

PLCV Referral Form

Tonsillectomy and/or Adenoidectomy (Updated September 2020)

Adults & Children

THIS FORM MUST BE COMPLETED IN FULL AND ATTACHED WITH THE APPROPRIATE CLINICAL INFORMATION TO THE E-REFERRAL SERVICE

“PLCV: - DERBYSHIRE PRIOR APPROVAL PROCESS: EAR, NOSE, THROAT_RAS or CHILDREN’S EAR, NOSE & THROAT_RAS”

REFERRALS WITHOUT FORMS WILL BE REJECTED

Patient details	Referring GP details
Surname	Referring GP
Forename(s)	Practice name
Address	Practice address
Post code	Post code
Date of birth	Telephone number
NHS Number	GP practice code

Part A - PLCV criteria	
The Commissioner will fund: Tonsillectomy for Indications A in adults or children, OR Tonsillectomy and/or adenoidectomy for Indication B in children and adults	
Indication A: Recurrent sore throat where criteria 1 and 2 both apply and the principle cause is tonsillitis. Criteria1: 7 or more eligible episodes in the last year OR 5 or more eligible episodes in each of the last 2 years, OR 3 or more eligible episodes in each of the last 3 years NB. (Criteria 1) An “eligible episode” must have three of the following criteria: <ul style="list-style-type: none"> • Tonsillar exudates • Tender anterior cervical lymph nodes • History of fever (>38°C) • Absence of cough 	<input type="checkbox"/>

[Centor clinical prediction score]	
Criteria 2: A significant and documented impact on quality of life e.g absence from school/work.	<input type="checkbox"/>
Indication B: The Commissioner will fund tonsillectomy and/or adenoidectomy for any of the following indications with approval for each case required prior to the procedure: <ul style="list-style-type: none"> • Failure to thrive due to difficulty eating solid foods (in children only). • A strong clinical history suggestive of sleep apnoea • A significant impact on quality of life e.g. loud and persistent noisy / mouth breathing leading to social difficulties, difficulty eating solid foods that creates unreasonably slow eating, difficulty exercising NB: The case is much more likely to be approved where there is supporting evidence such as growth charts, letters from GPs employer or school.	<input type="checkbox"/>
<p><u>Exclusion Criteria</u></p> <p>Referrals for the following indication are considered as being exceptions and therefore are excluded from the policy:</p> <ul style="list-style-type: none"> • Suspected malignancy. • More than one episode of peri-tonsillar abscess (quinsy). • Acute upper airways obstruction. 	

Additional Patient Information	BOTH must apply
This patient is willing to undergo a surgical procedure should it be offered.	<input type="checkbox"/>
I have discussed with the patient the fact they will be referred for a possible procedure but there is no guarantee that a surgical intervention will be the required outcome following the consultation with the secondary care specialist.	<input type="checkbox"/>

Authorisation Code:	[Enter Authorisation Code]
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Patient Choice of Provider	
First Choice:	[Manually enter provider name]
Second Choice:	[Manually enter provider name]

I confirm that the patient meets the current clinical guideline/policy for referral for the procedure.	
Name of referrer: _____	Date: _____

Part B – Reason for referral

Salutations:	Dear colleague,
Preamble/context:	Macro to insert last consultation
	Thank you, Dr. XXX (insert your name here)

Problems - This needs to be auto pulled from the GP system

Relevant SH & FH:

Date to be included	Single Code Entry: Tobacco consumption
Smoking status	Single Code Entry: Alcohol consumption
Alcohol	Single Code Entry: Occupations
Occupation	Single Code Entry: Ethnic category - 2001 census
Ethnicity	Single Code Entry: Military veteran
Veteran?	
Freetext:	
Detail which might assist timely discharge:	

Medication – Date to be included. The GP’s need to have the option to EDIT this once it has been populated.

Allergies – Date to be included . The GP’s need to have the option to EDIT this once it has been populated.

Useful values:

BP	Pulse rate	Height	Weight	BMI	HbA1C
Single Code Entry: O/E - blood pressure reading	Single Code Entry: O/E - pulse rate	Single Code Entry: O/E - height	Single Code Entry: O/E - weight	Single Code Entry: Body mass index	Date
Date					

Please embed any attached items here.

Please note any individual patient requirements here (e.g. Wheelchair user).

