

Tonsillectomy/ Adenotonsillectomy

VERSION CONTROL

Version:	4.0
Ratified by:	Governing Body
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Name of originator/author:	Joint CCG Clinical Commissioning Policy Development Group/NHS England
Name of responsible committees:	Clinical Quality and Governance Committee
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VERSION HISTORY

Date	Version	Comment / Update
	1.0	
	2.0	
April 2016	3.0	Approved by Governing Body
March 2019	4.0	Approved by Governing Body meetings in common

Commissioning policy: Coventry and Rugby CCG (CRCCG)

Evidence-Based Intervention Commissioning policy:

Tonsillectomy/Adenotonsillectomy

Treatment	Tonsillectomy/Adenotonsillectomy
Indication	Recurrent tonsillitis
Treatment:	<p>The following criteria¹ are indications for consideration and funding of tonsillectomy/adenotonsillectomy for both children and adults:</p> <ul style="list-style-type: none"> • Sore throats are due to acute tonsillitis AND the following documented evidence applies: <ul style="list-style-type: none"> ○ 7 or more documented, clinically significant, adequately treated sore throats in the preceding year <li style="text-align: center;">OR ○ 5 or more episodes in each of the preceding two years <li style="text-align: center;">OR ○ 3 or more episodes in each the preceding three years <p>The CCG will also fund patients after specialist assessment for:</p> <ul style="list-style-type: none"> • Acute and chronic renal disease resulting from acute bacterial tonsillitis • As part of the treatment of severe guttate psoriasis • Metabolic disorders where periods of reduced oral intake could be dangerous to health • Periodic fever, Aphthous stomatitis, Pharyngitis, Cervical adenitis (PFAPA) • Severe immune deficiency that would make episodes of recurrent tonsillitis dangerous <p>Note that this guidance only relates to patients with recurrent tonsillitis. This policy should not apply to other conditions where tonsillectomy should continue to be funded and they include:</p> <ul style="list-style-type: none"> • A convincing history of obstructive sleep apnoea associated with tonsillar enlargement (which will be supported by a sleep study or other accepted method of diagnosis) • One episode of peri-tonsillar abscess (recurrent quinsy) • Patients with tonsillar enlargement causing acute upper airway obstruction requiring emergency surgery • Suspected cancer <p>¹ SIGN 117 (Scottish Intercollegiate Guidelines Network) (April 2010) Management of Sore Throat and Indications of Tonsillectomy</p> <p>Prior approval from the Clinical Commissioning Group will be required before any treatment proceeds in secondary care.</p>
Diagnostic and Procedure Codes	F341, F342, F343, F344, F347, F348, F349, F361, C00, C01, C02, C03, C04, C05, C06, C07, C08, C09, G47, J36
Equality Impact	See NHS England Equality and Health Inequalities – Full Analysis Form