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SNORING - SURGICAL INTERVENTION
EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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Application Form	Generic EBI Application

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VERSION CONTROL

Document Status:	Current policy
Version:	2223.v3b

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
V1	2010	Updated Guidance for Clinicians Policy Document.
V8e	October 2015	3 year review no amendments, transferred to single policy document
1516.v1.1	August 2016	Change SWCSU to CCG
1718.v1.1a	September 2018	3 year review, layout change, remove the word 'simple'
1718.v2	December 2018	Inclusion of information from the Evidence based Intervention Statutory Guidance
1819.v2a	June 2021	3 year policy review, no clinical amendments
2122.v3	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v3a	March 2023	Wording change on 3.6

Equality Impact Assessment EIA	N / A
Quality Impact Assessment QIA	January 2019
Sponsoring Director:	Dr A Murray
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1 GENERAL PRINCIPLES (EBI)

1.1 Funding approval must be secured prior to a referral for an assessment and/or surgery. 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

1.2 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

1.3 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

1.4 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

1.5 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

1.6 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)

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

2 POLICY CRITERIA NOT COMMISSIONED

2.1 If clinical assessment suggests serious underlying pathology rather than simple snoring, the patient should be referred accordingly

2.2 Surgical intervention for snoring is not routinely commissioned, this includes:

- radiofrequency ablation
- laser treatment of the soft palate
- soft palate implants

2.3 This policy relates to surgical procedures in adults to remove, refashion or stiffen the tissues of the soft palate in an attempt to improve the symptom of snoring

- Uvulopalatopharyngoplasty
- Laser assisted Uvulopalatoplasty
- Radiofrequency ablation of the palate

2.4 This policy should not be applied to the surgical treatment of patients who snore and have proven Obstructive Sleep Apnoea Syndrome (OSA), who may benefit from surgical intervention as part of the treatment of their OSA

2.5 Where OSA is suspected, the patient should be managed in accordance with NICE Technology Appraisal TA139

2.6 It is important to note that snoring can be associated with multiple causes (being overweight, smoking, alcohol or blockage in the upper airways). These causes can contribute to the noise, alongside vibration of the tissues of the throat and palate

2.7 There are a number of alternatives to surgery that can improve the symptoms of snoring including:

- Weight loss
- Stop smoking
- Reduce alcohol intake
- Medical treatment of nasal congestion (rhinitis)
- Mouth splints (to move jaw forward when sleeping)

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

3.1 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

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

3.3 Applications cannot be considered from patients personally

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

3.5 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 service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context

3.6 EBI applications are reviewed and considered against clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB website and input into the 'Search this website' box clinical exceptionality. Click on the link to access the full NHS description of clinical exceptionality

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

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

3.8 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

4 ACCESS TO POLICY

4.1 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

4.2 **Or write to us**: NHS Somerset ICB Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

5.1 NICE TAG 139 - https://www.nice.org.uk/guidance/ta139

5.2 Ohayon M Main C, Liu Z, Welch K, Weiner G, Jones SQ, Stein K. Surgical procedures and non-surgical devices for the management of non-apnoeic snoring: a systematic review of clinical effects and associated treatment costs. Health Technol Assess 2009;13(3) http://www.ncbi.nlm.nih.gov/pubmed/19091167

5.3 Ohayon M M, Guilleminault C, Priest RG, Caulet M. Snoring and breathing pauses during sleep: telephone interview survey of a United Kingdom population sample. BMJ. Mar 22 1997;314(7084):860-863.

5.4 Quinn S J, Daly N, Ellis P D. Observation of the mechanism of snoring using sleep nasendoscopy. Clinical otolaryngology and allied sciences. Aug 1995;20(4):360-364.

5.5 Franklin KA, Anttila H, Axelsson S, Gislason T, Maasilta P, Myhre KI, Rehnqvist N. Effects and side-effects of surgery for snoring and obstructive sleep apnoea- a systematic review. Sleep. 2009 Jan. 32(1):27-36

5.6 Jones TM, Earis JE, Calverley PM, De S, Swift AC. Snoring surgery: A retrospective review. Laryngoscope. 2005 Nov 115(11): 2015-20. https://www.ncbi.nlm.nih.gov/pubmed/16319615

5.7 NHS England - Wave 2 EBI document