NHS
Greater Manchester

Tonsillectomy for recurrent tonsilitis and tonsil stones Commissioning Statement

Version 1.0 (1 August 2025)

Criteria

1. Tonsillectomy is commissioned for children and adults who meet the following criteria:

• Sore throats are due to acute tonsillitis and recorded as such in medical notes.

and

• There is a documented discussion of the risks of tonsillectomy versus active monitoring and a shared decision has been made

and

• The episodes of sore throat are disabling and prevent normal functioning.

and there is a history of one of the following:

• 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.

2. The threshold criteria above may be lowered following specialist assessment for patients with the following conditions:

- Acute and chronic renal disease resulting from acute bacterial tonsillitis
- Severe guttate psoriasis
- Metabolic disorders where a period of reduced oral intake could be dangerous to health
- PFAPA (Periodic fever, apthous stomatitis, pharyngitis, cervical adenitis)
- Severe immune deficiency that would make an episode of recurrent tonsillitis dangerous.
- Severe or uncontrolled symptoms significantly impacting the patient's quality of life

3. Tonsillectomy for tonsil stones or crypts is not routinely commissioned.

Exclusions

Please note this guidance only relates to patients with recurrent tonsillitis. This guidance should not be applied to other conditions where tonsillectomy should continue to be funded, these include:

- Suspected or confirmed malignancy.
- Emergency presentations.
- Recurrent quinsy.

Obstructive sleep apnoea – please refer to the GM Snoring Commissioning Statement

Notes for clinicians

When referring to secondary care for treatment, please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.

Treating clinicians can submit an Individual Funding Request, also known as an IFR, outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester IFR Operational Policy.

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