

CLINICAL POLICY ADVISORY GROUP (CPAG)

Tonsillectomy and Adenoidectomy 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 tonsillectomy and adenoidectomy should not routinely be commissioned unless the criteria listed within the policy are met.

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

1. Background

Tonsillectomy

Tonsils are lymphatic tissue found on each side of the throat that forms part of the immune system in young children. As children get older the tonsils usually shrink and the immune system can fight infections without them.

Tonsillitis is the inflammation of the tonsils, which is often caused by a viral infection but can also be caused by bacteria. Tonsillitis is usually self-limiting and often resolves within three to four days. However, some can experience recurrent severe episodes of tonsillitis and the surgical removal of the tonsils may be the most appropriate management option for these patients. The surgical removal of tonsils is also known as tonsillectomy.

Adenoidectomy

Adenoids are small glands at the back of the nose, above the roof of the mouth. In younger children adenoids form part of the immune system. A child's adenoids can become swollen or enlarged following a bacterial or viral infection, or an allergic reaction. Swollen adenoids often cause mild discomfort and treatment is not needed. As children get older the adenoids shrink and the immune system can fight infections without them.

Some children can experience severe discomfort, which can interfere with daily life. Swollen adenoids can block the nose, which can affect breathing and can cause snoring at night. They can also block the Eustachian tubes causing hearing loss and ear infections. Recurrent and severe inflammation of the adenoids can occasionally be managed through the surgical removal of the adenoids, which is also known as an adenoidectomy.

2. Recommendation

The Commissioner will fund:

- Tonsillectomy for indications A in adults or children,
OR
- Tonsillectomy and/or adenoidectomy for indication **B** in adults or children.

A. Recurrent sore throat where criteria 1 AND 2 both apply, and the principal cause is tonsillitis:

1. 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. An “eligible episode” must have three of the following criteria:

- Tonsillar exudates
- Tender anterior cervical lymph nodes
- History of fever (>38°C)
- Absence of cough

[Centor clinical prediction score]

2. A significant and documented impact on quality of life e.g. Absence from school/work

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:

- 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
- Those assessed to be at significant risk of choking/airway obstruction whilst eating

The policy should also be read in conjunction to the following commissioned with restrictions DDICB policy:

- [Surgical Treatment Sleep Apnoea](#)

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.

Exclusion Criteria

Referrals for the following indications are considered as being exceptions and therefore are excluded from the policy:

- Suspected malignancy
- More than one episode of peri-tonsillar abscess (quinsy)
- Acute upper airways obstruction

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

3. Rationale for Recommendation

Some people can experience severe recurrent episodes of inflamed adenoids and tonsillitis that can be disabling to normal function. The removal the adenoids/tonsillectomy can be beneficial in these patient groups, but it should only be offered when the frequency of episodes set out by the policy are met.

The surgery carries a risk of bleeding and infection requiring readmission to hospital. Post-surgery pain can be severe, particularly in adults, for up to two weeks after surgery and can cause temporary swallowing difficulties.

4. Useful Resources

- Adenoidectomy, NHS, last reviewed 10/02/20, assessed 09/03/20, <https://www.nhs.uk/conditions/Adenoids-and-adenoidectomy/>
- Adenoid Surgery, ENTUK, accessed 09/03/20, <https://www.entuk.org/adenoid-surgery>
- Tonsillitis, NHS, Last reviewed 15/12/17, accessed 09/03/20, <https://www.nhs.uk/conditions/Tonsillitis/>
- 117 Management of sore throat and indications for tonsillectomy - A national clinical guideline, Scottish Intercollegiate Guidelines Network, April 2010, <https://www.sign.ac.uk/assets/sign117.pdf>
- [NICE Guideline 202](#) - Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s. (20 August 2021)

5. References

- Adenoidectomy, NHS, last reviewed 10/02/20, assessed 09/03/20, <https://www.nhs.uk/conditions/Adenoids-and-adenoidectomy/>
- Adenoid Surgery, ENTUK, accessed 09/03/20, <https://www.entuk.org/adenoid-surgery>
- Evidence-Based Interventions: Guidance for ICBs, NHS England,
- Tonsillitis, NHS, Last reviewed 15/12/17, accessed 09/03/20, <https://www.nhs.uk/conditions/Tonsillitis/>
- 117 Management of sore throat and indications for tonsillectomy - A national clinical guideline, Scottish Intercollegiate Guidelines Network, April 2010, <https://www.sign.ac.uk/assets/sign117.pdf>
- [NICE Guideline 202](#) - Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s. (20 August 2021)

