NHS
Dorset
Clinical Commissioning Group

NHS Dorset Clinical Commissioning Group

Laryngeal Surgery

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

LARYNGEAL SURGERY
CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

1.1 Laryngeal or voice box surgery covered by this access protocol is that undertaken with the primary aim of improving or restoring the quality of a person's voice. The access protocol relates to dysphonia and does not relate to surgery where the primary aim is to treat other symptoms and disease of the larynx, for example malignancy or to address issues in relation to airways or aspiration. In such cases surgery is routinely supported.

1.2 Dysphonia can be classified as either organic or functional. Causes of organic dysphonia may include:

- Laryngitis, either acute or chronic;
- Neoplasm, both premalignant or malignant;
- Trauma;
- Endocrine;
- Haematological;
- Neurological;
- Iatrogenic;
- Idiopathic.

1.3 Causes of functional dysphonia may include:

- Psychogenic;
- Vocal misuse;
- Treatment related to gender dysphoria;

1.4 Surgery will only be supported where the cause of the dysphonia has been established as organic in nature.

1.5 Laryngeal surgery is not routinely supported as part of the pathway for gender dysphoria.

2. DEFINITIONS

2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

3.1 Laryngeal surgery is only provided where the patient has significant dysphonia defined as existing when all of the following criteria are met:

- The patient's voice has changed (in terms of quality, pitch, loudness, or vocal effort).

AND

- The voice change has significantly limited ability to communicate with others.

AND

- The patient is experiencing significant functional impairment which is likely to be corrected or significantly improved by surgery. Significant functional impairment is defined as:
    - Symptoms preventing the patient fulfilling routine work or educational responsibilities or;
    - Symptoms preventing the patient carrying out routine domestic or carer activities.

3.2 Support will not be provided where the functional impact is restricted to leisure activities, including singing.

3.3 Surgery will only be supported where the cause of the dysphonia is established as organic in nature and surgical intervention will be effective.

3.4 Laryngeal surgery is supported for patients with vocal cord palsy with associated aspiration and poor cough where the alternative treatment options are nasogastric or gastrostomy feeding tube.

3.5 Surgery is supported where undertaken to improve the airway e.g. to avoid or remove long term tracheostomy tubes.

3.6 Prior to assessment for surgery, consideration should have been given to referral for a course of voice therapy through an NHS Speech and Language Therapy service where clinically appropriate. This does not apply to cases where there is a benign lesion and where there will be no response to Speech and Language Therapy.

3.7 Consideration should be given to all appropriate non-invasive interventions including early intervention augmentation of a paralysed vocal cord.

3.8 Patients who are smokers should be referred initially to smoking cessation services in order to reduce the risk of surgery and further damage and to improve healing following any subsequent surgery.

4. EXCLUSIONS

4.1 Surgery will not be routinely supported where one or more of the above criteria are not met.

4.2 The access protocol does not apply to patients with suspected malignancy. Such patients should be referred without delay within the two-week pathway for assessment. If the patient's condition is subsequently found to be benign surgery will, however, only be supported where the access criteria in this protocol are met.

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition

5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. CONSULTATION

6.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed within the local NHS including input from commissioners, clinicians and other relevant stakeholders.

6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. RECOMMENDATION AND APPROVAL PROCESS

7.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

8. COMMUNICATION/DISSEMINATION

8.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9. IMPLEMENTATION

9.1 There has been significant discussion with stakeholders in respect of the introduction and implementation of this new access protocol. It is therefore considered that there is no requirement for a formal implantation plan.

10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

APPENDIX A

FREQUENTLY ASKED QUESTIONS

N/A

APPENDIX B

GLOSSARY

N/A

APPENDIX C

A	DOCUMENT DETAILS
Procedural Document Number	155
Author (Name and Job Title)	Jenny Jones, Programme Officer
Recommending group	Planned and Specialist
Date of recommendation	August 2017
Date of approval by CCC	August 2017
Version	1.0
Review frequency	3 Years
Review date	August 2020

B	CONSULTATION PROCESS		
Version No	**Review Date**	**Author and Job Title**	**Level of Consultation**
1.0	November 2016	Jenny Jones, Programme Officer	CDG
	June/July 2017	Michael Cross Senior Commissioner IPT	Circulated for comment through the Medical Directors of the three Dorset acute NHS Foundation Trusts. Reviewed previously by IPT Panel including GP, Hospital Consultant, Public Health, and Patient and Public representation.

C	VERSION CONTROL				
Date of recommendation	**Version No**	**Review date**	**Nature of change**	**Approval date**	**Approval Committee**
August 2017	1.0	Aug 2020	New Protocol	Aug 2017	CCC

D	ASSOCIATED DOCUMENTS
• Policy for Individual Patient Treatment, NHS Dorset Clinical Commissioning Group • Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group	

E	SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence		**Hyperlink (if available)**	**Date**

F	DISTRIBUTION LIST			
Internal CCG Intranet	**CCG Internet Website**	**Communications Bulletin**	**External stakeholders**
✓	✓	✓	✓