NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Tonsillectomy

Prior Approval/Criteria Based Access

All Patients

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk/) or consider use of advice and guidance services where available.

Section A - Criteria for Recurrent Tonsillitis – Prior Approval

Funding approval for assessment and surgical treatment will only be provided by the ICB for patients meeting criteria set out below as set out by the SIGN guidance and supported by ENT UK commissioning guidance.

The ICB will provide funding approval for a referral to secondary care providers for consideration, and subsequent provision of, a tonsillectomy if the following criteria are met:

1. The episodes of sore throats are due to acute tonsillitis.

   AND

2) The frequency of episodes of acute tonsillitis confirmed by the patient's GP (as per the patient's medical records) as follows:

   a) Seven or more episodes* in 1 year prior to this application.

   OR

   b) Ten or more episodes* in the 2 years prior to this application (specifically 5 or more episodes in each of these 2 years)

   OR

   c) Nine or more episodes* in the 3 years prior to this application (specifically 3 or more episodes in each of these 3 years)

*These must be well documented, clinically significant, and adequately treated tonsillitis episodes.

AND

3) Symptoms have been occurring for at least a year.

Section B – Criteria for Elective referral for other conditions – Criteria Based Access

Funding approval will be provided for a referral to an ENT consultant and subsequent tonsillectomy if the specialist assessment finds the patient is highly likely to benefit from this, for the following conditions:

1. A quinsy requiring hospital admission, associated with tonsillitis or two documented episodes of quinsy.

OR

2. Children with symptoms of persistent significant obstructive sleep apnoea (OSA) which can be diagnosed with a combination of the following clinical features:
   a) A clear history of an obstructed airway at night: witnessed apnoeas, abnormal postures, increased respiratory effort, loud snoring or stertor.
   b) Evidence of adeno-tonsillar hypertrophy: direct examination, hot potato or adenoidal speech, mouth breathing / nasal obstruction.
   c) Significant behavioural change due to sleep fragmentation: daytime somnolence or hyperactivity.
   d) OSA may also cause morning headache, failure to thrive, night sweats and enuresis.

There are a number of medical conditions where episodes of tonsillitis can be damaging to health or tonsillectomy is required as part of the on-going management. In these instances tonsillectomy may be considered beneficial at a lower threshold than this guidance after specialist assessment:

- Acute and chronic renal disease resulting from acute bacterial tonsillitis.
- As part of the treatment of severe guttate psoriasis.
- Metabolic disorders where periods of reduced oral intake could be dangerous to health
- PFAPA (Periodic fever, Apthous stomatitis, Pharyngitis, Cervical adenitis)
- Severe immune deficiency that would make episodes of recurrent tonsillitis dangerous

Patient records should clearly record this information to support audit purposes.

Section C – Criteria for Adults clinically diagnosed with Obstructive Sleep Apnea Hypopnea Syndrome (OSAHS) Criteria Based Access

Funding approval for assessment and surgical treatment will only be provided by the ICB for patients meeting criteria set out below.

1. Adults with clinically diagnosed OSAHS – referred via a Respiratory Consultant only

Continued below.

Section D - Tonsillar Crypts, Tonsilloliths or Tonsillar Stones

A tonsillolith or tonsillar stone is material that accumulates on the tonsil in crypts or scars caused by previous episodes of tonsillitis. They can range up to the size of a peppercorn and are white/cream in colour. The main substance is mostly calcium, but they can have a strong unpleasant odour. In addition, patients recurrently manually removing these can cause inflammation and pain themselves. Although unpleasant and distressing for the patient, they are not an indication for surgical removal of the tonsils and tonsillectomy is **not commissioned** for these patients.

Note:
If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

BRAN

For any health- related decision, it is important to consider "BRAN" which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Tonsillitis can be painful as well as frustrating. A successful tonsillectomy can improve a patients overall quality of life.

Removal of tonsils can mean that an individual is less likely to develop persistent infections that can be caused by colds and viruses.

A tonsillectomy can also help to resolve other sleep-related issues, such as sleep apnoea.

Risks

As with any surgery, a tonsillectomy presents certain risks. These include, swelling bleeding during surgery and during healing, and risk of infection. Long term problems are very rare.

Alternatives

Continue to treat the infection with conservative measures.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Tonsillectomy – Plain Language Summary

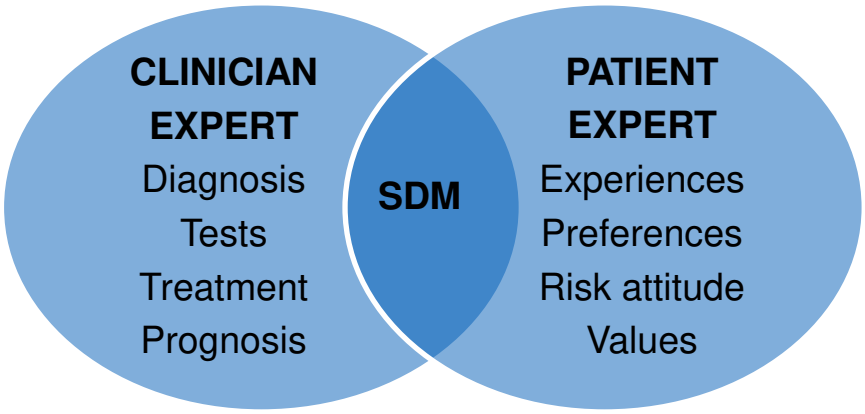
A tonsillectomy is the surgical removal of the tonsils. The operation is performed through the mouth, meaning there will be no external (outside) cuts or scars.

The tonsils are two small almond-shaped mounds of tissue that sit on either side of the back of the throat. They are part of the body’s system to fight infection and are only important during the first few years of life.

Shared Decision Making

If a person fulfils the criteria for tonsillectomy surgery it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use ‘Ask 3 Questions’:

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

Connected Policies

N/A

This policy has been developed with the aid of the following:

1. NICE (2006) Tonsillectomy using laser(Guidance / IPG186) www.nice.org.uk
2. NICE (2006) Tonsillectomy using ultrasonic scalpel Interventional procedures guidance (Guidance/IPG178) www.nice.org.uk
3. National Health Service (2021) Health A to Z: Tonsillectomy [online] www.nhs.uk/conditions
4. National Health Service England (2018) Tonsillectomy EBI Consultation Document [online] www.england.nhs.uk/wp-content
5. Sign (2019) Management of sore throat and indications for tonsillectomy [online] www.sign.ac.uk
6. National Library of Medicine (2015) The National randomised controlled Trial of Tonsillectomy IN Adults (NATTINA): a clinical and cost-effectiveness study: study protocol for a randomised control trial [online] www.pubmed.ncbi.nlm.nih.gov

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB is responsible, including policy development and review.

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Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):

E201, E204, F341, F342, F343, F344, F345, F346, F347, F348, F349, F361, F368, F369
Relevant diagnoses for this policy:
ICD10 Code: No appropriate diagnosis codes
Procedures for which the above procedures are permitted (if in the same attendance):
OPCS Code: D151, D158, D159, D202, D201, F341, F343, F347, F342

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: 0117 900 2655 or 0800 073 0907 or email them on BNSSG.customerservice@nhs.net.