NHS
Somerset
Clinical Commissioning Group

ADENOIDECTOMY
SECONDARY CARE PRIOR APPROVAL POLICY
1516.v1b

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Application Form	Adenoidectomy Prior Approval Form

ADENOIDECTOMY SECONDARY CARE PRIOR APPROVAL POLICY

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VERSION CONTROL

Document Status:	Current policy
Version:	1516.v1b

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
1516.v1a	March 2016	New Policy
1516.v1a	April 2017	Change of policy template from SWCSU template to SCCG. Amended wording to General Principles

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	December 2015

Sponsoring Director: **Author(s):**	Lucy Watson
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ADENOIDECTOMY SECONDARY CARE PRIOR APPROVAL POLICY

Adenoidectomy is subject to a RESTRICTED POLICY**.**

General Principles

Funding approval will 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 will not be given.

1. Funding approval must be secured by secondary care prior to treating patients seeking corrective surgery.

2. The CCG does not commission surgery for cosmetic purposes alone.

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.

4. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.

5. Patients should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment.

6. The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate.

7. 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)

8. 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)

9. Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year.

Background

Adenoids are lymphoid (glandular) tissue, much the same as tonsils. They are part of a ring of lymphoid tissue (Waldeyer's ring), which also includes tonsils. Adenoids are located at the back of the nose, at the roof of the throat, above and behind the soft palate. These lymphoid tissues are supposed to trap and destroy viruses and bacteria entering the breathing passages.

Adenoids are only present in children. They start to grow from birth and are biggest when your child is approximately three to five years old. By the age seven to eight they start to shrink and by the late teens, are barely visible. By adulthood, the adenoids will have disappeared completely.

If the adenoids are enlarged, the patient may have a persistent blocked nose, may snore and may be prone to ear problems. These symptoms are common in childhood, becoming less troublesome as the child becomes older.

Adenoidectomy is a surgical procedure performed to remove the adenoids. In general, adenoidectomy is not warranted unless the effect on the child of large adenoids is considerable and persists.

No form of medical treatment (decongestants, nasal sprays etc) has been proved to have any helpful effect on large adenoids.

Policy Criteria to Access Treatment

Surgical treatment will only be provided by the NHS for patients meeting criteria set out below.

1. Adenoidectomies will normally only be provided to children 18 years of age or under;

And

a. The Adenoidectomy will be carried out in conjunction with a Tonsillectomy in order to manage Obstructive Sleep Apnoea (also known as an Adenotonsillectomy),[1]

OR

b. The Adenoidectomy will be carried out conjunction with the insertion of grommets to manage persistent Otitis Media Effusion or recurrent Acute Otitis Media.[1]

[1.] Reference should be made to the relevant CCG policy on these treatments to ensure funding approval is available and secured where necessary.

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.

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.

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.

In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that 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

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: pals@somersetccg.nhs.uk

References:

This policy has been developed with the aid of the following references:

1 The NHS Choices website: **http://www.nhs.uk/Conditions/Adenoids-and-adenoidectomy/Pages/Introduction.aspx**

2 Van Staaij et al. Adeno-tonsillectomy for upper respiratory infections: evidence based Arch Dis Child 2005; 90:19–25 "The current treatment of choice for surgical treatment of obstructive sleep apnoea (reduction of airflow at the nose and mouth during sleep) in children is adenotonsillectomy (the removal of the adenoids and tonsils), due to its perceived efficacy, cost effectiveness and the relative size of adenoid and tonsil tissue in children. There is a lack of strong evidence to support the use of adenotonsillectomy in children with sleep apnoea, although there are some data to indicate that a procedure which removes part of the tonsils (temperature controlled radiofrequency tonsillectomy and adenoidectomy) leads to quicker return to normal diet in the post-surgery phase than complete tonsillectomy and adenoidectomy."