

## INGROWN TOENAIL TREATMENT IN SECONDARY CARE CRITERIA BASED ASSESS POLICY

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Application Form	N/A

**INGROWN TOENAIL TREATMENT IN SECONDARY CARE  
CRITERIA BASED POLICY**

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**VERSION CONTROL**

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<b>Version:</b>	1718.v1.1

**DOCUMENT CHANGE HISTORY**

Version	Date	Comments
1.1	10/10/2017	Amended to criteria based access, include exclusion criteria from the Somerset Partnership Podiatry and Podiatric Surgery Service

<b>Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:</b>	In Progress
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## **INGROWN TOENAIL TREATMENT IN SECONDARY CARE CRITERIA BASED POLICY**

### **1 GENERAL PRINCIPLES**

**1.1 Treatment should only be given in line with these general principles. Where patients are unable to meet these principles, in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the CCG's Individual Funding Request (IFR) Panel by submission of an IFR application.**

1.1 Clinicians should assess their patients against the criteria within this policy prior to treatment.

1.2 Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment.

1.3 On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.

1.4 Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)

1.5 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)

### **2 MANAGEMENT OF INGROWN TOENAILS (NHS CHOICES)**

2.2 An ingrown toenail develops when the sides of the toenail grow into the surrounding skin. The nail curls and pierces the skin, which becomes red, swollen and tender.

2.3 The big toe is often affected, either on one or both sides. Other possible symptoms include:

- pain if pressure is placed on the toe
- inflammation of the skin at the end of the toe
- a build-up of fluid in the area surrounding the toe
- an overgrowth of skin around the affected toe

- bleeding
- white or yellow pus coming from the affected area

### **Causes of ingrown toenails**

2.4 A number of things can cause an ingrown toenail to develop, including:

- badly cut toenails – cutting toenails too short, or cutting the edges, will encourage the skin to fold over your nail and the nail to grow in to the skin
- wearing tight-fitting shoes, socks or tights – this places pressure on the skin around the toenail; the skin may be pierced if it's pressed on to the toenail
- sweaty feet – if the skin around the toenails is soft, it's easier for the nail to pierce it and embed itself within it
- injury – for example, stubbing a toe can sometimes cause an ingrown toenail to develop
- natural shape of the nail – the sides of curved or fan-shaped toenails are more likely to press into the skin surrounding the nail

