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

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Target audience:	**NHS Somerset ICB**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Somerset Foundation Trust • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT
Application Form	Prior Approval Form

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VERSION CONTROL

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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

Equality Impact Assessment EIA	April 2018
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Bernie Marden
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1 GENERAL PRINCIPLES (PRIOR APPROVAL)

1.1 Funding approval must be secured by primary care/secondary/community care prior to referring/treating patients for this prior approval treatment

1.2 Funding approval must be secured prior to a referral for an assessment/surgery. Referring patients without funding approval secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment

1.3 On limited occasions, we 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 meet the criteria to access treatment in this policy

1.4 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

1.5 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

1.6 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

1.7 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so 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 in order to reduce the risk of surgery and improve healing

1.9 Where prior approval funding is secured by the EBI service it will be available for a specified period of time, normally one year

2 POLICY CRITERIA PRIOR APPROVAL

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

2.2 **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

2.3 **Management of OME in adults**

- A period of watchful waiting recorded for 3 months

- Should be directed towards investigating and treating the underlying cause

- Micropressure 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

2.4 **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:

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

2.4.2 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

2.4.3 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

2.4.4 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.

2.5 Funding would not be available if less than 3 months has elapsed between the first and 3-month confirmatory audiological tests required above

2.6 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

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

2.8 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 treatment under this policy may be considered on an individual basis where their GP or Consultant believes clinical exceptional circumstances exist that warrant deviation from the rule of this policy

4.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required

4.3 Applications cannot be considered from patients personally

4.4 Only electronically completed EBI applications will be accepted to the EBI Service

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

4.6 EBI funding application 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.

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

4.8 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

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