

Surgical Referral for Patients over 12yrs Old and Over Persistent Otitis Media with Effusion (Insertion of grommets) Criteria Based Access

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.

Section A - Surgical Referral for patients aged 12yrs and over with Persistent Otitis Media with Effusion Policy (Insertion of grommets)

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below.

Funding Approval for surgical treatment of unilateral Otitis Media will only be considered if there is significant clinical disorder (e.g. giddiness) as assessed by an ENT Consultant.

Behind the ear hearing aid should be considered as first-line treatment

The management of OME for children aged 12 years and over should be directed towards investigating and treating the underlying cause:

1. Referral for assessment of OME is commissioned for patients with persistent OME who require ENT assessment to exclude underlying malignancy.
2. Myringotomy with or without grommet insertion is commissioned where middle ear ventilation is an essential feature of specialist investigation for or management of:
 - a) Underlying malignancy
 - b) Acute or chronic otitis media with complications: facial palsy or intracranial infection eg meningitis
 - c) Eustachian tube dysfunction that prevents the commencement or completion of hyperbaric oxygen treatment

Section A – cont'd

Myringotomy with or without grommet insertion is not normally commissioned for treatment of hearing loss or other symptoms of otitis media in patients over 12 years of age.

Exceptions to this restriction (based on local clinical advice) are those with disabling conductive hearing loss due to middle ear effusions that have not responded to non-surgical intervention over a period of 6 months, who meet the following criteria:

a) persistent bilateral OME documented over a period of 6 months, *this is defined as two audiograms 6 months apart showing persistency of symptoms.*

WITH

b) 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)

AND

c) persistent OME of >6 months minimum confirmed through audiologist assessment.

d) malignancy excluded (may include clinical examination +/- MRI Scan). If malignancy suspected as laid out in Head and Neck guidance, then 2WW pathway should be used

AND

e) investigation and treatment of underlying causes has been completed without improvement in hearing.

AND

f) no more than 6 months have passed since the final audiological assessment confirming the conductive hearing loss.

For audit purposes patient care records should show that:

- a) Patients / Carers/ Parents have been given information on the nature and effects of OME, including its usual natural resolution.
- b) Patients/ Carers/ Parents have been given the opportunity to discuss options for treatment of OME, their benefits and risks. This should include the alternative of using a hearing aid to improve their hearing loss.

NB Surgery will not be approved if less than 6 months (24 weeks) has elapsed between the first and 2nd confirmatory audiological tests required above.

NB General Anaesthetic will only offered if individual is unable to tolerate Local Anaesthetic or it is judged that Local Anaesthetic not appropriate (e.g. in younger child aged 12-13 yrs old), individual with learning disabilities, poor surgical access).

Section B

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

- a) Healthcare professionals consider surgical intervention is appropriate in a patient 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 patient's developmental is judged to be significant.
- b) The patient has Down's Syndrome and/or Cleft Palate, these patients may be offered grommets after specialist MDT assessment in line with NICE guidance.
- c) It is also good practice to ensure glue ear has not resolved once a date of surgery has been agreed, with tympanometry as a minimum.

Insertion of Grommets is funded in a secondary care setting for treatment under local anaesthetic where considered clinically appropriate for patients who require a general anaesthetic and it is considered clinically appropriate, patient records must clearly demonstrate this rationale.

Please note this guidance only relates to patients with Glue Ear (Otitis Media with Effusion) and SHOULD NOT be applied to other clinical condition such as:

- a) Recurrent acute otitis media
- b) Atrophic tympanic membranes
- c) Access to middle ear for transtympanic instillation of medication
- d) Investigation of unilateral glue ear in adults

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.

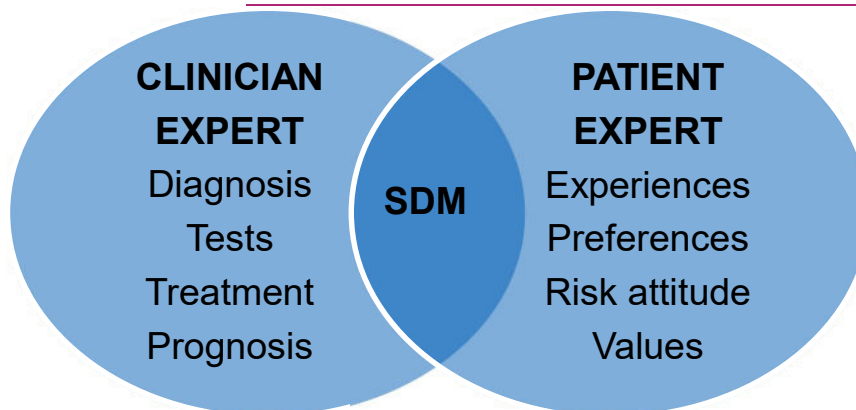
Surgical Referral for over 12yrs with Persistent Otitis Media with Effusion Policy (Insertion of grommets) – Plain Language Summary

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 under 12yrs 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. National Health Service (2021) Health A to Z: Otitis-media [online] www.nhs.uk/conditions
4. National Health Service England (2019) EBI Programme [online] www.england.nhs.uk/wp-content
5. Otovent (2022) Glue Ear [online] www.gluear.co.uk
6. ENT Org (2022) What are grommets [online] www.entuk.org

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):

Procedures challenged in this policy:

OPCS Code: 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.