Interim Clinical Commissioning Policy: Grommets (Children & Adults)

Agreed: November 2013
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**Interim Clinical Commissioning Policy: Grommets**

**Document Purpose:**

The set of non-specialised commissioning policies have been agreed by NHS England’s Clinical Priority Advisory Group (CPAG) and approved by the Directly Commissioned Services Committee (DCSC) as interim policies for those populations we directly commission services for (namely the Serving Armed Forces & some families and those in detained settings).

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**Contact Details for further information:**

Andy Bacon  
Assistant Head of Armed Forces Health Commissioning  
NHS England  
Skipton House, London  
SE1 6LH  
amedforceshealth@nhs.net

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Interim Clinical Commissioning Policy

Grommets (Children and Adults)

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Policy Statement

NHS England will commission Grommets in accordance with the criteria outlined in this document.

In creating this policy NHS England has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

This policy document outlines the arrangements for funding of this treatment for patients where NHS England directly commissions this service.

Equality Statement

NHS England has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. NHS England is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

Plain Language Summary

Glue ear is a common childhood condition in which the middle ear becomes filled with fluid. The medical term for glue ear is otitis media with effusion. Grommets can help drain fluid out of the middle ear.

1. Introduction

Grommet insertion is regarded as a procedure of low clinical priority and therefore not routinely funded by the Commissioner.
2. Criteria for commissioning

### A. Children

NHS England will fund treatment with grommets for children with otitis media with effusion (OME) where:

OME persists after a period of at least three months watchful waiting from the date that the problem was first identified by the GP to the date of referral.

AND

The child is 3 years or older.

AND

There is hearing loss of at least 25dB, particularly in the lower tones (low frequency loss) and evidence of a disability as a result of this hearing loss with either:

- Delay in speech development
- Educational or behavioural problems attributable to the hearing loss.

OR

A significant second disability that may itself lead to developmental problems e.g. Down’s syndrome, Turner’s syndrome or cleft palate.

NHS England will fund treatment for grommets in children with acute otitis media when there have been at least 5 recurrences of acute otitis media, which required medical assessment and/or treatment, in the previous year.

### B. Adults

NHS England will fund grommets in adults with OME only in the following circumstances:

Significant negative middle ear pressure measured on two sequential appointments AND significant ongoing associated pain.

OR

Unilateral middle ear effusion where a post nasal space biopsy is required to exclude an underlying malignancy.

The clinician proposing this intervention will make the decision to treat based on the criteria set out above.

If the patient does not fully meet this criteria the clinician may submit an application for exceptional funding

An annual audit will be completed to confirm that patients have been treated in accordance with these criteria.

3. Evidence Base

This procedure is considered to be of limited clinical value