Policy Category:
CBA
Who usually applies for funding?
Not applicable

One Gloucestershire
Transforming Care, Transforming Communities

NHS
Gloucestershire

Tonsillectomy

Commissioning decision	The ICB will provide funding for Tonsillectomy for patients who meet the criteria defined within this policy.

Policy Statement:

Recurrent Tonsillitis

The Commissioner will provide funding approval for a referral to secondary care providers for consideration, and subsequent provision of, a tonsillectomy if the following criteria are met:

Sore throats are due to acute tonsillitis and symptoms have been occurring for at least a year.

AND
the frequency of episodes of acute tonsillitis is confirmed by the patients' GP as follows:

- 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
- Three or more such episodes in each of the preceding three years.

AND
The episodes of sore throat are disabling and cause significant functional impairment. Significant functional impairment is defined as:

- Symptoms prevent the patient fulfilling routine work or educational responsibilities
- Symptoms prevent the patient carrying out routine domestic or carer activities

Evidence to support the request including dates of episodes of tonsillitis must be recorded in the patient's clinical notes.

Elective referral for other conditions
Funding will be provided for a referral to an ENT consultant and subsequent tonsillectomy if the specialist assessment finds the patient is highly likely to benefit from this, for the following conditions:
1) A quinsy requiring hospital admission, associated with tonsillitis or two documented episodes of quinsy.
2) Children with symptoms of persistent significant obstructive sleep apnoea (OSA) which can be diagnosed with a combination of the following clinical features:

- A clear history of an obstructed airway at night: witnessed apnoeas, abnormal postures, increased respiratory effort, loud snoring or stertor.
- Evidence of adeno-tonsillar hypertrophy: direct examination, hot potato or adenoidal speech, mouth breathing / nasal obstruction
- Significant behavioural change due to sleep fragmentation: daytime somnolence or hyperactivity
- OSA may also cause morning headache, failure to thrive, night sweats and enuresis

3) Psoriasis exacerbated by tonsillitis, referred via a Consultant Dermatologist.

Further information

Emergency referral
Sore throat associated with stridor or respiratory difficulty is an absolute indication for admission to hospital.

Diagnostic uncertainty and suspected malignancy
Fast track referral for specialist assessment and investigation for malignancy (which may include tonsillectomy for biopsy) is not restricted by this policy. Consider if:

- The sore throat is persistent and unexplained, especially if there is a neck mass. 'Persistent' refers to a time frame of 3 to 4 weeks. More guidance on differential diagnosis of persistent sore throat is provided at Red, or red and white patches, or ulceration or swelling of the oral/pharyngeal mucosa for more than 3 weeks. https://cks.nice.org.uk/sore-throat-acute
- Unexplained pain on swallowing or dysphagia for more than 3 weeks.
- Where the tonsils are asymmetrically enlarged, look grossly abnormal or there is unexplained persistent upper airway obstruction.

Diagnosing tonsillitis
The key features of tonsillitis are severity of illness and the abnormal appearance of the tonsils. SIGN guidance recommends that the predictive CENTOR score can assist in deciding whether to prescribe antibiotics but cannot be relied upon to give a precise diagnosis. One point is given for presence of each of the following: tonsillar exudate; fever; cervical lymphadenopathy; absence of cough. A total score of 4 gives a likelihood of group A beta haemolytic streptococcus infection of 25 - 86%. A score of 1 gives a likelihood of 2 - 23%. CENTOR criteria; Fever >38.5℃, swollen, tender anterior cervical lymph nodes. The score is not validated in children under 3 yrs. See 'Management of sore throat and indications for tonsillectomy.' SIGN 2010 https://www.sign.ac.uk/assets/sign117.pdf

Rationale:

Current evidence suggests that the benefit of tonsillectomy increases with the severity and frequency of sore throats prior to tonsillectomy.

A period of watchful waiting prior to consideration of tonsillectomy is generally required in order to establish the pattern of symptoms and to allow the patient to consider the implications of an operation.

Plain English Summary:

There is no specific treatment for tonsillitis (swollen tonsils) and most cases get better without treatment within a week.

Surgery to remove tonsils is known as a tonsillectomy. A tonsillectomy will only be considered for both children and adults if you are suffering from recurrent sore throats that prevent you from functioning normally. This will ensure that there is sufficient potential for you to benefit from surgery.

The procedure is undertaken under general anesthetic. It is likely that you will experience pain at the site of surgery, which usually gets worse in the first week before gradually improving during the second week.

Bleeding at the site where the tonsils were removed is a fairly common complication of a

tonsillectomy. This can occur in the first 24 hours following surgery or up to 10 days afterwards. It is estimated that around 1 in 100 children and 1 in 30 adults will experience post-operative bleeding. Minor bleeding isn't usually a cause for concern because in most cases it resolves by itself. Occasionally the bleeding can be more severe causing people to cough up blood.

Evidence base:

SIGN clinical guideline 117. Management of sore throat and indications for tonsillectomy. April 2010. Quick reference guide available at https://www.sign.ac.uk/assets/sign117.pdf

https://www.ncbi.nlm.nih.gov/pubmed/26047934

NICE Guideline https://www.evidence.nhs.uk/search?q=tonsillectomy%20indications

Link to G-care https://g-care.glos.nhs.uk/pathway/314/resource/11

Similarity to other local IFR policies – Bristol, Bath and Northeast Somerset, and South Gloucestershire.

For further information please contact GLICB.IFR@nhs.net

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Policy review date	September 2025

Policy sign off:

Reviewing Body	**Date of review**
Effective Clinical Commissioning Policy Group	7th February 2017
Integrated Governance and Quality Committee	18th June 2015

Version Control:

Version No	**Type of Change**	**Date**	**Description of Change**
1		1.8.15	
2	Policy review date	8.11.16	Date changed to 8.11.2018
3	Policy changes	3.2.17	Prior approval removed, CBA from 1.4.2017
4	Date change	15.2.18	Policy review changed to 1.4.2019
5	Policy review date; removal of evidence base link.	17.9.19	Policy review date changed to September 2022; NICE Guideline link added; old link removed. G-Care link inserted.
6	Date change	22.9.22	Policy review date changed to September 2025. No changes to policy.