

NHS England / NHS Dorset Clinical Commissioning Group

# Tonsillectomy for Recurrent Tonsillitis Criteria Based Access Protocol



**Supporting people in Dorset to lead healthier lives**

## **NHS DORSET CLINICAL COMMISSIONING GROUP**

### **TONSILLECTOMY FOR RECURRENT TONSILLITIS 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 and in line with the NHS Evidence Based Interventions Policy (11<sup>th</sup> January 2019).

#### **2. DEFINITIONS**

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

#### **3. CRITERIA FOR ACCESS**

In most cases they can be treated with conservative measures. In some cases, where there are recurrent, documented episodes of acute tonsillitis that are disabling to normal function, then tonsillectomy is beneficial, but it should only be offered when the frequency of episodes set out by the Scottish Intercollegiate Guidelines Network criteria are met.

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 may be beneficial and can be considered after specialist assessment 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 (eg asymmetry of tonsils);
- children and adults with spontaneous tonsillar haemorrhage;
- children and adults for cases of quinsy;
- Obstructive Sleep apnoea / Sleep disordered breathing in children;
- PFAPA (periodic fever, aphthous stomatitis, pharyngitis, cervical adenitis);
- acute and chronic renal disease resulting from acute bacterial tonsillitis;
- 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 where reduced oral intake could be dangerous to health;
- in children and adults for tonsillitis if **ALL** relevant criteria below are met:
  - a) sore throats are due to acute tonsillitis **and**;
  - b) there are 7 or more clinically significant, adequately treated episodes of tonsillitis in the last year, OR at least 5 episodes each year over a two year period; or at least 3 episodes each 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 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](mailto: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 website: (<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 access protocol has previously been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body. This protocol is updated in line with NHS England Evidence Based Interventions Policy (11<sup>th</sup> January 2019) following national consultation July 2018 to November 2018.

## **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**

<b>A</b>		<b>DOCUMENT DETAILS</b>
<b>Procedural Document Number</b>	110	
<b>Author (Name and Job Title)</b>	Head of Service, Elective Care	
<b>Recommending Group</b>	Clinical Reference Group	
<b>Version</b>	3.0	
<b>Review frequency</b>	Every 3 years	
<b>Review date</b>	February 2022	

<b>B</b>				<b>CONSULTATION PROCESS</b>
<b>Version No</b>	<b>Review Date</b>	<b>Author and Job Title</b>	<b>Level of Consultation</b>	
2.0	June 2016	Claire Lawrenson, Senior Programme Lead	Dr Julie Doherty, Paediatrician, DCHFT	
3.1	February 2019	Tracey Hall, Head of Service, Elective Care	Updated to reflect NHSE Consultation July 2018 to November 2018	

<b>C</b>						<b>VERSION CONTROL</b>
<b>Date of recommendation</b>	<b>Version No</b>	<b>Review date</b>	<b>Nature of change</b>	<b>Approval date</b>	<b>Approval Committee</b>	
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 2017	CCC	
January 2019	2.2	February 2022	Updated in line with national policy (January 2019)	TBC 2019	CRG	

<b>D</b>		<b>ASSOCIATED DOCUMENTS</b>
		<ul style="list-style-type: none"> <li>NHS England Policy for Evidence Based Interventions, January 2019</li> <li>Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group</li> <li>Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group</li> </ul>

<b>E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES</b>	
<b>Evidence, including Hyperlink (if available)</b>	<b>Date</b>
<p>This policy has been developed in line with:</p> <p>SIGN Guideline No. 177 – Management of sore throat and indications for tonsillectomy.  <a href="http://www.sign.ac.uk/guidelines/fulltext/117/index.html">http://www.sign.ac.uk/guidelines/fulltext/117/index.html</a></p> <p>Cochrane Review-Tonsillectomy or adenotonsillectomy versus non-surgical treatment for chronic/recurrent acute tonsillitis.  <a href="http://www.cochrane.org/CD001802/ENT_surgical-removal-of-the-tonsils-tonsillectomy-for-chronic-or-recurrent-acute-tonsillitis">http://www.cochrane.org/CD001802/ENT_surgical-removal-of-the-tonsils-tonsillectomy-for-chronic-or-recurrent-acute-tonsillitis</a></p> <p>Royal College of Surgeons Commissioning Guide – Tonsillectomy            Other evidence found at p42 <a href="https://www.england.nhs.uk/publication/evidence-based-interventions-guidance-for-clinical-commissioning-groups-ccgs/">https://www.england.nhs.uk/publication/evidence-based-interventions-guidance-for-clinical-commissioning-groups-ccgs/</a></p> <p>Cochrane Review - Adenotonsillectomy for obstructive sleep apnoea in children  <a href="http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003136.pub2/pdf">http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003136.pub2/pdf</a></p> <p>Other evidence found at p27 <a href="https://www.england.nhs.uk/publication/evidence-based-interventions-guidance-for-clinical-commissioning-groups-ccgs/">https://www.england.nhs.uk/publication/evidence-based-interventions-guidance-for-clinical-commissioning-groups-ccgs/</a></p>	<p>2010</p> <p>2014</p> <p>2013</p> <p>2009</p> <p>Nov 2018</p>

<b>F DISTRIBUTION LIST</b>			
<b>Internal CCG Intranet</b>	<b>CCG Internet Website</b>	<b>GP Communications Bulletin</b>	<b>External (Trusts, ISPs) stakeholders</b>
✓	✓	✓	✓