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NHS
Worcestershire Acute Hospitals
NHS Trust

FAST TRACK GROMMET PATHWAY
ADVANCED CLINICAL PRACTITIONER

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

The Advanced Clinical Practitioner (ACP) fast-track grommet clinic has been developed to streamline the care pathway for children aged 2 to 12 years who present with persistent Otitis Media with Effusion (OME) and are referred for consideration of grommet insertion. Traditionally, these patients face significant delays between audiology referral and their first ENT consultant appointment. During this time, children may experience ongoing hearing loss that can negatively impact speech and language development, social interaction, and educational attainment. The ACP clinic addresses this delay by introducing dedicated review appointments for eligible children, where the ACP, working at an advanced level of clinical autonomy, reviews audiological findings, discusses the risks and benefits of grommet surgery with parents or carers, explores alternative management options, and provides pre-operative information. This innovative model ensures timely access to surgical intervention, reduces pressure on consultant services, and enhances outcomes for paediatric patients.

This guideline is for use by the following staff groups:

- Advanced Clinical Practitioners (ENT and Audiology)
- ENT consultants
- Paediatric Audiologists

Abi Clevely	Advanced Clinical Practitioner, ENT and Audiology
Approved by Audiology Governance on:	21st July 2026
Approved by Medicines Safety Committee on: *Where medicines are included in document.*	N/A
Review Date: This is the most current document and should be used until a revised version is in place	21st July 2029

Key amendments to this guideline

Date	Amendment	Approved by:
	New Document	
July 2026	No changes to document	Audiology Governance Meeting

Clinical Guidelines for ACP Fast-Track Grommet Pathway

1. Purpose

To provide a streamlined, Advanced Clinical Practitioner (ACP) clinical pathway for children aged 2 to 12 years diagnosed with Otitis Media with Effusion (OME), aiming to reduce the time between audiological assessment and surgical intervention with grommet insertion.

2. Scope

These guidelines apply to paediatric patients between 2 and 12 years old referred from audiology for ENT consideration of grommet surgery as a primary treatment for persistent OME.

- Exclusion Criteria: Children under the age of 2 should be referred directly to Birmingham Children's Hospital for specialist management.

3. Background

Traditionally, children referred from audiology to ENT for OME management may wait up to 12 months for an initial consultant appointment. During this time, untreated hearing loss associated with OME can adversely affect speech and language development, academic performance, and social engagement. This ACP model introduces additional clinical capacity to reduce waiting times and expedite access to surgery where indicated.

4. Clinical Pathway

4.1 Referral and Triage

- Paediatric audiologists refer children aged 2–12 years with persistent Otitis Media with Effusion (OME), meeting NICE guidelines (NG233: *Otitis media with effusion under 12s*), to the ACP ENT clinic.
- Referrals are submitted to the designated 'Referral to ENT' inbox located within all audiology offices and are reviewed on a weekly basis.
- The Advanced Clinical Practitioner (ACP) is responsible for triaging all incoming referrals to confirm clinical suitability and pathway compliance. Once approved, appointments are automatically scheduled through the Electronic Referral System (ERS).

4.2 ACP Consultation

During the consultation, the ACP will:

- Review audiological findings and ENT referral details.
- Conduct a clinical history and symptom review.
- Explain the risks, benefits, and alternatives to grommet surgery to parents or carers.
- Offer and discuss alternative management options, including:
  - Temporary hearing aids
  - Conservative observation
  - Bone conduction hearing aids (where appropriate)
- To support informed decision-making, provide patients and their families with clear, evidence-based written information. The following resources should be offered as part of standard practice:
  - **ENT UK Grommet Leaflet**

    A decision-making aid designed for parents to understand the grommet procedure and associated considerations.

