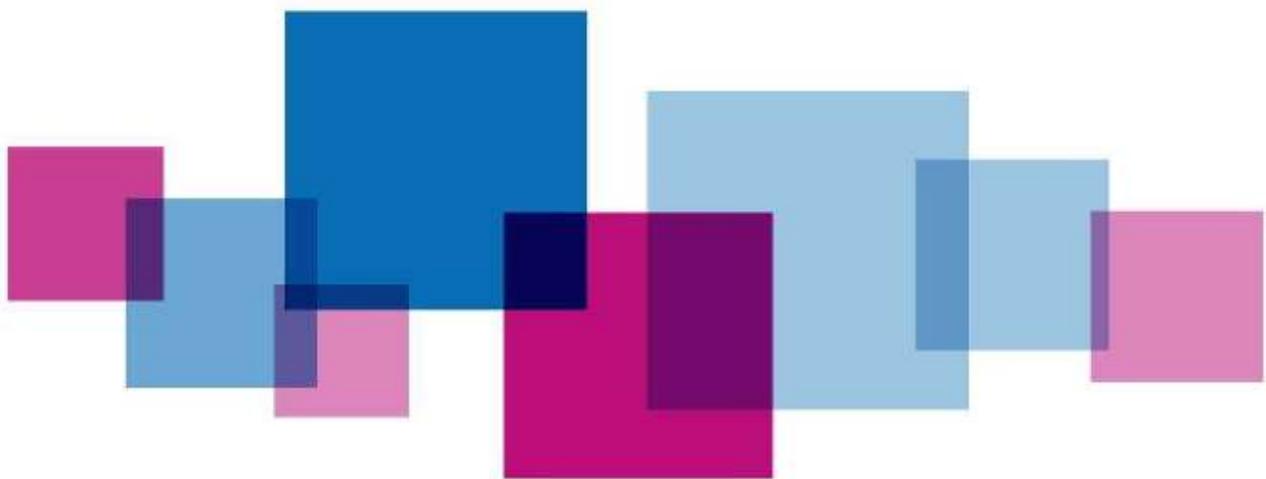


# Commissioning Policy

## Tonsillectomy - Referral for Assessment

### Prior Approval



**Date Adopted: 1<sup>st</sup> September 2019**  
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### Document Control

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### Version control

Version	Date	Reviewer	Comment
1718.1.01	21/09/2017	IFR Manager	Amendment of wording to clarify the policy in relation to physical deformity and Rhinosinusitis is not routinely commissioned

1718.1.02	11/10/2017	IFR Manager	Updating of Name & Guidelines to clarify scope of policy. Font change within grey box.
1718.1.03	27/03/2018	IFR Coordinator	Rebranded to BNSSG CCG
1819.2.03	26/10/2018	Commissioning Policy Development Support Officer	Smoking and BMI references updated, BNSSG branding refreshed, PALS update. Approved on 14 <sup>th</sup> February 2019 by Commissioning Executive.
1920.1.00	05.04.2019	Commissioning Policy Development Manager	New template and initial draft incorporating NHS England criteria for clinical discussion/ agreement
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 amendments and inclusion of Remedy link

**TREATMENT UNDER THIS POLICY REQUIRES PRIOR APPROVAL FROM THE  
ICB'S EXCEPTIONAL FUNDING TEAM**

**THIS POLICY RELATES TO ALL PATIENTS**

## **Tonsillectomy – Referral for Assessment**

### **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 the patient's treating clinician prior to referring patients for surgical opinions. 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 patient meets the criteria to access treatment in this policy.
3. 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.
4. 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)
5. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (ASH, 2016)
6. 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., and will 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.

## Background / Purpose and Scope

A tonsillectomy is the surgical removal of the tonsils. The tonsils are two small almond-shaped mounds of lymphatic tissue that sit on either side of the back of the throat. They are part of the body's system to fight infection and are only important during the first few years of life. The operation is performed through the mouth, meaning there will be no external (outside) cuts or scars. (SIGN)

## Risks

As with any operation, there is a risk of complications from the surgery and with the anaesthetic although this risk is very small. Possible problems from this surgery include:

- Pain including a sore throat for about 10 to 14 days after the operation, which includes difficulty swallowing,
- Bleeding - This can happen up to two weeks after the operation, and patients are advised not to travel abroad or for long distances during the two weeks after the operation.
- Infections,
- Damaged teeth during surgery from surgical instruments, and
- Complications from the general anaesthetic. (NHS Choices, 2015)

The frequency and severity of episodes of tonsillitis will normally recede over time as a child becomes older and can continue to be treated with antibiotics and pain relief until that point.

[Patient information on Tonsillitis](#)

### **Policy - Criteria to Access Treatment – PRIOR APPROVAL FUNDING REQUIRED**

Funding approval for assessment and surgical treatment will only be provided by the ICB for patients meeting criteria set out below as set out by the SIGN guidance and supported by ENT UK commissioning guidance.

