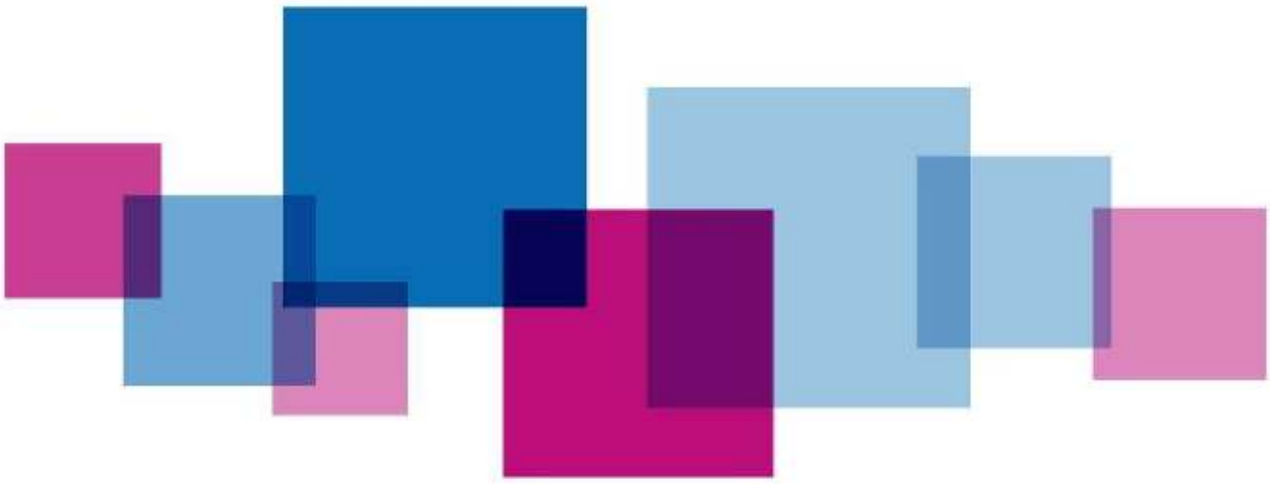
NHS
Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

Commissioning Policy

Elective Surgical Referral for Children under 18yrs with Recurrent Acute Otitis Media

Prior Approval



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Shaping better health

Document Control

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Version	Date	Reviewer	Comment
1920.2.00	28 / 6/ 19	Commissioning Policy Development Manager	New template version and refreshed policy following clinical review with ENT - UHB

1920.2.01	20 / 08/ 19	Commissioning Policy Development Manager	Post CPRG admin corrections.

TREATMENT UNDER THIS POLICY REQUIRES PRIOR APPROVAL FROM THE ICB'S EXCEPTIONAL FUNDING TEAM

THIS POLICY RELATES TO ALL PATIENTS

Elective Surgical Referral for Children under 18yrs with Recurrent Acute Otitis Media

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. Funding approval must be secured by the patient's treating clinician prior to referring patients for surgical opinions. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
2. On limited occasions, the ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patient meets the criteria to access treatment in this policy.
3. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
4. with an elevated BMI of 30 or more may experience more post surgical complications including post surgical wound infection so should be encouraged to lose weight further prior to seeking surgery. https://www.sciencedirect.com/science/article/pii/S1198743X15007193 (Thelwall, 2015)
5. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (ASH, 2016)

6. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Background / Purpose and Scope

GPs requests for specialist advice on ear problems where AOM may be a factor, fall outside this policy statement, however funding approval will need to be secured from the Commissioner prior to any subsequent surgery. Please refer to Remedy for more information https://remedy.bnssgccg.nhs.uk/

Diagnosis by ENT and/or Audiology

It is important to obtain a diagnosis for recurrent otorrhoea, in particular to exclude cholesteatoma, which is often referred to secondary care in an advanced stage. Where the GP is unable to obtain a good view of the entire tympanic membrane and confidently state that it is normal in between episodes of otorrhoea, an ENT opinion should be sought. If there is any concern about hearing loss in between these episodes, a referral should be made for audiometry.

