

Lancashire and South Cumbria Clinical Commissioning Groups (CCGs)

Policies for the Commissioning of Healthcare

Policy for the management of otitis media with effusion (OME) using grommets

	Introduction
	This document is part of a suite of policies that the CCG 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.
1	Policy
1.1	<p>The CCG will commission the surgical management of OME using grommets when the following criteria are satisfied¹:</p> <p>a) The patient is under 12 years of age.</p> <p>AND</p> <p>b) Hearing loss has persisted over a period of at least three months.</p> <p>AND EITHER</p> <p>c) The patient has a hearing level in the better ear of 25-30dBHL or worse averaged at 0.5,1,2 and 4kHz</p> <p>OR</p> <p>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.</p> <p>OR</p> <p>e) The child is unable to undergo standard assessment of hearing thresholds, there is clinical and tympanographic evidence of persistent glue ear and the hearing loss is having a significant impact on the child's developmental, social or educational status.</p>
1.2	<p>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^{2,3}.</p> <p>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.</p>
1.3	The CCG will not routinely commission adjuvant adenoidectomy in the absence of persistent and/or frequent upper respiratory tract symptoms.
2	Scope and definitions

2.1	This policy is based on the CCGs 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	<p>The CCG recognises that a patient may have certain features, such as</p> <ul style="list-style-type: none"> • 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. <p>Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p> <p>The CCG 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.</p>
2.5	For the purpose of this policy the CCG defines OME as the accumulation of fluid within the middle ear space resulting in hearing impairment.
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 CCG 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 CCG may consider the principle of appropriateness in the particular circumstances of the patient in question when considering an application to provide funding.
4	Effective Healthcare
4.1	<p>The following policy criteria rely on the principle of effectiveness:</p> <ul style="list-style-type: none"> • The criterion relating to children and adults over 12 as the CCG 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 CCG 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 CCG 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 CCG may consider whether the treatment is likely to be Cost Effective in this patient when considering an application to provide funding.
6	Ethics
6.1	The CCG 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 CCG may consider whether the treatment is likely to raise ethical concerns in this patient when considering an application to provide funding.
7	Affordability
7.1	The CCG 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 CCG may consider whether the treatment is likely to be affordable in this patient when considering an application to provide funding.
8	Exceptions
8.1	The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
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	<p>In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:</p> <ul style="list-style-type: none"> • 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 CCG will aspire to review and update this policy accordingly. However, until the CCG 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 CCG are concerned.

10	References
	<ol style="list-style-type: none"> 1. NHS England (2018). Evidence-Based Interventions: Guidance for CCGs https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf 2. NICE Clinical Guidance (CG60): Otitis media with effusion in under 12s: surgery (2008) https://www.nice.org.uk/Guidance/CG60 3. NHS Choices, Glue Ear https://www.nhs.uk/conditions/glue-ear/treatment/

Appendix 1: Associated OPCS codes

The codes applicable to this policy are:

OPCS codes
D151

Date of adoption

Date for review