Commissioning Policy

NHS Redditch and Bromsgrove Clinical Commissioning Group

NHS South Worcestershire Clinical Commissioning Group

NHS Wyre Forest Clinical Commissioning Group

Tonsillectomy (Adults and Children)

April 2018

This policy applies to patients for whom the following Clinical Commissioning Groups are responsible:

- NHS South Worcestershire Clinical Commissioning Group (CCG)
- NHS Redditch & Bromsgrove Clinical Commissioning Group (CCG)
- NHS Wyre Forest Clinical Commissioning Group (CCG)

Collectively referred to as the Worcestershire CCGs

COMMISSIONING SUMMARY

Worcestershire CCGs (also termed "the Commissioner" in this document) will only fund Tonsillectomy in adults and children if the following eligibility criteria are met:

- seven or more well documented, clinically significant,* adequately treated** sore throats in the preceding year

or

- five or more such episodes in each of the preceding two years

or

- recurrent and persistent*** low grade infection and sore throats associated with tonsillar stones that have failed conservative management with analgesia, oral hygiene and antibiotics

Specified indications for immediate referral (eg. malignancy, upper airways obstruction) are also commissioned and further detail is provided in section 6 of this document.

* A clinically significant episode is determined as symptom duration of several days, which is disabling and prevents normal functioning[1] (e.g. school or work loss, lost sleep and inability to eat).

** Adequately treated means treatment with antibiotics in cases of proven or suspected streptococcal infection.

*** Over a period of at least 12 weeks

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Document Details:

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Ratified by (name and date of Committee):	Clinical Executive in Common – 25/04/2018 for: NHS South Worcestershire Clinical Commissioning Group NHS Redditch & Bromsgrove Clinical Commissioning Group NHS Wyre Forest Clinical Commissioning Group
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Internal Review Date:	Documents will be reviewed as a minimum every 3 years. However, earlier revisions to the policy may be made in light of published updates to local and national evidence of effectiveness and cost effectiveness and/or recommendations and guidelines from local, national and international clinical professional bodies. Date to Initiate Review: April 2021
Lead Executive/Director:	Ms Chris Emerson, Head of Acute Commissioning
Name of originator/author:	Ms Chris Emerson – Original Version Updates - Mrs Helen Bryant and Mrs Fiona Bates
Target audience:	Patients, GPs, Secondary Care and Primary Care (Community) Providers, Independent Sector Providers
Distribution:	As above
Equality & Diversity Impact Assessment	8th September 2010; updated March 2018

Key individuals involved in developing the document:

Name	Designation	Version Reviewed
Chris Emerson	Head of Acute Commissioning, NHS Worcestershire (NHSW)	V1.0, V2.0, V2.1
Dr Stuart Bourne	Deputy Director Public Health NHSW	V1.0
Mr Martin Porter	ENT Consultant, Worcestershire Acute Hospitals NHS Trust (WAHT)	V1.0
Mr Lance Hollis	Clinical Director for ENT, WAHT	V1.0
Dr Susanna Panton	GP Spa Practice Droitwich	V1.0
Dr Chris Perks	GP Pershore	V1.0
Debbie Hinton	Head of Audiology Services, WAHT	V1.0
Rosemary Williams	S.Worcestershire PBC	V1.0

Name	Designation	Version Reviewed
	Cluster	
Jo Tomlinson	ENT Directorate Manager, WAHT	V1.0
Mrs J Thomas	PPI Representative	V1.0
Fiona Bates	Medicines Commissioning and Public Health Support, SWCCG	V3.0
Steven Lewis	ENT Clinical Lead	V3.0

Circulated to the following individuals/groups for comments:

Name	Date	Versions Reviewed
Clinical Commissioning Policy Collaborative, which includes: GPs, Commissioners, Medicines Commissioning, Public Health, Patient and Public Representatives	Various in line with meeting schedule and workstream	All versions
Elective Care Clinical Review Group	Various in line with meeting schedule and workstream	V2.2
Clinical Innovation Group	April 2018	V3.0

Version Control:

