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| **BUNIONS - SURGICAL REFERRAL** |
| **PRIOR APPROVAL REQUIRED** |
| **A Patient Information** |
| **Name** |  | Male |[ ]  Female | [ ]   |
| **Address** **Post Code** |  |
| **Date of Birth** |  | **NHS Number** |  |
| **B. Referrer’s Details (GP / Consultant / Clinician)** |
| **Name** |  | **Patient requested referral** [ ]  |
| **Address** **Post Code** |  |
| **Telephone** |  | **Email** |  |
| **GP Details (if not referrer)** |
| **Name** |  | **Practice** |  |
| By submitting this form, you confirm that the information provided is, to the best of your knowledge, true and complete and that you have:* Discussed all alternatives to this intervention with the patient
* Had a conversation with the patient about the most significant benefits and risks of this intervention – Where appropriate
* Informed the patient that this intervention is only funded where criteria are met, or exceptionality demonstrated
* Checked that the patient is happy to receive postal correspondence concerning their application where appropriate, or clarified alternative needs
* Checked that the patient understands spoken and written English or clarified required needs.

I understand that it is a legal requirement for fully informed consent to be obtained from the patient (or a legitimate representative of the patient) prior to disclosure of their personal details for the purpose of a panel/IFR team to decide whether this application will be accepted, and treatment funded. By submitting this form, I confirm that the patient/representative has been informed of the details that will be shared for the purpose and consent has been given. |
| **Signed (referrer)** | **Date** |
| **SUBMISSION**The completed form(s) should be sent electronically (from an *nhs.net* email address) in confidence with any other supporting documents to the appropriate email address: BSWICB.EFR@nhs.net. **To comply with information governance standards, emails containing identifiable patient data should only be sent securely, i.e., from an *nhs.net* account.** |

**THIS PAGE MUST BE COMPLETED FOR ALL REQUESTS**

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| **C Clinical Criteria - to be read in conjunction with the Bunion Surgery Policy** |

**Right Foot:** Choose an item. **Left Foot:** Choose an item. **Bilateral:** Choose an item.

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| **CLINICAL CRITERIA FOR SURGERY** |
| * **Significant functional impairment is defined as:** *symptoms preventing the patient fulfilling activities of daily living or conducting vital domestic or carer activities.*
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| **Have the following been employed:** |
| * Conservative management techniques have been employed for a minimum of 12 months.
 | Choose an item. |
| * Avoiding high heeled shoes and wearing wide fitting shoes that stretch
 | Choose an item. |
| * Exercises specifically designed to alleviate the effects of a bunion and keep it flexible
 | Choose an item. |
| * Applying ice and elevating painful and swollen bunions
 | Choose an item. |
| * Non-surgical treatments such as bunion pads, insoles, and orthotics to relieve pain (over the counter products)
 | Choose an item. |
| **The ICB will only consider requests for the surgical correction of symptomatic bunions** **if the following criteria are met:** |
| * The patient suffers from severe and persistent pain and deformity that causes significant functional impairment despite following the above advice.
 | Choose an item. |
| **OR** |
| * There is a higher risk of ulceration or other complications, for example, neuropathy, for patients with diabetes.
 | Choose an item. |
| * **Supporting information must be provided with the application (please document the evidence you are enclosing to support this request).**
* **To enable the ICB to approve individual cases, information with examples of functional impairment using the guidance below should be provided.**
* **The patient is also welcomed to provide a statement, to include examples of significant functional impairment.**
* **You may provide photographs if appropriate as supporting evidence. The ICB will accept patients’ own photographs and will NOT reimburse the costs of medical photography.**
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| What is the patient unable to do because of their condition? |
| Is the patient unable to fulfil any vital work / educational activities?  |
| Is the patient unable to conduct essential domestic / carer activities? |
| What is the degree of pain and any related medication? |
| ***Smoking cessation is recommended for all patients considering the possibility of surgery.*** |