Buckinghamshire, Oxfordshire & Berkshire West
Integrated Care Board

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC61 Snoring and Obstructive Sleep Apnoea / Hypopnoea Syndrome (OSAHS) in adults
Date of BOB ICB Adoption	January 2024

Obstructive sleep apnoea/hypopnoea syndrome (OSAHS) is a condition in which the upper airway is narrowed or closes during sleep when muscles relax, causing under breathing (hypopnoea) or stopping breathing (apnoea).

BOB and Frimley ICBs support the referral of patients to a local NHS specialist sleep unit for further investigation if they have two or more of the following symptoms:

- snoring,
- witnessed apnoeas,
- unrefreshing sleep,
- waking headaches,
- unexplained excessive sleepiness,
- tiredness, or fatigue,
- nocturia,
- choking during sleep,
- sleep fragmentation or insomnia
- cognitive dysfunction or memory impairment.

Referral to a local sleep specialist unit should include details of excessive sleepiness during waking hours (rather than tiredness), whilst driving, working with machinery or whilst employed in hazardous or vigilant critical occupations. These patients will be fast tracked for investigation.

Supportive information

Referral may be supported by results of the STOP-BANG[1] or the Epworth Sleepiness[2] scales, although high scores are not a prerequisite to referral. A score of 3 or more on the STOP-BANG[1] questionnaire, with OSAHS symptoms, indicates an increased risk of OSAHS. It is noted that OSAHS is still common in women, those under 50, and non-obese patients, who may score lower than 3 on this questionnaire. The Epworth Sleepiness score[2] can be used to quantifying sleepiness and observing how sleepiness changes following intervention. It is noted patients who can resist dozing off in the day may not score highly.

Patient advice
Patients should be advised on the positive impact of lifestyle measures on sleep apnoea symptoms, such as stopping smoking, reducing alcohol consumption and weight loss. Patients should be advised not to drive when excessively sleepy. This should be included in the patient notes.

Diagnosis
Home respiratory polygraphy should be used to diagnose OSAHS. Home oximetry should only be used when access to home respiratory polygraphy is limited. If there is uncertainty regarding the diagnosis, a patient must be able to access respiratory polygraphy.

Treatments for OSAHS
The Committee has considered the evidence for treatments for snoring and OSAHS. Treatments for snoring are **not normally funded** where snoring is the sole problem. The Committee supports the following treatments for OSAHS:

Continuous Positive Airway Pressure (CPAP)

- For patients with mild OSAHS who have symptoms that affect their quality of life and usual daytime activities
    - at the same time as lifestyle advice if they have any of the following priority factors; have a vocational driving job, have a job for which vigilance is critical for safety, have unstable cardiovascular disease, are pregnant, are undergoing preoperative assessment for major surgery or have non-arthritic anterior ischaemic optic neuropathy OR
    - if lifestyle advice alone has been unsuccessful or is considered inappropriate
- For patients with moderate or severe symptomatic OSAHS in addition to lifestyle advice

Patients will be offered telemonitoring for a minimum 12 months after treatment 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.

Mandibular advancement splints (MAS)

- For patients with mild OSAHS and symptoms that affect their usual daytime activities who are over 18 years, have optimal dental and periodontal health and are unable to tolerate CPAP

- For patients with moderate or severe OSAHS who are aged over 18 years, have optimal dental and periodontal health and are unable to tolerate CPAP

Positional Modifiers

For patients with mild to moderate positional OSAHS if other treatments are unsuitable or not tolerated

Surgery for OSAHS is **not normally funded** except when it is tonsillectomy in accordance with existing policy BOBFPC 22: Tonsillectomy for surgical management of recurrent tonsillitis and obstructive sleep apnoea in children and adults.

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

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

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB 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 was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- BOBFPC clinical policies can be viewed at Clinical Commissioning Policy Statements & IFRs | BOB ICB

Version	Date	Reason for change
Version 1.0	May 2017	
Version 2.0	July 2020	TVPC reviewed the current policy, national guidance and systematic reviews published since 2017. No changes were made to the policy.
Version 3.0	November 2022	Reviewed following the publication of NG202 – Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s and the update of TA139 – Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome