

**POLICIES AND PROCEDURES FOR THE COMMISSIONING OF  
APPROPRIATE, EFFECTIVE AND PRIORITY HEALTHCARE**

**POLICY NUMBER 29**

**POLICY FOR THE SURGICAL MANAGEMENT OF OTITIS MEDIA WITH  
EFFUSION USING GROMMETS IN CHILDREN (UNDER 12 YEARS)**

Policy/Procedure Number	F&WCCG/COMM/29
Date Adopted	26.03.2013
Review Date	May 2015

**NHS FYLDE & WYRE CCG****Policy for the Surgical Management of Otitis Media with Effusion Using Grommets in Children (Under 12 Years)****1 Introduction**

- 1.1 This document is part of a suite of policies adopted by the Clinical Commissioning Group 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.
- 1.2 This framework describes the policy for commissioning interventions (i.e. Grommets) for the Surgical Management of Otitis Media with Effusion.

**2 Policy Remit**

- 2.1 This policy relates to the Surgical Management of Otitis Media with Effusion using Grommets (ventilation tubes).
- 2.2 Clinical pathways specific to children with Down's Syndrome or Cleft Palate are within NICE Guidance, CG60.
- 2.2 The Clinical Commissioning Group recognises that a patient may:
  - (a) suffer from Otitis Media with Effusion,
  - (b) wish to have a service provided for their Otitis Media with Effusion,
  - (c) be advised that they are clinically suitable for the treatment, and
  - (d) be distressed by their Otitis Media with Effusion, and by the fact that that this service is not normally commissioned by this Clinical Commissioning Group.

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

**3 Appropriateness**

- 3.1 The Clinical Commissioning Group considers that the purpose of Grommets (ventilation tubes) places it within the category of interventions that are appropriate for commissioning, under Category 1. Therefore it will be commissioned by the Clinical Commissioning Group if it also satisfies the criteria for effectiveness, cost effectiveness and ethical delivery.

**4 Effectiveness**

- 4.1 The Clinical Commissioning Group recognises that the outcome of this intervention is likely to be better than the outcome in untreated patients and that the intervention satisfies the criterion of effectiveness. The evidence for Grommets (ventilation tubes) for children under 12 years is recommended by robustly reviewed sources, including comprehensive Cochrane reviews and Randomised Controlled Trials.

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- 4.2 NICE Guidance exists for managing Otitis Media with Effusion with Grommets in children in under 12 years of age.
- 4.3 Evidence for this intervention in people aged over 12 years is very limited and there are no robust trials or quality research to demonstrate its effectiveness this population.
- 4.4 For people who are not severely affected by Otitis Media with Effusion, any benefit from the intervention is outweighed by the morbidity associated with surgery

## 5 Cost effectiveness

- 5.1 The Clinical Commissioning Group recognised that the outcome cost effectiveness of this treatment is within the threshold, and that the service satisfies the criterion of cost effectiveness.

## 6 Ethical delivery

- 6.1 The Clinical Commissioning Group recognises that this service satisfies the criteria within the 'Ethical' component of the Principles for Commissioning Health and Health Care document.

## 7 Policy

- 7.1 The Clinical Commissioning Group will only commission grommets if the patient has OME<sup>1</sup> and the following criteria are met, as per NICE guidance (CG60):
  - (a) The patient is under 12 years of age  
**AND**
  - (b) There has been a three month documented period of active observation from diagnosis of OME in primary care;  
**AND one of the following:**
  - (c) Diagnosis of persistent bilateral OME documented over a period of 3 months with a hearing level in the better ear of 25–30 dBHL or worse (results of formal testing should be included in the referral letter)  
**OR**
  - (d) Exceptionally, diagnosis of persistent bilateral OME with a hearing loss less 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 (results of formal testing should be included in the referral letter).
- 7.2 Adjuvant adenoideotomy is not recommended in the absence of persistent and/or frequent upper respiratory tract symptoms.
- 7.3 Specific criteria apply for the management of OME in children with Down's Syndrome and for children with Cleft Palate and should be managed as per NICE guidance, CG60.

<sup>1</sup> Note: this does not cover deafness caused by other conditions

**8 Exceptions**

8.1 Requests for funding for grommets under exceptional circumstances may be submitted to the Clinical Commissioning Group's Individual Funding Request Panel. (See Policy for Individual Funding Requests for guidance on exceptionality and application process.)

**9 Force**

9.1 This policy remains in force for a period of four years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner.

Mike Leaf  
Acting Director of Public Health  
Public Health Directorate  
25 May 2011

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Using Grommets in Children (Under 12 Years)***

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