Royal College of Surgeons
ADVANCING SURGICAL CARE

Current work and developments of the NSCC

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RCS key priorities

PRIORITY 1

Advance standards and reduce variability of patient outcomes

PRIORITY 2

Attract, educate, develop and support high-quality surgeons

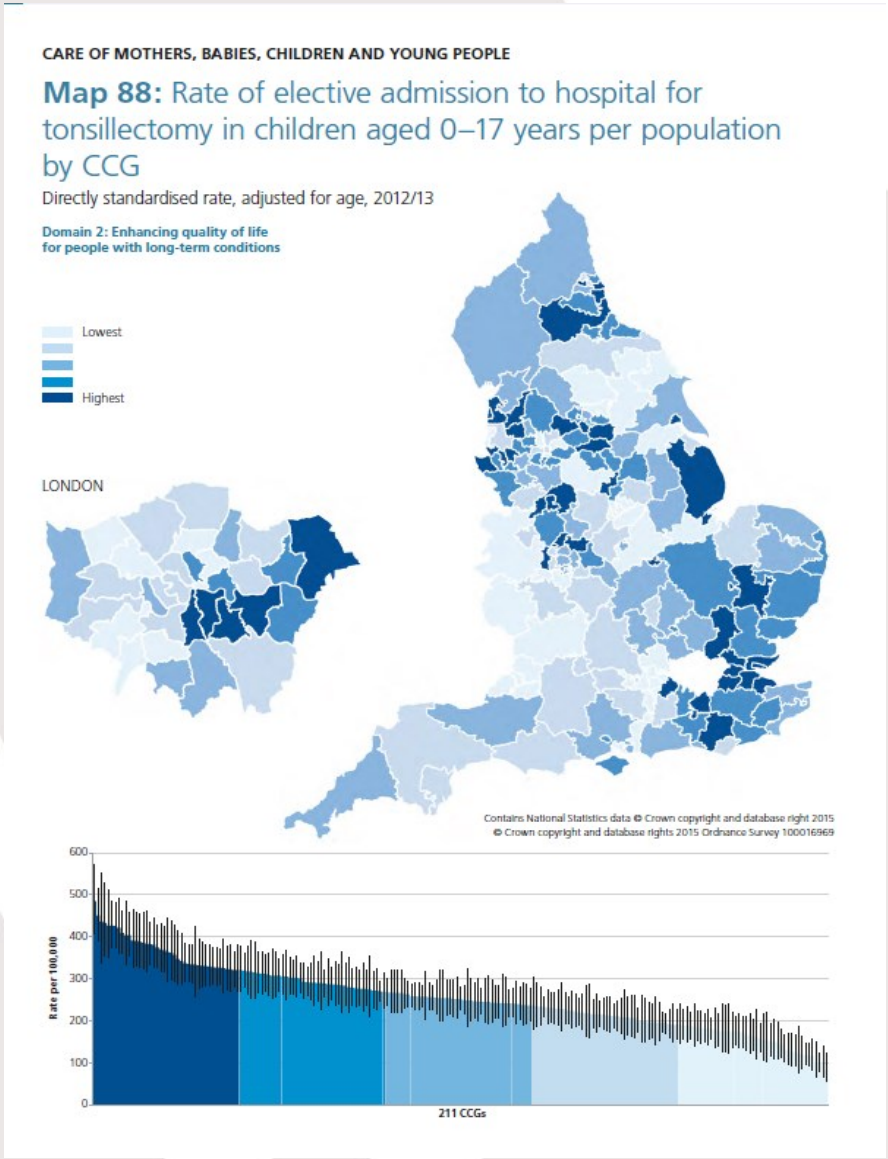
PRIORITY 3

Influence and shape future health policy and practice
to advance standards of surgical care

Challenges

- Wide variation in activity and access to certain surgical procedures
- This variation cannot be explained by differences in demographics but is related to availability of commissioned services
- Some of these procedures have been deemed of ‘low clinical value’ in the past and so are “stigmatised”
- We know that patients who meet evidenced based criteria gain benefit
- Beginning to see impact on other services in some areas where access has been limited

Tonsillectomy



- 5.7 fold variation in activity
- No corresponding increase in provision by independent providers
- No demographic reason behind variation

Source NHS Atlas of Variation 2015
Data 2012-13

SURGERY FOR RECURRENT TONSILLITIS

Watchful waiting is more appropriate than tonsillectomy for children with mild sore throats.

Tonsillectomy is recommended for recurrent severe sore throat in adults.

The following are recommended as indications for consideration of tonsillectomy for recurrent acute sore throat in both children and adults:

- **sore throats are due to acute tonsillitis**
- **the episodes of sore throat are disabling and prevent normal functioning**
- **seven or more well documented, clinically significant, adequately treated sore throats in the preceding 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.**

Cognisance should also be taken of whether the frequency of episodes is increasing or decreasing.

