

**GROMMET INSERTION
RECURRENT ACUTE OTITIS MEDIA (WITHOUT EFFUSION)
SECONDARY CARE PRIOR APPROVAL POLICY**

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Application Form	Grommets Insertion Without Effusion Prior Approval Form

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VERSION CONTROL

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Grommet Insertion for recurrent Acute Otitis Media (without effusion) is not routinely funded by the CCG and is subject to this restricted policy

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. The Prior Approval funding approval must be secured by secondary care prior to treatment/surgery.
2. The CCG does not commission surgery for cosmetic purposes alone.
3. Funding approval must be secured by primary care/secondary care prior to referring/treating patients seeking corrective surgery.
4. On limited occasions, the CCG 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 patients meets the criteria to access treatment in this policy.
5. 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.
6. Patients should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment.
7. Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)
8. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)

9. Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year.

Guidance on referrals for advice and guidance only

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.

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.

Antibiotics

The majority of cases of AOM will resolve spontaneously. Without specific treatment symptoms improve within 24 hours in 60% of children and settle within three days in 80% of children. Whilst adequate analgesia should be prescribed in all cases, antibiotics should be avoided in mild-to-moderate cases and when there is diagnostic uncertainty in patients aged 2 years and under. The Somerset CCG infection management guidance should be consulted.

http://formulary.somersetccg.nhs.uk/?page_id=203

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.'

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POLICY - PRIOR APPROVAL CRITERIA

1. Emergency admission for rare serious complications of AOM are not restricted by this policy
2. The Commissioner will agree to fund a surgical referral for a patient with recurrent acute otitis media (without effusion) to include consideration of insertion of grommets, where the following criteria have been met:
 - A. The patient has had at least 5 separate recurrences of acute otitis media (with or without treatment) in the previous 12 months, documented in their primary care records (AOM does not routinely require antibiotics)

OR

- B. The patient has an episode of Acute Otitis Media (AOM) associated with any of the following:
 - intracranial infection
 - acute mastoiditis
 - facial paralysis
 - neck abscess

Patients who are not eligible for treatment under this prior approval 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. Applications cannot be considered from patients personally.

Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.

It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the IFRP.

This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.

In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067.

Or write to us: NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** pals@somersetccg.nhs.uk

References:

- 1 McDonald S, Langton Hewer CD, Nunez DA. Grommets (ventilation tubes) for recurrent acute otitis media in children. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD004741. DOI: 10.1002/14651858.CD004741.pub2.