

Policy for Adult Snoring Surgery (in the absence of obstructive sleep apnoea)

Ref:	LSCICB_Clin44
Version:	2.0
Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
Supersedes:	1.1
Author (inc Job Title):	Clinical Policy Group
Ratified by: (Name of responsible Committee)	Quality and Outcomes Committee
Cross reference to other Policies/Guidance	
Date Ratified:	5 November 2025
Date Published and where (Intranet or Website):	15 January 2026 Website
Review date:	November 2028
Target audience:	All LSCICB Staff

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Document control:		
Date:	Version Number:	Section and Description of Change
07.03.2019	V1	Policy ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups (JCCCGs)
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCGs replaced by ICBs where relevant
November 2025	V2.0	No amendments have been made to the commissioning criteria following the clinical review. Jan 2026: Minor criteria/terminology/pathway clarification following evidence review and template migration. No change to commissioning intent or expected activity.

1. Policy

- 1.1 The ICB considers that surgical intervention for snoring in adults in the absence of obstructive sleep apnoea (OSA) does not accord with the principles of appropriateness and effectiveness and therefore the ICB will not routinely commission this intervention.

2. Scope and definitions

- 2.1 This policy is based on the ICBs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
- 2.2 Snoring is a noise that occurs during sleep that can be caused by vibration of tissues of the throat and palate and is a common complaint.
- 2.3 Surgical interventions for the management of snoring in adults intend to stop or reduce snoring by reducing vibration in the throat tissues.
- 2.4 The scope of this policy includes requests for surgical interventions for the management of snoring in adults 18 years and over in the absence of OSA. Interventions include, but aren't limited to:
- Uvulopalatopharyngoplasty
 - Laser assisted Uvulopalatoplasty
 - Radiofrequency ablation of the palate
 - Soft palate implants
- 2.5 The scope of this policy does not include:
- surgical management of snoring in the presence of OSA
 - non-surgical management of any type of snoring.
 - surgical management of any respiratory tract obstruction resulting in noisy breathing during sleep e.g. nasal obstruction.
- 2.6 The ICB recognises that a patient may have certain features, such as:
- suffering from snoring
 - wishing to have a service provided to manage their snoring surgically
 - being advised that they are clinically suitable for surgical management of snoring, and
 - be distressed by their snoring and by the fact that they may not meet the criteria specified in this commissioning policy.
- Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

3. Appropriate Healthcare

- 3.1 The purpose of surgical interventions for the management of snoring is normally to stop or reduce snoring by reducing vibration in the throat tissues
- 3.2 This policy relies on the criterion of appropriateness in that the ICB considers that snoring in the absence of OSA is not a medical condition and surgical treatment for snoring does not otherwise accord with the criteria for appropriateness in the Statement of Principles.

4. Effective Healthcare

- 4.1 This policy relies on the criterion of effectiveness in that the ICB considers that there is evidence that surgical management of snoring is associated with risk of severe complications and persistent side effects.
- 4.2 Additionally, the ICB considers that there is minimal evidence that surgery to the palate to improve snoring provides any additional benefit compared to non-surgical treatments.
- 4.3 Surgical interventions for the management of snoring in the absence of OSA do not therefore accord with the criteria for effectiveness in the Statement of Principles.

5. Cost Effectiveness

- 5.1 The ICB does not call into question the cost-effectiveness of surgical interventions for the management of snoring in the absence of OSA and therefore this policy does not rely on the principle of cost-effectiveness. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be cost effective in this patient before confirming a decision to provide funding.

6. Ethics

- 6.1 The ICB does not call into question the ethics of surgical interventions for the management of snoring in the absence of OSA and therefore this policy does not rely on the principle of ethics.
- 6.2 Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.

7. Affordability

- 7.1 The ICB does not call into question the affordability of surgical interventions for the management of snoring in the absence of OSA and therefore this policy does not rely on the principle of affordability.
- 7.2 Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.

8. Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
- 8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
 - If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10. References

- *Snoring surgery (in the absence of obstructive sleep apnoea)*. 2019, AoMRC Evidence Based Interventions.
- Main, C., et al., *Surgical procedures and non-surgical devices for the management of non-apnoeic snoring: a systematic review of clinical effects and associated treatment costs*. Health Technol Assess, 2009. 13(3): p. iii, xi-xiv, 1-208.
- Franklin, K.A., et al., *Effects and side-effects of surgery for snoring and obstructive sleep apnea--a systematic review*. Sleep, 2009. 32(1): p. 27-36.

11. Associated OPCS/ICD codes

OPCS codes	ICD codes
F324, F325, F326, A338, A339, Z046, E338, F222, F228, F229, F268 - Snoring procedures	R065 - Snoring
OPCS-4 (Codes might be used)	ICD-10 (Exceptions)
F328 - Other specified other operations on palate Y067 - Radiofrequency excision of lesion of organ NOC Y081 - Laser excision of organ NOC	G473 - OSA