

CLINICAL POLICY ADVISORY GROUP (CPAG)

Tonsillectomy and Adenoidectomy Policy

This procedure requires prior approval. Prior approval must be sought through Blueteq.

Criteria

■ Black – criteria required to be met prior to referral

■ Blue – criteria to be met prior to procedure

Statement

NHS Derby and Derbyshire ICB (NHSDDICB), in line with its principles for procedures of limited clinical value, has deemed that tonsillectomy and adenoidectomy should not routinely be commissioned unless the criteria listed within the policy are met.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

Tonsillectomy

Tonsils are lymphatic tissue found on each side of the throat that forms part of the immune system in young children. As children get older the tonsils usually shrink and the immune system can fight infections without them.

Tonsillitis is the inflammation of the tonsils, which is often caused by a viral infection but can also be caused by bacteria. Tonsillitis is usually self-limiting and often resolves within three to four days. However, some can experience recurrent severe episodes of tonsillitis and the surgical removal of the tonsils may be the most appropriate management option for these patients. The surgical removal of tonsils is also known as tonsillectomy.

Adenoidectomy

Adenoids are small glands at the back of the nose, above the roof of the mouth. In younger children adenoids form part of the immune system. A child's adenoids can become swollen or enlarged following a bacterial or viral infection, or an allergic reaction. Swollen adenoids often cause mild discomfort and treatment is not needed. As children get older the adenoids shrink and the immune system can fight infections without them.

Some children can experience severe discomfort, which can interfere with daily life. Swollen adenoids can block the nose, which can affect breathing and can cause snoring at night. They can also block the Eustachian tubes causing hearing loss and ear infections. Recurrent and severe inflammation of the adenoids can occasionally be managed through the surgical removal of the adenoids, which is also known as an adenoidectomy.

2. Recommendation

NHS Derby and Derbyshire ICB (NHSDDICB) will fund:

- Tonsillectomy for indications **A** in adults or children,
OR
- Tonsillectomy and/or adenoidectomy for indication **B** in adults or children

A. Recurrent sore throat where criteria 1 **AND** 2 both apply, and the principal cause is tonsillitis:

1. 7 or more eligible episodes in the last year
OR
5 or more eligible episodes in each of the last 2 years
OR
3 or more eligible episodes in each of the last 3 years

NB. An “eligible episode” must meet either the following Centor or FeverPAIN criteria:

- Centor criteria - score three or more points
 - FeverPAIN criteria - score four or more points
- See [Appendix 4](#) for Centor and FeverPAIN criteria

2. A significant and documented impact on quality of life e.g. absence from school/work

B. The Commissioner will fund tonsillectomy and/or adenoidectomy for any of the following indications with approval for each case required prior to the procedure:

- Failure to thrive due to difficulty in eating solid foods (in children only)

- A strong clinical history suggestive of sleep apnoea
- A significant impact on quality of life e.g., loud and persistent noisy / mouth breathing leading to social difficulties, difficulty eating solid foods that creates unreasonably slow eating, difficulty exercising
- Those assessed to be at significant risk of choking/airway obstruction whilst eating

NB: The case is much more likely to be approved where there is supporting evidence such as growth charts, letters from GPs, employer or school.

Tonsillectomy is **not** routinely commissioned for tonsillar crypts/stones: conservative management is the treatment of choice.

The policy should also be read in conjunction with the [NHSDICB Surgical Treatment of Sleep Apnoea policy](#)

Exclusion Criteria

Referrals for the following indications are considered as being exceptions and therefore are excluded from the policy:

- Suspected malignancy
- More than one episode of peri-tonsillar abscess (quinsy)
- Acute upper airways obstruction
- Acute and chronic renal disease resulting from acute bacterial tonsillitis
- As part of the treatment of severe guttate
- Metabolic disorders where periods of reduced oral intake could be dangerous to health
- PFAPA (Periodic fever, Aphthous stomatitis, Pharyngitis, Cervical adenitis)
- Severe immune deficiency that would make episodes of recurrent tonsillitis dangerous

This procedure requires prior approval. Prior approval must be sought through Blueteq.

3. Rationale for Recommendation

Some people can experience severe recurrent episodes of inflamed adenoids and tonsillitis that can be disabling to normal function. The removal the adenoids/tonsillectomy can be beneficial in these patient groups, but it should only be offered when the frequency of episodes set out by the policy are met.

The surgery carries a risk of bleeding and infection requiring readmission to hospital. Post-surgery pain can be severe, particularly in adults, for up to two weeks after surgery and can cause temporary swallowing difficulties.

