NHS Greater Manchester

Invasive treatments for snoring and obstructive sleep apnoea Commissioning Statement

Version 1.0 (1 January 2026)

Criteria

Simple snoring

1. Surgical treatment of simple snoring (where snoring is not complicated by episodes of breathing cessation) is not routinely commissioned.

Obstructive sleep apnoea

1. Tonsillectomy for obstructive sleep apnoea is commissioned for patients with large obstructive tonsils.

2. Other types of oropharyngeal surgery are commissioned for patients with severe* obstructive sleep apnoea diagnosed via sleep study, when the patient has failed to improve after at least 3 months of a medically supervised attempt to use continuous positive airway pressure (CPAP) therapy. Prior to surgery patients should also have trialled a customised mandibular advancement splint and/or a hypoglossal nerve implant, where these services are available. ***Please note hypoglossal nerve implants are currently commissioned by NHS England Specialised Services not NHS GM.***

*Apnoea Hypopnoea Index (AHI) 30 or more.

Exclusions

1. Serious pathology. This commissioning statement does not restrict surgery where serious pathology is suspected.

2.Obstructive sleep apnoea in children. This commissioning statement does not restrict surgery for obstructive sleep apnoea in children.

3. Rhinoplasty, septoplasty and septorhinoplasty are covered by the GM Rhinoplasty, Septoplasty & Septorhinoplasty Commissioning Statement

Notes for clinicians:

1. 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.

2. 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.