ADENOIDECTOMY SURGERY
SECONDARY CARE PRIOR APPROVAL (PA) POLICY

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Target audience:	**NHS Somerset ICB**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • Somerset Partnership NHS FT
Application Form	1. Adenoidectomy Standalone Surgery Prior Approval 2. Adenoidectomy +Grommet Insertion Prior Approval 3. Adenoidectomy +Tonsillectomy (Adenotonsillectomy) Prior Approval 4. Adenoidectomy +Tonsillectomy +Grommet Insertion Prior Approval

ADENOIDECTOMY SURGERY SECONDARY CARE PRIOR APPROVAL POLICY
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VERSION CONTROL

Document Status:	Current policy
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DOCUMENT CHANGE HISTORY		
Version	Date	Comments
1516.v1a	March 2016	New policy
1516.v1a	April 2017	Change to Somerset CCG policy template plus “General Principles” wording amendment
1516.v1b	January 2019	3-year review of policy, IFR to EBI
1819.v1c	December 2021	Adenoidectomy standalone surgery updated NICE publication, inclusion of all criteria for + grommet &/or tonsillectomy
2122.v2	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2a	March 2023	Wording change 3.6

Equality Impact Assessment EIA	April 2018
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Dr Alex Murray
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1 GENERAL PRINCIPLES (PRIOR APPROVAL)

1.1 Funding approval must be secured by primary care/secondary/community 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 week 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)

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

2.1 ADENIODECTOMY STANDALONE SURGERY

Please complete the Adenoidectomy Standalone Surgery Prior Approval Funding Application Form and provide the supporting clinical evidence

Adjuvant adenoidectomy **<u>for the treatment of glue ear</u>** should only be offered when one or more of the following clinical criteria are met:

a) Patients are 18 years of age or under

b) As part of treatment for obstructive sleep apnoea or sleep disordered breathing in children without tonsillectomy where only the adenoids are contributing to obstructive sleep apnoea or sleep disordered breathing in children

c) Has Glue Ear and persistent and / or frequent nasal obstruction which is contributed to by adenoidal hypertrophy (enlargement)

d) As part of the treatment of chronic rhinosinusitis

e) In preparation for speech surgery in conjunction with the cleft surgery team

If there is a history of cleft palate or palpable palate abnormality such as submucous cleft palate or a history of speech problems before the operation; full multidisciplinary assessment should be carried out before adenoidectomy

2.2 ADENOIDECTOMY +TONSILLECTOMY (ADENOTONSILLECTOMY) SURGERY CRITERIA

Please complete the Adenoidectomy +Tonsillectomy (Adenotonsillectomy) Prior Approval Funding Application Form and provide the supporting clinical evidence

a) Patients are 18 years of age or under **AND**

The Adenoidectomy will be carried out in conjunction with a Tonsillectomy to manage Obstructive Sleep Apnoea

b) with symptoms of persistent significant obstructive sleep apnoea (OSA) which can be diagnosed with a combination of the following clinical features:

- A positive sleep study

- A clear history of an obstructed airway at night: witnessed apnoea's, 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/enuresis

2.3 **ADENIODECTOMY + GROMMET SURGERY INSERTION CRITERIA**

Please complete the Adenoidectomy + Grommet Insertion Prior Approval Funding Application Form and provide the supporting clinical evidence

a) Patients are 18 years of age or under

b) With bilateral Otitis Media with Effusion (OME) and without a secondary disability (such as Down's Syndrome or Cleft Palate) when the following criteria are met:

c) Has Glue Ear and is undergoing grommet surgery for treatment of recurrent acute otitis media

d) The persistence of bilateral OME and hearing loss should be confirmed over a period of 3 months before intervention is considered. The hearing should be re-tested at the end of this time:

   - During the active observation period, advice on educational and behavioural strategies to minimise the effects of hearing loss should be offered
   - Auto inflation (e.g., OTOVENT) has been trialled unless contra - indicated **AND**

e) At the end of 3 months the child has persistent bilateral OME with a hearing level in the better ear of 25–30 dBHL or worse averaged at 0.5, 1, 2 and 4 kHz (or equivalent dBA where dBHL not available) prior approval for Grommet insertion should be requested **OR**

f) At the end of 3 months the child has persistent bilateral OME with a hearing loss **less than** 25–30 dBHL but there is significant impact of the hearing loss on a child's developmental, social, or educational status, with one of the below:
   - Delay in speech development
   - Poor listening skills
   - Inattention and behavioural problems
   - Educational or behavioural problems attributable to the hearing loss period (hearing should be retested at the end of this time)

g) Has Glue Ear and is undergoing surgery for re-insertion of grommets due to recurrence of previously surgically treated otitis media with effusion

2.4 **ADENOIDECTOMY +TONSILLECTOMY (ADENOTONSILLECTOMY) +GROMMET INSERTION SURGERY**

Please complete the Adenoidectomy +Tonsillectomy (Adenotonsillectomy) +Grommet Insertion Prior Approval Application Form and provide the supporting clinical evidence

Please refer to the criteria detailed under
2.2 Adenoidectomy +Tonsillectomy (Adenotonsillectomy) **AND**
2.3 Adenoidectomy +Grommet Insertion

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 clinical 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 Panel. This will reassure the Panel 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.

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 The NHS Choices website: https://www.nhs.uk/conditions/adenoids-and-adenoidectomy/

5.2 **NICE CG60 guidance Item reference 7.1-2-3**
Overview | Otitis media with effusion in under 12s: surgery | Guidance | NICE

5.3 Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s NG202
https://www.nice.org.uk/guidance/ng202

5.4 NHS E EBI List 2 1.1.4 2D
https://www.aomrc.org.uk/wp-content/uploads/2020/12/EBI_list2_guidance_150321.pdf

5.5 Rosenfeld RM, Shin JJ, Schwartz SR, et al. Clinical practice guideline: Otitis media with effusion executive summary (update). Otolaryngol Head Neck Surg. 2016;154(2):201-214. https://doi.org/10.1177/0194599815624407. doi: 10.1177/0194599815624407.

5.6 Schilder AG, Marom T, Bhutta MF, et al. Panel 7: Otitis media: Treatment and complications. Otolaryngol Head Neck Surg. 2017;156(4_suppl):S88-S105. doi: 10.1177/0194599816633697 [doi].

5.7 Van dA, Schilder A, Herkert E, Boonacker C, Rovers MM. Adenoidectomy for otitis media in children. Cochrane Database of Systematic Reviews. 2010(1). https://doi.org//10.1002/14651858.CD007810.pub2. doi: 10.1002/14651858.

5.8 European Rhinology Society
European Rhinologic Society | Website of the ERS