GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester EUR Policy Statement on:

Invasive Treatments for Snoring

GM Ref: GM068

Version: 2.2 (28 January 2019)

Commissioning Statement

Invasive Treatments for Snoring	
Policy Exclusions **(Alternative commissioning arrangements apply)**	If clinical assessment suggests serious underlying pathology rather than simple snoring, the patient should be referred accordingly. If Obstructive Sleep Apnoea Syndrome is suspected, the patient should be managed in accordance with NICE Technology Appraisal TA139 - Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome. Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy, i.e. locally agreed pathways take precedent over this policy (the EUR Team should be informed of any local pathway for this exclusion to take effect).
Policy Inclusion Criteria	Surgical treatment of simple snoring (where snoring is not complicated by episodes of breathing cessation) is regarded as a procedure of low clinical priority and therefore not routinely commissioned. **Funding Mechanism** Individual funding request (exceptional case) approval: Requests must be submitted with all relevant supporting evidence.
Clinical Exceptionality	Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality. Exceptionality means 'a person to which the general rule is not applicable'. Greater Manchester sets out the following guidance in terms of determining exceptionality; however the over-riding question which the IFR process must answer is whether each patient applying for exceptional funding has demonstrated that his/her circumstances are exceptional. A patient may be able to demonstrate exceptionality by showing that s/he is: • Significantly different to the general population of patients with the condition in question. ***and as a result of that difference*** • They are likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition.
Fitness for Surgery	**NOTE:** All patients should be assessed as fit for surgery before going ahead with treatment, even though funding has been approved.
Best Practice Guidelines	All providers are expected to follow best practice guidelines (where available) in the management of these conditions.

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Policy Statement

Greater Manchester Health and Care Commissioning (GMHCC) Effective Use of Resources (EUR) Policy Team, in conjunction with the GM EUR Steering Group, have developed this policy on behalf of Clinical Commissioning Groups (CCGs) within Greater Manchester, who will commission treatments/procedures in accordance with the criteria outlined in this document.

In creating this policy GMHCC/GM EUR Steering Group have reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

This policy document outlines the arrangements for funding of this treatment for the population of Greater Manchester.

This policy follows the principles set out in the ethical framework that govern the commissioning of NHS healthcare and those policies dealing with the approach to experimental treatments and processes for the management of individual funding requests (IFR).

Equality & Equity Statement

GMHCC/CCGs have a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved, as enshrined in the Health and Social Care Act 2012. GMHCC/CCGs are committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation. In carrying out its functions, GMHCC/CCGs will have due regard to the different needs of protected characteristic groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

In developing policy the GMHCC EUR Policy Team will ensure that equity is considered as well as equality. Equity means providing greater resource for those groups of the population with greater needs without disadvantage to any vulnerable group.

The Equality Act 2010 states that we must treat disabled people as *more equal* than any other protected characteristic group. This is because their 'starting point' is considered to be further back than any other group. This will be reflected in GMHCC evidencing taking 'due regard' for fair access to healthcare information, services and premises.

An Equality Analysis has been carried out on the policy. For more information about the Equality Analysis, please contact policyfeedback.gmscu@nhs.net.

Governance Arrangements

Greater Manchester EUR policy statements will be ratified by the Greater Manchester Joint Commissioning Board (GMJCB) prior to formal ratification through CCG Governing Bodies. Further details of the governance arrangements can be found in the GM EUR Operational Policy.

Aims and Objectives

This policy document aims to ensure equity, consistency and clarity in the commissioning of treatments/procedures by CCGs in Greater Manchester by:

- reducing the variation in access to treatments/procedures.

- ensuring that treatments/procedures are commissioned where there is acceptable evidence of clinical benefit and cost-effectiveness.
- reducing unacceptable variation in the commissioning of treatments/procedures across Greater Manchester.
- promoting the cost-effective use of healthcare resources.

Rationale behind the policy statement

Simple snoring (where snoring is not complicated by episodes of breathing cessation) is commonplace and is not part of a disease process and as such the risk of surgery is not generally justifiable. Surgical treatment of simple snoring is regarded as a procedure of low clinical priority and therefore not routinely commissioned.

