TONSILLECTOMY
PRIOR APPROVAL (PA) POLICY

Version:	2223.V5a
Recommendation by:	Somerset ICB Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	September 2020
Name of Originator/Author:	EBI Team
Approved by Responsible Committee/Individual:	Somerset ICB Clinical Executive Committee (CEC)
Publication/issue date:	February 2022
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	**NHS Somerset ICB**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • Somerset Foundation Trust
Application Form	Secondary Care: Tonsillectomy Prior Approval Application Primary Care: EMIS ERS Prior Approval form

TONSILLECTOMY - PRIOR APPROVAL POLICY

VERSION CONTROL

Document Status:	Current policy
Version:	2223.V5a

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
1819.v4	April 2019	IFR replaced with EBI name change. 'Regard' to Section 14Z8 of the NHS Act 2006
1819.v4a	September 2020	3-year review CCPF no amendments
2021.v4b	December 2021	Inclusion of NICE NG202 for OSAHS
2122.v5	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	20160512 1617.v1
Quality Impact Assessment QIA. Date:	March 2018
Sponsoring Director:	Sandra Corry
Document Reference:	2223.V5a

A

1 GENERAL PRINCIPLES (PRIOR APPROVAL)

1.1 Funding approval must be secured by primary care/secondary care prior to referring/treating patients for this prior approval treatment

1.2 Funding approval must be secured prior to a referral for an assessment/surgery. Referring patients without funding approval 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

1.3 On limited occasions, we 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

1.4 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

1.5 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

1.6 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 weeks wait pathway rules for assessment and testing as appropriate

1.7 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)

1.8 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

1.9 Where prior approval funding is secured by the EBI service it will be available for a specified period of time, normally one year

2 POLICY CRITERIA - PRIOR APPROVAL

2.1 The ICB **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

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

2.3 **Funding Application forms**
Secondary Care: Tonsillectomy Prior Approval Application Form
Primary Care: EMIS ERS Prior Approval form

2.4 Patients who are not eligible for treatment under this policy, please refer to Item 4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

2.5 **Recurrent Tonsillitis**
The Commissioner will provide funding approval for a referral to secondary care NHS 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:

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

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

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

Evidence to support the episodes of tonsillitis should be provided with the prior approval application requesting surgery. Prior Approval applications received without this evidence will not be approved.

2.6 **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:

a) 1 or more documented episode of severe suppurative complications;
- quinsy [peri-tonsillar abscess] **OR**
- cellulitis parapharyngeal abscess **OR**

- retropharyngeal abscess or Lemierre syndrome **OR**

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

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

2.7.1 A positive sleep study **OR**

2.7.2 A combination of the following clinical features:

a) A clear history of:

- an obstructed airway at night
- witnessed apneas
- abnormal postures
- increased respiratory effort
- loud snoring or stert

b) Evidence of adeno-tonsillar hypertrophy: direct examination:

- hot potato
- adenoidal speech
- mouth breathing
- nasal obstruction

c) Significant behavioral change due to sleep fragmentation:

- daytime somnolence or hyperactivity

OSA may also cause:

- morning headache
- failure to thrive
- night sweats
- enuresis

2.8 **Obstructive Sleep Apnoeahypopnoea Syndrome and Obesity Hypoventilation Syndrome in over 16s (OSAHS)**

a) Consider tonsillectomy surgery for adults with OSAHS who have large obstructive tonsils and a body mass index (BMI) **of less than** 35 kg/m2

b) Tonsillectomy surgery for adults with OSAHS is not recommended with a BMI over 35 kg/m2 and would not be within the remit of this prior approval policy

https://www.nice.org.uk/guidance/ng202/resources/obstructive-sleep-apnoeahypopnoea-syndrome-and-obesity-hypoventilation-syndrome-in-over-16s-pdf-66143711375557

Overview | Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s | Guidance | NICE

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 EVIDENCE BASED INTERVENTIONS 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 clinical exceptional circumstances exist that warrant deviation from the rule of this policy

4.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required

4.3 Applications cannot be considered from patients personally

4.4 Only electronically completed EBI applications will be accepted to the EBI Service

4.5 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 EBI Panel. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context

4.6 EBI applications are reviewed and considered against clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England information using the link below page 9-13.

- https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-indivdual-funding-requests.pdf

4.7 Social, Emotional and Environmental factors *i.e., income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application

4.8 Where appropriate photographic supporting evidence can be forwarded with the application form

4.9 An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests 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 ICB Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.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/

6.5 NICE Guidance ng20 https://www.nice.org.uk/guidance/ng202/resources/obstructive-sleep-apnoeahypopnoea-syndrome-and-obesity-hypoventilation-syndrome-in-over-16s-pdf-66143711375557

6.6 NICE Overview Overview | Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s | Guidance | NICE