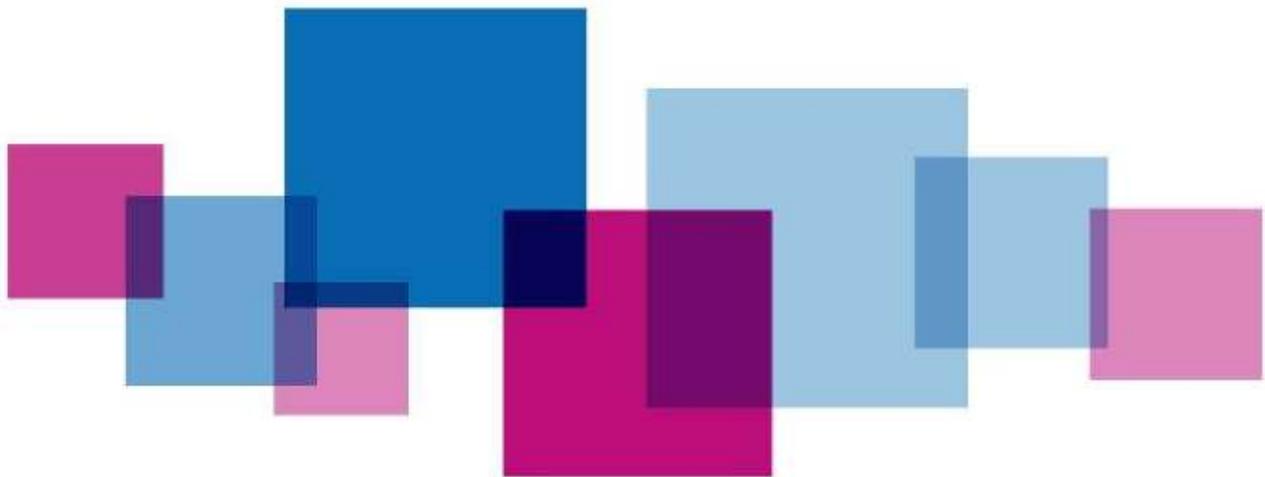


Commissioning Policy

Ingrown Toenail Treatment in Secondary Care



Date Adopted: 13th October 2017
Version: 1819.2.00

Document Control

Title of document:	Ingrown Toenail Treatment in Secondary Care Policy
Authors job title(s):	IFR Manager
Document version:	1819.2.00
Supersedes:	1718.2.01
Clinical Approval – received from:	14 June 2017
Clinical Approval – date received:	CPRG
Discussion and Approval by Clinical Policy Review Group (CPRG):	14 June 2017
Discussion and Approval by CCG Commissioning Executive:	01 August 2017
Date of Adoption:	13 October 2017
Publication/issue date:	February 2019
Review due date:	Earliest of either NICE publication or three years from approval.
Equality Impact Assessment Screening (date completed):	In Development

Version Control

Version	Date	Reviewer	Comment
1718.2.01	26/03/2018	IFR Coordinator	Rebranded to BNSSG CCG
1819.2.00	26/10/2018	Commissioning Policy Development Support Officer	Smoking and BMI references updated, BNSSG branding refreshed, PALS update. Approved on 14 th February 2019 by Commissioning Executive.

**THIS TREATMENT IS NOT ROUTINELY COMMISSIONED FOR ANY PATIENTS AND
EXCEPTIONAL FUNDING PANEL APPROVAL MUST BE SOUGHT PRIOR TO
REFERRAL**

THIS POLICY RELATES TO ALL PATIENTS

Ingrown Toenail Treatment in Secondary Care Policy

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. Funding approval must be secured by primary care prior to referring patients for assessment. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
2. On limited occasions, the ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
3. Where funding approval is given by the Exceptional Funding Panel, it will be available for a specified period of time, normally one year.
4. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
5. Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>(Thelwall, 2015)
6. Patients who are smokers should be referred to smoking cessation services in order to

reduce the risk of surgery and improve healing. (ASH, 2016)

7. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Background

Management of Ingrown Toenails (NHS Choices)

An ingrown toenail develops when the sides of the toenail grow into the surrounding skin. The nail curls and pierces the skin, which becomes red, swollen and tender.

The big toe is often affected, either on one or both sides. Other possible symptoms include:

- pain if pressure is placed on the toe
- inflammation of the skin at the end of the toe
- a build-up of fluid in the area surrounding the toe
- an overgrowth of skin around the affected toe
- bleeding
- white or yellow pus coming from the affected area

Causes of ingrown toenails

A number of things can cause an ingrown toenail to develop, including:

- **badly cut toenails** – cutting toenails too short, or cutting the edges, will encourage the skin to fold over your nail and the nail to grow into the skin
- **wearing tight-fitting shoes, socks or tights** – this places pressure on the skin around the toenail; the skin may be pierced if it's pressed on to the toenail
- **sweaty feet** – if the skin around the toenails is soft, it's easier for the nail to pierce it and embed itself within it
- **injury** – for example, stubbing a toe can sometimes cause an ingrown toenail to develop
- **natural shape of the nail** – the sides of curved or fan-shaped toenails are more likely to press into the skin surrounding the nail

Treating ingrown toenails

Without treatment, an ingrown toenail can become infected, so it's important that you:



- keep feet clean by washing them regularly with soap and water
- change socks regularly
- cut toenails straight across to stop them digging into the surrounding skin
- gently push the skin away from the nail using a cotton bud (this may be easier after using a small amount of olive oil to soften the skin)
- wear comfortable shoes that fit properly

Intractable Ingrown Toenails

Patients who have intractable symptomatic ingrown toenails may wish to seek podiatry or chiropody advice in the community:

Bristol - <https://briscohealth.org.uk/our-services/podiatry/>
North Somerset - <https://www.nscphhealth.co.uk/services/podiatry>
South Gloucestershire - <https://www.sirona-cic.org.uk/services/podiatryfoot-care-service/>

A referral to secondary care for a part or whole nail avulsion or other surgical input is not routinely funded.

POLICY CRITERIA – NOT COMMISSIONED

EXCEPTIONAL FUNDING PANEL APPROVAL REQUIRED

Treatment of an ingrown toenail in secondary care including surgery is **not** routinely commissioned.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Exceptional Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

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

Connected Policies

Surgical Foot Treatment Policy



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

Ash. (2016). *Ash.org.uk*. Retrieved Sept 24, 2018, from www.ash.org.uk: www.ash.org.uk/briefings

NHS Choices. (2014, November 24). *Ingrown toenail* . Retrieved from NHS Choices:

<http://www.nhs.uk/Conditions/Ingrown-toenail/Pages/Introduction.aspx>

Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: 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.

OPCS Procedure codes – For completion at a later date