Version No	Type of Change	Date	Description of change
1.0	Initial Document	June 2010	Initial policy document produced
2.1	Minor change	April 2013	Reformatted to reflect changes of responsible commissioner organisations within Worcestershire
2.2	Minor Change	May 2017	Reformatted to use updated template. Verification that clinical change to content of policy unnecessary
3.0	Moderate Change	March 2018	Extension to incorporate tonsillar stones

Table of Contents

1. Definitions

1.1 The term "**sore throat**" describes the symptom of pain at the back of the mouth. Clinical descriptions of acute sore throat include:

- Acute **pharyngitis**: inflammation of the part of the throat behind the soft palate (oropharynx).
- **Tonsillitis**: inflammation of the tonsils.

1.2 "**Tonsillar stones**" or "**Tonsilloliths**" or "**tonsillar concretions**" or "**liths**" are structures that develop in the crypts of tonsils. Crypt systems are invaginations within tonsillar tissues that act as ideal incubators of bacteria and are associated with tonsillar inflammation, tonsillitis and chronic caseous tonsillitis (CCT).

1.3 **Exceptional clinical circumstances** are clinical circumstances pertaining to a particular patient, which can properly be described as exceptional, when compared to the clinical circumstances of other patients with the same clinical condition and at the same stage of development of that condition (i.e. similar patients). A patient with **exceptional clinical circumstances** will have clinical features or characteristics which differentiate that patient from other patients in that cohort and result in that patient being likely to obtain significantly greater clinical benefit (than those other patients) from the intervention for which funding is sought.

1.4 A **Similar Patient** is a patient who is likely to be in the same or similar clinical circumstances as the requesting patient and who could reasonably be expected to benefit from the requested treatment to the same or a similar degree. The existence of more than one similar patients indicates that a decision regarding the commissioning of a **service development** or commissioning policy is required of the Commissioner.

1.5 An **individual funding request (IFR)** is a request received from a provider or a patient with explicit support from a clinician, which seeks exceptional funding for a single identified patient for a specific treatment.

1.6 An **in-year service development** is any aspect of healthcare, other than one which is the subject of a successful individual funding request, which the Commissioner agrees to fund outside of the annual commissioning round. Such unplanned investment decisions should only be made in exceptional circumstances because, unless they can be funded through disinvestment, they will have to be funded as a result of either delaying or aborting other planned developments.

2. Scope of policy

2.1 This policy is part of a suite of locally endorsed Commissioning Policies. Copies of these Commissioning Policies are available on the following website address: http://www.redditchandbromsgroveccg.nhs.uk/about-us/strategies-policies-and-procedures/commissioning-ifr/

2.2 This policy applies to all patients for whom the Worcestershire CCGs have responsibility including:

- People provided with primary medical services by GP practices which are members of any one of the CCGs and
- People usually resident in any of the areas covered by the CCG's and not provided with primary medical services by any CCG.

2.3 This policy covers patients presenting with recurrent tonsillitis or tonsillar stones in whom a tonsillectomy procedure, which has an OPCS code of F34, may be considered clinically appropriate.

2.4 Where a patient's clinical presentation does not clearly meet the requirements for secondary care referral within the context of this policy, and where a GP is uncertain or concerned about the appropriate treatment/management pathway, referral for Advice & Guidance should be considered as an alternative to a referral for clinical assessment.

2.5 Any referral for consideration of treatment/intervention should be made on the EMIS based electronic "Referral Form For Consideration Of Tonsillectomy Surgery**"**

2.6 There may be occasions when a GP referral is made for specialist assessment which appears to meet the policy requirements, but which on specialist clinical examination either does not meet the clinical criteria for surgery or is not considered clinically suitable for surgery. Such patients should be discharged without surgery.

2.7 For patients who do not fall within the eligibility criteria set out in the policy but where there is demonstrable evidence that the patient has exceptional clinical circumstances, an Individual Funding Request may be submitted for consideration. The referring clinician should consult the Commissioner's "Operational Policy for Individual Funding Requests" document for further guidance on this process.

For a definition of the term "exceptional clinical circumstances", please refer to the Definitions section of this document.

