Trust/GP address

Date

IFR team

South, Central & West CSU

Omega House

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Eastleigh SO50 5PB

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Dear team

Prior Approval – Tonsillectomy

|  |  |
| --- | --- |
| Patient Name/ DoB |  |
| NHS Number |  |
| Referring GP/ practice |  |
| Consultant/ Providing Trust |  |
| Date of clinic |  |

Tonsillectomy is not routinely funded unless **one** of the following conditions has been demonstrated. Please confirm which criterion applies:

|  |  |
| --- | --- |
| Children and adults for cases of two or more quinsy requiring hospital intervention; |  |

**OR**

|  |  |
| --- | --- |
| Children with diagnosed obstructive sleep apnoea where other treatments have failed or are inappropriate; |  |

**OR**

Children and adults tonsillitis if all of the following criteria are met:

|  |  |  |
| --- | --- | --- |
| Sore throats are due to tonsillitis **and**   |  | | --- | | There are 7 or more episodes per year of sore throat requiring treatment such as antibiotics or 5 or more episodes a year for two years or 3 or episodes a year for three years **and** | |  |
| The patient’s practice record must be attached or the dates of episodes listed  Date Prescribed treatment given  Episode 1  Episode 2  Episode 3  Episode 4  Episode 5  Episode 6  Episode 7  Episode 8  Episode 9  Episode 10 | |

|  |  |  |
| --- | --- | --- |
| There have been symptoms for at least a year **and**   |  | | --- | | Episodes of sore throat are disabling and preventing normal functioning | |  |
| Do you wish this case to be considered in conjunction with an adenoidectomy |  |

**To the best of my knowledge I have given the most accurate and up to date information regarding this patient’s clinical condition.  I have ensured that I have obtained consent from my patient or their legal representative /guardian to share their information with SCW CSU for the purposes of enabling full consideration of this funding request. All applications for Prior Approval are recorded and applicants may be held accountable for the information they submit.**

Yours sincerely

Referring/Treating clinician GMC Number