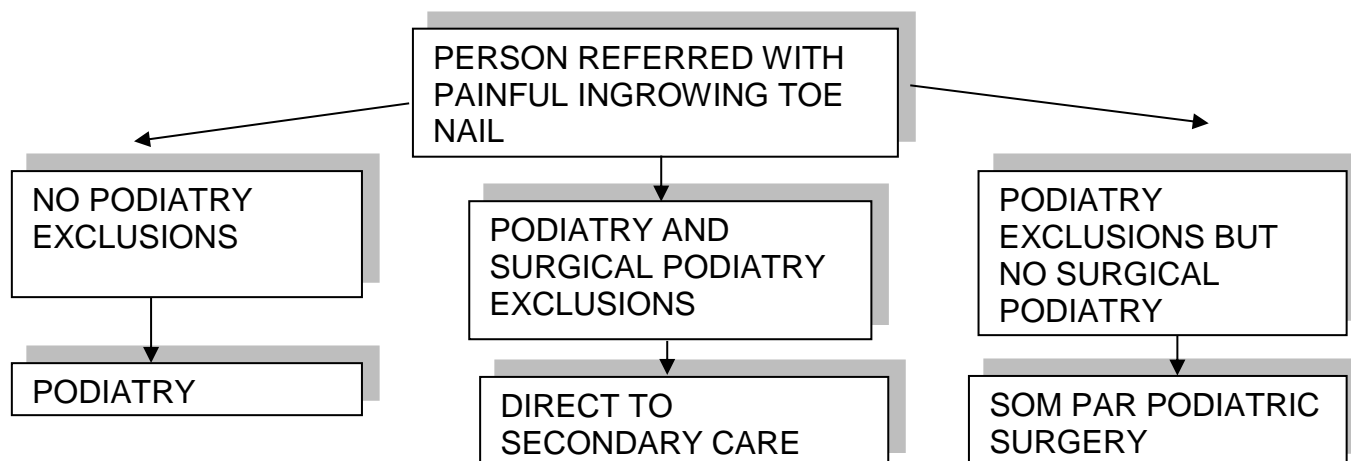
### **Treating ingrown toenails**

2.5 Without treatment, an ingrown toenail can become infected, so it's important that you:

- Keep feet clean by washing them regularly with soap and water
- Change socks regularly
- Cut toenails straight across to stop them digging into the surrounding skin
- Gently push the skin away from the nail using a cotton bud (this may be easier after using a small amount of olive oil to soften the skin)
- Wear comfortable shoes that fit properly

### **Intractable Ingrown Toenails**

2.6 Patients may be treated in primary care or via the Somerset partnership service.

**BOX 1: PODIATRY EXCLUSIONS**

AGED < 15 YEARS  
 FAILED PHENOLISATION  
 PREVIOUS INCISIONAL NAIL SURGERY  
 ANTICOAGULATED  
 TAKING > 75mg ASPIRIN  
 COMPLICATED OR POORLY CONTROLLED DIABETES  
 LONG TERM STEROIDS  
 CHEMOTHERAPY  
 COMPLICATED RHEUMATOID ARTHRITIS (HISTORY OF ULCERATION / DMARD'S)  
 ANY OTHER REASON / CONDITION THAT MAY COMPROMISE HEALING

**BOX 2: SURGICAL PODIATRY EXCLUSIONS**

AGED < 16 YEARS  
 INR > 2.5  
 SEVERE PVD  
 KNOWN CLAUDICATION  
 SEVERE PSYCHOSIS  
 KNOWN AGGRESSIVE  
 HIV

**NB:** Patients should be referred from podiatry to surgical podiatry by email or letter sent directly to Podiatric surgery at [podurgery.referrals@sompar.nhs.uk](mailto:podurgery.referrals@sompar.nhs.uk). The correspondence should include information on the treatment to date, routine circulatory and sensation screening and the reason for referral, e.g. anticoagulated, to be included. A copy of correspondence is to be sent to patients GP for information

#### 4 POLICY CRITERIA TO ACCESS TREATMENT CRITERIA BASED ACCESS

- 4.1 Treatment of an ingrown toenail in secondary care including surgery is **not** routinely commissioned unless the patient fulfils the following criteria
- The patient has an exclusion from treatment at the Somerset Partnership PODIATRY AND SURGICAL PODIATRY service
- 4.2 A referral to secondary care for a part or whole nail avulsion or other surgical input is not routinely funded unless the patient is unsuitable for Podiatry or Podiatric surgery in primary care and the Somerset Partnership service.

## 5 INDIVIDUAL FUNDING PROCESS

- 5.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Applications cannot be considered from patients personally.
- 5.2 Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.
- 5.3 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.
- 5.4 An application put forward for consideration must demonstrate some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:
- Significantly different to the general population of patients with the condition in question
  - Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

## 6 ACCESS TO POLICY

- 6.5 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067.

**Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** [somccg.pals@nhs.net](mailto:somccg.pals@nhs.net)

## 7 REFERENCES

- 7.1 Loof S., D. B. (2014). Perioperative complications in smokers and the impact of smoking cessation interventions [Dutch]. *Tijdschrift voor Geneeskunde*, vol./is.70/4(187-192).
- 7.2 NHS Choices. (2014, November 24). *Ingrown toenail* . Retrieved from NHS Choices:  
<http://www.nhs.uk/Conditions/Ingrown-toenail/Pages/Introduction.aspx>
- 7.3 Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery:  
Results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, , vol. 21, no. 11, p. 1008.e1.