3. Background

3.1. The NHS Constitution, which details the principles and values that guide the NHS, has been applied in the agreement of this policy.

3.2. NHS Redditch & Bromsgrove Clinical Commissioning Group, NHS South Worcestershire Clinical Commissioning Group and NHS Wyre Forest Clinical Commissioning Group consider all lives of all patients whom they serve to be of equal value and, in making decisions about funding treatment for patients, will seek not to discriminate on the grounds of sex, age, sexual orientation, ethnicity, educational level, employment, marital status, religion or disability except where a difference in the treatment options made available to patients is directly related a particular patient's clinical condition or is related to the anticipated benefits to be derived from a proposed form of treatment.

3.3. Surgical removal of the tonsils (tonsillectomy) is one of the commonest major operations carried out on children. Increasingly, it is performed on adults who in the past would almost certainly have had their tonsils removed in childhood as a matter of routine. However, the procedure is a controversial one, and opinions vary greatly as to the relative risks and benefits. The risks of surgery include those of the associated general anaesthetic and those specific to the procedure, for example bleeding immediately after surgery or as a result of secondary infection in the 10 to 14-day period after surgery.

3.4. Tonsillectomy can prevent recurrent acute attacks of tonsillitis, but not recurrent sore throats due to other causes. Before considering tonsillectomy, the diagnosis of recurrent tonsillitis should be confirmed by history and clinical examination and, if possible, differentiated from generalised pharyngitis.

3.5. The natural history of tonsillitis is for the episodes to get less frequent with time, but epidemiological data are lacking in all age groups to allow a prediction of this to be made in individual patients.

3.6. Tonsillectomy requires a short admission to hospital and a general anaesthetic, is painful, and is occasionally complicated by bleeding. Return to usual activities takes on average two weeks, with a corresponding loss of time from education or work.

3.7. Evidence on exactly which children with sore throats benefit from tonsillectomy is not available, but current evidence suggests that the benefit of tonsillectomy increases with the severity and frequency of sore throats prior to tonsillectomy. Apart from adults with proven recurrent group A streptococcal pharyngitis (GAHSP), evidence on which adults will benefit from tonsillectomy is not available.

3.8. Patients with chronic caseous tonsillitis (CCT) may have retention or discharge of cheese-like, whitish material from crypts with associated malodour - thought to be a mixture of retained exfoliated epithelium cells, keratin debris and foreign particles. This, in addition to calcium deposition on desquamated epithelial cells and growth of bacteria leads to the formation of these stones.

3.9. Tonsillar stones are therefore associated with chronic tonsillitis, specifically causing symptoms of inflammation, low-grade infection and sore throats and often accompanied by halitosis.

3.10. Non-surgical management of tonsillar stones is recommended in the first instance including irrigation, saline gargling, manual tonsillar massage or gentle curettage. Pharmacological management includes topical anti-septic, anti-inflammatories and antibiotics.

3.11. Simple mouthwash has been shown to be effective in decreasing the incidence of tonsillar stones but definitive management includes tonsillectomy and laser cryptolysis. The latter is a less invasive procedure that reduces tonsillar crypt depth, decreasing retention of stones. However, there is a risk of causing stricturing of the crypt orifices leading to retention and stagnation of material and recurrence of CCT and stone formation.

4. Relevant National Guidance and Facts

4.1 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 the period quarter 1 to quarter 4 2014/15 10,155 tonsillectomies were carried out for recurrent tonsillitis in children (less than 17 years) and 2,228 in adults in England.

4.2 The following national guidance is available. Whilst only the Scottish Intercollegiate guidance (SIGN) was available at the time of the original policy development, the joint Royal College of Surgeons and ENT-UK Commissioning Guide refers to the SIGN recommendations as does NICE Clinical Knowledge Summaries. In view of this it was considered unnecessary to change the clinical eligibility criteria for accessing tonsillectomy detailed in section 6.

