



Freedom of Information request & West Norfolk CCG response

WN-2015-00176 – Procedure of limited clinical effectiveness policy

Whether the CCG has, or ever has had, a “procedure of limited clinical effectiveness” policy, or a similar policy to like effect, for each of the following procedures:

1. Adenoidectomy,

NHS North Norfolk CCG, NHS South Norfolk CCG, NHS West Norfolk CCG and NHS Norwich CCG do not have a policy on Adenoidectomy.

2. Tonsillectomy,

NHS North Norfolk CCG, NHS South Norfolk CCG, NHS West Norfolk CCG and NHS Norwich CCG have a policy on Tonsillectomy.

a. The precise date the policy came into effect,

NHS North Norfolk CCG ratified the policy on 25/08/2015

NHS South Norfolk CCG ratified the policy on 29/10/2015

NHS West Norfolk CCG ratified the policy on 30/07/2015

NHS Norwich CCG ratified the policy on 23/07/2015,

b. which intervention listed above the policy applies to,

Tonsillectomy

c. which population (e.g. adults or children) the policy applies to,

Adults and Children

d. which clinical indication(s) the policy applies to,

Tonsillectomy for recurrent tonsillitis or its complications (e.g. quinsy) in children <16 and in adults, Tonsillectomy for recurrent tonsillitis, Tonsillectomy for sleep disordered breathing due to obstructive sleep apnoea syndrome (OSAS) in children (<16 years), Tonsillectomy for pathological airway (type 2) halitosis due to chronic caseous tonsillitis (CCT) with tonsilloliths

e. the criteria necessary to receive treatment set out by the policy,

Tonsillectomy for recurrent tonsillitis or its complications (e.g. quinsy) in children <16 and in adults:

Unequivocal indications for tonsillectomy

Patients with the following are exempt from this policy and immediate referral for treatment is recommended:

- *Peri-tonsillar abscess (Quinsy) – one episode of quinsy with history of recurrent tonsillitis **OR** 2nd episode of quinsy*
- *Acute upper airways obstruction*
- *Suspected tonsillar malignancy*

Tonsillectomy for recurrent tonsillitis

*This procedure** will be funded for the treatment of sore throats in adults and children if the following criteria can be met:*

1. *Sore throats are due to acute tonsillitis*
AND
2. *Episodes of sore throats are disabling and prevent normal functioning (documented absence from school or work)*
AND
3. *Seven or more documented, clinically significant, adequately treated sore throats in the previous year* **OR** five or more such episodes in each of the preceding two years* **OR** three or more such episodes in each of the preceding three years* (Paradise Criteria) **OR** Severe recurrent tonsillitis in adults that results in two or more hospital admissions.*

**Each of the episodes must be of a debilitating nature (for example documented absence from school or work \geq 3 days + visit to GP) and be well documented in the patient's notes.*

Detailed documentation of the criteria that are fulfilled is required in the GP's referral letter, where available; clinically inappropriate referrals will be sent back to the GPs.

***For **Norfolk CCGs** the procedure is also subject to Prior Approval*

Tonsillectomy for sleep disordered breathing due to obstructive sleep apnoea syndrome (OSAS) in children (<16 years)

*This procedure** will be funded for the treatment of OSAS in children if the following criteria can be met:*

1. *There is a strong history suggestive of obstructive sleep apnoea such as witnessed obstructive apnoea, difficulty breathing while asleep, sleeping in an unusual position (with head extended), secondary enuresis, frequent daytime mouth breathing, and behavioural or*

concentration problems. With documented evidence of significant impact on quality of life (for example behavioural or concentration problems, failure to thrive, slowing of weight gain).

AND

2. Clinical diagnosis of obstructive sleep apnoea by a designated ENT consultant with documented clinical features such as adenotonsillar hypertrophy and mouth breathing, with or without evidence of desaturation from a sleep study.

In all cases, please attach the clinic letter (referral form) which should indicate the evidence that has been evaluated to indicate a significant impact on quality of life (e.g. GP letter, secondary care clinical examination by secondary care consultant, letter from school, sleep study results).

****For Norfolk CCGs the procedure is also subject to Prior Approval**

Tonsillectomy is not routinely funded for the treatment of sleep apnoea in adults.

