

**Worcestershire Clinical Commissioning Policy Collaborative Brief Technology Assessment:
 SNORING SURGERY (in the absence of obstructive sleep apnoea)**

<p>Background</p>	<p>Phase 1 of NHS England Evidence Based Interventions (EBI) guidance imposes a contractual requirement, from 1st April 2019, for Commissioners (Clinical Commissioning Groups) to have reviewed the recommendations and to have made a formal decision on whether to adopt the national policy or continue with a local statement if it is more stringent.</p> <p>Worcestershire CCGs reviewed the NHS England EBI policy against the existing policy for snoring surgery and determined that it was appropriate to adopt the NHS England policy that relates to CCG commissioned services.</p>
<p>About the Indication and Technology</p>	<p>Snoring is a noise that occurs during sleep that can be caused by vibration of tissues of the throat and palate. It is very common and as many as one in four adults snore, as long as it is not complicated by periods of apnoea (temporarily stopping breathing) it is not usually harmful to health, but can be disruptive, especially to a person's partner.</p> <p>This guidance relates to surgical procedures in adults to remove, refashion or stiffen the tissues of the soft palate (Uvulopalatopharyngoplasty, Laser assisted Uvulopalatoplasty & Radiofrequency ablation of the palate) in an attempt to improve the symptom of snoring. Please note this guidance only relates to patients with snoring in the absence of Obstructive Sleep Apnoea (OSA); there is a sperate policy for management of obstructive sleep apnoea.</p> <p>It is important to note that snoring can be associated with multiple other causes such as being overweight, smoking, alcohol or blockage elsewhere in the upper airways (e.g. nose or tonsils) and often these other causes can contribute to the noise alongside vibration of the tissues of the throat and palate.</p>
<p>Evidence to support the Technology</p>	<p>In two systematic reviews of 72 primary research studies there is no evidence that surgery to the palate to improve snoring provides any additional benefit compared to other treatments. While some studies demonstrate improvements in subjective loudness of snoring at 6-8 weeks after surgery; this is not longstanding (> 2years) and there is no long-term evidence of health benefit. This intervention has limited to no clinical effectiveness and surgery carries a 0-16% risk of severe complications (including bleeding, airway compromise and death). There is also evidence from systematic reviews that up to 58-59% of patients suffer persistent side effects (swallowing problems, voice change, globus, taste disturbance & nasal regurgitation).</p>
<p>Future Pathways of Care</p>	<p>The NHS England EBI recommendation states that surgical intervention for snoring should not be commissioned on the basis of limited clinical evidence of effectiveness, and the significant risks that patients could be exposed to.</p> <p>Alternative lifestyle management options to remove the cause include:</p> <ul style="list-style-type: none"> • Weight loss • Stopping smoking • Reducing alcohol intake • Medical treatment of nasal congestion (rhinitis)
<p>Financial implications arising from new pathway of care</p>	<p>No current activity for surgical management of snoring has been identified and therefore there are no financial implications.</p>
<p>Implications</p>	<p>There are no implications arising from this update or the NHS England recommendations.</p>

<p>CCPC Recommendations</p>	<p>Worcestershire CCGs' have adopted NHS England recommendations not to commission surgery for snoring, which is consistent with the previous Worcestershire commissioning policy.</p> <p>Snoring, in the absence of other pathology, is inappropriate for specialist referral. Management of snoring should be considered in the context of the Worcestershire self-care policy, with patients empowered to manage the condition with lifestyle changes and over-the-counter remedies which are self-purchased.</p> <p>Where snoring co-exists with obstructive sleep apnoea (OSA), the "Management of Obstructive Sleep Apnoea" commissioning policy should be followed.</p>
<p>Approved by Worcestershire CEJCs: NHS Redditch & Bromsgrove CCG NHS South Worcestershire CCG NHS Wyre Forest CCG 19/06/2019</p>	<p>Date to Initiate Review: June 2021</p> <p>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.</p>