

CLINICAL POLICY ADVISORY GROUP (CPAG)

Surgical Treatment of Sleep Apnoea Policy

This procedure requires prior approval. Prior approval must be sought through Blueteq.

Criteria:

- **Black** – criteria required to be met prior to referral
- **Blue** – criteria to be met prior to procedure

Statement

Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed that the **Surgical Treatment of Sleep Apnoea** should not routinely be commissioned unless the criteria within this policy are met:

The ICB will fund **Surgical Treatment of Sleep Apnoea** where EACH OF the following Criteria have been met:

- Patient has already tried continuous positive airways pressure (CPAP) unsuccessfully for 6 months prior to being considered for surgery

OR

- Patient had major side effects to CPAP such as significant nosebleeds

OR

- Patient cannot use CPAP due to a physical barrier in the nose

AND

- Patient has a score of greater than or equal to 15 on the Epworth Sleepiness Scale
OR patient is sleepy in dangerous situations such as driving or operating machinery (i.e., has significant symptoms regardless of Epworth sleepiness scale score)

AND

- Patient has significant sleep disordered breathing (as measured during a sleep study, usually by the Apnoea/Hypopnoea Index)

AND

- Patient has a BMI of less than 35kg/m²

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

Sleep apnoea happens if your airways become too narrow while you sleep – the most common type is obstructive sleep apnoea (OSA). This causes your breathing to stop and start while you sleep.

There are two types of breathing interruption characteristic of OSA:

- Apnoea – where the muscles and soft tissues in the throat relax and collapse sufficiently to cause a total blockage of the airway; it's called an apnoea when the airflow is blocked for 10 seconds or more
- Hypopnoea – a partial blockage of the airway that results in an airflow reduction of greater than 50% for 10 seconds or more

As such it is also referred to as obstructive sleep apnoea/hypopnoea syndrome (OSAHS)

Symptoms of Sleep Apnoea mainly happen while you sleep. They include:

- Breathing stopping and starting
- Making gasping, snorting or choking noises
- Waking up a lot
- Loud snoring

This policy only relates to patients who have proven OSA and who may benefit from the surgical intervention of their OSA. It should not be applied to patients who do not have OSA. As such this policy should be read in conjunction with other DDICB ENT policies:

- [Adult Snoring Surgery in the Absence of Obstructive Sleep Apnoea](#)
- [Rhinoplasty and Septo-Rhinoplasty](#)
- [Tonsillectomy and Adenoidectomy](#)
- [Surgical Intervention for Chronic Rhinosinusitis](#)

2. Recommendation

This procedure requires prior approval. Prior approval must be sought through Blueteq.

Criteria:

■ **Black – criteria required to be met prior to referral**

■ **Blue – criteria to be met prior to procedure**

The ICB will fund **Surgical Treatment of Sleep Apnoea** where the EACH OF the following Criteria have been met:

<ul style="list-style-type: none">• Patient has already tried continuous positive airways pressure (CPAP) unsuccessfully for 6 months prior to being considered for surgery <p>OR</p> <ul style="list-style-type: none">• Patient had major side effects to CPAP such as significant nosebleeds <p>OR</p> <ul style="list-style-type: none">• Patient cannot use CPAP due to a physical barrier in the nose
<p>AND</p> <ul style="list-style-type: none">• Patient has a score of greater than or equal to 15 on the Epworth Sleepiness Scale OR patient is sleepy in dangerous situations such as driving or operating machinery (i.e., has significant symptoms regardless of Epworth sleepiness scale score)
<p>AND</p> <ul style="list-style-type: none">• Patient has significant sleep disordered breathing (as measured during a sleep study, usually by the Apnoea/Hypopnoea Index)
<p>AND</p> <ul style="list-style-type: none">• Patient has a BMI of less than 35kg/m²

Additional notes:

Due to uncertainties regarding long term efficacy NICE does not recommend the use of Uvulopalatopharyngoplasty, Laser Assisted Uvulopalatoplasty and Soft Palate Implants for the treatment of this condition

3. Rationale for Recommendation

OSA tends to occur more often in males, those with a large neck, those aged over 40 (both men and women) as well as having a family history of OSA. There are other risk factors for OSA including: obesity, large tonsils, large adenoids, smoking, high alcohol intake, nasal congestion, deviated septum and sedative medication.

OSA does not always need to be treated if it's mild, but OSA is a long-term condition and may require lifelong treatment. Reduction and/or treatment of the risk factors for OSA may reduce the need for any intervention for the treatment of OSA. Sleep apnoea can be treated with a continuous positive airways pressure (CPAP) machine and mandibular advancement device.

Surgical treatments include tonsillectomy and/or adenoidectomy. NICE NG202 advises to consider tonsillectomy for people with obstructive sleep apnoea/hypopnoea syndrome (OSAHS) who have large obstructive tonsils and a body mass index (BMI) of less than 35 kg/m². It also advises that surgery for the right people would improve their quality of life.

NICE IPG241 does not recommend the use of soft-palate implants for the treatment of OSA due to the inadequate evidence that the procedure is efficacious in the treatment of OSA especially when other treatments exist.

Other treatment options for OSA include the treatment of chronic rhinitis and correction of any nasal passage deviations.