- Scottish Intercollegiate Guidelines Network (SIGN): Management of sore throat and indications for tonsillectomy Clinical Guideline 117; April 2010

- NICE Clinical Knowledge Summaries. Last Revised July 2015

- Royal College of Surgeons and ENT-UK Commissioning Guide: Tonsillectomy. 2016

4.3 There is no national guidance specifically in relation to tonsillar stones, but there is some reference in the ENT-UK Commissioning Guide to treating "complications" of recurrent tonsillitis.

4.4 Tonsillar stones per se are common, with up to 10% of the population thought to have them. However patients who experience persistent inflammation, low grade infection and sore throat as a result are less common, with around 10 per annum reported in Worcestershire with a population size of around 590,000.

5. Patient Eligibility

5.1 Tonsillectomy is automatically recommended when :

- There is suspicion of malignancy, typically squamous carcinoma or lymphoma;
- Severe tonsillitis or peritonsillar abscess (quinsy) resulting in hospitalisation;
- Tonsillar enlargement causes upper airways obstruction or sleep disruption in children witnessed by their parents or carers.

5.2 The following criteria are indications for consideration of tonsillectomy for both children and adults:

- seven or more well documented, clinically significant,* adequately treated** sore throats in the preceding year

or

- five or more such episodes in each of the preceding two years

or

- recurrent and persistent*** low grade infection and sore throats associated with tonsillar stones that have failed conservative management with analgesia, oral hygiene and antibiotics

* A clinically significant episode is determined as symptom duration of several days, which is disabling and prevents normal functioning[i] (e.g. school or work loss, lost sleep and inability to eat).

** Adequately treated means treatment with antibiotics in cases of proven or suspected streptococcal infection.

*** Over a period of at least 12 weeks

5.3 In considering whether a patient meets these criteria, there may be difficulty in documenting the frequency of episodes because patients do not always consult when they have an episode. There may also be uncertainty about whether the sore throats are due to acute tonsillitis or other causes.

5.4 When the incidence of cases cannot be clearly ascertained, a period of watchful waiting of at least six months, during which the patient or parent can more objectively record the number, duration and severity of the episodes, should be undertaken. This allows a more balanced judgement to be made as to the likely benefit or otherwise of tonsillectomy. This should be reported back to the GP after six months, to enable an appropriate referral decision to be made.

5.5 When outside the three automatic referral criteria, a clear statement is required in the GP referral proforma indicating that the patient meets the eligibility criteria for surgery. This should reference the number of episodes of tonsillitis over a specified time period, or that a six month period of watchful waiting has been undertaken. The

basis for any referrals made outside these criteria should be made clear in the referral proforma.

5.6 There may be occasions when a GP referral is made for specialist ENT assessment which appears to meet the policy requirements, but which on specialist clinical examination either does not meet the clinical criteria for surgery or is not considered clinically suitable for surgery. Such patients should be discharged without surgery.

6. Supporting Documents

- Worcestershire CCGs: Operational Policy for Individual Funding Requests
- Worcestershire CCGs: Prioritisation Framework for the Commissioning of Healthcare Services
- NHS England: Ethical Framework for Priority Setting Resource Allocation
- NHS England: Individual Funding Requests
- NHS Constitution, updated 27th July 2015
- Worcestershire CCGs Commissioning Policy: Tonsillectomy (Adults and Children) July 2010
- Worcestershire CCPC: Evidence Review of Tonsillar Stones January 2018
- Worcestershire CCPC: Tonsillar Stones as an Indication for Tonsillectomy March 2018

Clinical Evidence Review References (from 2010 policy development):

- Burton MJ, Glasziou PP. Tonsillectomy or adeno-tonsillectomy versus non-surgical treatment for chronic/recurrent acute tonsillitis. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD001802. DOI: 10.1002/14651858.CD001802.pub2
- Scottish Intercollegiate Guidelines Network (2010) Management of sore throat and indications for tonsillectomy : A national clinical guideline http://www.sign.ac.uk/guidelines/fulltext/117/index.html
- Paradise JL, Bluestone CD, Bachman RZ, Colborn DK, Bernard BS, Taylor FH, et al.Efficacy of tonsillectomy for recurrent throat infection in severely affected children. New England Journal of Medicine 1984;310(11):674-83. [PUBMED: 6700642]
- Indications for Tonsillectomy: Position Paper ENT UK 2009 http://www.entuk.org/position_papers/documents/tonsillectomy

