Resource impact summary report

Resource impact
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This guideline update covers the treatment of children younger than 12 years who have otitis media with effusion (OME), also known as 'glue ear' and replaces the former NICE guideline on otitis media with effusion in under 12s: surgery (CG60, published in February 2008).

Most of the recommendations in the updated guideline are consistent with current clinical practice and will not represent any change locally. However, some of the recommendations may represent a change to current local practice and require additional resources to implement. The size of the resource impact will need to be determined at a local level and will depend on service configurations and future uptake of the recommendations. Benefits derived from the change in practice may help offset some of the additional costs.

Based on the health episodes statistics data for England (NHS Digital, 2023), table 1 shows the number of new cases of OME and the surgical interventions performed for hearing loss as an alternative to hearing aids.

Table 1: Cases of OME in children under 12 and the procedures performed

Procedure	2017/18	2018/19	2019/20	2020/21	2021/22
New cases of OME	11,816	10,258	8,641	1,465	2,718
Grommet implant	12,825	11,200	9,570	1,545	2,975
Adenoidectomy	4,235	3,770	3,285	605	1,170
Adenoidectomy and grommet implant	4,020	3,610	3,130	560	1,095

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Clinical experts suggest there may be an increase in the number of procedures carried out to address waiting lists created during the COVID-19 pandemic.

Depending on current local practice, recommendations which may require additional resources and result in additional costs include:

- Recommendation 1.3.3 - advise parents and carers at the 3-month audiology reassessment to seek reassessment by the audiology service after a further 3 months if there is unilateral hearing loss. This may have a capacity impact on audiology services depending on local practice. Clinical experts suggest that in some areas audiology services may or may not accept direct referrals. The tariff for audiometry or hearing assessment is £122 per person (HRG CA37B) for ages between 5 and 18 years, and £144 per person (HRG CA37C) for under 5 years old (2023-25 NHS Payment Scheme). The costs may be offset by potential savings associated with earlier identification of recurrent hearing loss and avoided downstream costs from delayed treatment.
- Recommendation 1.4.1 – consider air conduction hearing aids and bone conduction devices for children with OME-related hearing loss. The new recommendation suggests no restriction to the use of air conduction hearing aids and bone conduction devices compared to the previous guideline which provided for hearing aids only when surgery was contraindicated or not acceptable. The availability of hearing aids and devices as an alternative intervention to surgery may result in a significant increase in their uptake. There are costs associated with air conduction hearing aids and bone conduction devices, their fitting and on-going support. The costs may be offset by potential savings associated with reduced surgeries.
- Recommendation 1.6.11 – perform a post operative hearing test 6 weeks after surgery for OME, and:
  - if hearing loss has not resolved: consider a 1-year follow up with a hearing test if there are concerns a potential recurrence of hearing loss could be missed. Follow up is likely to be with an audiology service. The tariff for audiometry or hearing assessment is £122 per person (HRG CA37B) for ages between 5 and 18 years, and £144 per person (HRG CA37C) for under 5 years old (2023-25 NHS Payment Scheme). The costs may be offset by potential savings associated with earlier identification of recurrent hearing loss and avoided downstream costs from delayed treatment.
  - if hearing loss has not resolved: consider an individualised follow-up plan if the child has an increased risk of unrecognised OME with hearing loss (for example, children with a learning disability or craniofacial anomalies). Clinical experts suggest that the recommendation aligns with better vision and hearing care in special schools. Also, children with Down syndrome have annual hearing tests as part of usual care and often have teams around the child at special school or community paediatric services. They may also access audiology services or GPs who would often expect individualised care plans for this cohort of children. The costs and savings are variable and should be assessed locally.

Implementing the guideline may lead to:

- earlier recognition and provision of appropriate treatments of OME. This may have a positive impact on a child's overall development, behaviour and wellbeing, which then has the potential to reduce downstream costs.
- reduced surgeries and the associated inpatient stays because of the potential increase in the use of hearing aids as an alternative to ventilation tubes.

These benefits may provide some savings to offset some of the potential costs identified above.

OME services are commissioned by integrated care boards. Providers are NHS hospital trusts, GPs and primary care providers.