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| **TONSILLECTOMY IN ADULTS & CHILDREN** |
| **PRIOR APPROVAL REQUIRED** |
| **A. Patient Information** |
| **Name** |  | Male |[ ]  Female |[ ]
| **Address** **Post Code** |   |
| **Date of Birth** |  | **NHS Number** |  |
| **B. Referrer’s Details (GP / Consultant / Clinician)** |
| **Name** |  | **Patient requested referral** [ ]  |
| **Address** **Post Code** |  |
| **Telephone** |  | **Email** |  |
| **GP Details (if not referrer)** |
| **Name** |  | **Practice** |  |
| By submitting this form, you confirm that the information provided is, to the best of your knowledge, true and complete and that you have:* Discussed all alternatives to this intervention with the patient
* Had a conversation with the patient about the most significant benefits and risks of this intervention – Where appropriate
* Informed the patient that this intervention is only funded where criteria are met, or exceptionality demonstrated
* Checked that the patient is happy to receive postal correspondence concerning their application where appropriate, or clarified alternative needs
* Checked that the patient understands spoken and written English, or clarified required needs

I understand that it is a legal requirement for fully informed consent to be obtained from the patient (or a legitimate representative of the patient) prior to disclosure of their personal details for the purpose of a panel / IFR team to decide whether this application will be accepted, and treatment funded. By submitting this form, I confirm that the patient / representative has been informed of the details that will be shared for the purpose and consent has been given. |
| **Signed (referrer)** | **Date** |
| **Submission**The completed form(s) should be sent electronically (from an *nhs.net* email address) in confidence with any other supporting documents to the appropriate email address: BSWICB.EFR@nhs.net**To comply with information governance standards, emails containing identifiable patient data should only be sent securely, i.e., from an *nhs.net* account.** |

**THIS PAGE MUST BE COMPLETED FOR ALL REQUESTS**

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| **C. Clinical Criteria - to be read in conjunction with the Tonsillectomy Policy** |
| **CLINICAL CRITERIA FOR SURGERY** |
| Sore throats are due to acute tonsillitis | Choose an item. |
| * **AND seven** or more well documented, clinically significant, treated sore throats in **one** year
 | Choose an item. |
| * **OR five** or more such episodes in **each** of the preceding **two** years
 | Choose an item. |
| * **OR three** or more such episode in **each** of the preceding **three** years
 | Choose an item. |
| **Dates of documented episodes of Tonsillitis**: |  |  |  |
|  |  |  |  |
| **OR** |
| Has evidence of persistent and significant Obstructive Sleep Apnoea (OSA) been demonstrated? Obstructive Sleep Apnoea in children should be diagnosed clinically: | Choose an item. |
| * A history of witnessed sleep apnoeic attacks in the presence of snoring.
 | Choose an item. |
| * **AND** The presence of large and obstructive tonsils
 | Choose an item. |
| * **AND** Failure to thrive (documented impact on development, behaviour and quality of life, height and weight, hyperactivity, daytime somnolence)
 | Choose an item. |
| * **AND** Absence of any neurological deficit which might cause Central Sleep Apnoea.
 | Choose an item. |
| *(A sleep study i.e., polysomnography is not required for the diagnosis of Obstructive Sleep Apnoea in children.)****Of note*** *- children with simple snoring without symptoms or signs of Apnoea are unlikely to benefit from adenotonsillectomy.* |
| **Obstructive sleep apnoea/hypopnoea syndrome in adults**: NICE guidance recommends that tonsillectomy may be considered for people with OSAHS who:  **•** Have large obstructive tonsils |  Choose an item. |
|  **• AND** A body mass index (BMI) of less than 35 kg/m2 | Choose an item. |
| ***Tonsillectomy procedures are not normally commissioned by the ICB for tonsil stones or halitosis alone and would require an exceptional funding request to be submitted.*** **Fast track referral for specialist assessment and investigation for malignancy (which may include tonsillectomy for biopsy) is not restricted by this policy and does not require prior approval.** |
| **Mitigating circumstances/reasons for applying if policy criteria are not met, please document the evidence you are enclosing to support this request.**  |