

Surgical Intervention for Simple Snoring Individual Funding Requests Policy

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Application Form	Generic IFR application form

INDIVIDUAL FUNDING REQUEST POLICY

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INDIVIDUAL FUNDING REQUEST POLICY

VERSION CONTROL

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DOCUMENT CHANGE HISTORY		
Version	Date	Comments
V1	2010	Updated Guidance for Clinicians Policy Document
V8e	October 2015	Reviewed by the SCCG CCPF no amendments Removed from the SCCG Guidance for Clinicians Policy Document
1516.v1.1	August 2016	Change of policy template from SWCSU template to SCCG template

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	20151203 v.1a – December 2013
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SURGICAL INTERVENTION FOR SIMPLE SNORING POLICY

Surgical Intervention for Simple Snoring is not routinely funded by the CCG

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. The CCG does not commission surgery for cosmetic purposes alone.
2. Funding approval must be secured by primary care prior to referring patients seeking corrective surgery.
3. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
4. 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.
5. 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.
6. 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.
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

Surgical Intervention

Surgical treatment of simple snoring (where snoring is not complicated by episodes of breathing cessation) is regarded as a procedure of low clinical priority.

If clinical assessment suggests serious underlying pathology rather than simple snoring, the patient should be referred accordingly.

Patients complaining of simple snoring should be counselled without referral to secondary care. Advice should be given on the following lifestyle changes where appropriate:

- Weight reduction if above recommended BMI.
- To stop smoking (offer to refer the patient to smoking cessation services).
- Reduce or stop evening alcohol intake.
- Keeping the nose clear (including therapies such as nasal sprays or strips).
- Using ear plugs whilst asleep.
- Self-training to alter their sleep position to avoid lying on back (e.g. sewing lump into back of pyjamas/nightdress as temporary training method).
- Obtaining a mandibular advancement device to be worn at night

Policy

1. Surgical intervention for simple snoring is not routinely commissioned, including radiofrequency ablation or laser treatment of the soft palate and soft palate implants.
2. Where Obstructive Sleep Apnoea Syndrome is suspected, the patient should be managed in accordance with NICE Technology Appraisal TA139

Individual cases will be reviewed at the Commissioner's Individual Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician.

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.

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.

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.

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

References

NICE TAG 139 - <http://guidance.nice.org.uk/TA139>

Main C, Liu Z, Welch K, Weiner G, Jones SQ, Stein K. Surgical procedures and non surgical devices for the management of non-apnoeic snoring: a systematic review of clinical effects and associated treatment costs. *Health Technol Assess* 2009;13(3).

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