GROMMET INSERTION 18 YEARS AND UNDER PERSISTENCE OF BILATERAL OTITIS MEDIA WITH EFFUSION SECONDARY CARE CRITERIA BASED ACCESS (CBA) POLICY

Version:	2425.v5
Recommendation by:	NHS Somerset ICB Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	January 2025
Name of Originator/Author:	EBI Service
Approved by Responsible Committee/Individual:	NHS Somerset Management Board
Publication/issue date:	April 2025
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	**NHS Somerset ICB**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Somerset NHS Foundation Trust • Royal United Hospitals Bath NHS FT
Application Form	EBI Generic application form if appropriate to apply

GROMMET INSERTION 18 YEARS AND UNDER
PERSISTENCE OF BILATERAL OTITIS MEDIA WITH EFFUSION
SECONDARY CARE CRITERIA BASED ACCESS (CBA) POLICY

VERSION CONTROL

Document Status:	Current policy
Version:	2425.v5

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
1516.v2	March 2017	Amend remove age 3 years Include 18 years and under Clarify the criteria
1718.v3	September 2020	Rebranding from IFR to EBI, 3-year review CCF no amendments
2021.v3a	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v3b	November 2023	3-year review, inclusion of NICE ng23 guidance (OME in under 12s). Wording change in 4.6
2324.v4	July 2024	Amendment to website link and clinical exceptionality wording on 3.6
2425.v4a	January 2025	Change from CBA to PA pathway from 01 April 2025

Equality Impact Assessment (EIA)	April 2018
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Dr Bernie Marden
Document Reference:	2425.v5

1 GENERAL PRINCIPLES (CBA)

1.1 Treatment should only be given in line with these general principles.

1.2 Clinicians should assess their patients against the criteria within this policy AND ENSURE that compliance to the policy criteria is met by the patient PRIOR TO a referral to treatment or surgery

1.3 Treatment should ONLY be undertaken where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment

1.4 The ICB may approve funding for an ASSESSMENT ONLY to enable the Clinician to obtain further clinical evidence to help determine compliance to policy criteria by the patient.

In such cases, patients should be made aware that an assessment DOES NOT mean that they will automatically receive the treatment or surgery. The patient should be advised that, to effectively manage patient safety and ensure efficacy of the treatment/ surgery for the patient, they will only receive treatment or surgery if they meet policy criteria

1.5 Patients MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken

1.6 This policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '2 week wait pathway' rules for assessment and testing as appropriate

1.7 Patients with an elevated BMI of 30 or more MAY experience more post-surgical complications including post-surgical wound infection and should be encouraged to lose weight further prior to seeking surgery

https://www.sciencedirect.com/science/article/pii/S1198743X15007193 (Thelwall, 2015)

1.8 Patients who are smokers should be referred to smoking cessation services to reduce the risk of surgery and improve healing

1.9 Where patients are unable to meet the specific treatment criteria set out in this policy, funding approval MAY be sought by submission of a Generic EBI application form to the Evidence Based Interventions (EBI) team on grounds of 'clinical exceptionality'

2 POLICY CRITERIA – CRITERIA BASED ACCESS (CBA)

2.1 In the following circumstances grommets can be undertaken in secondary care

a) 18 years and under with disabilities such as Turners or Down's Syndrome and Cleft Palate where the insertion of the grommets is part of an established pathway of care

b) 18 years and under to treat a tympanic membrane retraction pocket

2.2 Decision Table
NG233 Otitis media with effusion in under 12s: Decision table 30/08/2023 (nice.org.uk)

2.3 Patients 18 years and under with bilateral Otitis Media with Effusion (OME) and without a secondary disability (such as Down's Syndrome or Cleft Palate) when the following criteria are met:

The persistence of bilateral OME and hearing loss should be confirmed over a period of 3 months before intervention is considered. The child's hearing should be re-tested at the end of this time

a) Consider grommets for the management of OME-related hearing loss in children. **[2023]**

b) Discuss the benefits and risks of grommets with the child and their parents and carers and make a shared decision on their use. Cover that there is a risk of perforation of the eardrum, atelectasis, tympanosclerosis and infection associated with grommets. **[2023]**

c) During the active observation period, advice on educational and behavioural strategies to minimise the effects of hearing loss should be offered

d) Consider auto-inflation in children with OME if they are able to engage with the treatment. **[2023]**

e) Do not offer antibiotics to treat OME. **[2023]**

f) Do not offer oral or nasal corticosteroids for OME or OME-related hearing loss. **[2023]**

g) Do not offer antihistamines, leukotriene receptor antagonists, mucolytics, proton pump inhibitors and anti-reflux medications, or decongestants for OME or OME-related hearing loss. **[2023]**

