interface for further conservative management and advise Musculoskeletal (MSK) Interface to manage conservatively in the first instance. To consider secondary care referral if conservative management fails
Intense	Consider a referral to Musculoskeletal (MSK) Interface for further conservative management and advise Musculoskeletal (MSK) Interface to manage conservatively in the first instance. To consider secondary care referral if conservative management fails	Musculoskeletal (MSK) Interface Review and where appropriate referral to Secondary Care	Musculoskeletal (MSK) Interface Review and where appropriate referral to Secondary Care
Severe	Consider a referral to Musculoskeletal (MSK) Interface for further conservative management and advise Musculoskeletal (MSK) Interface to manage conservatively in the first instance. To consider secondary care referral if conservative management fails	Musculoskeletal (MSK) Interface Review and where appropriate referral to Secondary Care	Consider referral immediately if risk of losing mobility

Referrers – please note: *All patients covered by this policy should be referred via Musculoskeletal (MSK) Interface unless there is a critical infection or ischemic cause that requires emergency referral.*

BRAN

For any health- related decision, it is important to consider **"BRAN"** which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Forefoot surgery can:

- Aid the mobility of the patient.
- Decrease or stop the pain the patient is experiencing.

Risks

As with any operation, there is a risk of complications from the surgery and with the anaesthetic although this risk is very small (11,12). Possible problems from this surgery include

- Pain / Swelling – all surgery results in a degree of pain and swelling. Swelling can cause discomfort which can be reduced by keeping the foot and leg elevated.
- Infection – there is a small risk of infection which is generally superficial around the wound. If this occurs, this is usually managed successfully with antibiotics.
- Delayed Healing – there is always a risk that it may take longer, this could either be the skin or bone.
- Scarring – whilst the vast majority settle, some can take longer to heal. It is possible that it will be painful, have some nerve entrapment, be discoloured and may become thickened.
- Complex Regional Pain Syndrome is a poorly understood condition where a person experiences persistent severe and debilitating pain.
- Recurrence – in very rare cases if the desired result is not achieved there may be a need for another surgery.
- Continued shoe difficulty – even if the underlying problem is resolved/corrected, there may still be residual discomfort or prolonged swelling.

Alternatives

- Continue to treat conditions conservatively, if appropriate.

Do Nothing

- Without surgery the patient's mobility may remain as it is, or could improve with time, Pain and mobility may also get worse without surgery.
- Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes "not yet" is a good enough answer until you gather more information.

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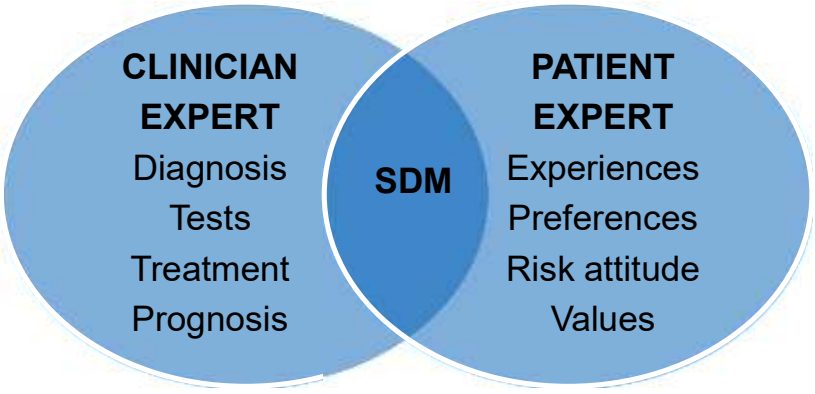
Shared Decision Making

If a person fulfils the criteria for Forefoot Surgery, it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. This includes their preferences and values. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options?
2. What are the pros and cons of each option for **me**?
3. How do I get support to help me make a decision that is right for **me**?

Forefoot Surgery in Secondary Care – Plain Language Summary

It is expected that the majority of 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.

This policy has been developed with the aid of the following:

1. NICE (2010) Surgical correction of hallux using minimal access techniques (NICE interventional procedures guidance 332) www.nice.org.uk
2. NICE (2015) Plantar fasciitis (Clinical Knowledge Summary) www.nice.org.uk
3. NICE (2016) Bunions (Clinical Knowledge Summary) www.nice.org.uk
4. NICE (2016) Morton's Neuroma (Clinical Knowledge Summary) www.nice.org.uk
5. National Health Service (2018) Health A to Z: Morton's neuroma [online] www.nhs.uk/conditions
6. National Health Service (2019) Health A to Z: Plantar fasciitis [online] www.nhs.uk/conditions
7. National Health Service (2019) Health A to Z: Complex regional pain syndrome [online] www.nhs.uk/conditions
8. National Health Service (2019) Health A to Z: Bunions [online] www.nhs.uk/conditions
9. Shirzad *et al* (2011) Lesser toe deformities. Journal of the American Academy of Orthopaedic Surgeons, 19(8), pp.505-514.
10. London Foot and Ankle Centre (2020) Conditions: Deformed toes [online] www.londonfootandanklecentre.co.uk
11. Patient Platform Limited (2016) Professional Article: Hallux Rigidus [online] www.patient.info
12. Premier Podiatry (2020) Information for patients: General complications following foot surgery [online] www.premierpodiatry.com
13. Robinson (2018) Lesser Toe Deformities: A patient's guide. Cambridge Foot and Ankle Clinic. www.fredthefoot.co.uk

Connected Policies

Ganglion Removal

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICBs are responsible, including policy development and review.

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OPCS Procedure codes

Must have any of (primary only):
W791,W792,W799,W151,W152,W153,W154,W155,W156,W158,W159,W591,W592,W593,W594,W595,W596,W597,W598,W599

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.