

## Tonsillectomy

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

### Instructions for Use

Please send this form to the IFR panel.

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

Patient Details	
PATIENT NAME	
DATE OF BIRTH	
NHS NUMBER	
ADDRESS	
REFERRING GP	

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

	Delete 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 patients has been seen AND treated over the past 3 years:**


	Delete as appropriate	
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

**THE COMMISSIONING CRITERIA ARE DETAILED OVERLEAF**

<b>GP Signature</b>	
<b>Date</b>	



## Criteria for Commissioning Tonsillectomy (Children and Adults)

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

1. 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
2. Two or more episodes of Quinsy (peri-tonsillar abscess)
  3. Severe halitosis secondary to tonsillar crypt debris
  4. Failure to thrive (child) secondary to difficulty swallowing caused by enlarged tonsils
  5. Obstructive sleep apnoea causing severe daytime and night time symptoms<sup>#</sup>
  6. Biopsy/removal of lesion on tonsil<sup>#</sup>

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\*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

<sup>#</sup> Refer to ENT for opinion and treatment for possible sleep apnoea or biopsy / removal of lesion.

### 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:

Allison 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)