NHS
Somerset
Clinical Commissioning Group

GROMMET INSERTION IN ADULTS WITH OTITIS MEDIA WITH EFFUSION (OME) SECONDARY CARE PRIOR APPROVAL POLICY

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Target audience:	SCCG: • Contracts Team • Providers • GP Practices SCCG • GP Bulletin • Web Site IFR Page **Medical Directors:** • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • United Hospitals Bristol NHS FT • Weston Area Health NHS Trust • Somerset Partnership NHS FT
Application Form	Prior Approval Form

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VERSION CONTROL

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Version	**Date**	**Comments**
1617.v3	JULY 2017	Change CSU template to SCCG template

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	

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GROMMET INSERTION IN ADULTS WITH OTITIS MEDIA WITH EFFUSION (OME)

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 primary care/secondary care prior to referring/treating patients seeking surgery.

2. The CCG does not commission surgery for cosmetic purposes alone.

3. 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.

4. 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.

5. 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.

6. The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate.

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.

Background

Grommet insertion is rarely provided for adults with OME and the main concern is to provide examination under anaesthesia (EUA) if OME fails to resolve spontaneously, particularly in patients with risk factors for naso-pharyngeal malignancy. The commonest diagnosis group for these admissions is 'otitis media and related conditions'.

POLICY – CRITERIA TO ACCESS TREATMENT – PA

1. **Prior Approval funding is required** before insertion of grommets following a referral to Audiology to assess hearing loss

2. **The CCG does not routinely commission**:
   a) balloon dilatation of the Eustachian tube as per NICE IPG 409
   b) Myringotomy with or without grommet insertion for treatment of hearing loss or other symptoms of otitis media in adults as there is insufficient research evidence of long term benefits compared with conservative management

2. **Management of OME in adults**
   a) a period of watchful waiting recorded for 3 months
   b) should be directed towards investigating and treating the underlying cause
   c) micropressure-therapy-for-refractory- minieres disease as per MOCE IPG 426
   d) referral for assessment of OME is commissioned for adults with persistent OME who require ENT assessment to exclude underlying malignancy
   e) OTOVENT treatment as per NICE MIB59

3. **Exceptions to this restriction** (based on local clinical advice) are adults with disabling conductive hearing loss due to middle ear effusions who have not responded to non-surgical intervention over a period of 3 months, who meet the following criteria:
   a) treatment for Meniere's disease (refer to MOCE IPG 426) where other treatments have not resolved the problem **or**
   b) severe retraction of the tympanic membrane, if the clinician feels this may be reversible and reversing it may help avoid erosion of the
      i. ossicular chain **or** the development of cholesteatoma
   c) Myringotomy with or without grommet insertion is commissioned where middle ear ventilation is an essential feature of specialist investigation for management of:
   d) Underlying malignancy
   e) Acute or chronic otitis media with complications: facial palsy or intracranial infection e.g. meningitis
   f) Eustachian tube dysfunction that prevents the commencement or completion of hyperbaric oxygen treatment
   g) Unilateral hearing loss needs to be referred for review of post lateral space

h) Persistent bilateral OME documented over a period of 3 months **WITH**
    i. A hearing level in the better ear of at least 25 dahl (decibel hearing level) or worse averaged at 0.5,1, 2 and 4 kHz (or equivalent dBA where dB HL not available) **AND**
    ii. The persistence of bilateral OME causing conductive hearing loss has been confirmed at 3 months through audiologist assessment **AND**
    iii. Investigation and treatment of underlying causes has been completed without improvement in hearing **AND**
i) No later than the 3 month audiological assessment:
    i. Funding would not be available if less than 3 months has elapsed between the first and 3 month confirmatory audiological tests required above
j) Patients must be 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
k) where clinically appropriate a maximum of 2 separate grommet insertions followed by 1 t-tube grommet

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.

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.

An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests 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: somccg.pals@nhs.net

References

Please use the Harvard Referencing style
The following sources have been considered when drafting this policy: