**PRIOR APPROVAL REQUEST  
  
Insertion of grommets, adenoidectomy, adenotonsillectomy   
and tonsillectomy**Hertfordshire and west Essex Evidence Based Intervention policies can be viewed at  
<https://www.hweclinicalguidance.nhs.uk/clinical-policies>

Academy of Medical Royal College’s guidance

National Evidence Based Intervention policies can be viewed at  
<https://www.aomrc.org.uk/ebi/clinicians/grommets-for-glue-ear-in-children/>   
<https://www.aomrc.org.uk/ebi/clinicians/removal-of-adenoids-for-treatment-of-glue-ear/>   
<https://www.aomrc.org.uk/ebi/clinicians/tonsillectomy-for-recurrent-tonsillitis/>

**Please complete and return this form along with clinic letter/supporting evidence to:**

For west Essex patients [priorapproval.hweicb@nhs.net](mailto:priorapproval.hweicb@nhs.net) Tel: 01992 566150

For Hertfordshire patients [priorapproval.hweicb@nhs.net](mailto:hweicbwe.funding@nhs.net) Tel: 01707 685354

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| **Patient consent** | This application has been discussed with the patient and the patient consents to relevant information being shared with the ICB. | Please tick |

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| **Date form completed** |  |
| **Urgency** | Routine (5 working day turnaround time)  Urgent (2 working day turnaround time)  **Note: An urgent request is one in which a delay may put the patient’s life at risk.**  **Turnaround times commence the working day after receipt of the funding application** |
| **Patient details**  **Please complete all or attach patient sticker** | Name: Date of birth: - - / - - / - - - -  Address:  Telephone number:  NHS No:  Hospital No:  GP Name: Practice: |
| **Applying Clinician’s details** | Consultant Name: Hospital/Organisation:  Contact details:  (Including email) |
| **Declaration** | I declare that the information provided is, to the best of my knowledge, true and I am aware that this procedure may be subject to clinical audit. |
| **Grommets for glue ear in children** | Child has had a specialist audiology and ENT assessment |
| Persistent bilateral otitis media with effusion over a period of 3 months  **OR** |
| Hearing level in the better ear of 25-30dbHL or worse averaged at 0.5, 1, 2, & 4kHz  **OR** |
| Persistent bilateral OME with a hearing loss less than 25-30dbHL where the impact of the hearing loss on a child’s developmental, social or educational status is judged to be  significant  **OR** |
| Child cannot undergo standard assessment of hearing thresholds and there is clinical and tympanographic evidence of persistent glue ear and where the impact of the hearing loss  on a child’s developmental, social or educational status is judged to be significant |

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| **Grommets in Adults** | Patient has had an ENT assessment, and specialist audiology    Grommet insertion is only funded for adults with disabling conductive hearing loss due to middle ear effusions, who meet one of the following criteria: |
| Persistent bilateral otitis media with effusion (OME)  documented over a period of 3 months (watchful waiting)  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).  [during this time, auto inflation should be offered as part of self-care and purchased ‘over the counter’],  plus, investigation and treatment of underlying causes has been completed without improvement in hearing, **OR** |
| Acute suppurative otitis media documented and adequately treated by the GP recurring 3 or more episodes in 6 months, or 4 or more episodes in 12 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** |
| Treatment for Meniere’s disease where other non-surgical treatments have not  resolved the problem over a period of 3 months.  **OR** |
| As part of major middle ear surgery (e.g., mastoidectomy) **OR** |
| Hearing loss post-radiotherapy where hearing aids are not clinically appropriate **OR** |
| Unilateral hearing loss as part of post-nasal space biopsy procedure, where deemed  clinically necessary by the surgeon |
| **Re-insertion of Ventilation Tubes for adults** | A ventilation tube has been inserted and fallen out, requiring insertion of a second or  subsequent ventilation tube, and the patient meets one of the above criteria (including the requirements for ‘watchful waiting’). |

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| **Adenoidectomy**  **with grommet insertion** **for the treatment of** **glue ear**  (Children only) | The child has persistent and / or frequent nasal obstruction which is contributed to by  adenoidal hypertrophy (enlargement) **OR** |
| The child is undergoing surgery for re-insertion of grommets due to recurrence of  previously surgically treated otitis media with effusion **OR** |
| The child is undergoing grommet surgery for treatment of recurrent acute otitis media. |

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| **Removal of adenoids** | As part of treatment for obstructive sleep apnoea or sleep disordered breathing in children  (e.g., as part of adenotonsillectomy) **OR** |
| As part of the treatment of chronic rhinosinusitis in children **OR** |
| For persistent nasal obstruction in children and adults with adenoidal hypertrophy **OR** |
| In preparation for speech surgery in conjunction with the cleft surgery team |

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| **Tonsillectomy**  **for recurrent tonsillitis** | Sore thoats are due to acute tonsillitis  **AND** |
| The episodes are disabling and prevent normal functioning  **AND** |
| The patient has suffered 7 or more **documented**, clinically significant,  adequately treated sore throats in the preceding year  **OR**  Five or more such episodes in each of the preceding two years  **OR**  Three or more such episodes in each of the preceding three years  THIS MUST BE EVIDENCED |

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| **For patients where the criteria are not met and it can be demonstrated that there is an exceptional healthcare need, an Exceptional Case Request form can be submitted to the IFR team.** |

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| **Shared decision making** | Patients should be supported with their decisions. Resources that can support implementation of shared decision making can be found on the NHS England website:  <https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/> |

**HWE ICB Fitness for Elective Surgery policy criteria**

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| **If this patient is aged 18 or over include the following information:** | |
| **Smoking status** | Never smoked  Current smoker  Ex-smoker – date last smoked: - - / - - / - -  For patients who currently smoke or have stopped smoking less than 8 weeks ago, please tick to show that you have made your patient aware that they will need to have stopped smoking or switched to e-cigarettes for at least 8 weeks prior to surgery |
| **Measurements** | Height: ……….cm Weight: …………kg BMI ………. kg/m²    **BMI >40 –** Patientsare expected to reduce their weight by 15% or BMI <40 (whichever is greater).  **BMI 30-40 -** Patients are expected to lose 10% of their weight or reduce BMI to <30.  If the patient has already achieved their target weight loss in the last 9 months, please give details of previous recorded measurements and the date recorded by clinician or, attach referral coversheet from GP or community provider.  Previous Weight: ……….kg Previous BMI ………… kg/m²  Date measured - - / - - / - - - - % weight reduction = ………….  For surgery other than hip, knee or spinal, where the patient’s BMI is 30 to 40 and metabolic syndrome has been actively excluded in the last 18 months, please attach copy of evidence from GP or Community referral form.  At 9 months, if the patient has not met their target weight and/or stopped smoking, they should be reassessed for their need for- and fitness for- surgery.  See the Fitness for Elective Surgery policy at  <https://www.hweclinicalguidance.nhs.uk/clinical-policies/fitness-for-surgery/> |