4. Useful Resources

- Adenoidectomy, NHS, last reviewed 10/03/23, assessed 05/04/23, <https://www.nhs.uk/conditions/Adenoids-and-adenoidectomy/>
- [Adenoid Surgery - UPDATE | ENT UK](#), accessed 05/04/23
- Tonsillitis, NHS, Last reviewed 10/02/21, accessed 05/04/23, [Tonsillitis - NHS \(www.nhs.uk\)](#)
- NICE NG202 Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s, published 20/08/21, accessed 05/04/23, [Overview | Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s | Guidance | NICE](#)

- [Information for Patients, Surgery to Treat Tonsillitis](#), Evidence Based Interventions, accessed 26/04/23
- Making a decision about recurrent tonsillitis in children and adults, NHS England & Improvement, updated March 2023, accessed 22/05/23, [NHS Recurrent tonsillitis decision aid \(england.nhs.uk\)](#)

5. References

- Adenoidectomy, NHS, last reviewed 10/03/23, assessed 05/04/23, <https://www.nhs.uk/conditions/Adenoids-and-adenoidectomy/>
- [Adenoid Surgery - UPDATE | ENT UK](#), accessed 05/04/23
- [Tonsillectomy for recurrent tonsillitis](#), Evidence-Based Interventions, Academy of Medical Royal Colleges, updated August 2022, accessed 26/04/23
- Tonsillitis, NHS, Last reviewed 10/02/21, accessed 05/04/23, [Tonsillitis - NHS \(www.nhs.uk\)](#)
- [Commissioning guide: Tonsillectomy, ENTUK, RCS](#), published October 2013, revised publication January 2021, accessed 27/04/2023
- NICE NG202 Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s, published 20/08/21, accessed 05/04/23, [Overview | Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s | Guidance | NICE](#)
- [How do I diagnose the cause of a sore throat?, Sore throat – acute, NICE CKS](#), last revised January 2023, accessed 28/04/23
- NICE NG

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Consultant Ears, Nose and Throat Surgeon, CRHFT	March 2023
Consultant Ear, Nose and Throat, Head and Neck Surgeon, CRHFT	April 2023
Consultant Paediatrician, CRHFT	April 2023
Consultant Ear, Nose and Throat Surgeon, UHDBFT	April 2023
Consultant Ear, Nose and Throat Surgeon, UHDBFT	April 2023
Consultant Ear, Nose and Throat Surgeon, UHDBFT	April 2023
NICE	May 2023
Clinical Policy Advisory Group (CPAG)	June 2023
Consultant Public Health, Derby City Council	January 2024
Ear, Nose and Throat and Facial Plastics Consultant, CRHFT	January 2024
Ear, Nose and Throat Consultant, CRHFT	January 2024
Ear, Nose and Throat Consultant, UHDBFT	January 2024
Ear, Nose and Throat Consultant, UHDBFT	January 2024
Clinical Policy Advisory Group (CPAG)	February 2024

Appendix 2 - Document Update

Document Update	Date Updated
<p><u>Version 5.0</u></p> <ul style="list-style-type: none"> • Policy review. • Five additional exclusion criteria, in line with EBI guidance. • Policy reworded to reflect the new NHSDICB organisation. • Addition of link to EBI Information for Patients under the 'Useful Resources' section of the policy. • Addition of link to ENTUK&RCS Commissioning guide: Tonsillectomy to the 'References' section of the policy. • Addition of link to NICE CKS How do I diagnose the cause of a sore 	June 2023

throat (Jan 2023) to the 'References' section of the policy. <ul style="list-style-type: none"> • Addition of the link to the NHSE&I NHS Recurrent Tonsillitis Decision Aid under Useful Resources section. • Removal of references to the SIGN 117 Management of sore throat and indications for tonsillectomy - A national clinical guideline as the guideline was archived in April 2020. • Addition of the clinical prediction tool FeverPAIN with a score of 4 points as an additional option to the Centor tool for confirming eligible episodes. 	
<u>Version 5.1</u> Addition of following statement to clarify commissioning position- "Tonsillectomy is not routinely commissioned for tonsillar crypts/stones: conservative management is the treatment of choice."	February 2024

Appendix 3 - OPCS Code(s)

E201, E208, E209, F341, F342, F344, F345, F346, F348, F349, F361, F368, F369

Appendix 4 - Criteria to Confirm Eligible Episode of Streptococcal Infection

- Centor criteria: score three or more points

Criteria	Score
Tonsillar exudates	1 point
Tender anterior cervical lymph nodes	1 point
History of fever (>38°C)	1 point
Absence of cough	1 point

