

**Derbyshire PLCV Referral Form**

**Grommets in Otitis Media with Effusion Policy  
(Children)**

**THIS FORM MUST BE COMPLETED IN FULL AND ATTACHED WITH THE APPROPRIATE CLINICAL INFORMATION TO THE E-REFERRAL SERVICE**

**“PLCV: - DERBYSHIRE PRIOR APPROVAL PROCESS: Children’s Ear, Nose and Throat\_RAS”**

**REFERRALS WITHOUT FORMS WILL BE REJECTED**

Patient details	Referring GP details
Surname	Referring GP
Forename(s)	Practice name
Address	Practice address
Post code	Post code
Date of birth	Telephone number
NHS Number	GP practice code

Patient Consent	
	Mark or tick boxes below to confirm
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.	<input type="checkbox"/>
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.	<input type="checkbox"/>
Please confirm that you have given PLCV patient leaflet to the patient	<input type="checkbox"/>

<b>Part A - PLCV Criteria</b>	<b>At least ONE must apply</b>
<p>Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value, has deemed grommets should be commissioned for Children over the age of two, who have bilateral otitis media with effusion (OME) that persists after a period of at least three months of watchful waiting from the date that the problem was first identified by the GP to the date of referral. During this time, auto inflation should be offered as part of self-care and purchased 'over the counter' in those children thought to tolerate the procedure (usually at least 3 years old). If these do not improve symptoms, children can be referred if they meet one of the following criteria:</p>	
<p>There have been at least 5 recurrences of acute otitis media, which required medical assessment and/or treatment in the last 12 months. In cases of recurrent OME, adjuvant adenoidectomy is not recommended in the absence of persistent and/or frequent upper respiratory tract symptoms.</p>	<input type="checkbox"/>
<p>There is hearing loss of at least 25-30dB in the better ear (pure tone audiometry findings averaged across all four tones).</p>	<input type="checkbox"/>
<p>There is evidence of delay in speech development; educational or behavioural problems attributable to the hearing loss or a significant second disability that may itself lead to developmental problems (such as Down's syndrome, Turner's syndrome or a cleft palate).</p>	<input type="checkbox"/>

<b>Additional clinical information that may have a bearing on the application</b>

<b>Additional Patient Information</b>	<b>BOTH must apply</b>
<p>This patient is willing to undergo a surgical procedure should it be offered.</p>	<input type="checkbox"/>
<p>I have discussed with the patient the fact they will be referred for a possible procedure but there is no guarantee that a surgical intervention will be the required outcome following the consultation with the secondary care specialist.</p>	<input type="checkbox"/>

<b>Prior Approval No</b>	
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<b>Patient Choice of Provider</b>	
First Choice:	[Manually enter provider name]
Second Choice:	[Manually enter provider name]

I confirm that the patient meets the current clinical guideline/policy for referral for the procedure.

Name of referrer: \_\_\_\_\_ Date: \_\_\_\_\_

**Part B – Reason for referral**

Salutations:	Dear colleague,
Preamble/context:	Macro to insert last consultation
	Thank you, Dr. XXX (insert your name here)

Problems - This needs to be auto pulled from the GP system

**Relevant SH & FH:**

Date to be included	Single Code Entry: Tobacco consumption
Smoking status	Single Code Entry: Alcohol consumption
Alcohol	Single Code Entry: Occupations
Occupation	Single Code Entry: Ethnic category - 2001 census
Ethnicity	Single Code Entry: Military veteran
Veteran?	
<b>Freetext:</b> Detail which might assist timely discharge:	

Medication – Date to be included. The GP’s need to have the option to EDIT this once it has been populated.

Allergies – Date to be included . The GP’s need to have the option to EDIT this once it has been populated.

**Useful values:**

<b>BP</b> Single Code Entry: O/E - blood pressure reading Date	<b>Pulse rate</b> Single Code Entry: O/E - pulse rate	<b>Height</b> Single Code Entry: O/E - height	<b>Weight</b> Single Code Entry: O/E - weight	<b>BMI</b> Single Code Entry: Body mass index	<b>HbA1C</b> Date
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Please embed any attached items here.

Please note any individual patient requirements here (e.g. Wheelchair user).