4. Useful Resources

- NHS Website. Sleep Apnoea. <https://www.nhs.uk/conditions/sleep-apnoea/>
- NHS Inform Scot. Obstructive Sleep Apnoea. <https://www.nhsinform.scot/illnesses-and-conditions/lungs-and-airways/obstructive-sleep-apnoea>

5. References

- NICE NG202. Obstructive Sleep Apnoea/Hypopnoea Syndrome and Obesity Hypoventilation Syndrome in over 16s. <https://www.nice.org.uk/guidance/ng202>
- NICE CKS. Obstructive Sleep Apnoea Syndrome. <https://cks.nice.org.uk/topics/obstructive-sleep-apnoea-syndrome/>
- NICE IPG241. Soft-Palate Implants for Obstructive Sleep Apnoea <https://www.nice.org.uk/guidance/ipg241>
- NICE IPG476. Radiofrequency Ablation of the Soft Palate for Snoring. <https://www.nice.org.uk/guidance/ipg476>

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Consultant ENT Surgeon, UHDBFT	April 2022
Consultant ENT Surgeon, CRHFT	April 2022
Clinical Policy Advisory Group (CPAG)	June 2022
Population Health and Strategic Commissioning Committee (PHSCC)	July 2022

Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 4.0</u> Policy has been re-worded and reformatted to reflect the DDICB clinical policies format. This includes the addition of background information, useful resources, references and consultation. Referral criteria one has been separated into 3 separate criteria The Criterion "Referral has been made to a weight management service where the patient is overweight or obese (BMI over 25kg/m ²)" has been replaced with "BMI is less than 35kg/m ² ". in line with NICE NG202. Reference to SIGN 73 has been removed as this was withdrawn by SIGN in 2013	June 2022

Appendix 3 - PLCV Referral Form

Derbyshire PLCV Referral Form Surgical Treatment for Sleep Apnoea

THIS FORM MUST BE COMPLETED IN FULL AND ATTACHED WITH THE APPROPRIATE CLINICAL INFORMATION TO THE E-REFERRAL SERVICE
“PLCV: - DERBYSHIRE PRIOR APPROVAL PROCESS: SLEEP APNOEA_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	
Patient Consent			
			Mark or tick boxes below to confirm
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.			<input type="checkbox"/>
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.			<input type="checkbox"/>
Please confirm that you have given PLCV patient leaflet to the patient			<input type="checkbox"/>

Part A - PLCV Criteria	Must apply
The Commissioner will fund a referral from primary care surgical treatment of sleep apnoea if:	
Patient has a BMI of less than 35kg/m ²	<input type="checkbox"/>

Additional clinical information that may have a bearing on the application
Due to uncertainties regarding long term efficacy NICE does not recommend the use of Uvulopalatopharyngoplasty, Laser Assisted Uvulopalatoplasty and Soft Palate Implants for the treatment of this condition

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"/>

Prior Approval No	
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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).

Appendix 4 - Blueteq

[Click here to access the guidelines/NICE algorithm](#)

[Click to view NHS Derby and Derbyshire ICB Policies](#)

Prior Approval Form - Prior Approval Form (PLCV) - Surgical Treatment for Sleep Apnoea			
PATIENT CONSENT			
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.		Yes	No
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.		Yes	No
Please confirm that you have given PLCV patient leaflet to the patient		Yes	No
APPLICANT DETAILS			
Clinician Making Request:	<input type="text"/>	Trust:	<input type="text"/>
Clinician Full Name:	<input type="text"/>	Telephone:	<input type="text"/>
Contact Email (nhs.net):	<input type="text"/>		
PATIENT DETAILS			
Patient Name:	<input type="text"/>	GP Practice Name:	<input type="text"/>
NHS Number:	<input type="text"/>	GP Practice Code:	<input type="text"/>
Patient DOB:	<input type="text"/>	Is the patient a smoker:	Yes No
Primary Care Prior Approval Number:	<input type="text"/>		
PROCEDURE CRITERIA			
<p>1. The ICB will fund Surgical Treatment of Sleep Apnoea where EACH OF the following Criteria have been met:</p> <p>Patient has already tried continuous positive airways pressure (CPAP) unsuccessfully for 6 months prior to being considered for surgery.</p> <p>OR</p> <p>Patient had major side effects to CPAP such as significant nosebleeds</p> <p>OR</p> <p>Patient cannot use CPAP due to a physical barrier in the nose</p> <p>AND</p> <p>Patient has a score of greater than or equal to 15 on the Epworth Sleepiness Scale OR patient is sleepy in dangerous situations such as driving or operating machinery (i.e., has significant symptoms regardless of Epworth sleepiness scale score)</p> <p>AND</p> <p>Patient has significant sleep disordered breathing (as measured during a sleep study, usually by the Apnoea/Hypopnoea Index)</p> <p>AND</p> <p>Patient has a BMI of less than 35kg/m2</p> <p>Additional Note</p> <p>Due to uncertainties regarding long term efficacy NICE does not recommend the use of Uvulopalatopharyngoplasty, Laser Assisted Uvulopalatoplasty and Soft Palate Implants for the treatment of this condition</p>		Yes	No
ADDITIONAL INFORMATION			
Please provide any additional clinical information that may have a bearing on the application in the text box below.			
SUBMISSION DECLARATION			
I confirm that the above information is complete and accurately describes the patient's condition.			
Submitting User	<input type="text"/>	Date	<input type="text"/>