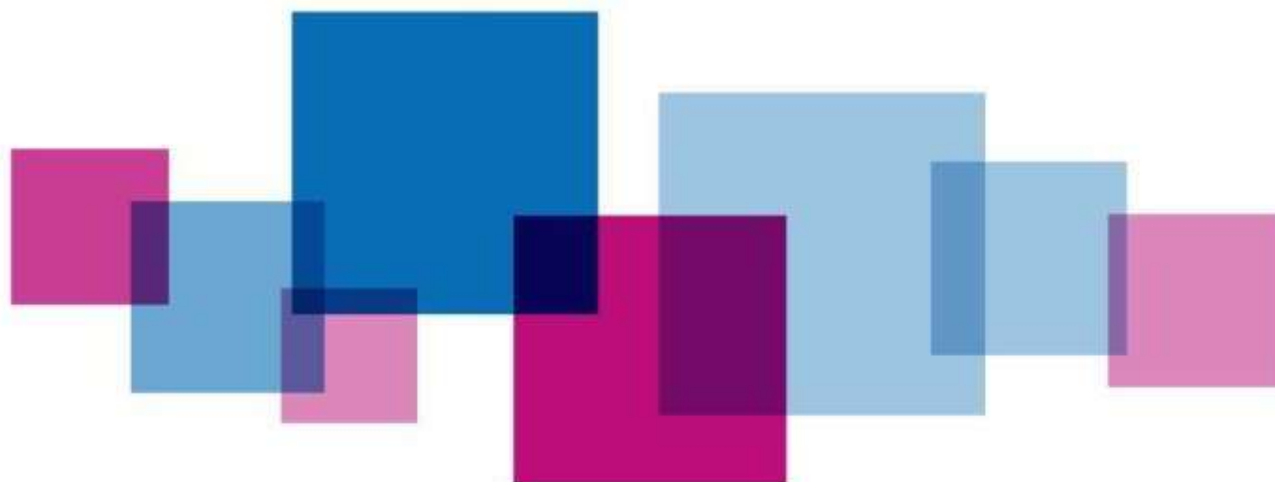


Commissioning Policy

Adenoidectomy Criteria Based Access



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1516.1.01	26/03/2018	IFR Coordinator	Rebranded to BNSSG CCG
1920.1.00	30/04/2019	Commissioning Policy Development Manager	Rebranded and updated to show 3 year clinical review. Statement added in to show review of Sinus conditions will be undertaken by BNSSG
1920.1.01	23/05/2019	Commissioning Policy Development Support Officer	Admin Change
1920.1.02	03/06/2019	Commissioning Policy Development Manager	Admin Changes in preparation for CPRG
1920.1.03	03/06/2019	Commissioning Policy Development Manager	Admin Changes in preparation for CPRG

**THIS IS A CRITERIA BASED ACCESS POLICY
TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW**

THIS POLICY RELATES TO ALL PATIENTS

Adenoidectomy Policy

General Principles

Treatment should 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 may be sought from the ICB Exceptional Funding Request Panel.

1. Clinicians should assess the patients against the criteria within this policy prior to referring patients seeking treatment. Referring patients to secondary care that do not meet these criteria 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. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment and the EFR team should be approached for advice.
3. On limited occasions, the ICB may approve funding for a further assessment in secondary care 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.

4. Where funding approval is given by the Exceptional Funding Request Panel, it will be available for a specified period of time, normally one year.
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., 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.
8. Patients' (and carers' as appropriate) expectations of surgery, and the likely degree of additional benefit that may be obtained from surgery compared with continuing conservative management, must have been discussed in primary care.

Background / Purpose and Scope

Adenoids are lymphoid (glandular) tissue, much the same as tonsils. They are part of a ring of lymphoid tissue (Waldeyer's ring), which also includes tonsils. Adenoids are located at the back of the nose, at the roof of the throat, above and behind the soft palate. These lymphoid tissues are supposed to trap and destroy viruses and bacteria entering the breathing passages.

Adenoids are only present in children. They start to grow from birth and are biggest when your child is approximately three to five years old. By the age seven to eight they start to shrink and by the late teens, are barely visible. By adulthood, the adenoids will have disappeared completely.

If the adenoids are enlarged, the patient may have a persistent blocked nose, may snore and may be prone to ear problems. These symptoms are common in childhood, becoming less troublesome as the child becomes older.

Adenoidectomy is a surgical procedure performed to remove the adenoids. In general,



adenoidectomy is not warranted unless the effect on the child of large adenoids is considerable and persists.

No form of medical treatment (decongestants, nasal sprays etc) has been proved to have any helpful effect on large adenoids.

POLICY CRITERIA – COMMISSIONED

CRITERIA BASED ACCESS

Policy - Criteria to Access Treatment – CRITERIA BASED ACCESS

Surgical treatment will only be provided by the NHS for patients meeting criteria set out below.

1. Adenoidectomies will normally only be provided to children 18 years of age or under;

And

- a. The Adenoidectomy will be carried out in conjunction with a Tonsillectomy (where funding for this intervention has been secured) in order to manage Obstructive Sleep Apnoea (also known as an Adenotonsillectomy),¹

OR

- b. The Adenoidectomy will be carried out conjunction with the insertion of grommets to manage persistent Otitis Media Effusion or recurrent Acute Otitis Media (where relevant funding for this intervention has been secured).¹

1. Reference should be made to the relevant ICB policy on these treatments to ensure funding approval is available and secured where necessary.

Note:

Adenoidectomy for the surgical treatment of diagnosed chronic sinus conditions is not commissioned by BNSSG. In agreement with local clinicians a review is currently underway.

For more information please see: <https://remedy.bnssgccg.nhs.uk/>

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.

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.

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

N/A

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: www.ash.org.uk/briefings
Choices, N. (2016, December 12). *Adenoids and adenoidectomy*. Retrieved May 9, 2019, from NHS:

<https://www.nhs.uk/conditions/adenoids-and-adenoidectomy/>

Thelwall, S. (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, E208,E209

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