Wiltshire CCG will fund referral to secondary care for myringotomy in adults when the referral criteria are met as stated below. (Prior approval is not required when these criteria are met.)

**Background**

Grommet insertion in adults is an operation, usually under local anesthesia, for the treatment of Otitis media effusion (build up of fluid behind the eardrum), Meniere’s disease, persistent Eustachian tube (tube linking middle ear with throat) dysfunction causing ear pain and a severe retraction pocket within the eardrum.

Insertion of grommets in adults is a less common procedure than in children, primarily because adults benefit from certain changes in the anatomy of the middle ear that occur after childhood. In particular, the adult ear is less likely to accumulate fluid because the Eustachian tube lies at about a 45-degree angle from the horizontal and the force of gravity helps to keep fluids from the throat containing disease organisms out of the middle ear.

Adults with very narrow Eustachian tubes may experience barotrauma, also known as barotitis media (earache caused by unequal air pressure on the inside and outside of the eardrum), in relation to scuba diving, using elevators, or frequent flying. Grommet insertion may be performed if barotrauma is not helped by decongestants or antibiotics.

The outcome of otitis media with effusion (OME) is less clear in adults, than children. Many patients with adult-onset OME have underlying pathology that could lead to recurrence of OME following ventilation tube extrusion. In addition the underlying pathology needs investigation to exclude atopy or malignancy.

Grommet insertion in adults is a procedure with limited or no evidence of effectiveness and/or only effective within a limited threshold range. The Department of Health uses a basket of five procedures as an indicator of excess surgical activity. Inserting grommets is one of these procedures.
Referral Criteria

NHS Wiltshire CCG will fund referral to secondary care for grommet insertion in adults which fulfil the following criteria: (in these instances prior approval is not required)

The patient has Otitis Media with Effusion causing measured conductive hearing loss, persisting for at least 6 months and resistant to medical treatments. The patient must be experiencing disability due to deafness. The possible option of a hearing aid may be discussed, at the discretion of the clinician

OR

The patient has persistent Eustachian tube dysfunction resulting in pain (e.g. flying)

OR

As treatment for Meniere’s disease

OR

The patient has severe retraction of the tympanic membrane, if the clinician feels this may be reversible and reversing it may help avoid erosion of the ossicular chain or the development of cholesteatoma

References

This policy has been informed by:


NHS Institute for Innovation and Improvement. NHS Better Care, Better Value Indicators: Surgical thresholds indicators at http://www.productivity.nhs.uk/Indicator/613/For/National/And/25th/Percentile accessed 01.11.2011
Criteria Based Access (CBA)

Treatments identified as having CBA will not be funded unless the patient meets certain pre-defined clinical criteria. Where reviewing clinicians can evidence that the patient meets the CBA criteria the patient can proceed for treatment without any requirement for GCCG funding approval. If the patient does not meet the criteria for funded treatment, then a request could be made for funding through the IFR process, but only if there is clear evidence that the patient’s clinical circumstances or condition are exceptional.

Assessment of the patient against the relevant CBA criteria can be made at any point in the patient pathway prior to treatment, but should be undertaken at the earliest possible stage in the pathway once the need for a CBA procedure has been identified. This means that assessment against the CBA criteria will usually be made by the referrer prior to referral, but may also be made by the secondary care clinician following triage or initial assessment in secondary care.

All providers of NHS care also have a responsibility for ensuring that CBA procedures are only undertaken where the relevant clinical criteria are met. On any occasion where a provider undertakes CBA activity where the patient does not meet the relevant criteria, that provider will not be paid for the associated activity. If a provider receives a referral for a CBA procedure that does not include evidence to demonstrate that the patient meets the necessary criteria the provider should not undertake the procedure until the provider is assured that the patient meets the necessary criteria, and may reject the referral if appropriate.