Commissioning Policy

Tonsillectomy

Criteria Based Access (CBA)

Date adopted: INSERT DATE

Version: 7

Authorisation and document control

Name of policy:	**Tonsillectomy**
Job title of author:	**Senior Commissioning Programme Manager – Elective Care**
Name of sign off group:	**Commissioning Policy Review Group (CPRG)**

Equality and Engagement Impact Assessment	
Date Equality and Engagement Impact Assessment was completed:	September 2025

Consultation	
Name of group	**Date considered**
Insert relevant individuals/forums consulted during policy development	

Authorisation	
Name of group	**Date approved**
Commissioning Policy Review Group	07/10/2025
System Quality Committee	18/06/2015

Date of adoption	07/10/2025
Date of publication	01/04/2017
Review date	October 2028
To be reviewed by (job title)	Senior Commissioning Programme Manager – Elective Care

Version control				
Version number	**Date**	**Summary of changes**	**Author/Editor**	**Approved by**
1	01/08/2015			Integrated Governance and Quality Committee
2	08/11/2016	Review date changed to 08.11.2018		ECCP
3	03/02/2017	Prior approval removed, CBA from 1.4.2017		ECCP
4	05/02/2018	Policy review date changed to 01.04.2019		ECCP
5	17/09/2019	Policy review date changed to September 2022; NICE Guideline link added; old link removed. G-Care link inserted.		ECCP
6	22/09/2022	Policy review date changed to September 2025. No changes to policy		ECCP
7	07/10/2025	New policy template adopted. Policy review date changed to October 2028. Minor editorial change to the 'Further information' section removing references to SIGN guidance and replacing with up-to-date NICE CKS reference. Minor change to wording under 'diagnosing tonsillitis' section adding reference to FeverPAIN alongside Centor score to align with NICE CKS. Updates to references section to remove SIGN and add NICE CKS and EBI guidance references.	Senior Commissioning Programme Manager	CPRG

1.0 Background

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.

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 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.

2.0 Policy statement

Policy category	Policy details
CBA	**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 apnoea's, 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 https://cks.nice.org.uk/sore-throat-acute • Red, or red and white patches, or ulceration or swelling of the oral/pharyngeal mucosa for more than 3 weeks. • 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. NICE guidance recommends use of FeverPAIN or Centor score to assist in deciding whether to prescribe antibiotics. For further information see Diagnosing the cause | Diagnosis | Sore throat - acute | CKS | NICE.

3.0 Patients who are not eligible for treatment under this policy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

None

5.0 References

Academy of Medical Royal Colleges EBI guidance Tonsillectomy for recurrent tonsillitis - EBI
NICE Guideline CKS Diagnosing the cause | Diagnosis | Sore throat - acute | CKS | NICE