Table 1: Centor clinical prediction tool

- FeverPAIN criteria: score four or more points

Criteria	Score
Fever in past 24 hours	1 point
Absence of cough or coryza	1 point
Symptom onset ≤ 3 days	1 point
Purulent tonsils	1 point
Severe Tonsil Inflammation	1 point

Table 2: FeverPAIN clinical prediction tool

Appendix 5 - Derbyshire PLCV Referral Form

Tonsillectomy and Adenoidectomy (Adults & Children)

THIS FORM MUST BE COMPLETED IN FULL AND ATTACHED WITH THE APPROPRIATE CLINICAL INFORMATION TO THE E-REFERRAL SERVICE
"PLCV: - DERBYSHIRE PRIOR APPROVAL PROCESS"

INCOMPLETE FORMS WILL BE RETURNED

A referral for an opinion **should not** go via prior approval as the request is for an opinion not a procedure'.

For further information please click on the following links:

<https://www.derbyshireimc.org.uk/position>, [Derby and Derbyshire ICB PLCV position letter](#).

Patient details	Referring GP details
Surname	Referring GP
Forename(s)	Practice name
Address	Practice address
Post code	Post code
Date of birth	Telephone number
NHS Number	GP practice code

Patient Consent	
	Mark or tick boxes below to confirm
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.	<input type="checkbox"/>
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.	<input type="checkbox"/>

Please confirm that you have given PLCV patient leaflet to the patient	<input type="checkbox"/>
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Part A - PLCV criteria	
<p>The Commissioner will fund:</p> <p>Tonsillectomy for indications A in adults or children,</p> <p>OR Tonsillectomy and/or adenoidectomy for indication B in adults or children</p>	<p>Criteria for indication A or B must apply</p>
<p>1. <u>Indication A. Recurrent sore throat where criteria 1 AND 2 both apply, and the principal cause is tonsillitis:</u></p> <p>Criteria 1:</p> <ul style="list-style-type: none"> • 7 or more eligible episodes in the last year OR • 5 or more eligible episodes in each of the last 2 years OR • 3 or more eligible episodes in each of the last 3 years <p>NB. An “eligible episode” must meet <u>either</u> the following Centor or FeverPAIN criteria:</p> <ul style="list-style-type: none"> • Centor criteria - score <u>three or more</u> points • FeverPAIN criteria - score <u>four or more</u> points <p>Criteria 2: A significant and documented impact on quality of life e.g. absence from school/work</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>2. <u>Indication B. The Commissioner will fund tonsillectomy and/or adenoidectomy for any of the following indications with approval for each case required prior to the procedure:</u></p> <ul style="list-style-type: none"> • Failure to thrive due to difficulty in eating solid foods (in children only) • A strong clinical history suggestive of sleep apnoea • A significant impact on quality of life e.g. loud and persistent noisy/mouth breathing leading to social difficulties, difficulty eating solid foods that creates unreasonably slow eating, difficulty exercising • Those assessed to be at significant risk of choking/airway obstruction whilst eating <p>NB: The case is much more likely to be approved where there is supporting evidence such as growth charts, letters from GPs employer or school.</p>	<p><input type="checkbox"/></p>

Exclusion Criteria

Referrals for the following indication are considered as being exceptions and therefore are excluded from the policy:

- Suspected malignancy
- More than one episode of peri-tonsillar abscess (quinsy)
- Acute upper airways obstruction
- Acute and chronic renal disease resulting from acute bacterial tonsillitis
- As part of the treatment of severe guttate
- Metabolic disorders where periods of reduction oral intake could be dangerous to health
- PFAPA (Periodic fever, Aphthous stomatitis, Pharyngitis, Cervical adenitis)
- Severe immune deficiency that would make episodes of recurrent tonsillitis dangerous

Additional Patient Information	BOTH must apply
This patient is willing to undergo a surgical procedure should it be offered.	<input type="checkbox"/>
I have discussed with the patient the fact they will be referred for a possible procedure but there is no guarantee that a surgical intervention will be the required outcome following the consultation with the secondary care specialist.	<input type="checkbox"/>

Authorisation Code:	[Enter Authorisation Code]
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Patient Choice of Provider	
First Choice:	[Manually enter provider name]
Second Choice:	[Manually enter provider name]

I confirm that the patient meets the current clinical guideline/policy for referral for the procedure.

