

## Commissioning Policy

# Insertion of Ventilation Tube through the Tympanic Membrane (Grommets)

**July 2010**

**This commissioning policy applies to patients within:**

South Worcestershire Clinical Commissioning Group (CCG)  
 Redditch & Bromsgrove Clinical Commissioning Group (CCG)  
 Wyre Forest Clinical Commissioning Group (CCG)

<b>Version:</b>	V1.0
<b>Ratified by (name of Committee):</b>	Commissioning Executive – November 2010  1 <sup>st</sup> April 2013 – this policy was formally adopted by:  NHS South Worcestershire Clinical Commissioning Group NHS Redditch & Bromsgrove Clinical Commissioning Group NHS Wyre Forest Clinical Commissioning Group
<b>Date ratified:</b>	November 2010
<b>Date issued:</b>	December 2010, reissued 1 <sup>st</sup> April 2013
<b>Expiry date: (Document is not valid after this date)</b>	Any revisions to the policy will be based on local and national evidence of effectiveness and cost effectiveness together with recommendations and guidelines from local, national and international clinical professional bodies.  Minimum 3 yearly.
<b>Review date:</b>	December 2015
<b>Name of originator/author:</b>	Ms Chris Emerson
<b>Target audience:</b>	NHS Trusts, Independent Providers, GP's, patients
<b>Distribution:</b>	NHS Trusts, Independent Providers, GP's, patients, Worcestershire MP's, Public & Patient Involvement Forum
<b>Equality &amp; Diversity Impact Assessment</b>	July 2010

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## **SUMMARY**

NHS Redditch & Bromsgrove Clinical Commissioning Group, NHS South Worcestershire Clinical Commissioning Group and NHS Wyre Forest Clinical Commissioning Group (also termed “the Commissioner” in this document) do not normally fund Insertion of Ventilation Tube through the Tympanic Membrane (Grommets) unless the eligibility criteria outlined in this policy are met.

## **1. Definitions**

- 1.1 **Exceptional clinical circumstances** are clinical circumstances pertaining to a particular patient, which can properly be described as exceptional. This will usually involve a comparison with other patients with the same clinical condition and at the same stage of development of that clinical condition and refer to features of the particular patient which make that patient out of the ordinary, unusual or special compared to other patients in that cohort. It can also refer to a clinical condition which is so rare that the clinical condition can, in itself, be considered exceptional. That will only usually be the case if the NHS commissioning body has no policy which provides for the treatment to be provided to patients with that rare medical condition.
- 1.2 A **Similar Patient** refers to the existence of a patient within the patient population who is likely to be in the same or similar clinical circumstances as the requesting patient and who could reasonably be expected to benefit from the requested treatment to the same or a similar degree. When the treatment meets the regional criteria for supra-CCG policy making, then the similar patient may be in another CCG with which the Commissioner collaborates. The existence of one or more similar patients indicates that a policy position is required of the Commissioner.
- 1.3 An **individual funding request (IFR)** is a request received from a provider or a patient with explicit support from a clinician, which seeks funding for a single identified patient for a specific treatment.
- 1.4 An **in-year service development** is any aspect of healthcare, other than one which is the subject of a successful individual funding request, which the Commissioner agrees to fund outside of the annual commissioning round. Unplanned investment decisions should only be made in exceptional circumstances because, unless they can be funded through disinvestment, they will have to be funded as a result of either delaying or aborting other planned developments.
- 1.5 Exceptional refers to a person who demonstrates characteristics, which are highly unusual, uncommon or rare.

## **2. Scope of policy:**

- 2.1 This policy should be considered in line with all other Worcestershire Commissioning Policies. Copies of these Commissioning Policies are available on the Worcestershire’s local website at the following address:

<http://www.worcestershire.nhs.uk/policies-and-procedures/commissioningindividual-funding-requests-ifr/>

- 2.2 The Commissioner considers all lives of all patients whom it serves to be of equal value and, in making decisions about funding treatment for patients, will seek not to discriminate on the grounds of sex, age, sexual orientation, ethnicity, educational level, employment status, marital status, religion or disability, save where a difference in the treatment options made available to patients is directly related to the patient's clinical condition or is related to the anticipated benefits to be derived from a proposed form of treatment

### **3. Background:**

- 3.1. NHS principles have been applied in the agreement of this policy.
- 3.2. Cochrane review (2005) on grommets for hearing loss associated with otitis media with effusions in children came to the conclusions that:

"The benefits of grommets in children appear small. The effect of grommets on hearing diminished during the first year. Potentially adverse effects on the tympanic membrane are common after grommet insertion. Therefore an initial period of watchful waiting seems to be an appropriate management strategy for most children with Otitis Media with Effusion (OME), as no evidence is yet available for the subgroup of children with speech or language delays, behavioural and learning problems of children with defined clinical syndromes (generally excluded from the primary studies included in this review), the clinician will need to make decisions regarding treatment for such children based on other evidence and indications of disability related to hearing impairment."