Treatment / Procedure

Invasive treatment /Surgery to alleviate snoring

Several surgical techniques 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 ineffective. Surgery is also not suitable for most cases of snoring.

There are four main types of surgery used in treating snoring, although these types of surgery are not usually available on the NHS. These are:

- uvulopalatopharyngoplasty (UPPP)
- uvulopalatoplasty (UP)
- palate implants
- radiofrequency ablation (RFA) of the soft palate

Uvulopalatopharyngoplasty (UPPP)

Uvulopalatopharyngoplasty (UPPP) is used when it has been confirmed that soft tissue in your mouth (excluding your tongue) is responsible for your snoring. During UPPP the surgeon will remove:

- your uvula – the piece of tissue that hangs from the roof of your mouth
- some of your soft palate
- some excess tissue around the base of your throat
- in some cases, your tonsils and your adenoids

UPPP is carried out under general anaesthetic; it can cause considerable pain afterwards, which can persist for up to three weeks. Removing your uvula can affect the ability to pronounce certain sounds (this will not affect an ability to speak English because the English language does not make use of any of the sounds made with the uvula – known as uvular consonants). However, it will affect the pronunciation of some words in other languages).

UPP is successful in completely curing snoring in about half of all people who have the procedure. Serious complications occur in an estimated 1% of cases. They include:

- excessive bleeding
- pneumonia
- stroke
- heart attack

Uvulopalatoplasty (UP)

Uvulopalatoplasty (UP), sometimes called laser-assisted uvulopalatoplasty (LAUP), is increasingly used as an alternative technique to UPPP because it carries a lower risk. However, evidence suggests that UP may not be as effective as UPPP in the long term. UP can also cause considerable post-operative pain that lasts up to two weeks. During UP, lasers or high-energy radio waves are used to burn away the uvula and some of the soft palate.

Soft Palate Implants

Soft palate implants can be used to treat snoring that does not cause breathing difficulties if it has been confirmed that the vibration of the soft palate is causing it. During the procedure, a local anaesthetic injection is used to numb the roof of the mouth. Several implants made out of synthetic material are then injected into the palate, causing it to stiffen. This prevents the soft palate vibrating during sleep.

Radiofrequency Ablation

Radiofrequency ablation (RFA) of the soft palate is an alternative to soft palate implants and is used to treat cases where vibrations of the soft palate are responsible for snoring. During radiofrequency ablation, the roof of the mouth is numbed with local anaesthetic and an electrode implanted into the tissue of the soft palate. The electrode is then used to deliver high-energy radio waves that shrink and harden the tissue of the soft palate. This makes it less likely to vibrate when asleep.

Epidemiology and Need

Snoring is a common complaint, the prevalence of which has been documented to be anything from 24% to 50% of males. Most studies have concentrated on male populations but there is an increasing number of females reporting that they snore. A recent study aimed to ascertain the prevalence of snoring among males and females in order to extrapolate global figures for the UK population. From a suburban community, 1075 men and women were invited to provide information about their snoring in a ‘snore survey’ questionnaire. From the results it was estimated that 43.75% of the middle aged (30 - 69 years) UK population snore and 41.5% of the UK adult population snore. The male to female ratio is approximately 2:1, with 29% of males and 12.5% females snoring. An approximate total 14.9 million adults snore with approximately 10.4 million males and 4.5 million females.

Adherence to NICE Guidance

NICE have not currently issued guidance on this treatment.

Audit Requirements

There is currently no national database. Service providers will be expected to collect and provide audit data on request.

Date of Review

Three years from the date of the last review, unless new evidence or technology is available sooner.

The evidence base for the policy will be reviewed and any recommendations within the policy will be checked against any new evidence. Any operational issues will also be considered at this time. All available additional data on outcomes will be included in the review and the policy updated accordingly. The policy will be continued, amended or withdrawn subject to the outcome of that review.