    [Key Document: AUD-PAED-33]
  - **Myringotomy and Grommets – WAHT Patient Information Leaflet**

Locally approved patient information detailing the procedure, risks, benefits, and aftercare. [Key Document: WAHT-PI-0717]

- Obtain verbal consent to list the child for grommet surgery for the treatment of OME. The consent process is completed and confirmed on the day of surgery.
  - Pros: Improved hearing
  - Cons: Need for general anaesthetic/ bleeding/ infection/perforation/ not permanent (may require further treatment in the future)

Risks of Grommet Surgery:

- Infection: There is a small risk of post-operative ear infections following grommet insertion. These are usually mild and treatable with topical or oral antibiotics.
- Persistent Perforation: In some cases, the eardrum does not heal after the grommet falls out, which may require further surgical intervention.
- Otorrhoea (Ear Discharge): Some children may experience recurrent or chronic ear discharge while the grommet is in place.
- Blocked or Dislodged Grommet: Occasionally, the grommet can become blocked or fall out earlier than expected, potentially leading to recurrence of OME symptoms.
- Hearing Fluctuations: While the majority of patients experience improved hearing, some may have fluctuations or limited benefit.
- Anaesthetic Risk: As with any procedure requiring general anaesthesia, there are small associated risks, particularly in very young children or those with comorbidities, which the anaesthetist will discuss on the day of surgery.

4.3 Surgical Listing and Follow-Up

- Children who meet the criteria and whose parents/carers consent to surgery are listed directly for grommet insertion.
- Those opting for alternative treatments are managed accordingly with appropriate follow-up or onward referral.

5. Benefits

- Significantly reduced waiting times between diagnosis and surgical intervention.
- Improved developmental outcomes through timely management of hearing loss.
- Reduced burden on ENT consultant clinics.
- Enhanced patient and family satisfaction through efficient care delivery.

6. Governance and Training

- ACPs involved in this pathway must be trained and competent in paediatric ENT and audiological assessment.
- Clinical activity will be audited regularly to ensure quality, safety, and adherence to national and local guidelines.
- Consent processes will align with local Trust policies and GMC/NMC professional standards.

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Children listed for surgery are suitable candidates based on their audiometry and tympanometry values.	Spot checks of audiograms/tympanometry values	10 times a year	Abi Clevely	Results to be presented at local Audiology governance meeting	Twice per year
	Patient information is up to date	Monthly check of patient information date	Monthly	Abi Clevely	Out of date information will be raised to ENT governance meeting	When needed

References

[You should include external source documents and other Trust documents that are related to this Policy. All references should be 'Harvard' referenced, e.g.:

1. ENT UK. (2025) Grommet leaflet: A decision-making aid for parents. ENT UK.
2. National Institute for Health and Care Excellence (NICE), (2023) Otitis media with effusion under 12s (NG233). NICE.
3. Myringotomy and Grommets – WAHT Patient Information Leaflet

Contribution List

This key document has been circulated to the following individuals for consultation:

Designation
Edward Southan
Mr Steven Lewis
Jessica Scully

This key document has been circulated to the chair(s) of the following committee's / groups for comments:

Committee
ENT governance
Audiology Governance

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Abi Clevely	Advanced Clinical Practitioner	abigail.clevely1@nhs.net
Date assessment completed	14.05.2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: New service design			
What is the aim, purpose and/or intended outcomes of this Activity?	Ensure safe clinical guidelines exist for the creation of a new clinic in ENT			
Who will be affected by the development & implementation of this activity?	❑ ❑ ❑ ❑	Service User Patient Carers Visitors	❑ ❑ ❑ ❑	Staff
Is this:				

	❑ New activity
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	RTT times in ENT- breaching and new RTT waiting time imposed by new government has resulted in new activity needed to reduce numbers Pilot of ACP clinic data collected by myself over a 3 year period of the potential impact this service could have on ENT wait times
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Discussed with clinical director, head of audiology, working with quality transformation team (led by Oli Schoolcraft), digital transformation (Steven Price), Zoe- Scott Lewis, Laura Manners, QIA Panel
Summary of relevant findings	Safe and efficient

Section 3
Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	x			Children under the age of 12 with OME will have a streamlined entry into ENT for grommet surgery without a lengthy wait to see a consultant prior to be listed for surgery.
Disability		x		No impact
Gender Reassignment		x		No impact
Marriage & Civil Partnerships		x		No impact
Pregnancy & Maternity		x		No impact
Race including Traveling Communities		x		No impact
Religion & Belief		x		No impact

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sex		x		No impact
Sexual Orientation		x		No impact
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		x		No impact
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		No impact

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	No risks identified	.		
How will you monitor these actions?	Audit			

When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	Annually

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	AECLEVELY
Date signed	12.5.25
Comments:	
Signature of person the Leader Person for this activity	AECLEVELY
Date signed	12.5.25
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.