

Draft General Commissioning Policy

Treatment	Tonsillectomy
For the treatment of	Tonsillitis
Background	This commissioning policy is needed in order to clarify the threshold for referral to secondary care surgery for recurrent tonsillitis
Commissioning position	<p>Referral criteria for possible tonsillectomy</p> <p>Urgent referral is required for:</p> <ul style="list-style-type: none"> • Patients with sore throat who have stridor, progressive dysphagia, increasing pain or severe systemic symptoms (may require hospital admission) • Suspected malignancy • Peritonsillar abscess (quinsy) • Tonsillar enlargement causing acute upper airways obstruction <p>In all other cases, a six month period of watchful waiting is recommended prior to referral for tonsillectomy to establish the pattern of symptoms and to allow the patient time to fully consider the implications of the operation. Before referral to secondary care, discuss with patient/parents or carers the benefits and risks of tonsillectomy vs watchful waiting</p> <p><u>Commissioned</u></p> <p>Consider referral if SIGN (Scottish Intercollegiate Guidelines Network) criteria are met:</p> <ul style="list-style-type: none"> • 7 or more clinically significant, adequately treated sore throats in the preceding 12 months confirmed by a GP, <u>OR</u> • 5 or more episodes in each of the preceding two years confirmed by a GP, <u>OR</u> • 3 or more in each of the preceding three years confirmed by a GP <p><u>AND</u></p> <ul style="list-style-type: none"> • There has been significant severe impact on quality of life and normal functioning, as indicated by documented objective evidence (eg absence from school, failure to thrive) <p>The impact of recurrent tonsillitis on a patient's quality of life should be taken into consideration. A fixed number of episodes, as described above, may not be appropriate for adults with severe symptoms.</p> <p>Other indications for tonsillectomy may include:</p> <ul style="list-style-type: none"> • Marked tonsillar asymmetry, which there is clinical suspicion of sinister pathology • Obstructive sleep apnoea • Halitosis thought to be caused by the tonsils but ONLY where there is clear evidence of tonsillar debris.

	<p>The CCG will consider funding in children (<16) with sleep disordered breathing if one of the following applies:</p> <ul style="list-style-type: none"> • Witnessed episodes of apnoea exceeding 10 seconds <u>OR</u> choking episodes during sleep • A positive sleep study • Significant impact on quality of life (daytime behaviour/sleepiness) <p><u>Not commissioned</u> Treatment in all other circumstances is not normally funded and should not be referred unless there is prior approval by the Individual Funding Request Panel.</p> <p>Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes there is an exceptional clinical need that justifies deviation from the rule of this policy. Individual cases will be considered by the individual funding request panel.</p>
Effective from	October 2015
Summary of evidence / rationale	The literature on surgery for recurrent tonsillitis is limited. Most published studies refer to a paediatric population. The small amount of information about adult sore throat and the effect of tonsillectomy is not scientifically robust but suggests that surgery can be beneficial for recurrent sore throats.
Date	October 2015
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References:

1. Baugh, R.F., Archer, S.M., Mitchell, R.B. et al. (2011) Clinical practice guideline: tonsillectomy in children. *Otolaryngology - Head and Neck Surgery* 144(1 Suppl), S1-S30. [Abstract]
2. NICE (2005) Referral for suspected cancer (NICE guideline) Clinical guideline 27. National Institute for Health and Care Excellence. www.nice.org.uk [Free Full-text]
3. Scottish Intercollegiate Guideline Network (SIGN) guideline for the Management of sore throat and indications for tonsillectomy [SIGN, 2010 report number 117] and the Centor clinical prediction score [Centor et al, 1981; Aalbers et al, 2011; ESCMID Sore Throat Guideline Group et al, 2012].
4. NHS England Tonsillectomy Policy 2013
5. Royal College of Surgeons Commissioning guide: Tonsillectomy Sept 2013 <http://www.rcseng.ac.uk/healthcare-bodies/docs/published-guides/tonsillectomy>
6. Royal College of Surgeons. National prospective tonsillectomy audit: final report of an audit carried out in England and Northern Ireland between July 2003 and September 2004. London: Royal College of Surgeons of England; 2005.
7. Burton MJ, Glasziou PP, Burton MJ, Glasziou PP. Tonsillectomy or adeno-tonsillectomy versus non-surgical treatment for chronic/recurrent acute tonsillitis. [Review] [20 refs][Update of Cochrane Database Syst Rev. 2000;(2):CD001802; PMID: 10796824]. *Cochrane Database of Systematic Reviews* 2009;(1):CD001802.