

FOOT PROCEDURES FOR PATIENTS AGED 18 AND OVER

PRIOR APPROVAL FOR PROCEDURES TO CORRECT HALLUX VALGUS (BUNION), HALLUX RIGIDUS AND LESSER TOE DEFORMITIES (HAMMER, CLAW AND MALLET TOE)

CRITERIA BASED ACCESS FOR PROCEDURES TO CORRECT PLANTAR FASCIITIS AND MORTON'S (INTERMETATARSAL) NEUROMA

A high-risk foot should be referred to secondary care without delay (see note below).

BSW ICB will fund surgical correction/ specialist treatment, if the following criteria are met when referring patients from primary care or Podiatry/ Orthotics:

- Referral is **not** being made for cosmetic or preventative purposes
and
- Symptoms persist despite an appropriate period of conservative management (see note below)
and
- The patient has severe* and persistent pain and deformity that causes significant functional impairment.

Corrective surgery of lesser toe deformities may involve procedures on the big toe if the big toe prevents access to straighten the lesser toe deformity.

* Severe pain is defined as very painful on minimal activity, e.g. walking for less than 30 minutes, unable to exercise or conduct daily living, poorly controlled analgesia. Significant functional impairment is defined as symptoms preventing the patient fulfilling activities of daily living or conducting vital domestic or carer activities.

In relation to hallux valgus, hallux rigidus and lesser toe deformities (hammer/ claw/ mallet toe): secondary care providers must ensure funding is secured before listing the patient for surgery.

PERIOD OF CONSERVATIVE MANAGEMENT

- Hallux valgus (bunion): 12 months
- Hallux rigidus: 12 months
- Lesser toe deformities: 12 months (apply earlier under the Prior Approval process if severe deformity prevents wearing appropriate footwear)
- Plantar fasciitis: 6 months (refer earlier if severe symptoms prevent the ability to mobilise or affect activities of daily living)
- Morton's neuroma: 6 months. Analgesic injection and Podiatry/ Orthotic intervention for 3 months may count as part of this 6-month period.

CONSERVATIVE MANAGEMENT

Non-surgical conservative management may include (this is not an exhaustive list):

- Appropriate footwear / appropriate customised or over-the-counter footwear modifications/ shields/ spacers and/ or Orthotic management
- Appropriate analgesia
- Losing weight if the patient is overweight or obese
- Exercises designed to alleviate the effects of a bunion or plantar fasciitis
- Corticosteroid injection as appropriate.

HIGH-RISK FOOT

A high-risk foot is one with any of the following presentations:

- Previous/ current ulceration
- Previous amputation
- Patient is receiving renal replacement therapy
- Neuropathy
- Ischaemia
- Spreading infection
- Gangrene
- Suspicion of an acute Charcot arthropathy, or an unexplained hot, red, swollen foot with or without pain.