

Surgical Referral for Children under 12yrs with Persistent Otitis Media with Effusion Policy (Insertion of Grommets) Prior Approval

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

Surgical Referral for Children under 12yrs with Persistent Otitis Media with Effusion Policy (Insertion of grommets)

The ICB will agree to fund a surgical intervention for children with otitis media with effusion (OME) under 12 years, to include consideration of insertion of grommets, where the following criteria have been met:

Primary care should make a referral to Audiology so that they may assess the patient's hearing levels against this section of the policy and they will list for treatment should the patient meet this criteria.

Persistent bilateral OME with significant hearing loss

1. Treatment of children in this section of the policy must meet the following criteria:

- a) The child has persistent bilateral OME documented over a period of 3 months with a hearing level in the better ear of at least 25 dBHL (decibel hearing level) or worse averaged at 0.5, 1, 2 and 4 kHz (or equivalent dBA where dBHL not available).

OR

- b) The child has documented developmental or educational problems with persistent OME and hearing loss less severe than 25–30 dBHL in the better ear.

AND

2. The persistence of bilateral OME and hearing loss has been confirmed at a 3 month audiological assessment.

AND

3. No later than the 3 month audiological assessment.

Continued

For audit purposes secondary care patient care records should show that:

- 1) Parents/carers and children have been given information on the nature and effects of OME, including its usual natural resolution.
- 2) Parents/carers and children have been given the opportunity to discuss options for treatment of OME, including their benefits and risks.
- 3) Verbal information about OME has been supplemented by written information appropriate to the stage of the child's management.

Surgery will not be funded if less than 3 months (12 weeks) has elapsed between the first and 2nd confirmatory audiological tests required above showing a persistent need.

Policy - Criteria to Access Treatment

Early intervention for bilateral OME in children with additional health needs

Insertion of grommets before 3 months of watchful waiting has elapsed is commissioned for children meeting the following criteria:

- a) urgent surgery required for airway impairment secondary to adeno-tonsillar hypertrophy.

OR

- b) coexistent severe or profound hearing loss (defined as at least 61 dBHL).

Policy - Criteria to Access Treatment

Assess the patient against this section of the policy and list for treatment should they meet this criteria:

Insertion of grommets to support diagnosis and treatment of complex conditions

Insertion of grommets is commissioned for diagnostic or other preparatory purposes where OME is considered clinically relevant in:

- a) Children preparing for insertion of cochlear implants

OR

- b) Children with severe learning difficulties.

The period of watchful waiting in these cases should be based on the overall health needs and treatment schedule for the child.

Continued

NOTE

Where a child is due to have significant ENT surgery and the likelihood is they would need Grommets as a separate procedure, this can be performed in a single procedure without waiting for the full three month confirmation.

Restrictions:

It is expected that fewer than 10 patients a year will undergo the procedure under the above access criteria; if this is exceeded, mechanisms of review of the commissioning and contracting will be initiated between lead commissioners

In addition to the above access criteria, funding is also available where it is evidenced:

- Healthcare professionals consider surgical intervention is appropriate in a child who cannot undergo standard assessment of hearing thresholds where there is clinical and tympanographic evidence of persistent glue ear and where the impact of the hearing loss on a child's developmental, social or educational status is judged to be significant.
- The patient has Down's Syndrome and or Cleft Palate, these patients may be offered grommets after a specialist MDT assessment in line with NICE guidance.
- It is also good practice to ensure glue ear has not resolved once a date of surgery has been agreed. Whilst waiting for surgery a repeat tympanometry, as a minimum should be considered if previous tests are greater than 3 months old.

Revision Surgery – reinsertion of grommets for children under the age of 12 years.

Children who have a recurrence of OME, with significant hearing loss, 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.

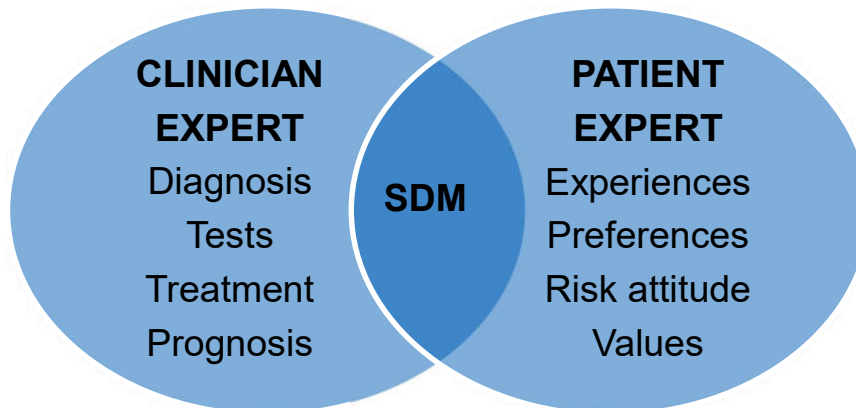
Surgical Referral for under 12yrs with Persistent Otitis Media with Effusion Policy (Insertion of grommets) – Plain Language Summary

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 Surgical Referral for over 12yrs with Persistent Otitis Media with Effusion (Insertion of grommets) 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 18yrs with recurrent Otitis Media with Effusion (Insertion of Grommets.
- 2) Myringotomy and Insertion of Grommets patients aged 12yrs Or Over) with Otitis Media With Effusion.

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

1. NICE (2021) Otitis media with effusion (Guidance) www.nice.org.uk
2. NICE (2016) Otovent nasal balloon for otitis media with effusion (Guidance/mib59) www.nice.org.uk
3. NICE (2008) Otitis media with effusion in under 12s: surgery (Guidance CG60) www.nice.org.uk
4. National Health Service (2021) Health A to Z: Otitis-media [online] www.nhs.uk/conditions

5. National Health Service England (2019) EBI Programme [online] www.england.nhs.uk/wp-content
6. Otovent (2022) Glue Ear [online] www.gluear.co.uk
7. ENT Org (2022) What are grommets [online] www.entuk.org
8. National Library of Medicine (2005) Grommets (ventilation tubes) for hearing loss associated with otitis media with effusion in children (15674886) www.pubmed.ncbi.nlm.nih.gov

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):

D151, D158, D159, D202, D201

Relevant diagnoses for this policy:

ICD10 Code: None

Diagnoses for which the above procedures are permitted:

ICD10 Codes: H65, H650, H651, H652, H653, H654 and H659

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.