

# Policy for Hallux Valgus (Bunions) Surgery

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Name of responsible Committee and date approved or recommended to Integrated Care Board:	Finance and Performance Committee
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Name of author and title:	Dr Gordana Djuric, Public Health Consultant
Name of reviewer and title:	Dr Mike Caley, Deputy Chief Medical Director
Department:	Medical Directorate

## VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
12/05/2023	V2	<ul style="list-style-type: none"> <li>Formatting changes</li> </ul>	Clinical Commissioning Policy Development Group

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### 1. Category: Prior Approval

Prior approval from the Integrated Care Board (ICB) will be required before any treatment proceeds in secondary care unless an alternative contract arrangement has been agreed with the ICB that does not necessitate the requirement of prior approval before treatment.

### 2. Background

Requests for the removal of symptomatic bunions will only be considered if specific criteria are met, as detailed below.

Age, gender, smoking, obesity and co-morbidity should not be barriers to referral.

Patients with significant co-morbidities (systemic or local) should have treatment, which optimises these before referral.

#### Conservative Measures are defined as:

- Ice and elevation for pain and swelling **AND**
- Optimum analgesia.

#### Non-surgical treatments are defined as:

- Wearing wide cut or specially altered shoes with increased medial pocket to minimise deforming forces **AND**
- Externally fitted devices to improve alignment and reduce irritation, e.g. orthoses and bunion pads **AND**
- Stretching exercises to improve / maintain joint flexibility.

The patient **MUST** not be referred for surgery based on cosmetic reasons.

### 3. Eligibility Criteria

Referral Refer to Secondary Care based on the following criteria:

- Deteriorating symptoms;  
**AND/OR**
- Failure of appropriate conservative measures after 3 months;  
**AND/OR**
- Persistent pain and disability, not responding to up to 12 weeks of non-surgical treatments;  
**AND**
- Patients must be prepared to undergo surgery

For patients who **DO NOT** meet the eligibility criteria, the ICB will only consider funding the treatment if an Individual Funding Request (IFR) detailing the patient's clinical presentation is submitted to the ICB.

## 4. Guidance

Royal College of Surgeons England – British Orthopaedic Association Commissioning Guide: [Painful Deformed Great Toe](#) – 2017

Surgical correction of hallux valgus using minimal access techniques (IPG332) Feb 2010  
<https://www.nice.org.uk/guidance/ipg332/chapter/1-Guidance>

NICE (2021) Bunions. Clinical Knowledge Summary, <https://cks.nice.org.uk/topics/bunions/> (accessed 19/05/2023)

## 5. Diagnostic and Procedure Codes

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

A number of procedure codes may be used for bunion operations. Relevant OPCS codes (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
- T70.2 Tenotomy NEX
- W12.1 Biosoess angulation periarticular osteotomy and internal fixation HFQ
- W12.2 Angulation periarticular osteotomy and internal fixation NEC
- W12.3 Biosoess angulation periarticular osteotomy and external fixation HFQ
- W12.4 Angulation periarticular osteotomy and external fixation NEC
- W12.5 Biosoess angulation periarticular osteotomy NEC
- W12.6
- W12.7
- W12.8 Other specified angulation periarticular division of bone
- W12.9 Unspecified angulation periarticular division of bone

- W13.1 Rotation periarticular osteotomy
- W13.2 Displacement osteotomy
- W13.8 Other specified other periarticular division of bone
- W13.9 Unspecified other periarticular division of bone
- W14.1 Angulation diaphyseal osteotomy and internal fixation HFQ
- W14.2 Angulation diaphyseal osteotomy and external fixation HFQ
- W14.3 Angulation diaphyseal osteotomy NEC
- W14.4 Rotation diaphyseal osteotomy and internal fixation HFQ
- W14.5 Rotation diaphyseal osteotomy and external fixation HFQ
- W14.6 Rotation diaphyseal osteotomy NEC
- W53.2 Conversion to prosthetic replacement of articulation of bone not using cement NEC
- W54.2 Conversion to prosthetic replacement of articulation of bone NEC
- W54.3 Revision of prosthetic replacement of articulation of bone NEC
- W54.4 Attention to prosthetic replacement of articulation of bone NEC
- W57.3 Revision of excision arthroplasty of joint
- W57.4 Conversion to excision arthroplasty of joint
- W03.1 Excision of heads of multiple lesser metatarsals
- W03.2 Osteotomy of multiple metatarsals
- W03.3 Total correction of claw toe
- W03.4 Transfer of extensor hallucis longus tendon to head of first metatarsal and fusion of interphalangeal joints
- W03.5 Localised fusion of joints of midfoot and forefoot
- W03.2 + W28.1 Osteotomy of multiple metatarsals and fixation HFQ
- W03.8 Other specified complex reconstruction of forefoot
- W03.9 Unspecified complex reconstruction of forefoot

## 6. Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

**Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.**

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

### Quality Impact Assessment

#### Quality and Equality Impact Assessment

<b>Scheme Title:</b>	Policy for Hallux Valgus (Bunions) Surgery		
<b>Project Lead:</b>	Lucy Dyde, IFR Team Manager	<b>Senior Responsible Officer:</b>	Dr Angela Brady
		<b>Quality Sign Off:</b>	Mary Mansfield
<b>Intended impact of scheme:</b>	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.</p> <p>The policy for Hallux Valgus (Bunions) Surgery supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.</p>		
<b>How will it be achieved:</b>	Through the process detailed in this document.		

