NHS
Somerset
Clinical Commissioning Group

TONSILLECTOMY
PRIOR APPROVAL POLICY

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Target audience:	**SCCG**: • Contracts Team • Providers • GP Practices • GP Bulletin • Web Site IFR Page **Medical Directors:** • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • United Hospitals Bristol NHS FT • Weston Area Health NHS Trust • Somerset Partnership NHS FT
Application Form	Secondary Care Tonsillectomy Prior Approval Form GP's Use the e-referral process for patients who fulfil the criteria

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VERSION CONTROL

Document Status:	Current Policy
Version:	1516.v3a

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
V8E	2015	Remove from the Guidance for Clinicians Document as a separate policy
1516.v2	July 2017	Change CSU template to CCG template
1516.v2a	Nov 2017	Removed the word coughing from symptoms list
1516.v3	January 2018	New policy template & removal of wording absence from work/school

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TONSILLECTOMY

TONSILLECTOMY IS NOT ROUTINELY FUNDED BY THE CCG
AND IS SUBJECT TO THIS RESTRICTED POLICY

1. General Principles

1.1. 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.

1.2. Funding approval must be secured by primary care/secondary care prior to referring/treating patients seeking corrective surgery.

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

1.4. 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.

1.5. 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.

1.6. 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.

1.7. 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.

1.8. 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.

1.9. 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)

1.10. 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)

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

2. BACKGROUND

2.1. Surgery to remove the tonsils is known as a tonsillectomy.

2.2. Tonsillectomies are carried out under general anaesthetic, which means you'll be asleep during the procedure. Your mouth will be held open to allow the surgeon to see your tonsils and no cuts will be made in your skin. The operation can be carried out in a number of ways, as described below.

- **Cold steel surgery** – this is the most common method, where a surgical blade is used to cut the tonsils out. Bleeding is controlled by applying pressure or the blood vessels may be sealed using heat generated by diathermy.

- **Diathermy** – a diathermy probe is used to destroy the tissue around the tonsils and to remove the tonsils. At the same time, the heat seals the blood vessels to stop any bleeding.

- **Coblation (or cold ablation)** – this method works in a similar way to diathermy, but uses a lower temperature (60C). It's considered less painful than diathermy.

- **Lasers** – high-energy laser beams are used to cut away the tonsils and seal the underlying blood vessels shut.

- **Ultrasound** – high-energy ultrasound waves are used in a similar way to lasers.

2.3. Symptoms of tonsillitis

The main symptom of tonsillitis is a sore throat. Tonsils will be red and swollen, and the throat may be very painful, making swallowing difficult. The symptoms of tonsillitis usually get better after three to four days. In some cases, the tonsils are coated or have white, pus-filled spots on them.

2.4. Other common symptoms of tonsillitis include:

- High temperature (fever) over 38C (100.4F)
- Headache
- Earache
- Feeling sick
- Feeling tired
- Swollen, painful lymph glands in your neck
- Loss of voice or changes to your voice

2.5. Tonsillar Crypts, Tonsilloliths or Tonsillar Stones surgery is not commissioned

A tonsillolith or tonsillar stone is material that accumulates on the tonsil in crypts or scars caused by previous episodes of tonsillitis. They can range up to the size of a peppercorn and are white/cream in colour. The main substance is mostly calcium, but they can have a strong unpleasant odour. In addition, patients recurrently manually removing these can cause inflammation and pain themselves. Although unpleasant and distressing for the patient, they are not an indication for surgical removal of the tonsils and tonsillectomy is not commissioned for these patients.

3. POLICY

3.1. **Emergency referral**
Sore throat associated with stridor or respiratory difficulty is an absolute indication for admission to hospital.

3.2. **Recurrent Tonsillitis**
The Commissioner will provide funding approval for a referral to secondary care providers for consideration, and subsequent provision of, a tonsillectomy if the following criteria are met:

a. Sore throats are due to acute tonsillitis **AND** the frequency of episodes of acute tonsillitis is confirmed by the patients' GP as follows:

b. **7** or more well documented, clinically significant, adequately treated sore throats in the preceding year **OR**

c. **5** or more such episodes in each of the preceding two years **OR**

d. **3** or more such episodes in each of the preceding three years

AND

3.3. Evidence to support the request including dates of episodes of tonsillitis must be recorded in the Patient's clinical notes and such evidence must be provided to the Commissioner when applying for funding approval. Requests will not be approved without this evidence.

3.4. **Elective referral for other conditions:**
Funding approval will be provided for a referral to an ENT consultant and subsequent tonsillectomy if the specialist assessment finds the patient is highly likely to benefit from this, for the following conditions:

3.4.1 2 or more documented episodes of tonsillitis or peritonsillar abscess (quinsy) requiring admission to hospital **OR**

3.4.2 Tonsillitis exacerbating disease such as febrile convulsions, guttate psoriasis, glomerulonephritis or rheumatic fever

3.4.3 Is the patient a child with symptoms of persistent significant Obstructive Sleep Apnoea (OSA) which can be diagnosed with a combination of the following clinical features:

3.4.3.1 A positive sleep study

3.4.3.2 A clear history of an obstructed airway at night: witnessed apnoeas, abnormal postures, increased respiratory effort, loud snoring or stert **OR**

3.4.3.3 Evidence of adeno-tonsillar hypertrophy: direct examination, hot potato or adenoidal speech, mouth breathing / nasal obstruction

3.4.3.4 Significant behavioral change due to sleep fragmentation: daytime somnolence or hyperactivity

3.4.3.5 OSA may also cause morning headache/failure to thrive/night sweats/enuresis

3 INDIVIDUAL FUNDING PROCESS

4.1. 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.

4.2. Applications cannot be considered from patients personally.

4.3. 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.

4.4. 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.

4.5. An application put forward for consideration must demonstrated 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.

4 ACCESS TO POLICY

5.1. 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.

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

5 REFERENCES

6.1. SIGN clinical guideline 117. Management of sore throat and indications for tonsillectomy. April 2010. Quick reference guide available at http://www.sign.ac.uk/pdf/qrg117.pdf

6.2. Royal College of Paediatrics and Child Health. Working Party on Sleep Physiology and Respiratory Control Disorders in Childhood. Standards for Services for Children with Disorders of Sleep Physiology. Executive summary. September 2009 http://www.rcpch.ac.uk/respiratory-medicine#RCPCH_sleep