Tonsillectomy will not be funded as a treatment for snoring.

Tonsillectomy for pathological airway (type 2) halitosis due to chronic caseous tonsillitis (CCT) with tonsilloliths

This procedure** will be funded for the treatment of severe airway (type 2) halitosis due to CCT if the following criteria can be met:

1. Pathological halitosis (offensive smelling breath) which has been demonstrated to be due to CCT with tonsil crypt debris (tonsilloliths) with diagnosis confirmed by ENT specialist

AND

2. CCT has not responded to medical management over a period of three months. Medical management can include irrigation, saline gargling, topical antiseptic spray, anti-inflammatories.

****For Norfolk CCGs the procedure is also subject to Prior Approval**

f. and the rationale and supporting evidence for these criteria.

Please see full policy attached with evidence review and references

3. Grommet insertion,

NHS North Norfolk CCG, NHS South Norfolk CCG, NHS West Norfolk CCG and NHS Norwich CCG have a policy on Grommets.

a. The precise date the policy came into effect,

January 2011

b. which intervention listed above the policy applies to,

Grommets adults and children – (separate policies)

c. which population (e.g. adults or children) the policy applies to,

Adults and children – (separate policies)

d. which clinical indication(s) the policy applies to,

Grommets adults and children

e. the criteria necessary to receive treatment set out by the policy,

Grommets for Adults

Grommets in Adults will only be funded in exceptional circumstances. The patient must be experiencing disability due to deafness. The possible option of a hearing aid may be discussed at the discretion of the clinician.

This procedure is subject to Prior Approval and will be funded if the following criteria can be met:

- *A middle ear effusion causing measured conductive hearing loss, persisting for at least 3 months and resistant to medical treatments*
- *Persistent Eustachian tube dysfunction resulting in pain (e.g. flying)*
- *As one possible treatment for Meniere's disease.*
- *Severely retracted ear drums.*

Exceptions:

Patients with suspected or proven malignancy are exempt from Prior Approval.

Grommets for Children

This procedure is subject to Prior Approval and will be funded in line with NICE guidance (CG60, Feb 2008) for children under the age of 12 years without a second disability (such as Down's Syndrome or cleft palate) where;

- *There has been a period of watchful waiting for 3 months following the date of the first outpatient appointment*

AND

- *Presence of persistent bilateral otitis media with effusion documented over 3 months*.*

**Severe disabled children may need anaesthesia to perform brain stem evoked response audiometry, if glue ear identified at this stage there is no requirement to wait 3 months.*

In the above cases, clear documentation with inclusion of relevant evidence (results of hearing tests etc.) are expected to accompany the request

f. and the rationale and supporting evidence for these criteria.

NICE Guidance February 2008 (Grommets for Children)

4. Functional Endoscopic Sinus Surgery,

NHS North Norfolk CCG, NHS South Norfolk CCG, NHS West Norfolk CCG and NHS Norwich CCG do not have a policy on Functional Endoscopic Sinus Surgery.

5. Septoplasty,

NHS North Norfolk CCG, NHS South Norfolk CCG, NHS West Norfolk CCG and NHS Norwich CCG do not have a policy on Septoplasty.

6. Cochlear implant insertion,

NHS North Norfolk CCG, NHS South Norfolk CCG, NHS West Norfolk CCG and NHS Norwich CCG do not have a policy on Cochlear implant insertion. This falls within the remit of NHS England (specialised commissioning).

7. and Rhinoplasty.

NHS North Norfolk CCG, NHS South Norfolk CCG, NHS West Norfolk CCG and NHS Norwich CCG have a policy on Rhinoplasty.

a. The precise date the policy came into effect,

August 2010

b. which intervention listed above the policy applies to,

Rhinoplasty

c. which population (e.g. adults or children) the policy applies to,

Not specified

d. which clinical indication(s) the policy applies to,

Post traumatic and/or affecting airways

e. the criteria necessary to receive treatment set out by the policy,

This procedure is not routinely funded on cosmetic grounds alone. This procedure is subject to Prior Approval and will be funded if the following conditions apply:

- *Patient is post traumatic*
AND/OR
- *Condition is affecting airways*

f. and the rationale and supporting evidence for these criteria.

No information held.