

Sleep Studies

Including Diagnostic Investigations and Treatments for Obstructive Sleep Apnoea/Hypopnoea Syndrome (OSAHS) in Adults

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.

| | | | | | |
|--------------------|--|-----------------|--|------------|--|
| Patient First name | | Patient Surname | | Hospital | |
| NHS No. | | Date of Birth | | Consultant | |
| GP F-code | | CCG | | UBRN | |
| Hospital No. | | Referrer | | | |

Additional information

Please submit completed form to the following email address:

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.

M&SECCGs commission sleep studies for adults (over 18 years of age) with suspected sleep apnoea, complex sleep disorders or where necessary to confirm a diagnosis of narcolepsy.

NHS England commissions sleep studies for children and young people from Specialist Paediatric Respiratory Centres. <https://www.england.nhs.uk/wp-content/uploads/2012/12/pss-manual.pdf>

If obstructive sleep apnoea is suspected the patient should have attempted lifestyle modification i.e. weight loss, stop smoking, and reduce alcohol consumption- as appropriate before referral.

For further detail on this criteria including OSAHS, snoring and driving, please refer to page 126 of the M&SE STP Value Based Commissioning Policy.

| Patients can only be referred for funding if they meet the ONE of the sets of criteria below (A & ONE OF THE FOLLOWING: B OR C OR D OR E OR F). | | Please tick ✓ |
|---|---|------------------|
| Please indicate which of the criteria the patient meets: | | |
| A | <ul style="list-style-type: none"> Patient ≥ 18 AND | |
| | <ul style="list-style-type: none"> Patient snores AND | |



| | | |
|------------|--|--|
| | <ul style="list-style-type: none"> Daytime sleepiness (rather than tiredness) assessed by Epworth scale with score ≥ 11 | |
| AND | <u>ONE</u> or more of the following: | |
| B | <ul style="list-style-type: none"> Witnessed regular or frequent nocturnal apnoeic episodes of stopping breathing | |
| | <u>OR</u> | |
| C | <ul style="list-style-type: none"> Waking with sensations of choking/obstruction | |
| | <u>OR</u> | |
| D | <ul style="list-style-type: none"> Neck circumference ≥ 17ins in a man or > 15ins in a woman | |
| | <u>OR</u> | |
| E | <ul style="list-style-type: none"> Significant retrognathia | |
| | <u>OR</u> | |
| F | <ul style="list-style-type: none"> Small oedematous pharynx on visual inspection | |

| | | |
|---|--|--|
| Polysomnography Patients can only be referred for funding if they meet <u>ONE</u> of the criteria below. Please indicate which of the criteria the patient meets: | | Please tick <input checked="" type="checkbox"/> |
| | <ul style="list-style-type: none"> Patient has ≥ 5 < 15 hyponea events per hour, <u>per night</u> measured by pulse oximetry. | |
| <u>OR</u> | <ul style="list-style-type: none"> Patients who have typical symptoms of excessive daytime somnolence but no objective evidence of obstructive sleep apnoea on limited sleep study. | |
| <u>OR</u> | <ul style="list-style-type: none"> Patient has suspected narcolepsy and confirmation of diagnosis is required. | |

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|---|
| Please supply information clearly evidencing the selected criteria above |
| |

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