

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
Obstructive sleep disordered breathing (see criteria below)		Yes	No

THE COMMISSIONING CRITERIA ARE DETAILED OVERLEAF

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

**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

- 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

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 apnoeas 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.

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>