**Tonsillectomy**

**INFORMATION TO ACCOMPANY AN INDIVIDUAL FUNDING REQUEST (IFR) FOR TONSILLECTOMY (CHILDREN AND ADULTS)**

**Instructions for Use**

Please send this form to the IFR panel.

**PLEASE ATTACH A BRIEF REFERRAL LETTER IN SUPPORT OF YOUR REQUEST**

Patient Name: <Patient Name>

Address: <Patient Address>

Date of Birth: <Date of birth>

NHS Number:<NHS number>

Referral To: ENT

Practice Name: <GP Details>

**ADDITIONAL INFORMATION: A six month period of watchful waiting is recommended prior to referral for tonsillectomy in order to establish a pattern of symptoms.**

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|  | | | | | *Tick as appropriate* | |
| Sore throats are due to acute tonsillitis | | | | | Yes  No | |
| Episodes of sore throat are disabling and prevent normal functioning as evidence by three of the Centor criteria (tonsillar exudates, tender anterior cervical lymph nodes, history of fever [over 38], and absence of cough). | | | | | Yes  No | |
| **Please supply ALL dates of disabling episodes of tonsillitis when your patient has been seen AND treated over the past three years** | | | | | | |
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| Two or more documented episodes of quinsy (peri-tonsillar abscess) | Yes  No |
| Severe halitosis secondary to tonsillar crypt debris | Yes  No |
| A child with failure to thrive due to difficulty swallowing secondary to tonsillar hypertrophy | Yes  No |
| Obstructive sleep disordered breathing (see criteria below) | Yes  No |

**THE COMMISSIONING CRITERIA ARE DETAILED BELOW**

|  |  |
| --- | --- |
| **GP Signature** |  |
| **Date** |  |

**Criteria for Commissioning Tonsillectomy (Children and Adults)**

The CCG will **only** fund tonsillectomy when one or more of the following criteria have been met:

* Recurrent attacks of tonsillitis as defined by:
* Sore throats are due to acute tonsillitis which is disabling and prevents normal functioning

**AND**

* 7 or more well documented, clinically significant\*, adequately treated episodes in the preceding year **OR** 5 or more such episodes in each of the preceding 2 years **OR**

3 or more such episodes in each of the preceding 3 years

* Two or more episodes of Quinsy (peri-tonsillar abscess)
* Severe halitosis secondary to tonsillar crypt debris
* Failure to thrive (child) secondary to difficulty swallowing caused by enlarged tonsils
* Obstructive sleep disordered breathing causing severe daytime and night time symptoms#
* Biopsy/removal of lesion on tonsil#

*\*A Clinically significant episode is characterised by at least three of the following (Centor criteria):*

* *Tonsillar exudate*
* *Tender anterior cervical lymphadenopathy or lymphadenitis*
* *History of fever (over 38’C)*
* *Absence of cough*

Refer to ENT for opinion and treatment for possible sleep apnoea or biopsy / removal of lesion. Secondary Care clinicians should send (clinical letter and copy of the referral) to IFR for notification and monitoring (prior approval not required).

Obstructive sleep disordered breathing is defined as:

* Grade 3 or 4 tonsils AND
* Symptoms persisting for more than three months AND
* Night time symptoms- consistent snoring AND consistent wakefulness OR secondary enuresis OR witnessed apnoea’s OR restlessness/excessive sweating AND
* Daytime symptoms- impaired school performance OR hyperactivity/aggression OR altered mood OR excessive tiredness
* Biopsy/removal of lesion on tonsil- notification only, prior approval not required.

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| **National Supporting Evidence**  **Scottish Intercollegiate Guidelines Network** Management of sore throat and indications for tonsillectomy. A National clinical Guideline. April 2010 <https://www.sign.ac.uk/assets/sign117.pdf>  **Evidence Based Interventions: Guidance for CCGs**  <https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf> |

Individual Funding Requests (IFR) should be sent to:

Alison Ball

Head of Individual Funding Requests

722 Prince of Wales Road

Sheffield S9 4EU

Safehaven Fax: 0114 3051370

Safehaven Email: [sheccg.sybifr@nhs.net](mailto:sheccg.sybifr@nhs.net)