#### **1 - Recurrent Tonsillitis – PRIOR APPROVAL FUNDING REQUIRED**

The ICB 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:

1. The episodes of sore throats are due to acute tonsillitis

**AND**

- 2) The frequency of episodes of acute tonsillitis confirmed by the patient's GP (as per the patient's medical records) as follows:
  - Seven or more episodes\* in 1 year prior to this application

**OR**

  - Ten or more episodes\* in the 2 years prior to this application (specifically 5 or more episodes in each of these 2 years)

**OR**

  - Nine or more episodes\* in the 3 years prior to this application (specifically 3 or more episodes in each of these 3 years)

\*These must be well documented, clinically significant and adequately treated tonsillitis episodes.

**AND**

- 3) Symptoms have been occurring for at least a year.

#### **2 - Elective referral for other conditions – CRITERIA BASED ACCESS FUNDING**

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:

- 1) A **quinsy** requiring hospital admission, associated with tonsillitis or two documented episodes of quinsy;

**OR**

- 2) Children with symptoms of persistent significant obstructive sleep apnoea (OSA) which can be diagnosed with a combination of the following clinical features:
  - A clear history of an obstructed airway at night: witnessed apnoeas, abnormal postures, increased respiratory effort, loud snoring or stertor.
  - Evidence of adeno-tonsillar hypertrophy: direct examination, hot potato or adenoidal speech, mouth breathing / nasal obstruction
  - Significant behavioural change due to sleep fragmentation: daytime somnolence or hyperactivity

- OSA may also cause morning headache, failure to thrive, night sweats and enuresis

There are a number of medical conditions where episodes of tonsillitis can be damaging to health or tonsillectomy is required as part of the on-going management. In these instances tonsillectomy may be considered beneficial at a lower threshold than this guidance after specialist assessment :

- Acute and chronic renal disease resulting from acute bacterial tonsillitis.
- As part of the treatment of severe guttate psoriasis.
- Metabolic disorders where periods of reduced oral intake could be dangerous to health
- PFAPA (Periodic fever, Aphthous stomatitis, Pharyngitis, Cervical adenitis)
- Severe immune deficiency that would make episodes of recurrent tonsillitis dangerous

Patient records should clearly record this information to support audit purposes.

### **3 - Adults clinically diagnosed with Obstructive sleep apnea hypopnea syndrome - OSAHS – CRITERIA BASED ACCESS**

**Funding approval for assessment and surgical treatment will only be provided by the ICB for patients meeting criteria set out below.**

- 1) Adults with clinically diagnosed OSAHS – referred via a Respiratory Consultant only

### **Tonsillar Crypts, Tonsilloliths or 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 and tonsillectomy is **not commissioned** for these patients.

For more guidance please see <https://remedy.bnssgccg.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 Exceptional 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 Clinical 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](mailto:BNSSG.customerservice@nhs.net).

## Connected Policies

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

- Ash. (2016). *Ash.org.uk*. Retrieved Sept 24, 2018, from [www.ash.org.uk](http://www.ash.org.uk): [www.ash.org.uk/briefings](http://www.ash.org.uk/briefings)
- Choices, C. S. (n.d.). *Is cosmetic surgery available on the NHS?* Retrieved June 2018, from NHS Choices: <https://www.nhs.uk/conditions/cosmetic-treatments/is-cosmetic-surgery-available-on-the-nhs/>
- 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>
- Network, S. I. (2010, April). *SIGN - Management of sore throat and indications for tonsillectomy*. Retrieved May 9, 2019, from SIGN: <https://www.sign.ac.uk/assets/sign117.pdf>
- NHS Choices. (2015, December 29). *Tonsillitis*. Retrieved from NHS : <http://www.nhs.uk/Conditions/Tonsillitis/Pages/Introduction.aspx>
- Osborne MS, C. M. (2018, May). *NCBI - The surgical arrest of post-tonsillectomy haemorrhage: Hospital Episode Statistics 12 years on*. Retrieved May 9, 2019, from NCBI: <https://www.ncbi.nlm.nih.gov/pubmed/?term=The+surgical+arrest+of+post-tonsillectomy+haemorrhage%3A+Hospital+Episode+Statistics+12+years+on>.
- Rubie I, H. C. (2015, June). *NCBI - The National randomised controlled Trial of Tonsillectomy IN Adults*



*(NATTINA): a clinical and cost-effectiveness study: study protocol for a randomised control trial.*  
Retrieved May 9, 2019, from NCBI: <https://www.ncbi.nlm.nih.gov/pubmed/26047934>

SIGN. (n.d.). *Management of sore throat and indications for tonsillectomy.* Retrieved from SIGN:  
<http://www.sign.ac.uk/guidelines/fulltext/117/>

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: E201, E204, F341, F342, F343, F344, F345, F346, F347, F348, F349, F361, F368, F369

Relevant diagnoses for this policy:

ICD10 Code: No appropriate diagnosis codes

Procedures for which the above procedures are permitted (if in the same attendance):

OPCS Code: D151, D158, D159, D202, D201, F341, F343, F347, F342