NHS
Somerset
Clinical Commissioning Group

TONSILLECTOMY
PRIOR APPROVAL (PA) POLICY

Version:	1819.v4
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	August 2015
Name of Originator/Author:	IFR Manager
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Executive Committee (CEC)
Publication/issue date:	November 2018
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	**SCCG**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • Somerset Partnership NHS FT
Application Form	Secondary Care: Tonsillectomy Prior Approval Application Primary Care: EMIS

TONSILLECTOMY
PRIOR APPROVAL POLICY
CONTENTS

VERSION CONTROL

Document Status:	Current policy
Version:	1819.v4

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.v3a	November 2018	New policy template/removal of wording absence from work/school & some back data/Quinsy info update

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	20160512 1617.v1
Quality Impact Assessment QIA. Date:	March 2018
Sponsoring Director:	Sandra Cory
Document Reference:	1819.v4

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 POLICY CRITERIA - Prior Approval Application form

2.1 The CCG **does not commission** surgery for:

- Tonsillar Crypts
- Tonsilloliths
- Tonsillar Stones

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

2.2 **Emergency referral**

Sore throat associated with stridor or respiratory difficulty is an absolute indication for admission to hospital

2.3 **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:

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

2.3.1 **7** or more well documented, clinically significant, adequately treated sore throats in the preceding year **OR**

2.3.2 **5** or more such episodes in each of the preceding two years **OR**

2.3.3 **3** or more such episodes in each of the preceding three years **AND**

2.3.4 Evidence to support the episodes of tonsillitis to be provided with an application requesting surgery. Applications without this evidence will not be approved

2.4 **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:

2.4.1 1 or more documented episode of severe suppurative complications;

- quinsy [peri-tonsillar abscess] **OR**
- cellulitis parapharyngeal abscess **OR**
- retropharyngeal abscess or Lemierre syndrome) **OR**

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

2.5 Children with symptoms of persistent significant Obstructive Sleep Apnoea (OSA) which can be diagnosed with:

2.5.1 A positive sleep study **OR**

With a combination of the following clinical features:

2.5.2 A clear history of:
- an obstructed airway at night
- witnessed apneas
- abnormal postures
- increased respiratory effort
- loud snoring or stert

2.5.3 Evidence of adeno-tonsillar hypertrophy: direct examination:
- hot potato
- adenoidal speech
- mouth breathing
- nasal obstruction

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

2.5.6 OSA may also cause:
- morning headache
- failure to thrive
- night sweats
- enuresis

3 BACKGROUND

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.

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

4 INDIVIDUAL FUNDING REQUEST APPLICATION 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 Completion of a **Generic IFR Application Form** by a GP or Consultant may be put forward

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-indivdual-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 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

6.3 NICE GUIDANCE
https://www.nice.org.uk/guidance/ng84

6.4 NHS
https://www.nhs.uk/conditions/tonsillitis/