# Tonsillectomy Commissioning Policy

## Criteria based access

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<th>Procedure</th>
<th>Tonsillectomy</th>
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<td>For the treatment of</td>
<td>Recurrent tonsillitis and other indications for tonsillectomy</td>
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### Background

From April 2013 NHS England took over responsibility for commissioning activity in primary care, where initial conservative treatments take place. BANES CCG is responsible for commissioning activity in secondary care, and this policy sets out the criteria for referral to secondary care surgery for recurrent tonsillitis or other indications for tonsillectomy.

### Commissioning Position

For patients with the following conditions referral for Tonsillectomy will be commissioned:

a) Children and adults for cancer or suspected cancer

b) Children and adults for cases of quinsy

c) Children and adults who are immunocompromised, or have other medical conditions (e.g. psoriasis, nephritis, PFAPA syndrome).

d) Severe halitosis (offensive breath odour) in teenagers and adults, which has been demonstrated to be due to tonsil crypt debris.

e) Adults with obstructive sleep apnoea
   - With enlarged tonsils and diagnosed sleep apnoea where surgery is part of a treatment pathway agreed by physicians.
   - All relevant lifestyle modifications should have been implemented including weight management and BMI below 30, smoking cessation, alcohol reduction and sedative avoidance.

f) Children with obstructive sleep apnoea
   - Diagnosed sleep apnoea with evidence of impact on development, behaviour and quality of life and where other treatments have failed or are inappropriate.

**For patients with a recurrent sore throat BANES CCG will only commission referral to secondary care providing ALL the following criteria below are met:**
Recurrent sore throats are due to acute tonsillitis; AND the following documented evidence applies:
- The patient has experienced 7 or more episodes of sore throat in the last year OR
- 5 or more episodes in each of the preceding two years OR
- 3 or more in each of the preceding three years AND
- The episodes of sore throat are disabling and prevent normal functioning (for example time off work or school or disruption to normal behaviour)

### Summary of evidence / rationale

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.

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.

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.

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.

For tonsillectomy there is moderate evidence addressing effectiveness in children; but limited evidence in adults.

### Additional Information

Where the above criteria are met providers will no longer need to seek individual prior approval from commissioners. However, a prior notification form must be completed to enable audit of compliance.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from this policy.
Individual cases will be reviewed by the Individual Funding Request Panel upon receipt of a completed Individual Funding Request application form from the patients GP, consultant or clinician. Applications must state reasons for exceptionality and cannot be considered from patients personally.

Click on the hyperlinks below for BANES CCG website access:

**Prior Notification Form**

**Individual Funding Request Application Form**

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<tr>
<th>Notes</th>
<th>The development of this policy included some adaptations of policies from other NHS commissioning organisations, including NHS Devon, NHS Dorset and NHS Greater Huddersfield</th>
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</table>
| References | • Cochrane Review, 2014. Tonsillectomy or adenotonsillectomy versus non-surgical treatment for chronic/recurrent acute tonsillitis.  
• Royal College of Surgeons Commissioning Guide – Tonsillectomy September 2013  
| Approved by (committee) | Individual Funding Request Panel |
| Date Approved | 23 April 2015 |
| Version: | 1.0 |
| This commissioning policy updates BANES CCG current criteria based Tonsillectomy policy (October 2011) |
| Produced by (title) | Health Protection Manager, Bath & North East Somerset Council Public Health Department |
| Review Date | Three years or sooner if NICE guidance or new evidence emerges |