**PRIOR APPROVAL REQUEST**

**Hallux Valgus / Bunions**

Hertfordshire and west Essex Evidence Based Intervention policies can be viewed at  
<https://www.hweclinicalguidance.nhs.uk/clinical-policies>

**Please complete and return this form along with clinic letter/supporting evidence to:**

For west Essex patients [priorapproval.hweicb@nhs.net](mailto:priorapproval.hweicb@nhs.net) Tel: 01992 566150

For Hertfordshire patients [priorapproval.hweicb@nhs.net](mailto:priorapproval.hweicb@nhs.net) Tel: 01707 685354

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| --- | --- | --- |
| Patient consent | This application has been discussed with the patient and the patient consents to relevant information being shared with the ICB. | Please tick |

|  |  |
| --- | --- |
| Date form completed |  |
| Patient Name |  |
| Patient DOB |  |
| NHS Number |  |
| Hospital Number |  |
| Patient’s GP and practice |  |

|  |  |
| --- | --- |
| Applying Clinician’s Name |  |
| Job title |  |
| Contact details (including email) |  |
| Declaration | I declare that the information provided is, to the best of my knowledge, true and I am aware that this procedure may be subject to clinical audit. |

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| Please specify laterality | Left Right   **Please note, a separate application is required for each side.** |

**The ICB will routinely fund surgery for bunions only when all of the following criteria have been met and a clinic letter is attached which demonstrates the following:**

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|  | **Yes** | **No** |
| Repeated episodes of ulceration or infection. **OR** |  |  |
| The patient suffers moderate to severe joint pain (or any pain under the ball of the foot), with significant functional impairment as a result of the bunions (including inability to wear suitable shoes), and causing a severe impact on their ability to undertake activities of daily living, and will therefore gain significant benefit from the surgery **AND** |  |  |
| Conservative methods of management, attempted over a 3 month period, have failed. These include wearing appropriate shoes and non-surgical treatments such as bunion pads, insoles and shields, splints, simple analgesia and exercises where appropriate **AND** |  |  |
| A shared decision-making process has been followed and the patient is prepared to undergo surgery, understanding 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 foot and driving an automatic car). |  |  |

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| Please provide evidence below of conservative methods of management and symptoms, i.e., pain score and impact on ADLs: |

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| **For patients where the criteria are not met and it can be demonstrated that there is an exceptional healthcare need, an Exceptional Case Request Form can be submitted to the IFR team.** |

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| **Shared decision making** | Patients should be supported with their decisions. Resources that can support implementation of shared decision making can be found on the NHS England website:  <https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/> |

**HWE ICB Fitness for Elective Surgery policy criteria**

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| --- | --- |
| **Planned anaesthetic** | Local (stop here)  General or spinal / epidural (complete smoking and BMI data below) |

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| --- | --- |
| **Smoking status** | Never smoked  Current smoker  Ex-smoker – date last smoked: - - / - - / - -  For patients who currently smoke or have stopped smoking less than 8 weeks ago, please tick to show that you have made your patient aware that they will need to have stopped smoking or switched to e-cigarettes for at least 8 weeks prior to surgery |
| **Measurements** | Height: ……….cm Weight: …………kg BMI ……….. kg/m²    **BMI >40 –** Patientsare expected to reduce their weight by 15% or BMI <40 (whichever is greater).  **BMI 30-40 -** Patients are expected to lose 10% of their weight or reduce BMI to <30.  If the patient has already achieved their target weight loss in the last 9 months, please give details of previous recorded measurements and the date recorded by clinician or, attach referral coversheet from GP or community provider.  Previous Weight: ………..kg Previous BMI ………… kg/m²  Date measured - - / - - / - - - - % weight reduction = ………….  For surgery other than hip, knee or spinal, where the patient’s BMI is 30 to 40 and metabolic syndrome has been actively excluded in the last 18 months, please attach copy of evidence from GP or Community referral form.  At 9 months, if the patient has not met their target weight and/or stopped smoking, they should be reassessed for their need for- and fitness for- surgery.  See the Fitness for Elective Surgery policy at  <https://www.hweclinicalguidance.nhs.uk/clinical-policies/fitness-for-surgery/> |