

<b>Policy statement:</b>	<b>Grommets</b>
<b>Status:</b>	<b>Group Prior Approval/Individual Prior Approval</b>

M&SECCGs commission grommet insertion on a restricted basis.

## Group Prior Approval

### Children

All children must have a specialist audiology and ENT assessment. Providers should ensure that glue ear has not resolved once a date for surgery has been agreed, with tympanometry as a minimum.

Children will be funded for grommet (ventilation tube) insertion if they meet the following criteria:

- Children with severe hearing loss-i.e. persistent bilateral otitis media with effusion (OME) documented over a period of 3 months 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

- Children who have had at least 5 occurrences\* of acute otitis media in the last year with additional complications such as perforations, persistent discharge, febrile convulsions, sensor neural deafness or cochlear implantation.

The persistence of bilateral OME and hearing loss needs to be confirmed over a period of **3 months before** surgical intervention will be considered. The child's hearing should be re-tested at the end of this time. During this active observation period of 3 months, advice on educational and behavioural strategies to minimise the effects of the hearing loss should be offered.

\*GPs should provide details of infection occurrences at the time of referral.

## Individual prior approval

Children will be **considered** for funding if they meet one of the following criteria and individual prior approval for funding must be obtained:

- A child with persistent bilateral OME with a hearing level better than 25–30 dBHL where the impact of the hearing loss on a child's developmental, social or educational status is judged to be significant by a specialist with expertise in child development. For children under 5 years of age overall hearing level applies
- Children with **Down's Syndrome** as an alternative to hearing aids for treating persistent bilateral OME with hearing loss and/or significant impact on child's

developmental, social or educational status as judged by a specialist with expertise in child development.

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For children with Down's syndrome, the following factors need to be considered before the intervention is offered:

- the severity of hearing loss
- the age of the child
- the practicality of ventilation tube insertion
- the risks associated with ventilation tubes
- the likelihood of early extrusion of ventilation tubes

Funding for children on the Cleft Lip/Palate Clinical care management pathway is through NHS England- Specialised Commissioning and therefore is not funded by the CCG.

### Individual Prior Approval

**Adjuvant adenoidectomy** will only be funded in children with Otitis Media with Effusion (OME) who meet the above criteria for ventilation tubes (grommets) **and** in the presence of persistent and/or frequent upper respiratory tract infections.

**Adenoidectomy as a separate procedure will not be funded.**

### Group Prior Approval

#### Adults

Grommet insertion is only funded for adults with disabling conductive hearing loss due to middle ear effusions, who meet the following criteria:

- Treatment for Meniere's disease where other non-surgical treatments have not resolved the problem over a period of 3 months.

OR

- Severe retraction of the tympanic membrane, who have not responded to non-surgical intervention over a period of 3 months if the clinician feels this may be reversible and reversing may help avoid erosion of the ossicular chain or the development of cholesteatoma

OR

- Persistent bilateral Otitis Media with effusion (OME) documented over a period of 3 months **WITH**

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- 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) **AND**
- The persistence of bilateral OME causing conductive hearing loss has been confirmed at 3 months through audiologist assessment **AND**
- Investigation and treatment of underlying causes has been completed without improvement in hearing

**OR**

- Unilateral hearing loss as part of post nasal space biopsy procedure, where deemed clinically necessary by the surgeon
- Patients with unilateral hearing loss should be referred for review of post nasal space

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

- Underlying malignancy
- acute or chronic otitis media with complications: facial palsy or intracranial infection e.g. meningitis
- eustachian tube dysfunction that prevents the commencement or completion of hyperbaric oxygen treatment as commissioned by NHS England  
<https://www.england.nhs.uk/wp-content/uploads/2017/10/prescribed-specialised-services-manual-2.pdf>

The CCGs **do not 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

Funding for patients not meeting the above criteria will only be granted in clinically exceptional circumstances.

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.

**Patient Information Leaflet:**

<https://www.nhs.uk/conditions/glue-ear/>

**References:**

1. Lous J, Burton MJ, Felding JU, Ovesen T, Rovers MM, Williamson I, 2005, Grommets for hearing loss associated with otitis media with effusion. Cochrane Systematic Review , 2005
2. NICE Clinical Guidance 60, Surgical Management Of OME, by the Collaborating Centre for Women's and Children's Health
3. McDonald Stephen, Langton Hower Claire D, Nunez Desmond A, 2008, Grommet (ventilation tubes) for recurrent acute otitis media in children. Cochrane Systematic Review
4. South, Central, and West Commissioning Support Unit. Grommet insertion in adults with otitis media with effusion (OME) Secondary Care Prior Approval Policy. Version 1617.v3