GROMMET INSERTION IN ADULTS WITH OTITIS MEDIA WITH EFFUSION (OME) CRITERIA BASED ACCESS (CBA) POLICY

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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

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VERSION CONTROL

Document Status:	Current policy
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DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
1617.v3	July 2017	Change CSU template to SCCG template
1617.v3a	July 2020	Rebranding IFR to EBI, new template, 3-year review no clinical change
2021.v4	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v4a	November 2023	3-year review, no clinical amendments. Amendment to website link 4.6
2324.v4b	January 2025	Change from CBA to PA pathway from 01 April 2025, 2.5 removed and criteria section renumbered

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 **The ICB does not routinely commission**:

- Balloon dilatation of the Eustachian tube as per NICE IPG 409

- 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

2.2 **Management of OME in adults**

- A period of watchful waiting recorded for 3 months

- Should be directed towards investigating and treating the underlying cause

- Micro pressure therapy for refractory Meniere's disease as per NICE IPG 426

- Referral for assessment of OME is commissioned for adults with persistent OME who require ENT assessment to exclude underlying malignancy

- OTOVENT treatment as per NICE MIB59

2.3 **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:

2.4 Treatment for Meniere's disease (refer to NICE IPG 426) where other treatments have not resolved the problem **or**

2.5 Severe retraction of the tympanic membrane, if the clinician feels this may be reversible and reversing it may help avoid erosion of the ossicular chain **or** the development of cholesteatoma

2.6 Myringotomy with or without grommet insertion is commissioned where middle ear ventilation is an essential feature of specialist investigation for management of:

a) Underlying malignancy

b) Acute or chronic otitis media with complications: facial palsy or intracranial infection e.g. meningitis

c) Eustachian tube dysfunction that prevents the commencement or completion of hyperbaric oxygen treatment

d) Unilateral hearing loss needs to be referred for review of post lateral space

2.7 Persistent bilateral OME documented over a period of 3 months **WITH**

a) 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**

b) The persistence of bilateral OME causing conductive hearing loss has been confirmed at 3 months through audiologist assessment **AND**

c) Investigation and treatment of underlying causes has been completed no later than without improvement in hearing.

2.8 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

2.9 Where clinically appropriate a maximum of 2 separate grommet insertions followed by 1 t-tube grommet

2.10 Patients who are not eligible for treatment under this policy, please refer to section 4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

3 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'

4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

4.1 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

4.2 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

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

4.4 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

4.5 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**

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

5 ACCESS TO POLICY

5.1 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

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

6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 NICE interventional procedure guidance 426 Micropressure therapy for refractory Menieres disease – clinical audit tool https://www.nice.org.uk/guidance/ipg426

6.2 https://www.nice.org.uk/advice/mib59