

# Tonsillectomy/Adenoidectomy

**BEFORE** providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

<b>Patient First name</b>		<b>Patient Surname</b>		<b>Hospital</b>	
<b>NHS No.</b>		<b>Date of Birth</b>		<b>Consultant</b>	
<b>GP F-code</b>		<b>CCG</b>		<b>UBRN</b>	
<b>Hospital No.</b>		<b>Referrer</b>			

## Additional information

Please submit completed form to the following email address:

[bbccg.mseccg-funding@nhs.net](mailto:bbccg.mseccg-funding@nhs.net)

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

**Suspected or confirmed malignancy – should be referred via a two week pathway. Tonsillectomies required as part of treatment for malignancy do not need prior funding approval. No prior approval required for patients with tonsillar asymmetry or diagnostic tonsillectomy for suspicion of cancer.**

M&SECCGs commission tonsillectomies on a restrictive basis for those patients who meet criteria as outlined in SIGN Guidance 117 (April 2010) or one of the conditions listed below.

<http://www.sign.ac.uk/pdf/sign117.pdf>

<b>Patients must meet the criteria below as indicated:</b>		<b>Please Tick</b> ✓
<b>The answers to <u>BOTH</u> 1 &amp; 2 must be 'Yes'</b>		
<b>1</b>	<ul style="list-style-type: none"> <li>Sore throats that are due to acute tonsillitis.</li> </ul>	
<b><u>AND</u></b> <b>2</b>	<ul style="list-style-type: none"> <li>Episodes of sore throat that are disabling and prevent normal functioning.</li> </ul>	
<b>The answer to any <u>ONE</u> of criteria 3-6 must be 'Yes'</b>		

<b>3</b>	<ul style="list-style-type: none"> <li>Seven or more well documented clinically significantly, adequately treated sore throats in the preceding year <b>(Please provide dates below and confirmation that sore throats are documented and have been treated)</b></li> </ul>	
<b><u>OR</u> 4</b>	<ul style="list-style-type: none"> <li>Five or more such episodes well documented clinically significantly, adequately treated sore throats in each of the preceding two years. <b>(Please provide dates below and confirmation that sore throats are documented and have been treated)</b></li> </ul>	
<b><u>OR</u> 5</b>	<ul style="list-style-type: none"> <li>Three or more such episodes well documented clinically significantly, adequately treated sore throats in each of the preceding three years. <b>(Please provide dates below and confirmation that sore throats are documented and have been treated)</b></li> </ul>	
<b><u>OR</u> 6</b>	<ul style="list-style-type: none"> <li>Failure to thrive in paediatric patients where recurrent tonsillitis is considered a contributory factor. <b>(Please provide evidence below and confirmation that sore throats are documented and have been treated)</b></li> </ul>	
<b><u>IF</u> the patient does not meet any of the above criteria, they must meet <u>ONE</u> of the following:</b>		
	<ul style="list-style-type: none"> <li>Intractable cough with a high level of streptococcal antibody for longer than one-year test results to be included with referral. <b>(Please provide evidence below)</b></li> </ul>	
<b><u>OR</u></b>	<ul style="list-style-type: none"> <li>Severe halitosis which has been demonstrated to be due to tonsil crypt debris for longer than one year (diagnosed by an ENT surgeon). <b>(Please provide evidence below)</b></li> </ul>	
<b><u>OR</u></b>	<ul style="list-style-type: none"> <li>Peritonsillar abscess not responding to antibiotics and incisional drainage. <b>(Please provide evidence below)</b></li> </ul>	

**Adenoidectomy as a separate procedure will not be funded.**

**Please supply information clearly evidencing the selected criteria above**

(Please ensure dates of documented clinically significantly, adequately treated sore throats are included)

ME&SCCGs commission tonsillectomy with or without concurrent adenoidectomy for Obstructive sleep apnoea (OSA) in:

- adults who has been diagnosed by sleep study/overnight polysomnography, in the presence of large tonsils – see also Sleep Studies policy.

- children where OSA is demonstrated by sleep study or diagnosed clinically in the presence of excessively large tonsils and adenoids with documented evidence of failure to thrive as assessed using NICE guidance NG75.

A period of 6 months watchful waiting by the GP is recommended prior to tonsillectomy to establish firmly the pattern of symptoms and allow the patient to consider fully the implications of operation. For recurrent tonsillitis in children <16 years old, before referral to secondary care, the GP should discuss with patient/parents or carers the benefits and risks of tonsillectomy vs. active monitoring. Sign post patients to relevant information and reassurance given if no further treatment or referral for tonsillectomy is deemed necessary at this stage. The Right Care Shared Decision Aid for recurrent sore throats should be used (<http://sdm.rightcare.nhs.uk/pda/>). This discussion should be documented.



deciding-what-to-do-  
about-recurrent-sore

<b>CCG USE:</b>	<b>Invoice ref:</b>	<b>Prior Authorisation requested by:</b>	
<b>Is the procedure approved or declined?</b>		<b>Name of Clinician</b>	
Please indicate:			
<b>Name</b>		<b>Contact number</b>	
<b>Signature</b>		<b>Date</b>	
<b>Date</b>			