# The Review of Clinical Policies for Lancashire and South Cumbria Clinical Commissioning Groups (CCGs) – Frequently Asked Questions (FAQs)

Supplementary FAQ's

These frequently asked questions are supplementary to the FAQ's already identified as part of the clinical policy review process.

## Policy for commissioning photorefractive surgery for the correction of refractive error (laser eye surgery to correct common sight problems)

#### What is refractive error?

Refractive error is a collective term used by clinicians to describe common eyesight problems such as short-sightedness (myopia), long-sightedness (hyperopia) and astigmatism, blurred vision resulting from an irregularly curved cornea. These common eyesight conditions all relate to the shape of the eye and how it bends light to reach the retina (refraction) and are collectively known therefore, as refractive error.

### What is photorefractive surgery?

Photorefractive surgery is a general term that covers several different laser eye surgery procedures or techniques. These procedures use laser surgery to correct the common refractive errors such as short-sightedness mentioned above. Which procedure or technique is used depends upon a combination of factors such as the condition of the eye, which procedure would work best and patient choice.

#### Why won't the NHS fund these procedures?

The policy explains the reasoning behind the decision not to fund these procedures on the NHS. Only people who satisfy certain, usually income related, conditions receive NHS funding for sight tests or towards the cost of glasses or contact lenses. In addition, laser eye surgery is far more expensive and carries with it several risks. It is very rare that anyone cannot correct their vision wearing glasses or using contact lenses. Choosing to have laser eye surgery is therefore, usually a matter of convenience, practicality and/or cosmetic appearance. It is not a clinical requirement.

# Policy for the management of Otitis Media with Effusion (OME) using grommets (the treatment of glue ear for children under 12 using grommets)

#### What is Otitis Media with Effusion?

Otitis Media with Effusion (OME), also commonly known as glue ear, is a condition where fluid collects in the space of the middle-ear without there being signs of acute inflammation. It is the most common cause of hearing impairment in children and

although it usually resolves itself, in cases where it persists a few complications can result.

### What are grommets?

Grommets are small ventilation tubes inserted into the ear during a surgical procedure to allow the circulation of air in the middle ear and prevent the build-up of fluid. As with all surgery there are risks and possible complications and grommets will, therefore, only be inserted following assessment by a specialist (Ear, Nose and Throat – ENT). Grommets are left in place for a long period and usually work their way out of the ear over time. On occasion, further grommets may need to be inserted.

### Why is the policy only aimed at children under 12 years of age?

Otitis media with effusion (glue ear) tends to affect younger children, being most common with children between the ages of 2 and 5. It is less common with older children with only a small percentage of cases occurring in children between the ages of 10 and 12. The clinical evidence does not support the use of grommets to treat older children or adults with a similar condition.

## Why is there a section of the criteria dedicated to children with Down's syndrome or children with a cleft palate?

Although many children may get OME, children with Down's syndrome and children with a cleft palate are two of the most susceptible groups. In addition, these two groups are even more vulnerable to the developmental, educational and behavioural complications that can result from the hearing impairment OME can cause in very young children. As a result, the policy identifies that children from these groups who are suspected to have OME should be referred to specialists immediately.