Glossary

Term	Meaning
Aesthetic	Concerned with beauty or the appreciation of beauty
Electrode	A conductor through which electricity enters or leaves an object, substance, or region
Invasive	Involving the introduction of instruments or other objects into the body or body cavities
Obstructive Sleep Apnoea Syndrome	Sleep apnoea is a type of sleep disorder characterized by pauses in breathing or instances of shallow or infrequent breathing during sleep. Each pause in breathing, called an apnea, can last from at least ten seconds to minutes, and may occur 5 to 30 times or more an hour.
Radiofrequency ablation	RFA uses heat to destroy cells. It uses a probe called an electrode to apply an electrical current (radiofrequency) to a tissue. The electrical current heats the cells to high temperatures, which completely destroys (ablates) the cells
Soft palate	The fleshy, flexible part towards the back of the roof of the mouth
Uvula	A fleshy extension at the back of the soft palate which hangs above the throat

References

1. GM EUR Operational Policy
2. Epidemiological study of snoring from a random survey of 1075 participants, Marianne J Davey MSc

Governance Approvals

Name	Date Approved
Greater Manchester Effective Use of Resources Steering Group	19/11/2014
Greater Manchester Chief Finance Officers / Greater Manchester Directors of Commissioning	May 2015
Greater Manchester Association Governing Group	02/06/2015
Bolton Clinical Commissioning Group	26/06/2015
Bury Clinical Commissioning Group	01/07/2015
Heywood, Middleton & Rochdale Clinical Commissioning Group	17/07/2015
Manchester Clinical Commissioning Group	North: 08/07/2015 Central: 30/07/2015 South: 24/06/2015
Oldham Clinical Commissioning Group	02/06/2015
Salford Clinical Commissioning Group	02/06/2015
Stockport Clinical Commissioning Group	24/06/2015

Tameside & Glossop Clinical Commissioning Group	22/07/2015
Trafford Clinical Commissioning Group	21/07/2015
Wigan Borough Clinical Commissioning Group	30/06/2015

Appendix 1 – Evidence Review

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Search Strategy

The following databases are routinely searched: NICE Clinical Guidance and full website search; NHS Evidence and NICE CKS; SIGN; Cochrane; York; and the relevant Royal College and any other relevant bespoke sites. A Medline / Open Athens search is undertaken where indicated and a general google search for key terms may also be undertaken. The results from these and any other sources are included in the table below. If nothing is found on a particular website it will not appear in the table below:

Database	Result
NICE	Nil specific to the procedures listed but there were IPGs related to interventions for snoring (IPG's 124; 240 and 476) – not cited here
BMJ Best Practice	Snoring related to Sleep Apnoea (not cited here)
General Search (Google)	Provider websites and RCS ENT website (see below)
	Epidemiological study of snoring from a random survey of 1075 participants, Marianne J Davey MSc
Medline / Open Athens	Not done
Royal College websites	ENT-UK website: Snoring and Obstructive Sleep Apnoea
NHS choices	General information (not cited here)

Summary of the evidence

Surgery for snoring requires a general anaesthetic and depending on the planned procedure can carry risks of complications. These need to be considered and the potential benefit should outweigh the risk before surgery is considered. There are a range of lifestyle and non-invasive treatments that should be used in preference to surgery.

The evidence

Levels of evidence	
Level 1	Meta-analyses, systematic reviews of randomised controlled trials
Level 2	Randomised controlled trials
Level 3	Case-control or cohort studies
Level 4	Non-analytic studies e.g. case reports, case series
Level 5	Expert opinion

1. LEVEL N/A: SURVEY DATA

Epidemiological study of snoring from a random survey of 1075 participants, Marianne J Davey MSc

Abstract

Snoring is a common complaint, the prevalence of which has been documented to be anything from 24% to 50% of males. Most studies have concentrated on male populations but there is an increasing number of females reporting that they snore. The aim of this study was to ascertain prevalence of snoring among males and females in order to extrapolate global figures for the UK population. From a suburban community 1075 men and women were invited to provide information about their snoring in a 'snore survey' questionnaire. From the results it was estimated that 43.75% of the middle aged (30-69 years) UK population snore and 41.5% of the UK adult population snore. The male to female ratio is approximately 2:1, with 29% of males and 12.5% females snoring. An approximate total 14.9 million adults snore with approximately 10.4 million males and 4.5 million females.

