

NHS England / NHS Dorset Clinical Commissioning Group

Surgical Intervention for Simple Snoring Criteria Based Access Protocol



NHS DORSET CLINICAL COMMISSIONING GROUP

ADULT SNORING SURGERY (IN THE ABSENCE OF OBSTRUCTIVE SLEEP APNOEA – OSA) CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 Surgical treatment of simple snoring (where snoring is not complicated by episodes of breathing cessation) is regarded as a procedure of low clinical priority and is not commissioned by NHS England and subsequently NHS Dorset Clinical Commissioning Group.
- 1.2 Snoring is caused by the vibration of soft tissue in your head and neck as you breathe in and out during sleep. This includes the nasal passages, the soft palate in the roof of your mouth, and your tonsils. While you sleep, your airways relax and narrow. This affects air pressure within your airways and causes the tissue to vibrate. This can also occur if your airways are partially blocked – for example, if you have a cold.
- 1.3 It is very common and as many as one in four adults snore, as long as it is not complicated by periods of apnoea (temporarily stopping breathing) it is not usually harmful to health, but can be disruptive, especially to a person's partner.
- 1.4 This guidance relates to surgical procedures in adults to remove, refashion or stiffen the tissues of the soft palate (Uvulopalatopharyngoplasty, Laser assisted Uvulopalatoplasty & Radiofrequency ablation of the palate) in an attempt to improve the symptom of snoring. Please note this guidance **only** relates to patients with snoring in the absence of Obstructive Sleep Apnoea (OSA) and should not be applied to the surgical treatment of patients who snore and have proven OSA and who may benefit from surgical intervention as part of their treatment of OSA.
- 1.5 It is important to note that snoring can be associated with multiple other causes such as being overweight, smoking, alcohol or blockage elsewhere in the upper airways (e.g. nose or tonsils) and often these other causes can contribute to the noise alongside vibration of the tissues of the throat and palate.

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 Surgery for adult snoring without Obstructive Sleep Apnoea (OSA) is not commissioned.

4. EXCLUSIONS

4.1 There are no exclusions.

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 NHS Dorset Clinical Commissioning Group recognises that there will be occasions when patients may have good clinical reasons for being treated as exceptions to the above. The IPT Policy is available on the NHS Dorset Clinical Commissioning Group website or upon request. 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. LIFESTYLE ADVICE

6.1 Patients complaining of simple snoring should be counselled without referral to secondary care as a number of alternative treatments can improve the symptom of snoring. Advice should be given on the following lifestyle changes where appropriate:

- Weight reduction if above recommended BMI;
- To stop smoking;
- Reduce or stop alcohol intake;
- Keeping the nose clear eg rhinitis (including therapies such as nasal sprays or strips);
- Use of ear plugs for bed partners whilst asleep;
- Self-training to alter their sleep position to avoid lying on back (e.g. sewing lump into back of pyjamas/nightdress as temporary training method);
- Obtaining a mandibular advancement device/mouth splints to be worn at night to move the jaw forward when sleeping, from their orthodontist. The patient must be advised that this device is not funded by the NHS

7. AUDIT AND GOVERNANCE

- 7.1 There is a national requirement for all requests for referral for surgery for snoring in adults without OSA to be accompanied by an Individual Funding Request. This will be audited regularly.

8. CONSULTATION

This protocol is updated in line with NHS England Evidence Based Interventions Policy (11th January 2019) following national consultation July 2018 to November 2018.

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

9. RECOMMENDATION AND APPROVAL PROCESS

- 9.1 This access protocol has been approved on behalf of the Clinical Reference Group in line with processes agreed by the CCG's Governing Body.

10. COMMUNICATION/DISSEMINATION

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

11. IMPLEMENTATION

- 11.1 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.

12. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 12.1 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

GLOSSARY

N/A

A DOCUMENT DETAILS	
Procedural Document Number	133
Author (Name and Job Title)	Head of Service, Elective Care
Date of approval by CRG	NHS England, January 2019
Version	4.0
Review frequency	Every 3 years
Review date	February 2022

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
3.0	April 2017	Jenny Jones, Programme Officer	
4.0	February 2019	Head of Service, Elective Care	NHSE Consultation July 2018 to November 2018

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
April 2017	3.0	April 2020	Change to new format	April 2017	CCC
January 2019	4.0	February 2022	Changed in line with national policy (January 2019)	March 2019	NHSE

D ASSOCIATED DOCUMENTS
<ul style="list-style-type: none"> NHS England Policy for Evidence Based Interventions, January 2019 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
NICE Interventional Procedures Guidance (IPG476)	https://www.nice.org.uk/guidance/ipg476	Jan 2014
NICE Interventional procedures guidance (IPG240)	https://www.nice.org.uk/guidance/ipg240	Nov 2010
NHS Choices Snoring – symptoms, causes and treatments	http://www.nhs.uk/Conditions/Snoring/Pages/Introduction.aspx	Current
Other evidence and information can be found at p14 NHSE	https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-	

Evidence Based Interventions – Guidance for CCGs	guidance-v2.pdf	
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F	DISTRIBUTION LIST		
Internal CCG Intranet	CCG Internet Website	GP Communications Bulletin	External (Trusts, ISPs) stakeholders
✓	✓	✓	✓