Grommets

Examination under anaesthesia of the ears with possible grommet insertion may be required if prophylactic antibiotics are ineffective, not tolerated or unacceptable to patients/parents, or if the underlying diagnosis remains unclear. Funding approval will be sought by Secondary Care for such procedures setting out the evidence of episodes of recurrent Acute Otitis Media and the failure of antibiotics.

Policy background

A Cochrane Collaboration systematic review has concluded:

‘Acute otitis media is a common disease of childhood, involving inflammation of the space behind the eardrum (the middle ear cleft). Episodes typically involve a fever and a build up of pus that stretches the eardrum causing severe pain. The drum may then rupture, relieving the pain, and a discharge of pus enters the ear canal. A small proportion of children suffer with recurrent acute otitis media, which is defined as either three or more acute infections of the middle ear cleft in a six-month period, or at least four episodes in a year.

One of the strategies used to treat this condition is the insertion of a miniature plastic ventilation tube (or grommet) into the eardrum, which prevents the painful accumulation of pus in the middle ear. This review aims to assess the evidence for the effectiveness of this treatment in reducing recurrent acute otitis media.

We searched for scientific studies which compared treating children with recurrent acute otitis media with either grommets or a non-surgical treatment such as antibiotics (or no treatment). In these studies, children with grommets in place were considered to have suffered an episode of acute otitis media if they had a discharge of pus from the ear.

Two suitable studies were found to be suitable for further analysis. The combined results from these two studies suggested that more children treated with grommets are rendered symptom-free in the six months following surgery compared to those who receive other treatments or no treatment. One of the two included studies, involving 95 children, showed that grommets reduce the number of episodes of acute otitis media in the first six months after surgery, by an average of 1.5 episodes per child.

When considering the size of this effect, it is important to bear in mind that the studies were not perfect in their design and execution. To be confident in these findings further high-quality research is required.'

Otitis media (acute): antimicrobial prescribing

https://www.nice.org.uk/guidance/ng91/resources/visual-summary-pdf-4787282702

POLICY CRITERIA – COMMISSIONED

PRIOR APPROVAL REQUIRED

The Commissioner will agree to fund a surgical referral for children with recurrent acute otitis media to include consideration of insertion of grommets, where the following criteria have been met:

- the child has had at least 3 recurrences of acute otitis media in the previous 6 months or more than 4 recurrences in the previous 12 months, documented in primary care records

OR

- the child has an episode of AOM associated with any of the following:
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    - intracranial infection
    - acute mastoiditis
    - facial paralysis
    - neck abscess

Emergency admission for rare serious complications of AOM are not restricted by this policy.

For guidance information please see : https://remedy.bnssgccg.nhs.uk/

Revision Surgery – reinsertion of grommets for children under the age of 18 years.

Children who have a recurrence of symptoms following a previous surgery can access this intervention again where the treating clinician believes further surgery would be of benefit. The patient would once again be subjected to this restricted policy.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Exceptional Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on **BNSSG.customerservice@nhs.net**.

Connected Policies

- Surgical Referral for Children under 12yrs with Persistent Otitis Media with Effusion (Insertion of Grommets)
- Surgical Referral for Patients over 12yrs with Persistent Otitis Media with Effusion (Insertion of Grommets)

This policy has been developed with the aid of the following references:

Ash. (2016). *Ash.org.uk.* Retrieved Sept 24, 2018, from www.ash.org.uk: www.ash.org.uk/briefings

Lieberthal AS, C. A. (2013). *https://pediatrics.aappublications.org/content/133/2/346.4*. Retrieved from https://pediatrics.aappublications.org/: https://pediatrics.aappublications.org/content/133/2/346.4

NICE. (2018, MARCH). *https://www.nice.org.uk/guidance/ng9*. Retrieved JUNE 21, 2019, from https://www.nice.org.uk: https://www.nice.org.uk/guidance/ng91/resources/visual-summary-pdf-4787282702

Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases,* , vol. 21, no. 11, p. 1008.e1.

OPCS Procedure codes

Procedures challenged in this policy:

D15.1 Grommets
D15.3 Incision of ear drum NEC Includes Myringotomy, tympanotomy NEC, exploration of middle ear

D20.2 Maintenance of ventilation tube
D20.3 Removal of ventilation tube from tympanic membrane (includes removal of grommet from tympanic membrane) + Z94.- laterality