

NHS Dorset Clinical Commissioning Group

Tonsillectomy

Criteria Based Access Protocol



NHS DORSET CLINICAL COMMISSIONING GROUP

TONSILLECTOMY CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 This protocol describes the exclusions and access criteria regarding Tonsillectomy surgery based on effective clinical commissioning evidence. This protocol will be applied in accordance with the Policy for Individual Patient Treatment.
- 1.2 Recurrent acute sore throat is a very common condition presenting in primary care and tonsillectomy is one of the most common operations. It presents a significant burden of disease; in 2012 some 13,000 operations per year were performed in adults and 18,000 operations per year in children, incurring a cost of £51m across England.
- 1.3 Most patients who seek advice see their General Practitioner (GP) and in many cases the condition is relatively minor and self-limiting. However, a significant number of patients experience unacceptable morbidity, inconvenience and loss of education and earnings due to recurrent sore throat.
- 1.4 Tonsillectomy offers relatively small clinical benefits compared with non-surgical treatment. Tonsillectomy probably gives an additional, but small, reduction of sore throat episodes, days of sore throat associated school absence and upper respiratory infections compared to watchful waiting.
- 1.5 Tonsillectomy is associated with a small but significant degree of morbidity in the form of bleeding (either during or after surgery). In addition, even with good pain relief medication, the surgery is particularly uncomfortable for adults.
- 1.6 For tonsillectomy there is moderate evidence addressing effectiveness in children; but limited evidence in adults.
- 1.7 NHS Dorset Clinical Commissioning Group will only support Tonsillectomy in the case of clinical need, where the patient meets the criteria indicated below.

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 Adenoidectomy, including where undertaken as an adjuvant intervention is not supported in the absence of persistent and/or frequent upper respiratory tract symptoms.
- 3.2 In the following circumstances Tonsillectomy can be considered and will not need to have individual approval from commissioners. The reason for referral against these

criteria will be clearly documented in the notes, and in the referral to secondary care. This will enable random audits to confirm compliance with these guidelines:

- children and adults for cancer or suspected cancer;
- children and adults with spontaneous tonsillar haemorrhage;
- children and adults for cases of quinsy;
- children and adults who are immunocompromised, or have other medical conditions (e.g. Diabetes, Cystic Fibrosis or guttate psoriasis), which would leave them at risk of severe complications as a result of Tonsillitis;
- in children and adults for tonsillitis if ALL relevant criteria below are met:
 - a) sore throats are due to tonsillitis;
 - b) there are 7 or more episodes of tonsillitis in the last year, or at least 5 episodes per year over a two year period; or at least 3 episodes per year over a three year period (episodes must be documented in Primary Care records);
 - c) there have been symptoms for at least a year; and
 - d) episodes of sore throat are disabling and preventing normal functioning.

3.3 **Adults with obstructive sleep apnoea**

- With enlarged tonsils and diagnosed sleep apnoea where surgery is part of a treatment pathway agreed with physicians. Diagnoses of obstructive sleep apnoea will have been documented by physicians either through oximetry or overnight polysomnography;
- all relevant lifestyle modifications should have been implemented including weight management and BMI below 30, smoking cessation, alcohol reduction and sedative avoidance.

3.4 **Children with obstructive sleep apnoea**

- clinically significant witnessed and subsequently diagnosed obstructive sleep apnoea with oximetry identifying repeated falls in oxygen saturation to below 95%;
- where there is evidence of failure to thrive OR a weight reduction plan is not necessary;
- where other treatments have failed or are inappropriate;
- falls in saturation will be recorded and surgery for those children who maintain oxygen saturation of at least 95% will be on the basis of exceptionality and other clinical indicators will have been recorded.

3.5 **Children with tonsil crypts**

- Surgery for tonsil crypts requires prior approval and requests will be considered on the basis of clinically exceptional circumstances.

4. **EXCLUSIONS**

- 4.1 There are no exclusions.

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. INFORMATION FOR PATIENTS

- 6.1 The provision of information understandable to patients is central to the consent process. All patients should be provided with information on Tonsillectomy.
- 6.2 In all cases, GPs should provide patients with information related to tonsillitis on NHS Choices (<http://www.nhs.uk/Conditions/Tonsillitis/Pages/Introduction.aspx>) and quinsy (<http://www.nhs.uk/Conditions/quinsy/pages/introduction.aspx>)

7. CONSULTATION

- 7.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed by the Maternity, Reproductive and Family Health CDG which includes commissioners, clinicians and other relevant stakeholders.
- 7.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

8. RECOMMENDATION AND APPROVAL PROCESS

- 8.1 This Criteria Based Access Protocols was previously formally recommended by the Clinical Delivery Group responsible for the protocol at that time, prior to formal approval by the Clinical Commissioning Committee. This version incorporates a minor amendment in relation to adenoidectomy and has subsequently been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

9. COMMUNICATION/DISSEMINATION

- 9.1 Following approval each Criteria Based Access Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

10. IMPLEMENTATION

- 10.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

11. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 11.1 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.

FREQUENTLY ASKED QUESTIONS

N/A

GLOSSARY

N/A

A DOCUMENT DETAILS	
Procedural Document Number	110
Author (Name and Job Title)	Claire Lawrenson, Senior Programme Lead
Clinical Delivery Group (recommending group)	Maternity and Family Health
Date of recommendation by CDG	April 2017
Date of approval by CCC	10 April 2017
Version	2.1
Review frequency	3 Years
Review date	April 2020

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
2.0	June 2016	Claire Lawrenson, Senior Programme Lead	Dr Julie Doherty, Paediatrician, DCHFT

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
June 2016	2.0	June 19	Review of protocol and change into new format	June 16	CCC
February 2017	2.1	June 19	Clarification that adenoidectomy not commissioned whether as an adjuvant intervention or in isolation	April 17	CCC

D ASSOCIATED DOCUMENTS	
<ul style="list-style-type: none"> 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
SIGN Guideline No. 177 – Management of sore throat and indications for tonsillectomy.	http://www.sign.ac.uk/guidelines/fulltext/117/index.html	2010
Cochrane Review-Tonsillectomy or adenotonsillectomy versus non-surgical treatment for chronic/recurrent acute tonsillitis.	http://www.cochrane.org/CD001802/ENT_surgical-removal-of-the-tonsils-tonsillectomy-for-chronic-or-recurrent-acute-tonsillitis	2014
Royal College of Surgeons Commissioning Guide – Tonsillectomy	https://www.rcseng.ac.uk/healthcare-bodies/docs/published-guides/tonsillectomy	2013
Cochrane Review - Adenotonsillectomy for obstructive sleep apnoea in children	http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003136.pub2/pdf	2009

F DISTRIBUTION LIST			
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