# 06. HALLUX VALGUS (BUNION) SURGERY REFERRAL FORM

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| --- | --- | --- | --- |
| Date of Referral | Referral date | Referring GP | Sender title and full name |
| Patient Name | Forename Surname | Address | Sender address building  Sender address road  Sender address post town |
| Address | Patient address house  Patient address road  Patient address post town |
| Postcode | Patient post code | Postcode | Sender post code |
| Age/DOB | Patient Age  Date of birth | Fax No | Registered GP fax number |
| Tel No | Patient preferred telephone | Tel No | Registered GP phone number |
| NHS No | NHS number | Hospital No |  |

|  |
| --- |
| Diagnosis and relevant history: |
| Current (incl repeats) and past relevant medication & reason for stopping: |
| Allergies:  Allergies |

### Referral Criteria (tick those that apply):

*Funding will be considered the where patient meets criteria (see below). The clinician needs to ensure that the patient fulfils all the criteria before they are referred to secondary care. Where the patient does not fulfil the criteria the Exceptions Form will need to be completed. This can be found on the CCG’s website In order to do this the Exceptional Circumstances Submission form will need to be completed and can be found on the CCG’s website* [*http://www.valeofyorkccg.nhs.uk/rss/data/uploads/polvs/june-2015/voy-exceptions-submission-form.doc*](http://www.valeofyorkccg.nhs.uk/rss/data/uploads/polvs/june-2015/voy-exceptions-submission-form.doc)

NHS Vale of York CCG does not routinely commission surgery for asymptomatic hallux valgus (bunion), regardless of cosmetic appearance. Concerns about cosmetic appearance should not be referred to secondary care. These procedures will not be funded.

Funding will be considered where patient meets criteria (see below). ***All patients should be referred to local podiatry services prior to referral to secondary care****.* This does not affect the existing diabetic foot pathway

**URGENT referral required if**

* skin ulcer not healing;
* diabetes;
* peripheral limb ischaemia

Requests for the removal of symptomatic bunions will **ONLY** be considered where:

* Conservative measures have failed (these include trying accommodative footwear, considering orthoses and using appropriate analgesia.)

**AND**

* The patient suffers from severe pain on walking (not relieved by chronic standard analgesia) that causes significant functional impairment

**OR**

* Severe deformity (with or without lesser toe deformity) that causes significant functional impairment **OR** prevents them from finding adequate footwear

**OR**

* Recurrent or chronic ulceration or infection

The clinician needs to ensure that the patient fulfills all the criteria before they are referred to secondary care. **Before referral** patients should be informed that

* They will be in plaster for 6 weeks and unable to drive
* It will take at least a further 2 months to regain full function
* The prognosis for treated and untreated HV is very variable

**Treatment in all other circumstances is not normally funded and should not be referred unless there is prior approval by the Individual Funding Request Panel.**

If the patient does not meet any of the above criteria state reason for referral:

Has funding been approved by the Individual Funding Request Panel

(Please tick)

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### For Trust usage

Patient listed for surgery: Yes  No

Comments: