



*Aylesbury Vale Clinical Commissioning Group  
Chiltern Clinical Commissioning Group*

## Procedure that requires prior approval

### Thames Valley Priorities Committee Commissioning Policy Statement

**Policy No. TVPC61**                      **Snoring and Obstructive Sleep Apnoea / Hypopnoea Syndrome (OSAHS) in adults**

**Recommendation made by the Priorities Committee:**      **May 2017**

**Date of issue:**                              **July 2017**

Thames Valley Priorities Committee has considered the evidence for treatments for snoring and obstructive sleep apnoea/hypopnoea syndrome (OSAHS). The Committee has also considered the evidence and guidance for Continuous Positive Airway Pressure (CPAP). The Committee supports the referral of patients to a local NHS specialist sleep unit for further investigation, sleep studies and possible secondary care treatments for example CPAP, when the following criteria are met:

- The STOP-Bang questionnaire or similar has been completed and indicates a risk of OSAHS with daytime sleepiness.

OR

- The patient reports excessive day time sleepiness (rather than tiredness) whilst driving, working with machinery or whilst employed in hazardous occupations.

AND

- Patients should be strongly advised of the positive impact of lifestyle measures on sleep apnoea symptoms, such as stopping smoking, reducing alcohol consumption and weight loss and appropriately referred. Advice and recommended action should be recorded in the notes
- There is some evidence to support the use of Mandibular Advancement Devices (MADs) in mild to moderate OSAHS. These devices will NOT be funded by the NHS.

Following referral:

- CPAP will be initiated in accordance with NICE TAG139 'Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome. This states that:
  - Continuous positive airway pressure (CPAP) is recommended as a treatment option for adults with moderate or severe symptomatic obstructive sleep apnoea/hypopnoea syndrome (OSAHS).
  - CPAP is only recommended as a treatment option for adults with mild OSAHS if:
    - they have symptoms that affect their quality of life and ability to go about their daily activities, and
    - lifestyle advice and any other relevant treatment options have been unsuccessful or are considered inappropriate.
- Patients will be reviewed at 12 months following CPAP initiation. Withdrawal of CPAP will be considered if a patient is not appearing to gain significant benefit from treatment or if a patient is not willing to be compliant with treatment. Nightly use and long term compliance will be monitored.

In addition:

- Surgery for OSAHS is **not normally funded** except when it is tonsillectomy in accordance with existing policy TVPC 22: Tonsillectomy for surgical management of recurrent tonsillitis and obstructive sleep apnoea in children and adults.
- Treatments for snoring are **not normally funded** where snoring is the sole problem.
- Patients should be advised of the positive impact of lifestyle measures on snoring, such as stopping smoking, reducing alcohol consumption and weight loss.

Information on other anti-snoring devices available in pharmacies can be obtained from NHS Choices <http://www.nhs.uk/Conditions/Snoring/Pages/Treatment.aspx>

<https://www.nice.org.uk/guidance/ta139>  
<http://www.stopbang.ca/osa/screening.php>

#### NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.cscsu.nhs.uk/>

OPCS codes:

Orthognathic Interventions

Single Jaw

Primary OPCS:

V10.1: Intracranial osteotomy of bone of face

V10.2: Transorbital subcranial osteotomy of bone of face

V10.8: Other specified division of bone of face

V10.9: Unspecified division of bone of face

Secondary OPCS: (will be included after Primary OPCS)

Z64: Bone of face

Bi-Maxillary

Primary OPCS:

V10: Division of bone of face

V16.1: Osteotomy of mandible and advancement of mandible

V16.2: Osteotomy of mandible and retrusion of mandible

V16.8: Other specified division of mandible

V16.9: Unspecified division of mandible

Secondary OPCS: (will be included after either Primary OPCS V10.1, 2, 8, 9)

Z64.4: Maxilla