AND

2.4 At the end of 3 months the child has persistent bilateral OME with a hearing level in the better ear of 25–30 dBHL or worse averaged at 0.5, 1, 2 and 4 kHz (or equivalent dBA where dBHL not available) **OR**

2.5 At the 3-month audiology reassessment the child has persistent bilateral OME with a hearing loss less than 25–30 dBHL but there is significant impact of the hearing loss on a child's developmental, social or educational status (one of the below)

In bilateral OME (in both ears) with hearing loss, reassess hearing after 3 months. Where the OME with hearing loss is unilateral (in one ear), consider reassessment of hearing after 3 months. Advise on strategies to minimise the impact of hearing loss both at home and in educational settings (see recommendation 1.1.7 in the section on information and advice). **[2023]**

In children who are experiencing hearing difficulties that significantly affect day-to-day living, consider intervening earlier than the 3-month reassessment, see the sections on management of hearing loss, non-surgical management of OME, and surgical management of OME. **[2023]**

- Hearing difficulties (for example, mishearing when not looking at who is speaking, difficulty in a group, asking for things to be repeated)
- Delayed speech and language development
- Ear discomfort tinnitus **[2023]**
- Behavioural problems (particularly lack of concentration or attention), being withdrawn or irritability **or**
- Poor educational progress **or**
- Balance difficulties (for example, clumsiness) **[2023]**
- Have a higher suspicion of OME if the child has any of the following features, but be aware the absence of these features does not rule out OME: a history of:

    - upper respiratory tract infections (URTIs)
    - acute otitis media (AOM)
    - craniofacial anomalies, for example Down syndrome and cleft palate
    - asthma
    - wheezing
    - dyspnoea
    - eczema
    - paroxysmal sneezing/nasal itching
    - urticaria
    - potentially harmful sucking habits (for example finger or dummy sucking and bottle feeding,) and mouth breathing
    - conjunctivitis
    - snoring **[2023]**

2.6 **Adenoidectomy**

a) Where adenoidectomy & grommet insertion is the recommended treatment, please ensure CBA criteria is met

b) When planning grommets for management of OME, consider adjuvant adenoidectomy unless assessment indicates an abnormality with the palate. **[2023]**

c) Discuss the benefits and risks of adenoidectomy with the child and their family or carers and make a shared decision on whether to have the procedure. Include that there is a risk of haemorrhage, and velopharyngeal insufficiency. **[2023]**

2.7 Consider bone conduction devices for children with OME-related hearing loss when:

- their hearing levels are known to fluctuate **or**
- there are contraindications to using an air conduction hearing aid (such as a history of otorrhea, or anatomical issues such as narrow ear canals), and this type of device would be better tolerated or is preferred (for example, to avoid the choking risk from the small parts of an air conduction device) [2023]

2.8 Patients who are not eligible for treatment under this policy, please refer to section 3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

3.1 Patients who are not eligible for surgery under this policy may be considered for surgery on an individual basis where the 'CLINICIAN BEST PLACED' believes exceptional circumstances exist that warrant deviation from the rule of this policy

'THE CLINICIAN BEST PLACED' is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient

3.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the 'clinician best placed' on behalf of the patient

Note*.* applications CANNOT be considered from patients personally

3.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted

3.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale

3.5 Generic EBI Funding Applications are considered against '**clinical exceptionality'**. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB EBI webpage Evidence Based Interventions - NHS Somerset ICB and click on the section titled **Generic EBI Pathway**

3.6 Where appropriate photographic supporting evidence can be forwarded with the application form

4 ACCESS TO POLICY

4.1 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

4.2 **Or write to us**: NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

5.1 NICE guideline NG233 Otitis media with effusion in under 12s (2023) https://www.nice.org.uk/guidance/ng233

5.2 Browning GG, Rovers MM, Williamson I, Lous J, Burton MJ. Grommets (ventilation tubes) for hearing loss associated with otitis media with effusion in children. Cochrane Database of Systematic Reviews 2010, Issue 10. Art. No.: CD001801. DOI: 10.1002/14651858.CD001801.pub3