7. Equality Impact Assessment

Organisation: NHS Redditch & Bromsgrove CCG, NHS South Worcestershire CCG, NHS Wyre Forest CCG

Department: Contracting

Name of lead person: Fiona Bates & Helen Bryant

Piece of work being assessed: Tonsillectomy Commissioning Policy

Aims of this piece of work: To provide guidelines to patients and clinicians in both primary and secondary care on the medical/clinical requirements against which a tonsillectomy procedure will be funded on the NHS within Worcestershire

Date of EIA: 06/03/2017

Other partners/stakeholders involved: Clinical Commissioning Policy Collaborative

Who will be affected by this piece of work? Patients, GPs, Consultants

Single Equality Scheme Strand	**Baseline data and research on the population that this piece of work will affect.** What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. **Include consultation with service users wherever possible**	**Is there likely to be a differential impact?** Yes, no, unknown
Gender	There is little evidence to confirm whether being male or female increases the risk of tonsillitis or tonsillar stones in terms of severity or recurrence; there appears to be an even gender distribution for tonsillar stones in adults. The CCG policy endorses the provision of NHS funded surgery based on the individual's disease history, so their gender should not be a factor in the decision making process or the application of the policy.	No
Race	There is little evidence to confirm whether being from a specific ethnic race increases the risk of tonsillitis or tonsillar stones in terms of severity or recurrence. The CCG policy endorses the provision of NHS funded surgery based on the individual's disease history, so their ethnicity should not be a factor in the decision making process or the	No

	application of the policy.	
Disability	There is little evidence to confirm whether having a disability increases the risk of tonsillitis or tonsillar stones in terms of severity or recurrence. The CCG policy endorses the provision of NHS funded surgery based on the individual's disease history, so having a disability should not be a factor in the decision making process or the application of the policy.	No
Religion/ belief	There is no evidence to confirm whether being part of a specific religion or belief system increases the risk of tonsillitis or tonsillar stones in terms of severity or recurrence. The CCG policy endorses the provision of NHS funded surgery based on the individual's disease history, so their beliefs should not be a factor in the decision making process or the application of the policy.	No
Sexual orientation	There is no evidence to confirm whether sexual orientation increases the risk of tonsillitis or tonsillar stones in terms of severity or recurrence. The CCG policy endorses the provision of NHS funded surgery based on the individual's disease history, so their sexual orientation should not be a factor in the decision making process or the application of the policy.	No
Age	There is some evidence that children have a higher incidence rate of tonsillitis infections. However, the natural history of tonsillitis is for the episodes to get less frequent with time but epidemiological data are lacking in all age groups to allow a prediction of this to be made in individual patients. There is little evidence to assist in identifying which patients (child or adult), other than adults with recurrent group A streptococcal pharyngitis (GAHSP), will benefit from tonsillectomy surgery. A higher occurrence of tonsillar stones is reported, but not quantified, in adults. The reported age range is 10 years to 77 years, but the mean is 50 years (49.7 for males and 50.5 for females).	No

	The CCG policy endorses the provision of NHS funded surgery based on the individual's disease history, so their age should not be a factor in the decision making process or the application of the policy.	
Social deprivation	There may be a link between social deprivation and recurrent tonsillitis, as most incidences of tonsillitis are the result of a number of viral infections (common cold, influenza, parainfluenza, enteroviruses etc). However, the CCG policy endorses the provision of NHS funded surgery based on the individual's disease history, so their social deprivation should not be a factor in the decision making process or the application of the policy.	No
Carers	There is no evidence to confirm whether being a carer increases the risk of tonsillitis or tonsillar stones in terms of severity or recurrence. The CCG policy endorses the provision of NHS funded surgery based on the individual's disease history, so whether the individual is a carer or not should not be a factor in the decision making process or the application of the policy	No
Human rights	The CCG policy does not seek to impact on an individual's human rights.	No

Equality Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the outcome/impact	Timescale	Lead