Name of referrer: _____ Date: _____

Part B – Reason for referral

Salutations:	Dear colleague,
Preamble/context:	Macro to insert last consultation
	Thank you, Dr. XXX (insert your name here)

Problems - This needs to be auto pulled from the GP system

Date to be included	Single Code Entry: Tobacco consumption
Smoking status	Single Code Entry: Alcohol consumption
Alcohol	Single Code Entry: Occupations
Occupation	Single Code Entry: Ethnic category - 2001 census
Ethnicity	Single Code Entry: Military veteran
Veteran?	
Freetext:	
Detail which might assist timely discharge:	

Relevant SH & FH:

Medication – Date to be included. The GP’s need to have the option to EDIT this once it has been populated.

Allergies – Date to be included. The GP’s need to have the option to EDIT this once it has been populated.

Useful values:

BP	Pulse rate	Height	Weight	BMI	HbA1C
Single Code Entry: O/E - blood pressure reading	Single Code Entry: O/E - pulse rate	Single Code Entry: O/E - height	Single Code Entry: O/E - weight	Single Code Entry: Body mass index	Date
Date					

Please embed any attached items here.

Please note any individual patient requirements here (e.g. Wheelchair user).

Appendix 6 - Blueteq Form

[Click here to access the guidelines/NICE algorithm](#)

[Click to view NHS Derby and Derbyshire ICB Policies](#)

Prior Approval Form - Prior Approval Form (PLCV) - Tonsillectomy and/or Adenoidectomy ADULTS & CHILDREN			
PATIENT CONSENT			
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.			<input type="checkbox"/> Yes <input type="checkbox"/> No
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm that you have given PLCV patient leaflet to the patient			<input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICANT DETAILS			
Clinician Making Request:		Trust:	
Clinician Full Name:	<input type="text"/>	Telephone:	<input type="text"/>
Contact Email (nhs.net):	<input type="text"/>		
PATIENT DETAILS			
Patient Name:	<input type="text"/>	GP Practice Name:	<input type="text"/>
NHS Number:	<input type="text"/>	GP Practice Code:	<input type="text"/>
Patient DOB:	<input type="text"/>	Is the patient a smoker:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Care Prior Approval Number:	<input type="text"/>		
PROCEDURE CRITERIA			
The Commissioner will fund:			
Tonsillectomy for indications A in adults or children,			
OR			
Tonsillectomy and/or adenoidectomy for indication B in adults or children.			
1. INDICATION A. Recurrent sore throat where criteria 1 AND 2 both apply, and the principal cause is tonsillitis: Criteria 1 7 or more eligible episodes in the last year OR 5 or more eligible episodes in each of the last 2 years OR 3 or more eligible episodes in each of the last 3 years NB. Criteria 1 - An "eligible episode" must meet either the following Centor or FeverPAIN criteria: Centor Criteria: score three or more points FeverPAIN criteria: Score four or more points Criteria 2 A significant and documented impact on quality of life e.g. absence from school/work			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. INDICATION B. The Commissioner will fund tonsillectomy and/or adenoidectomy for any of the following indications with approval for each case required prior to the procedure:			

<ul style="list-style-type: none"> • Failure to thrive due to difficulty eating solid foods (In children only). • A strong clinical history suggestive of sleep apnoea. • A significant impact on quality of life e.g. loud and persistent noisy / mouth breathing leading to social difficulties, difficulty eating solid foods that creates unreasonably slow eating, difficulty exercising. • Those assessed to be at significant risk of choking/airway obstruction whilst eating. <p>NB: The case is much more likely to be approved where there is supporting evidence such as growth charts, letters from GPs, employer or school.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>3. Exclusion Criteria</p> <p>Referrals for the following Indication are considered as being exceptions and therefore are excluded from the policy:</p> <ul style="list-style-type: none"> • Suspected malignancy • More than one episode of peri-tonsillar abscess (quinsy) • Acute upper airways obstruction • Acute and chronic renal disease resulting from acute bacterial tonsillitis • As part of the treatment of severe guttate • Metabolic disorders where periods of reduced oral intake could be dangerous to health • PFAPA (Periodic fever, Aphthous Stomatitis, Pharyngitis, Cervical adenitis) • Severe Immune deficiency that would make episodes of recurrent tonsillitis dangerous 	
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ADDITIONAL INFORMATION
Please provide any additional clinical information that may have a bearing on the application in the text box below.
SUBMISSION DECLARATION
I confirm that the above information is complete and accurately describes the patient's condition.
Submitting User <input style="width: 150px;" type="text"/> Date <input style="width: 100px;" type="text"/>