

**Policies for the Commissioning of Healthcare**

**Policy for Adult Snoring Surgery (in the absence of obstructive sleep apnoea)**

**Policy Number 45 (Pan Lancashire)**

	<b>Introduction</b>
	This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
<b>1</b>	<b>Policy</b>
<b>1.1</b>	The CCG considers that surgical intervention for snoring in adults in the absence of obstructive sleep apnoea (OSA) does not accord with the Principles of Appropriateness and Effectiveness and therefore the CCG will not routinely commission this intervention.
<b>2</b>	<b>Scope and definitions</b>
<b>2.1</b>	This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
<b>2.2</b>	<p>Snoring is a noise that occurs during sleep that can be caused by vibration of tissues of the throat and palate and is a common complaint.</p> <p>Surgical interventions for the management of snoring in adults intend to stop or reduce snoring by reducing vibration in the throat tissues.</p>
<b>2.3</b>	<p>The scope of this policy includes requests for surgical interventions for the management of snoring in adults 18 years and over in the absence of OSA. Interventions include, but aren't limited to:</p> <ul style="list-style-type: none"> <li>• Uvulopalatopharyngoplasty;</li> <li>• Laser assisted Uvulopalatoplasty</li> <li>• Radiofrequency ablation of the palate</li> <li>• Soft palate implants</li> </ul>
<b>2.4</b>	<p>The scope of this policy does not include:</p> <ul style="list-style-type: none"> <li>• surgical management of snoring in the presence of OSA</li> <li>• non-surgical management of any type of snoring.</li> <li>• surgical management of any respiratory tract obstruction resulting in noisy breathing during sleep e.g. nasal obstruction.</li> </ul>
<b>2.5</b>	The CCG recognises that a patient may have certain features, such as

	<ul style="list-style-type: none"> <li>• suffering from snoring;</li> <li>• wishing to have a service provided to manage their snoring surgically;</li> <li>• being advised that they are clinically suitable for surgical management of snoring, and</li> <li>• be distressed by their snoring and by the fact that that they may not meet the criteria specified in this commissioning policy.</li> </ul> <p>Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p>
<b>3</b>	<b>Appropriate Healthcare</b>
<b>3.1</b>	The purpose of surgical interventions for the management of snoring is normally to stop or reduce snoring by reducing vibration in the throat tissues
<b>3.2</b>	This policy relies on the criterion of appropriateness in that the CCG considers that snoring in the absence of OSA is not a medical condition and surgical treatment for snoring does not otherwise accord with the criteria for appropriateness in the Statement of Principles.
<b>4</b>	<b>Effective Healthcare</b>
<b>4.2</b>	<p>This policy relies on the criterion of effectiveness in that the CCG considers that there is evidence that surgical management of snoring is associated with risk of severe complications and persistent side effects.<sup>1</sup></p> <p>Additionally, the CCG considers that there is no evidence that surgery to the palate to improve snoring provides any additional benefit compared to non-surgical treatments.</p> <p>Surgical interventions for the management of snoring in the absence of OSA do not therefore accord with the criteria for appropriateness in the Statement of Principles.</p>
<b>5</b>	<b>Cost Effectiveness</b>
<b>5.1</b>	The CCG does not call into question the cost-effectiveness of surgical interventions for the management of snoring in the absence of OSA and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.
<b>6</b>	<b>Ethics</b>

<p><b>6.1</b></p>	<p>The CCG does not call into question the ethics of surgical interventions for the management of snoring in the absence of OSA and therefore this policy does not rely on the Principle of Ethics.</p> <p>Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.</p>
<p><b>7</b></p>	<p><b>Affordability</b></p>
<p><b>7.1</b></p>	<p>The CCG does not call into question the affordability of surgical interventions for the management of snoring in the absence of OSA and therefore this policy does not rely on the Principle of Affordability.</p> <p>Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.</p>
<p><b>8</b></p>	<p><b>Exceptions</b></p>
<p><b>8.1</b></p>	<p>The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.</p>
<p><b>8.2</b></p>	<p>In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this CCG. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.</p>
<p><b>9</b></p>	<p><b>Force</b></p>
<p><b>9.1</b></p>	<p>This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.</p>
<p><b>9.2</b></p>	<p>In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:</p> <ul style="list-style-type: none"> <li>• If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.</li> <li>• If the new NICE guidance does not have mandatory status, then the CCG will aspire to review and update this policy accordingly. However, until the CCG adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this CCG are concerned.</li> </ul>

<b>10</b>	<b>References</b>
	1. NHS England (2018). Evidence-Based Interventions: Guidance for CCGs

**Appendix 1: Associated OPCS/ICD codes**

<b>OPCS codes</b>	<b>ICD codes</b>
F324, F325, F236	ICD10 not equal to G473

**Date of adoption: 7<sup>th</sup> March 2019**

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