

**SNORING - SURGICAL INTERVENTION
INDIVIDUAL FUNDING REQUEST (IFR) POLICY**

Version:	1819.V2
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	11 October 2018
Name of Originator/Author:	IFR Manager
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Executive Committee (CEC)
Publication/issue date:	October 2018
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>SCCG:</p> <ul style="list-style-type: none"> • NHS Providers • GP Practices • Contracts Team <p>Medical Directors:</p> <ul style="list-style-type: none"> • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • Somerset Partnership NHS FT
Application Form	Generic IFR Application form

**SNORING - SURGICAL INTERVENTION IFR POLICY
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VERSION CONTROL

Document Status:	Current policy
Version:	1819.V2

DOCUMENT CHANGE HISTORY

Version	Date	Comments
V1	2010	Updated Guidance for Clinicians Policy Document.
V8e	October 2015	3 year review no amendments, transferred to single policy document
1516.v1.1	August 2016	Change SWCSU to CCG
1718.v1.1a	September 2018	3 year review, layout change, remove the word 'simple'

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	20151203 v.1a – December 2013
Quality Impact Assessment QIA. Date:	March 2018
Sponsoring Director:	Sandra Cory
Document Reference:	1819.V2

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 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 POLICY CRITERIA

- 2.1 Surgical intervention for snoring is not routinely commissioned
- 2.2 This includes:
- radiofrequency ablation
 - laser treatment of the soft palate
 - soft palate implants
- 2.3 Where Obstructive Sleep Apnoea Syndrome (OSA) is suspected, the patient should be managed in accordance with NICE Technology Appraisal TA139

3 BACKGROUND

- 3.1 Surgical treatment for snoring (where snoring is not complicated by episodes of breathing cessation) is regarded as a procedure of low clinical priority
- 3.2 If clinical assessment suggests serious underlying pathology rather than simple snoring, the patient should be referred accordingly
- 3.3 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

4 INDIVIDUAL FUNDING REQUEST APPLICATION PROCESS

- 4.1 Individual cases may be reviewed at the Commissioner's Individual Funding Requests Panel where there is full support from a GP or Consultant for a treatment which is not commissioned by the Commissioner or where a patient is not eligible for a treatment under a specific policy
- 4.2 Completion of a **Generic IFR Application Form** by a patient's GP or Consultant is required

- 4.3 Applications cannot be considered from patients personally
- 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 IFR applications are reviewed and considered for clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England IFR policy <https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>

- 4.6 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

5 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

6 REFERENCES

The following sources have been considered when drafting this policy:

- 6.1 NICE TAG 139 - <https://www.nice.org.uk/guidance/ta139>
- 6.2 Ohayon M 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)
<http://www.ncbi.nlm.nih.gov/pubmed/19091167>
- 6.3 Ohayon M M, Guilleminault C, Priest RG, Caulet M. Snoring and breathing pauses during sleep: telephone interview survey of a United Kingdom population sample. BMJ. Mar 22 1997;314(7084):860-863.
- 6.4 Quinn S J, Daly N, Ellis P D. Observation of the mechanism of snoring using sleep nasendoscopy. Clinical otolaryngology and allied sciences. Aug

1995;20(4):360-364.