





Surgical Foot Procedures

Commissioning	sioning The ICB will provide funding for surgical foot	
decision	treatment for patients who meet the criteria defined	
	within this policy.	

Policy statement:

Requests for funding for surgical foot treatments* will be approved where the following criteria are met:

Where the patient has seen an appropriate MSK clinician and conservative treatment, including change in footwear and lifestyle changes (including weight management advice and support if appropriate), has been evidenced but the patient continues to experience significant functional impairment.

AND EITHER

The patient is suffering from severe deformity over-riding toes which is causing significant functional impairment**

OR

The patient is suffering from severe pain (e.g. Visual Analogue Score (VAS) 7+) that is causing significant functional impairment**.

Surgery	y is NOT funded for concerns about the appearance of feet.
	ions included in this policy: Bunions/Hallux Valgus Hallux Rigidus Hammer Toe Mallet Toe Claw Toe Pantar Fasciitis
**Signifi	Morton's Neuroma icant functional impairment is defined by the ICB as: Symptoms prevent the patient fulfilling vital work or educational responsibilities. Symptoms prevent the patient carrying out vital domestic or carer activities.

Rationale:

These conditions can often be treated effectively through conservative measures and patients should be aware of the potential complications associated with these types of surgical procedures which can include pain, stiffness, infection, swelling, non-union

Policy Category:

CBA

Who usually applies for funding?

Not Applicable





recurrence and DVT/PE.

Given this, it is appropriate to ensure that patients are experiencing significant symptoms as a result of their condition, and to ensure that more conservative measures have been attempted prior to considering surgical intervention.

Plain English Summary:

There are risks and complications associated with foot surgery, and it is possible that you may swap a deformed but painless foot for a painful but more aesthetically pleasing foot as a result of surgery. Therefore, surgery will usually only be funded if the condition is causing considerable pain or deformity that is impacting on activities of daily living and non-surgical treatments have been unsuccessful.

Summary of Conditions and Treatments included in the policy:

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Bunions (National Institute for Health and Care Excellence, 2010) Hallux valgus (often
referred to as a bunion) is the deviation of the big toe (the hallux) away from the mid-line
towards the lesser toes. The metatarsal head drifts towards the midline and this together
with its overlying bursa and inflamed soft tissue is known as the bunion, which causes
pain and rubbing on shoes.
Hallux Rigidus (Royal College of Surgeons, 2013) The development of arthritic changes
within the joint causing stiffness, pain and deformity.
Hammer Toe (Royal College of Surgeons, 2013). Hammer toe or contracted toe is a
deformity of the proximal interphalangeal joint of the second, third or fourth toe causing
it to be permanently bent, resembling a hammer.
Mallet Toe (Royal College of Surgeons, 2013). A similar condition to hammer toe
affecting the distal interphalangeal.
Claw Toe (Royal College of Surgeons, 2013). Another similar condition to hammer toe,
with dorsiflexion of the proximal phalanx on the lesser metatarsophalangeal joint,
combined with flexion of both the proximal and distal interphalangeal joints. Claw toe
can affect the second, third, fourth or fifth toes.
Plantar Facilitie (NHS Chaines 2014) Also known as plantar faccionathy or jagger's

□ **Plantar Faciitis** (NHS Choices, 2014) Also known as plantar fasciopathy, or jogger's heel is a common painful disorder affecting the heel and underside of the foot.

■ Morton's Neuroma (NHS Choices, 2015) A condition that affects one of the nerves between the toes. It's also known as Morton's metatarsalgia or interdigital neuroma. In Morton's Neuroma, fibrous tissue develops around the nerve, which becomes irritated and compressed. This causes severe pain on the ball of the foot and at the base of the toes along with paraesthesia (numbness) into the toes.

If your doctor believes that you meet the criteria set out in this policy the ICB will fund your treatment.

Evidence base:

National Institute for Health and Care Excellence. (2014, February). Osteoarthritis: care and management. www.nice.org.uk/guidance/cg177

National Institute for Health and Care Excellence. (2010, February). Surgical correction of hallux valgus using minimal access techniques. www.nice.org.uk/guidance/ipg332 NHS Choices. (2014, October 16). Heel pain . www.nhs.uk/conditions/heel-

pain/pages/introduction.aspx

NHS Choices. (2015, August 20). Morton's neuroma.

www.nhs.uk/conditions/mortonsneuroma/pages/introduction.aspx

Policy Category:

CBA

Who usually applies for funding?

Not Applicable





For further information please contact glicb.ifr@nhs.net

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Policy sign off:

Reviewing Body	Date of review
Effective Clinical Commissioning Policy Group	30.11.2017
Integrated Governance and Quality Committee	07.12.2017

Version control:

Version No	Type of change	Date	Description of change
2	Policy type and review date	11.06.2020	Policy type changed to CBA from CBA/PA as from 01.07.2020. Review date changed to June 2021
3	Review date	10.06.2021	Review date changed to June 2023
4	Review date Minor word changes	18.12.2023	Review date changed to December 2026. Minor word changes to policy statement regarding MSK clinician and removal of second paragraph (BMI criteria). Minor changes agreed by M Walkingshaw Executive Director 04.01.2024