<b>Name of person completing assessment:</b>	Lucy Dyde
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<b>Position:</b>	IFR Team Manager
<b>Date of Assessment:</b>	06 June 2023

<b>Quality Review by:</b>	Mary Mansfield
<b>Position:</b>	Deputy Director of Nursing
<b>Date of Review:</b>	

### High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
<b>Duty of Quality</b> Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	✓							
	Patient experience	✓							
	Patient safety	✓							
	Parity of esteem	✓							
	Safeguarding children or adults			✓					
<b>NHS Outcomes Framework</b> Could the scheme impact positively or negatively on the delivery of the five	Enhancing quality of life	✓							
	Ensuring people have a positive experience of care	✓							

domains:	Preventing people from dying prematurely			✓					
	Helping people recover from episodes of ill health or following injury	✓							
	Treating and caring for people in a safe environment and protecting them from avoidable harm	✓							
<b>Patient services</b> Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors	✓							
	Access to the highest quality urgent and emergency care			✓					
	Convenient access for everyone	✓							
	Ensuring that citizens are fully included in all aspects of service design and change			✓					
	Patient Choice	✓							
	Patients are fully empowered in their own care	✓							
	Wider primary care, provided at scale			✓					



<b>Access</b> Could the proposal impact positively or negatively on any of the following:	Patient choice	✓							
	Access	✓							
	Integration	✓							
<b>Compliance with NHS Constitution</b>	Quality of care and environment	✓							
	Nationally approved treatment/drugs	✓							
	Respect, consent and confidentiality	✓							
	Informed choice and involvement	✓							
	Complain and redress			✓					

\*Risk score definitions are provided in the next section.

## Equality Impact Assessment

### Project / Policy Details

#### What is the aim of the project / policy?

To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.

The policy for for Hallux Valgus (Bunions) Surgery supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.

#### Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.

Patients

#### Is a full Equality Analysis Required for this project?

Yes

Proceed to complete this form.

No

Explain why further equality analysis is not required.

If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.

### Equality Analysis Form

#### 1. Evidence used

**What evidence have you identified and considered?** This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

Royal College of Surgeons England – British Orthopaedic Association Commissioning Guide: [Painful Deformed Great Toe](#) – 2017

Surgical correction of hallux valgus using minimal access techniques (IPG332) Feb 2010  
<https://www.nice.org.uk/guidance/ipg332/chapter/1-Guidance>

NICE (2021) Bunions. Clinical Knowledge Summary, <https://cks.nice.org.uk/topics/bunions/> (accessed 19/05/2023)

## 2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

**Age:** A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Disability:** A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Gender reassignment (including transgender):** Where a person has proposed, started or completed a process to change his or her sex.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Marriage and civil partnership:** A person who is married or in a civil partnership.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Pregnancy and maternity:** A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Race:** A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Religion or belief:** A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Sex:** A man or a woman

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Sexual orientation:** Whether a person feels generally attracted to people of the same gender, people

of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Carers:** A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Other disadvantaged groups:**

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

The ICB is not aware of any other vulnerable and disadvantaged groups that are not already covered by other equality groups identified within the EIA.

**3. Human Rights**

FREDA Principles / Human Rights	Question	Response
<p><b>Fairness</b> – Fair and equal access to services</p>	<p>How will this respect a person’s entitlement to access this service?</p>	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.</p> <p>The policy for Hallux Valgus (Bunions) Surgery supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.</p>

<b>Respect</b> – right to have private and family life respected	How will the person’s right to respect for private and family life, confidentiality and consent be upheld?	The patient will not be contacted by the ICB. If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
<b>Equality</b> – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	This policy is applied to all patients of the NHS Coventry and Warwickshire Integrated Care Board to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.
<b>Dignity</b> – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	All communication, written or verbal, will be provided in a confidential, clear, understandable, format.
<b>Autonomy</b> – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Individuals will have the opportunity to discuss their healthcare with the requesting clinician.  If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
<b>Right to Life</b>	Will or could it affect someone’s right to life? How?	No
<b>Right to Liberty</b>	Will or could someone be deprived of their liberty? How?	No

**4. Engagement, Involvement and Consultation**

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
N/A	N/A	N/A

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us .... So we will .....):

N/A
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**5. Mitigations and Changes**

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

N/A
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**6. How will you measure how the proposal impacts health inequalities?**

e.g Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

Requests will be managed on a prior approval basis by the IFR team, activity is monitored through Acute Contracting/Business Intelligence who will monitor the activity and review as appropriate.
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**7. Is further work required to complete this assessment?**

Please state what work is required and to what section. e.g additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g disability).

Work needed	Section	When	Dare completed
N/A	N/A	N/A	N/A

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<b>8. Sign off</b>		
The Equality Analysis will need to go through a process of <b>quality assurance</b> by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.		
<b>Requirement</b>	<b>Name</b>	<b>Date</b>
Senior Manager Signoff	Michael Caley, Deputy CMO	08 June 2023
Which committee will be considering the findings and signing off the EA?	F&P	06 December 2023
Approved by the Policy Procedure and Strategy Assurance Group.		

Once complete, please send to the ICB's Governance Team