

TONSILLECTOMY CRITERIA BASED ACCESS (CBA) POLICY

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Application Form	EBI Generic application form if appropriate to apply

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VERSION CONTROL

Document Status:	Current policy
Version:	2425.v6

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
2223.v5a	March 2023	Wording change on 4.6
2223.v5b	January 2024	3-year review, no clinical amendments. Amendment to website link on 4.6
2324.v5c	January 2025	Change from PA to CBA pathway from 01.04.25

Equality Impact Assessment (EIA)	20160512 1617.v1
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Dr Bernie Marden
Document Reference:	2425.v6

1 GENERAL PRINCIPLES (CBA)

- 1.1 Treatment should only be given in line with these general principles.
- 1.2 Clinicians should assess their patients against the criteria within this policy AND ENSURE that compliance to the policy criteria is met by the patient PRIOR TO a referral to treatment or surgery
- 1.3 Treatment should ONLY be undertaken where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment
- 1.4 The ICB may approve funding for an ASSESSMENT ONLY to enable the Clinician to obtain further clinical evidence to help determine compliance to policy criteria by the patient.
- In such cases, patients should be made aware that an assessment DOES NOT mean that they will automatically receive the treatment or surgery. The patient should be advised that, to effectively manage patient safety and ensure efficacy of the treatment/ surgery for the patient, they will only receive treatment or surgery if they meet policy criteria
- 1.5 Patients MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken
- 1.6 This policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '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 and 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 to reduce the risk of surgery and improve healing
- 1.9 Where patients are unable to meet the specific treatment criteria set out in this policy, funding approval MAY be sought by submission of a Generic EBI application form to the Evidence Based Interventions (EBI) team on grounds of 'clinical exceptionality'

2 POLICY CRITERIA – CRITERIA BASED ACCESS (CBA)

- 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 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

2.4 Recurrent Tonsillitis

A referral to secondary care NHS providers for consideration, and subsequent provision of a tonsillectomy can be made 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

2.5 Elective referral for other conditions:

A referral to an ENT consultant and subsequent tonsillectomy if the specialist assessment finds the patient is highly likely to benefit from this can be made 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

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

2.6.1 A positive sleep study **OR**

2.6.2 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 stertor
- 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

2.7 **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 criteria-based access policy

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

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 surgery under this policy may be considered for surgery on an individual basis where the 'CLINICIAN BEST PLACED'

believes exceptional circumstances exist that warrant deviation from the rule of this policy

'THE CLINICIAN BEST PLACED' is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient

- 4.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the 'clinician best placed' on behalf of the patient

Note. applications CANNOT be considered from patients personally

- 4.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted

- 4.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale

- 4.5 Generic EBI Funding Applications are considered against '**clinical exceptionality**'. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB EBI webpage [Evidence Based Interventions - NHS Somerset ICB](#) and click on the section titled **Generic EBI Pathway**

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

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: <https://www.sign.ac.uk/our-guidelines/management-of-sore-throat-and-indications-for-tonsillectomy/>
- 6.2 NICE GUIDANCE <https://www.nice.org.uk/guidance/ng84>
- 6.3 NHS <https://www.nhs.uk/conditions/tonsillitis/>

- 6.4 NICE Guidance ng202 [Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s \(nice.org.uk\)](https://www.nice.org.uk/guidance/ng202)
- 6.5 NICE Overview <https://www.nice.org.uk/guidance/ng202>