

Elective Surgical Referral for Children under 16yrs with Recurrent Acute Otitis Media Prior Approval

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.icb.nhs.uk/) or consider use of advice and guidance services where available.

Elective Surgical Referral for Children under 16yrs with Recurrent Acute Otitis Media

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:

- 1) 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

- 2) The child has an episode of AOM associated with any of the following:
 - a) Intracranial infection
 - b) Acute mastoiditis
 - c) Facial paralysis
 - d) Neck abscess

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

Revision Surgery – reinsertion of grommets for children under the age of 16 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.

NOTE:

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

Benefits

- Allows the aeration of the middle ear and this helps restore the lining of the middle ear back to health.
- Enables mucous and fluid to drain down the Eustachian tube.

Risks

- Infection in which a runny, sometimes painful or bloody ear occurs.
- They can sometimes extrude and the eardrum fails to heal (eardrum perforation).

Alternatives

- Auto-inflation balloons may be used to try and force air up the tube that links the middle ear to the back of the throat (eustachian tube) to help ventilate the area.
- Hearing aids can be worn to improve hearing until the glue ear resolves.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

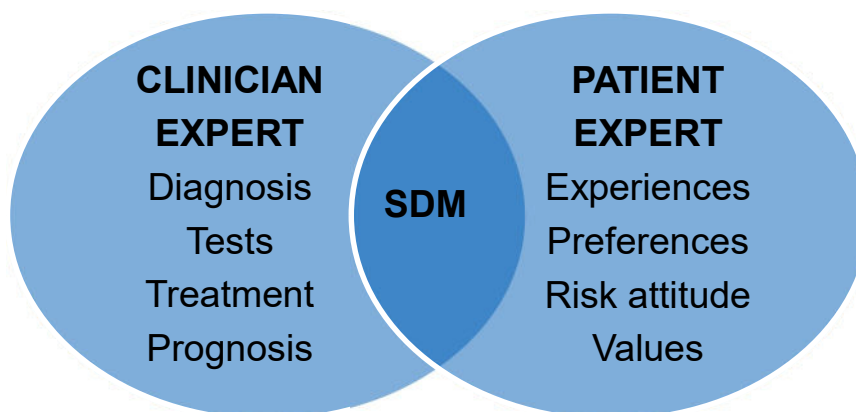
Elective Surgical Referral for Children under 16yrs with Recurrent Acute Otitis Media – Plain Language Summary

Grommets are tiny tubes which are inserted into the eardrum. They allow air to pass through the eardrum, which keeps the air pressure on either side equal. The surgeon makes a tiny hole in the eardrum and inserts the grommet into the hole. The grommet usually stays in place for six to 12 months and then falls out.

Shared Decision Making

If a person fulfils the criteria for Elective Surgical Referral for Children under 18yrs with Recurrent Acute Otitis Media) it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

Connected Policies

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

- 2) 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:

1. NICE (2021) Otitis media (acute): antimicrobial prescribing (Guidance NG91)
www.nice.org.uk

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB is responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):

D15.1 Grommets

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

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D20.2 Maintenance of ventilation tube

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

Support

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.