Evidence on exactly which children with sore throats benefit from tonsillectomy is not available, but current evidence suggests that the benefit of tonsillectomy increases with the severity and frequency of sore throats prior to tonsillectomy. Apart from adults with proven recurrent group A streptococcal pharyngitis, evidence on which adults will benefit from tonsillectomy is not available.

There are situations in which tonsillectomy may be appropriate outwith these criteria. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan.

This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available.

☑ When in doubt as to whether tonsillectomy would be beneficial, a six month period of watchful waiting is recommended prior to consideration of tonsillectomy to establish firmly the pattern of symptoms and allow the patient to consider fully the implications of an operation.

POSTOPERATIVE CARE

☑ At the time of discharge, patients/carers should be provided with written information advising them whom to contact and at what hospital unit or department to present if they have postoperative problems or complications.

D **Patients should be made aware of the potential for pain to increase for up to 6 days following tonsillectomy.**

☑ Patients/carers should be given written and oral instruction prior to discharge from hospital on the expected pain profile and the safety profile of the analgesic(s) issued with particular reference to appropriate dose and duration of use. They should be issued with enough analgesic to last for a week.

A **Routine use of anti-emetic drugs to prevent postoperative nausea and vomiting (PONV) in tonsillectomy is recommended.**

A **NSAIDs are recommended as part of postoperative analgesia to reduce PONV.**

A **A single intraoperative dose of dexamethasone** *(dose range 0.15 to 1.0 mg/kg; maximum dose range 8 to 25 mg)* **is recommended to prevent postoperative vomiting in children undergoing tonsillectomy or adenotonsillectomy.**

B **A single dose of 10 mg dexamethasone at induction of anaesthesia may be considered to prevent PONV in adults undergoing tonsillectomy or adenotonsillectomy.**

B **Stimulation of the acupuncture point P6 should be routinely considered in patients at risk of PONV where anti-emetic drug prophylaxis is not suitable.**

This Quick Reference Guide provides a summary of the main recommendations in **SIGN guideline 117: Management of sore throat and indications for tonsillectomy.**

Recommendations are graded A B C D to indicate the strength of the supporting evidence. Good practice points ☑ are provided where the guideline development group wishes to highlight specific aspects of accepted clinical practice.

Details of the evidence supporting these recommendations can be found in the full guideline, available on the SIGN website: www.sign.ac.uk

SIGN
Scottish Intercollegiate Guidelines Network
Part of NHS Quality Improvement Scotland

NH

117 **Management of sore throat and indications for tonsillectomy**
Quick Reference Guide

April 2010

COPIES OF ALL SIGN GUIDELINES ARE AVAILABLE

- Recurrent tonsillitis in children impacts on sleep, attendance at school and the wellbeing of the overall family.
- Research has also shown that a reduction in the numbers of tonsillectomies is associated with an increase in the number of A&E attendances and admissions for acute tonsillitis within the same time period.

CONCLUSION – failure to follow guidance results in harm to children and probably costs money in other areas of service

What resources do we have available to you?

- A large bank of freely available resources
- 29 commissioning guides developed through a NICE accredited process
- Each guide has a ‘high value pathway’ for patients with clearly defined decision points that are evidence based
- Supported by HES-based data tools to benchmark services and monitor improvement
- Excellent regional infrastructure with surgical DPAs and co-ordinators in each region able to support local discussions

How has using the NSCC resources helped others?

- Many CSUs/ CCGs have used guides when reviewing local policies/ threshold criteria
- Often multiple policies within patch and no single pathway across all providers
- Some procedures have less evidence available, making it difficult to decide on thresholds locally

Current work within NSCC

- Committed to ensuring all resources are kept up to date
- Currently started revision of all guides (updated on a 3 yearly basis)
- Data has been updated to Q4 2015
- New guide in development on ‘management of the acute scrotum’
- Open for suggestions of topics (and funding !)

Improving our resources

- Reviewing the process of identification of topics for guides to ensure they map against need and align with other resources such as NICE quality standards.
- Seek funding to develop new guides and linked data tools.
- Improving the functionality of our data tools.
- Capturing evidence of impact.

Improving our resources

- Working with RightCare to develop better ‘intelligence’ from the data tools
- Provide ‘pathway on a page’ summary of available data at a ‘CCG’ and ‘Provider’ level
- Support identification of pathways requiring review and speed up improvement

Possible additional work at development stage

- Started discussions with CCGs on supporting implementation of key surgical pathways across all their providers
- Supporting revision of Patient Decision Aids that can then link with many of the commissioning guides

Thank you