

**Chorley and South Ribble Clinical Commissioning Group and Greater Preston
Clinical Commissioning Group**

Policies for the Commissioning of Healthcare

Policy for Surgical Intervention for Snoring

1	Introduction
1.1	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.
1.2	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).
2	Scope and definitions
2.1	<p>Snoring is a common complaint which is largely due to vibration of the soft palate, but it can also originate from the supraglottis, tonsils or tongue (1). The prevalence of which has been documented as anything from 24% to 50% of males, however there is an increasing number of females reporting that they snore (2).</p> <p>There are several surgical interventions that can be used to correct snoring. Surgery for snoring is usually regarded as a last resort, when all other treatment options have been tried and proven unsuccessful.</p> <p>Uvulopalatopharyngoplasty (UPPP) and laser assisted uvuloplasty (LAUP), aim to increase the airspace in the oropharynx by removing or trimming tissue (3). Other surgical procedures, such as soft palate implants and radiofrequency ablation aim to reduce snoring by scarring the soft palate, which causes fibrosis and stiffening of the palate (4), (5).</p>
2.2	Surgical treatment for snoring (where snoring is not complicated by episodes of breathing cessation) is regarded as a procedure of low clinical priority. Therefore the commissioning organisation does not routinely fund surgical intervention for this condition.
2.3	If a clinical assessment suggests serious underlying pathology rather than simple snoring, then the patient should be referred accordingly.
2.4	If Obstructive Sleep Apnoea Syndrome is suspected, the patient should be managed in accordance with NICE Technology Appraisal TA139 (6)
2.5	The CCG recognises that a patient may

	<ul style="list-style-type: none"> • suffer from snoring • wishing to have a service provided for their condition • being advised that they are clinically suitable for surgical intervention, and • be distressed by their snoring and by the fact that that they may not meet the criteria specified in this commissioning policy. <p>Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p>
2.6	The National Institute for Health and Care Excellence (NICE) have published two interventional procedure guidance's ; IPG 240 Soft Palate implants for simple snoring 4 , which confirms the safety of the procedure however there is limited evidence on the effectiveness. And IPG 476 Radiofrequency ablation of the soft palate for snoring 5 . Which concluded that there are no significant safety concerns with this procedure, and whilst there is evidence on the efficacy of the short term benefits, there is uncertainty for the longer term.
3	Appropriate Healthcare
3.1	The purpose of the various surgical interventions such as: UPPP, LAUP, Soft Palate Implants or radiofrequency ablation is normally to stop the patient from snoring .
3.2	The Commissioning Organisation considers the achievement of this purpose as according with the Principle of Appropriateness and places it within the category of intervention that are appropriate for commissioning. Therefore it will be commissioned by the Commissioning Organisation if it also satisfies the criteria for effectiveness, cost effectiveness and ethical delivery.
4	Effective Healthcare
4.1	The Commissioning Organisation has considered the available evidence on these surgical interventions and has concluded that randomised control trial (RCT) evidence is inconclusive for the effectiveness of UPPP and LAUP (7),(8) . and there is no robust evidence for the use of soft palate implants (4) .
4.2	There is evidence from a small RCT that radiofrequency ablation reduced the frequency of snoring but few patients had their symptoms resolved completely (9) .
4.3	Surgery for snoring requires a general anaesthetic and depending on the planned intervention, this can carry risk of complications post operatively. The potential gains of surgery are uncertain and due to the condition not being severe they do not justify the cost of the risks.

4.4	<p>Therefore the Commissioning Organisation does call into question the effectiveness of these procedures hence this policy does not rely on the Principle of Effectiveness.</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 purpose of the treatment is likely to be achieved in this patient without undue adverse effects before confirming a decision to provide funding.</p>
5	Cost Effectiveness
5.1	<p>The Commissioning Organisation does call into question the cost-effectiveness of these procedures and therefore this policy does not rely on the Principle of Cost-Effectiveness.</p> <p>Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the Commissioning Organisation may consider whether the treatment is likely to be cost effective in this patient before confirming a decision to provide funding.</p>
6	Ethics
6.1	<p>The Commissioning Organisation does not call into question the ethics of these procedures and therefore this policy does not rely on the Principle of Ethics.</p>
7	Affordability
7.1	<p>The Commissioning Organisation does call into question the affordability of these procedures 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>
8	Policy
8.1	<p>The Commissioning Organisation considers that surgical intervention for snoring does not accord with the Principles of Appropriateness; effectiveness, cost effectiveness and affordability.</p> <p>Therefore the Commissioning Organisation may commission this service only when exceptionality has been demonstrated in accordance with section 9 below.</p>
9	Exceptions

9.1	The Commissioning Organisation will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
10	Force
10.1	This policy remains in force for a period of three years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner.
11	References
	<ol style="list-style-type: none"> 1. Quinn S J., Daly, N., Ellis, P.D (1995) Observation of the mechanism of snoring using sleep nasendoscopy. <i>Clinical Otolaryngology and allied sciences</i>, 20, (4), pp360-364 2. Davey, J M (2004) Epidemiological study of snoring from a random survey of 1075 participants. [online] available from: www.britishsnoring.co.uk. 3. Larrosa, F., Hernandez, L., Morello, A., Ballester, E., Quinto, L., and Montserrat, J M. (2004) Laser Assisted uvulopalatoplasty for snoring: does it meet the expectations? <i>The European Respiratory Journal</i>. 24, (1), pp 66-70 4. NICE (2007) Interventional procedure guidance 240: Soft palate implants for simple snoring.[online], available from; https://www.nice.org.uk/guidance/ipg240 5. NICE (2014) Interventional procedure guidance 476: Radiofrequency ablation of the soft palate for snoring. [online] available from: https://www.nice.org.uk/guidance/ipg476 6. NICE (2008) Technical appraisal guidance 139: Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnea syndrome. [online], available from: https://www.nice.org.uk/guidance/ta139 7. Osman, E Z., Osborne JE., Hill, P D., Lee, B W and Hammad, Z. (2000) Uvulopalatopharyngoplasty versus laser assisted uvulopalatoplasty for the treatment of snoring: an objective randomised clinical trial. <i>Clinical Otolaryngology and allied sciences</i>, 25, (4), pp 305- 310 8. Franklin K A., Anttila H., Axelsson S.(2009) Effects and side effects of surgery for snoring and obstructive sleep apnoea- a systematic review. <i>Sleep</i>, 32, (1), pp27-36 9. Stuck, BA., Sauter, A., Hormann, K., Verse, T., Maurer J T. (2005) Radiofrequency surgery of the soft palate in the treatment of snoring. A placebo-controlled trial. 28, (7) pp847-850. 10. Greater Manchester Shared Services (2016) Greater Manchester EUR Policy Statement. Invasive Treatment for Snoring. http://northwestcsu.nhs.uk/BrickwallResource/GetResource/fcb2edcf-9fbf-4389-a394-c33587b0a079 11. NHS England (2013) Interim Clinical Commissioning Policy: Surgical Intervention for Snoring. [online], available from: https://www.england.nhs.uk/commissioning/wpcontent/uploads/si

	<p>tes/12/2013/11/N-SC029.pdf 12. NHS Cambridgeshire and Peterborough Clinical Commissioning Group. (2016) Surgical and Non-Surgical Treatment for Snoring (V5). http://www.cambosphn.nhs.uk/CCPF/PHPolicies.aspx</p>
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