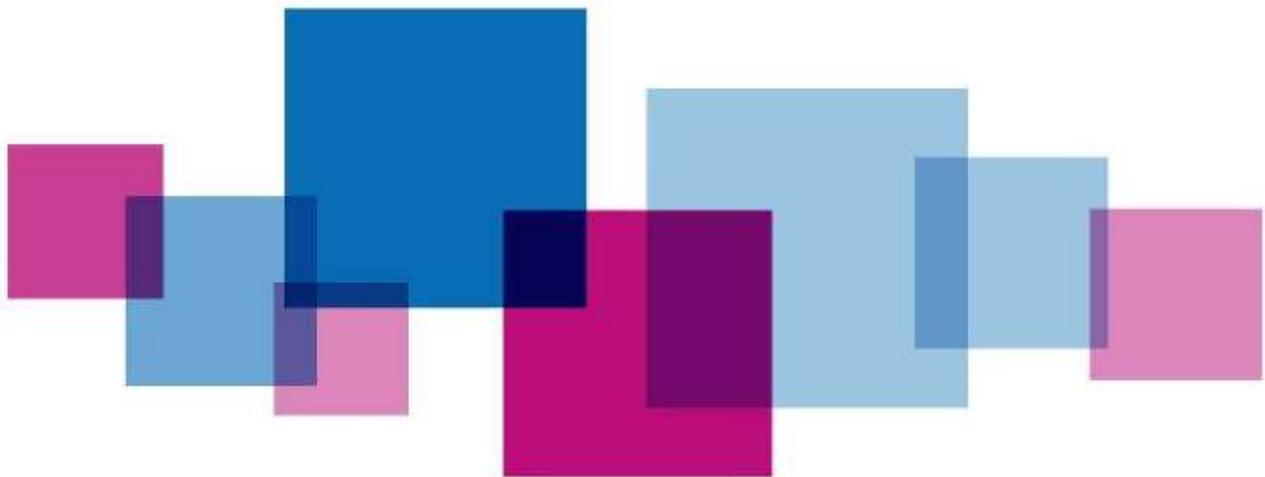


Commissioning Policy

Surgical Intervention for Snoring



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Document Control

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Version Control

Version	Date	Reviewer	Comment
1718.4	15/11/2017	IFR Manager	Reviewed and prepared for discussion at November CPRG
1819.2.00	18/05/2018	IFR Coordinator	Prepared for review at June 2018 CPRG

1819.2.01	29/10/2018	Commissioning Policy Development Manager	Referencing and PALs information updated following agreement at September CPRG.
1920.1.00	24/04/2019	Commissioning Policy Development Support Officer	Statement added in to reflect NHS England Evidence Based Interventions request for due regards.
1920.1.01	03/06/2019	Commissioning Policy Development Manager	Admin Corrections for CPRG and inclusion of OPCS codes
1920.1.02	20/06/2019	Commissioning Policy Development Manager	Post CPRG admin amendment to add in Remedy link

THIS TREATMENT IS NOT ROUTINELY COMMISSIONED FOR ANY PATIENTS AND EXCEPTIONAL FUNDING PANEL APPROVAL MUST BE SOUGHT PRIOR TO REFERRAL

THIS POLICY RELATES TO ALL PATIENTS

Surgical Intervention for Snoring 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 primary care prior to referring patients for assessment. 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.



2. On limited occasions, the ICB 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.
3. Where funding approval is given by the Exceptional Funding Panel, it will be available for a specified period of time, normally one year.
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 with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>(Thelwall, 2015)
6. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (ASH, 2016)
7. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.
8. If clinical assessment suggests Obstructive Sleep Apnoea Syndrome is suspected, the patient should be managed in accordance with NICE Technology Appraisal TA139 ¹.

Background

Surgery for snoring includes uvulopalatopharyngoplasty (UPPP), laser-assisted uvuloplasty (LAUP), soft palate implants and radiofrequency ablation. In addition, patients with nasal blockage have sought a Septorhinoplasty in order to correct deformity and improve airflow in order to address concerns with snoring.

Snoring is primarily due to vibration of the soft palate, but it can also originate from the supraglottis, tonsils or tongue. It is estimated that 40% of the population snore.

Patients complaining of the impact of snoring should be counselled without referral to secondary



care and advice should be given on implementing 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)
- Partners using ear plugs whilst asleep to minimise sleep disruption
- 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 from their orthodontist. The patient must be advised that this device is not funded by the NHS

POLICY CRITERIA – NOT COMMISSIONED

EXCEPTIONAL FUNDING PANEL APPROVAL REQUIRED

Surgical treatment to reduce the impact of snoring is **not routinely commissioned**.

For further information please see : <https://remedy.bnssgccc.nhs.uk/>

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.

Individual cases will be reviewed at the ICB'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.

Due Regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB is responsible, including policy development and review.



Consideration has been given to this policy and the development process of the above criterion following the recent NHSE Evidence-Based Interventions (EBI) recommendations and local clinicians have confirmed that this criteria supports the recommendations made in regard to the current clinical evidence available.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net

Connected Policies

- Continuous Positive Airway Pressure (CPAP) Treatment of Obstructive Sleep Apnoea/Hypopnoea Syndrome (OSAHS)
- Surgical Removal of the Palatine Uvula

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

- 139, N. T. (2008, March 26). *NICE - Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome*. Retrieved May 8, 2019, from NICE TAG 139: <https://www.nice.org.uk/Guidance/TA139>
- Ash. (2016). *Ash.org.uk*. Retrieved Sept 24, 2018, from www.ash.org.uk: www.ash.org.uk/briefings
- BMJ. (1997, March 22). *BMJ - Snoring and breathing pauses during sleep: telephone interview survey of a United Kingdom population sample*. Retrieved May 08, 2019, from the BMJ: <https://www.bmj.com/content/314/7084/860>
- England, N. (2019, January 11). *NHSE EBI Document*. Retrieved May 8, 2019, from NHS England: <https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-consultation-response-document-v2.pdf>
- Franklin KA1, A. H. (2009, Jan). *NCBI - Effects and side-effects of surgery for snoring and obstructive sleep apnea--a systematic review*. Retrieved May 8, 2019, from NCBI : <https://www.ncbi.nlm.nih.gov/pubmed/19189776>
- Jones TM1, E. J. (2005, Nov). *NCB - Snoring surgery: a retrospective review*. Retrieved May 8, 2019, from NCBI: <https://www.ncbi.nlm.nih.gov/pubmed/16319615>
- Loof S., D. B. (2014). Perioperative complications in smokers and the impact of smoking cessation interventions [Dutch]. *Tijdschrift voor Geneeskunde*, vol./is. 70/4(187-192).
- NCBI. (2009). *NIHR Health Technology Assessment programme*. Retrieved May 08, 2019, from NCBI - Surgical procedures and non-surgical devices for the management of non-apnoeic snoring: a systematic review of clinical effects and associated treatment costs: <https://www.ncbi.nlm.nih.gov/books/NBK56813/>
- S. J. QUINN, N. D. (1995, August). *Wiley Online Library - Observation of the mechanism of snoring using sleep nasendoscopy*. Retrieved May 08, 2019, from Wiley Online Library:

<https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2273.1995.tb00061.x>

Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, vol. 21, no. 11, p. 1008.e1.

OPCS Procedure codes

Procedures challenged in this policy:

OPCS Code: F324, F325, F326, E036

Relevant diagnoses for this policy:

ICD10 Code: None

Diagnoses for which the above procedures are permitted:

ICD10 Codes: G473 or G479