

Policy for Otitis Media with Effusion (OME) Management using Grommets and Adenoidectomy

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Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
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Document control:		
Date:	Version Number:	Section and Description of Change
October 2018	V1	Policy ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups
April 2021	V1.1	Incorporated detailed criteria from Evidence-Based Interventions, List 2, 2D Removal of adenoids for glue ear
April 2021	V1.2	Added "in line with criteria 1.1 above" to ensure that grommet insertion is not done for acute otitis media without hearing loss
July 2021	V1.3	Name changed to include adenoidectomy, and rearranged word order. Added OPCS Codes. Ratified by the Strategic Commissioning Committee.
July 2022	V1.4	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant

1. Policy

1.1 The ICB will commission the surgical management of OME using grommets when the following criteria are satisfied

a. The patient is under 12 years of age.

AND

b. Hearing loss has persisted over a period of at least three months.

AND EITHER

c. The patient has a hearing level in the better ear of 25-30dBHL or worse averaged at 0.5,1,2 and 4kHz

OR

d. Exceptionally, where there is well documented evidence that a hearing loss of less than 25-30 dBHL is having a significant impact on the child's developmental, social or educational status.

1.2 OME in children with Down's syndrome or a cleft palate is unlikely to improve without further management and hearing loss may exacerbate existing communication problems. Patients with Down's syndrome or cleft palate who are suspected of having OME should be referred for specialist assessment immediately by an MDT with expertise in assessing and treating these children.

Following referral, the management of OME in children with Down's syndrome or cleft palate should be carried out in line with the specific guidance in NICE CG601.

1.3 The ICB will not routinely commission adjuvant adenoidectomy unless one or more of the following criteria are met:

a. The child has persistent and / or frequent nasal obstruction which is contributed to by adenoidal hypertrophy (enlargement)

OR

b. The child is undergoing surgery for re-insertion of grommets due to recurrence of previously surgically treated otitis media with effusion

OR

c. The child is undergoing grommet surgery for treatment of recurrent acute otitis media in line with criteria 1.1 above

2. Scope and definitions

- 2.1 This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
- 2.2 The insertion of grommets is a surgical procedure where a small tube (a tympanostomy tube, also known as a grommet or myringotomy tube) is inserted into the eardrum in order to keep the middle ear aerated for a prolonged period of time, and to prevent the accumulation of fluid in the middle ear.
- 2.3 The scope of this policy includes requests for the management of OME using grommets.
- 2.4 The ICB recognises that a patient may have certain features, such as
 - having OME
 - wishing to have a service provided for their OME,
 - being advised that they are clinically suitable for the insertion of grommets, and
 - be distressed by their OME and by the fact that that they may not meet the criteria specified in this commissioning policy.

Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

The ICB note that the evidence demonstrates that if grommets are not inserted within 12-18 months of presentation there is no difference in hearing between treated and untreated patients.

- 2.5 For the purpose of this policy the ICB defines OME as the accumulation of fluid within the middle ear space resulting in hearing impairment.
- 2.6 National Institute for Health and Care Excellence (NICE) guidance on the management of OME in children under twelve exists.

3. Appropriate Healthcare

- 3.1 The purpose of grommet insertion is normally to allow air to pass into the middle ear, preventing the accumulation of fluid and allowing hearing to return to normal.
- 3.2 The ICB regards the achievement of this purpose as according with the Principle of Appropriateness. Therefore this policy does not rely on the principle of appropriateness. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider the principle of appropriateness in the particular circumstances of the patient in question before confirming a decision to provide funding.

4. Effective Healthcare

- 4.1 The following policy criteria rely on the principle of appropriateness:
 - The criterion relating to children and adults over 12 as the ICB considers the evidence of the greatest benefit is in those under the age of 12 years.

- The criterion relating to the requirement for persistent hearing loss as the ICB considers that for patients who are not severely affected by OME any potential benefit from the intervention is outweighed by the morbidity associated with surgery.

5. Cost Effectiveness

- 5.1 The ICB does not call into question the cost-effectiveness of the surgical management of OME and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.

6. Ethics

- 6.1 The ICB does not call into question the ethics of the surgical management of OME and therefore this policy does not rely on the Principle of Ethics. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.

7. Affordability

- 7.1 The ICB does not call into question the affordability of the surgical management of OME and therefore this policy does not rely on the Principle of Affordability. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.

8. Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
- 8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.

- If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10. References

NICE Clinical Guidance (CG) 60, Otitis media with effusion in under 12s: surgery. Published February 2008 <https://www.nice.org.uk/guidance/cg60>

Evidence-Based Interventions List 2 Guidance, Academy of Medical Royal Colleges, Published November 2020.

Rosenfeld RM, Shin JJ, Schwartz SR, et al. Clinical practice guideline: Otitis media with effusion executive summary (update). *Otolaryngol Head Neck Surg.* 2016;154(2):201-214. <https://doi.org/10.1177/0194599815624407>.doi:10.1177/019459981562440.

Schilder AG, Marom T, Bhutta MF, et al. Panel 7: Otitis media: Treatment and complications. *Otolaryngol Head Neck Surg.* 2017;156(4_suppl):S88-S105.doi:10.1177/0194599816633697[doi].

11. Associated OPCS codes

OPCS codes
D151, D289, E20.1, E20.4, E20.8, E20.9 Diagnosis Codes H652, H653, H661, H662, H663, H664, H669