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 Ear, Nose and Throat, Head and Neck Surgeon, CRHFT	February 2020
Consultant Ear, Nose and Throat Surgeon, UHDBFT	February 2020
Clinical Policy Advisory Group (CPAG)	March 2020
Clinical Cell	April 2020
Consultant ENT and Facial Plastic Surgeon, CRHFT	June 2020
Consultant ENT and Head and Neck Surgeon, UHDBFT	June 2020
Consultant ENT Surgeon and Clinical Director Leading on ENT, UHDBFT	June 2020
Consultant ENT/Head & Neck Surgeon, CRHFT	July 2020
Clinical Policy Advisory Group (CPAG)	July, August 2020
Clinical and Lay Commissioning Committee (CLCC)	August, September 2020
Consultant ENT Surgeon, UHDBFT	September 2021
Consultant ENT Surgeon, CRHFT	September 2021
Clinical Policy Advisory Group (CPAG)	October 2021
Clinical Lay Commissioning Committee (CLCC)	November 2021
Clinical Policy Advisory Group (CPAG)	June 2022
Population Health and Strategic Commissioning Committee (PHSCC)	July 2022

Appendix 2 - Document Update

Document Update	Date Updated
Version 2.0 - changes to frequency of occurrence of tonsillitis made and parental concern about breathing removed as a criteria; fever defined as defined as 38°C.	November 2014
Version 3.0 - policy reviewed. No update	December 2016
Version 3.1 - policy updated with Criteria A being made relevant to secondary care.	July 2017
Version 3.2 - addition of 'This procedure requires prior approval. Prior approval must be sought through Blueteq. ' as requested by contracting.	October 2019
Version 4.0 - policy reworded and reformatted to reflect the new organisation. Addition of background information, rationale for recommendations and useful resources. Further clarification of policy criteria. Criteria for emergency hospital admission removed from the policy.	March 2020
Version 4.1 - Criteria for emergency hospital admissions added back into the policy, under the new 'Exclusion Criteria' section.	July 2020
Version 4,2 - Criteria for adenoidectomy opened to include adults.	August 2020
Version 4.3 - inclusion of Appendix 3 - Derbyshire PLCV Referral Form and Appendix 4 – Blueteq Form.	October 2020
Version 4.4 - Reference added to NICE Guideline 202 - Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s - Cross reference to DDICB Surgical Treatment for Sleep apnoea policy	October 2021
Version 4.5 - Criteria added in Recommendation B - Those assessed to be at significant risk of choking/airway obstruction whilst eating (in children only)	June 2022

Appendix 3 - OPCS Code(s)

E201, E208, E209, F341, F342, F344, F345, F346, F348, F349, F361, F368, F369

Appendix 4 - Derbyshire PLCV Referral Form

PLCV Referral Form
Tonsillectomy and/or Adenoidectomy (Updated June 2022)
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

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"/>

- 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 Date	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

Please embed any attached items here.

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

Appendix 5 - Blueteq Form

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

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

Prior Approval Form - Prior Approval Form (PLCV) - Tonsillectomy and/or Adenoidectomy ADULTS & CHILDREN			
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.			<input type="checkbox"/> Yes <input type="checkbox"/> 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.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm that you have given PLCV patient leaflet to the patient			<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Care Prior Approval Number:	<input type="text"/>		
PROCEDURE 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.			

<p>1. INDICATION A.</p> <p>Recurrent sore throat where criteria 1 AND 2 both apply, and the principal cause is tonsillitis:</p> <p>Criteria 1</p> <p>7 or more eligible episodes in the last year</p> <p>OR</p> <p>5 or more eligible episodes in each of the last 2 years</p> <p>OR</p> <p>3 or more eligible episodes in each of the last 3 years <input type="text"/></p> <p>NB. (Criteria 1) An "eligible episode" must have three of the following criteria:</p> <ul style="list-style-type: none"> • Tonsillar exudates • Tender anterior cervical lymph nodes • History of fever (>38°C) • Absence of cough <p>[Centor clinical prediction score]</p> <p>Criteria 2:</p> <p>A significant and documented impact on quality of life e.g absence from school/work</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. INDICATION B.</p> <p>The Commissioner will fund tonsillectomy and/or adenoidectomy for any of the following indications with approval for each case required prior to the procedure:</p> <p><input type="text"/></p> <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. • Those assessed to be at significant risk of choking/airway obstruction whilst eating. <p>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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <p style="color: red;">* Required</p>
<p>3. Exclusion Criteria</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 INFORMATION	
<p>Please provide any additional clinical information that may have a bearing on the application in the text box below.</p>	
SUBMISSION DECLARATION	
<p>I confirm that the above information is complete and accurately describes the patient's condition.</p> <p>Submitting User <input type="text"/> * Date <input type="text"/> *</p>	