

Bunion (Hallux valgus) Surgery

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

| | | | | | |
|---------------------------|--|------------------------|--|-------------------|--|
| Patient First name | | Patient Surname | | Hospital | |
| NHS No. | | Date of Birth | | Consultant | |
| GP F-code | | CCG | | UBRN | |
| Hospital No. | | Referrer | | | |

Additional information

Please submit completed form to the following email address:

bbccg.mseccg-funding@nhs.net

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

Please tick which foot requires procedure:
(Please complete separate forms for bilateral requests)

Left

Right

| Patients can only be referred for funding if they meet ONE of the sets of criteria below (A OR B). | | Please Tick ✓ |
|--|---|------------------|
| Please indicate which of the criteria the patient meets: | | |
| A | <ul style="list-style-type: none"> The patient experiences persistent severe pain and significant functional impairment* that is interfering with the activities of daily living. | |
| | <p>AND</p> <ul style="list-style-type: none"> All appropriate conservative measures** have been tried over a 6 month period and failed to relieve symptoms, including up to 12 weeks of evidence based non-surgical treatments, i.e. analgesics/painkillers/bunion pads, footwear modification. | |



| | | | |
|-----------------------|------------|--|--|
| | AND | <ul style="list-style-type: none"> There is radiographic evidence of joint damage (at point of referral). | |
| | AND | <ul style="list-style-type: none"> The patient understands that they will be out of sedentary work for 2-6 weeks and physical work for 2-3 months and they will be unable to drive for 6-8 weeks, (2 weeks if left side and driving automatic car). | |
| OR B | | <ul style="list-style-type: none"> There is an increased risk of ulceration or other complications, for example, neuropathy, for patients with diabetes. Such patients should be referred for an early assessment. | |

***Significant functional impairment is defined as:**

The patient complains of severe joint pain not relieved by extended non-surgical management and analgesics **AND** has severe impact on their ability to undertake activities of daily living.

A patient should **not** be referred for surgery for prophylactic or cosmetic reasons for asymptomatic bunions. Concerns about cosmetic appearance should be managed by the patient and not referred into secondary care or a Community Podiatric service.

Detailed documentation against the above criteria that are fulfilled is mandatory in the referral letter to secondary care. Clinically inappropriate referrals will be returned to GPs.

Follow up will be capped at one follow up unless there are exceptional circumstances.

****Conservative measures include:**

Avoiding high heel shoes and wearing wide fitting leather shoes

Non-surgical, self-funded treatments such as bunion pads, splints, insoles or shields or exercise where appropriate

Please supply information clearly evidencing the selected criteria above

| | | | |
|---|---------------------|--|--|
| CCG USE: | Invoice ref: | Prior Authorisation requested by: | |
| Is the procedure approved or declined? | | Name of Clinician | |
| Please indicate: | | | |
| Name | | Contact number | |
| Signature | | Date | |
| Date | | | |