### **4. Relevant National Guidance and Facts**

#### **4.1. Eligibility Criteria:**

- 4.2. Myringotomy (incision through the Tympanic Membrane or 'ear drum') with/without Grommets in children will only be funded where the following criteria are met:

- The child has had persistent hearing loss\* detected on two occasions separated by 3 months or more

or

- six or more episodes of acute otitis media in the past 12 months

and

- difficulties with speech and language (expressive language delay), cognition, behaviour and education attributable to persistent hearing loss\*\* which have lasted for 6 months from the beginning of the problem.

- 4.3. Adults will normally only be treated where there is at least a 3 month history of otitis media, which may or may not have persisted since childhood. However, elderly patients having a previous sensorineural loss with a subsequent otitis media problem which renders them completely deaf will be treated regardless of duration of otitis media.

- 4.4. In determining eligibility for surgery consideration will be given to change in the anatomy of the ear drum that is likely to lead to long term damage or cholesteotoma, ie a retracted or atretic tympanic membrane
- 4.5. A lower threshold may be appropriate if the child has other handicaps e.g. impaired vision or mental retardation.

\* Persistent hearing loss = bilateral OME documented over a period of 3 months with a hearing level in the better ear of 25–30 dBHL (Decibels Hearing Level) or worse averaged at 0.5, 1, 2 and 4 kHz (or equivalent dBA where dBHL not available) \*\* Surgical intervention is appropriate in children with 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

## 5. Commissioning Policy

- 5.1 The Commissioner considers all lives of all patients whom it serves to be of equal value and, in making decisions about funding treatment for patients, will seek not to discriminate on the grounds of sex, age, sexual orientation, ethnicity, educational level, employment, marital status, religion or disability except where a difference in the treatment options made available to patients is directly related to the patient's clinical condition or is related to the anticipated benefits to be derived from a proposed form of treatment.
- 5.2 Consultants in secondary care and Provider Contracts departments need to be aware that the Commissioner will not pay for Insertion of Ventilation Tube through the Tympanic Membrane (Grommets) unless the patient meets the eligibility criteria.
- 5.3 Providers are expected to return inappropriate referrals, prior to a face to face consultation, to the GP stating the reason for not accepting the referral i.e. patient does not appear to meet the eligibility criteria.
- 5.4 To ensure compliance with this Commissioning Policy The Commissioner expects Providers of Grommet services to undertake an annual audit of 30 randomly selected case notes and report the findings of the audit to the Commissioner.

## 6. Clinically Exceptional Circumstances

- 6.1 If there is demonstrable evidence of a patient's clinically exceptional circumstances, the referring practitioner should refer to the Commissioner "Individual Funding Request Policy" document for further guidance on the process for consideration.

For a definition of the term "clinically exceptional circumstances", please refer to the **Definitions** section of this document.

## 7. References

- 7.1 West Midlands Public Health draft policy for Grommets

## 8. Documents Which Have Informed This Policy

- Worcestershire's local: Individual Funding Request Process
- Worcestershire's local: Prioritisation Framework for the Commissioning of Healthcare Services
- West Midlands Strategic Group Commissioning Policy 1: Guiding principles and considerations to underpin priority setting and resource allocation within collaborative commissioning arrangements
- West Midlands Strategic Group Commissioning Policy 4: Use of cost-effectiveness, value for money and cost effectiveness thresholds
- West Midlands Strategic Group Commissioning Policy 16: Prior Approval
- West Midlands Strategic Group Commissioning Policy 9: Individual funding requests
- [http://www.cks.nhs.uk/otitis\\_media\\_with\\_effusion#252408004](http://www.cks.nhs.uk/otitis_media_with_effusion#252408004)

## Equality Impact Assessment Report Template

Your Equality Impact Assessment Report should demonstrate what you do (or will do) to make sure that your function/policy is accessible to different people and communities, not just that it can, in theory, be used by anyone.

- |    |                                             |                                                                                                                                                                                                             |
|----|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Name of policy or function                  | NHS Worcestershire Insertion of Ventilation tube through the Tympanic Membrane (Grommets) Policy                                                                                                            |
| 2. | Responsible Manager                         | Christina Emerson, Head of Acute Commissioning                                                                                                                                                              |
| 3. | Date EIA completed                          | 22 <sup>nd</sup> July 2010                                                                                                                                                                                  |
| 4. | Description of aims of function/policy      | To provide guidelines to patients and clinicians in both primary and secondary care on the medical/clinical requirements against which a Grommet procedure will be funded on the NHS within Worcestershire. |
| 5. | Brief summary of research and relevant data | Not Applicable                                                                                                                                                                                              |
| 6. | Methods and outcomes of consultation        | Not Applicable                                                                                                                                                                                              |

### Results of Initial Screening or Full Equality Impact Assessment

Initial or Full Equality Impact Assessment?	Full Equality Impact Assessment
Equality Group	Assessment of Impact
Race	Low
Gender	Low
Disability	Low
Age	Low
Sexual Orientation	Low
Religion or Belief	Low
Human Rights	Low

7. Decisions and or recommendations (including supporting rationale) - **Not Applicable**
8. Equality action plan (if required) - **Not Applicable**
9. Monitoring and review arrangements (include date of next full review) – **see front sheet**

Department	Acute Commissioning
Directorate	Delivery
Director	Mr Simon Hairsnape
Report produced by and job title	Ms Chris Emerson, Head of Acute Commissioning
Date report produced	August 2010
Date report published	August 2010