2. LEVEL 5:EXPERT OPINION

ENT UK website: Snoring and Obstructive Sleep Apnoea

Guidance to manage snoring

If you are overweight for your height, you should set about losing the weight. If you go and see your doctor about snoring and you are overweight, the first advice you will receive is to lose weight. Most specialists will not contemplate any other treatment for snoring until you are near to the correct weight for your height. If you drink any alcohol, consider the amount you drink and the effect it has on your snoring. Try avoiding alcohol and noting the effect it has on your snoring. If you smoke, consider giving this up and expecting a benefit. Please be aware that stopping smoking does not result in weight gain.

There is no point seeking medical help for snoring unless you have seriously considered these factors. Anything a doctor can do for you by way of surgery is less effective if you are overweight and have not made a serious effort to lose weight. Beware of advertisements which suggest that a minor operation will solve your problem. An operation may be of value in stopping snoring, but there is no 'quick fix' for snoring.

Appendix 2 – Diagnostic and Procedure Codes

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(All codes have been verified by Mersey Internal Audit's Clinical Coding Academy)

GM068 – Invasive Treatments for Snoring	
Other specified other repair of palate	F30.8
Radiofrequency controlled thermal destruction of organ NOC	Y11.4
Operations on uvula NEC	F32.4
Uvulopalatopharyngoplasty	F32.5
Uvulopalatoplasty	F32.6
Other specified other operations on palate	F32.8
Unspecified other operations on palate	F32.9
Bilateral dissection tonsillectomy	F34.1
Bilateral guillotine tonsillectomy	F34.2
Bilateral laser tonsillectomy	F34.3
Bilateral excision of tonsil NEC	F34.4
Excision of remnant of tonsil	F34.5
Excision of lingual tonsil	F34.6
Bilateral coblation tonsillectomy	F34.7
Other specified	F34.8
Unspecified	F34.9
With the following ICD-10 diagnosis code(s):	
Mouth breathing	R06.5
Snoring	R06.83

Appendix 3 – Version History

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The latest version of this policy can be found here: GM Invasive Treatments for Snoring policy

Version	Date	Summary of Changes
0.1	02/09/2014 17/09/2014	Initial draft Policy considered by Greater Manchester EUR Steering Group on 17/09/2014. Policy approved for consultation with no changes.
0.2	01/10/2014	Branding changed following creation of North West CSU on 01/10/2014
1.0	19/11/2014	Approved by the Greater Manchester EUR Steering Group on 19/11/2014 with no amendments to be made following the Consultation feedback.
1.1	29/06/2015	• Variance column removed and funding mechanism column added to table. • Format of funding mechanism changed.
1.2	06/04/2016	• List of diagnostic and procedure codes in relation to this policy added as Appendix 2. • Policy changed to Greater Manchester Shared Services template and references to North West Commissioning Support Unit changed to Greater Manchester Shared Services. • Wording for date of review amended to read *'One year from the date of approval by Greater Manchester Association Governing Group thereafter at a date agreed by the Greater Manchester EUR Steering Group (unless stated this will be every 2 years)'* on 'Policy Statement' and section '13. Date of Review'.
2.0	05/08/2016	• Evidence reviewed June 2016 – no new effectiveness studies or reviews were found. GM EUR Steering Group agreed: • No changes to policy other than the 'Date of Review' on 'Policy Statement' and in body of report changed to 'Three years from the date of last review unless new evidence warrants earlier review.' • Review date added to cover page and 'Policy Statement'.
2.1	06/06/2018	• Policy moved to new format and some wording rearranged and clarified. • Commissioning Statement: *'(Alternative commissioning arrangements apply)'* added after *'Policy Exclusions'* heading • Appendix 2: ICD-10 code R06.83 Snoring added.
2.2	28/01/2019	• Branding changed to reflect change of service from Greater Manchester Shared Services to Greater Manchester Health and Care Commissioning. • Links updated as documents have all moved to a new EUR web address. • Commissioning Statement: o *'Fitness for Surgery'* section moved to bottom of *'Commissioning Statement'* o *'Best Practice Guideline'* section added