

Policy for Tonsillectomy/Adeno- Tonsillectomy

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Version:	2.1
Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite. This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
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Author (inc Job Title):	
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Cross reference to other Policies/Guidance	
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Document control:		
Date:	Version Number:	Section and Description of Change
November 2017	1.0	Pan-Lancashire and South Cumbria ratified policy
December 2017	1.1	OPCS and ICD codes added to appendices
September 2019	2.0	Updated policy ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups (JCCCGs)
July 2022	2.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant

1. Policy

1.1 The ICB will commission tonsillectomy/adeno-tonsillectomy, subject to the judgement of the clinician responsible for managing the patient's condition, in the following circumstances:

1.1.1 As part of the investigation and management of malignancy or suspected malignancy without a need for prior approval for funding

OR

1.1.2 When the following SIGN criteria are met:

1.1.2.1 The patient has a sore throat due to acute tonsillitis

AND

1.1.2.2 The episodes of sore throat are disabling and prevent normal functioning

AND ONE OF THE FOLLOWING:

1.1.2.2.1 The patient has had seven or more well documented, clinically significant, adequately treated sore throats in the preceding year

OR

1.1.2.2.2 The patient has had five or more such episodes in each of the preceding two years

OR

1.1.2.2.3 The patient has had three or more such episodes in each of the preceding three years

OR

1.1.3 When tonsillectomy is recommended following specialist assessment at a lower threshold than the criteria at section 1.1.2 in patients with the following conditions:

1.1.3.1 Acute and chronic renal disease resulting from acute bacterial tonsillitis

OR

1.1.3.2 Metabolic disorders where a period of reduced oral intake could be dangerous to health

OR

1.1.3.3 PFAPA (Periodic fever, apthous stomatitis, pharyngitis, cervical adenitis)

OR

1.1.3.4 Severe immune deficiency that would make episode of recurrent tonsillitis dangerous.

OR

1.1.4 For patients with a confirmed diagnosis of obstructive sleep apnoea who are either:

1.1.4.1 Aged under 16

OR

1.1.4.2 Aged 16 or over when there is advice from a centre with expertise in sleep apnoea that CPAP has failed to control symptoms and tonsillectomy is the preferred clinical strategy

OR

1.1.5 The patient has had more than one Peri-Tonsillar Abscess (Quinsy).

2. Scope and Definitions

2.1 Tonsillectomy is the surgical procedure for the removal of the palatine tonsils.

2.2 The scope of this policy includes requests for a tonsillectomy for patients of any age. Patients may have diagnoses such as:

- Tonsillitis.
- Sleep Apnoea.
- Peri-Tonsillar Abscess (Quinsy).

2.3 The scope of this policy does not include the management of sore throats in the absence of tonsillitis.

2.4 The ICB recognises that a patient may:

- Suffer from tonsillitis.
- Wish to have a service provided for their tonsillitis
- Be advised that they are clinically suitable for the treatment, and
- Be distressed by their tonsillitis, and by the fact that tonsillectomy is normally commissioned by this Commissioning Organisation only under the circumstances detailed below.

Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

2.5 For the purpose of this policy the ICB defines tonsillitis as a clinical diagnosis of painful inflammation of the tonsils.

3. Appropriate Healthcare

- 3.1 The purpose of tonsillectomy is to prevent further episodes of tonsillitis in adults and children.
- 3.2 The Commissioning Organisation considers the achievement of this purpose as according with the Principle of Appropriateness and places it within the category of interventions that are appropriate for commissioning. Therefore, it will be commissioned by the Commissioning Organisation if it also satisfies the criteria for effectiveness, cost effectiveness and ethical delivery.

4. Effective Healthcare

- 4.1 This policy relies on the criterion of effectiveness as the Commissioning Organisation recognises that recurrent sore throats are a very common condition that in most cases can be treated with conservative measures. For people who are severely affected by tonsillitis, the outcome with this intervention is likely to be better than the outcome in untreated patients. The evidence for effectiveness of tonsillectomy in those severely affected by tonsillitis is supported by robustly reviewed sources.
- 4.2 However, surgery carries risks which include post-surgical bleeding, pain and infection.
- 4.3 The ICB therefore considers that, in circumstances other than those described in section 1 of the policy, the potential risks associated with surgery outweigh the potential benefits.

5. Cost Effectiveness

- 5.1 The Commissioning Organisation recognises that the outcome value for money of this treatment is within the NICE threshold, and that the service satisfies the criterion of cost effectiveness. Therefore, this policy does not rely on the principle of cost-effectiveness.
- 5.2 Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be cost effective in this patient when considering an application to provide funding.

6. Ethics

- 6.1 The ICB does not call into question the ethics of these procedures and therefore this policy does not rely on the Principle of Ethics.
- 6.2 Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient when considering an application to provide funding.

7. Affordability

- 7.1 The ICB does not call into question the affordability of these procedures and therefore this policy does not rely on the Principle of Affordability.

7.2 Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient when considering an application to provide funding.

8. Exceptions

8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.

9. Force

9.1 This policy remains in force until it is superseded by a revised policy.

9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:

- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
- If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10. References

1. NHS England (2018). Evidence-Based Interventions: Guidance for ICBs <https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf>
2. Royal College of Surgeons and ENT-UK. Commissioning Guide: Tonsillectomy. September 2016. Accessed from www.rcseng.ac.uk
3. NHS Choices website <http://www.nhs.uk/Conditions/Sleep-apnoea/Pages/Treatment.aspx>