WELSH HEALTH CIRCULAR

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STATUS: ACTION

CATEGORY: PERFORMANCE/DELIVERY / POLICY

Title: EARS, NOSE AND THROAT FOLLOW UP GUIDELINES
The Welsh ENT Board has developed a guidance document for ENT follow up conditions

Date of Expiry / Review June 2018

For Action by:
Local health boards
NHS trusts

Action required by:
September 2017

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Enclosure(s):
ENT Follow up guidelines
The Planned Care Programme has been established to deliver sustainable services across scheduled care in Wales. The Programme is focusing upon five key specialities – orthopaedics, ophthalmology, ENT, urology and dermatology.

In February 2016 a Welsh ENT Board was established to address the action needed to ensure the development of a sustainable service. One of the actions within the Welsh ENT Planned Care Implementation Plan is to reduce variation across health boards and deliver a prudent service for ENT across Wales. The plan indicates that follow-up appointments for the majority of ENT patients should only be given where absolutely necessary, releasing secondary care capacity.

The follow up guidelines have been agreed by the Welsh ENT Board for health boards to implement to ensure that all follow ups are managed in accordance with the guidance.

Regards

Alun Tomkinson
Welsh ENT Board chair

Peter Lewis
Clinical Lead
Planned Care Programme
ENT follow up guidelines – July 2017

EARS

a) Mastoids: The follow-up period for post-op mastoids should be brought down from 5 years to 3 years. Some mastoid cavities don’t require any care and should be discharged (These will include dry and stable cavities with minimal wax production). Others will need dewaxing at intervals and these should be seen as a new patient in an out patient clinic.
b) Myringoplasty: First follow-up to remove the pack. Second follow-up at 3/12 for post-operative audiogram and then discharge.
c) Grommets: One post-operative follow-up at 6/52 for audiogram and then discharge.
d) Chronic conditions e.g. Otitis externa should be managed in new patient clinic after one visit.
e) Normal Magnetic resonance imaging (MRI) / Internal Auditory Meatus (IAMs) – no follow up appointment is required. The patient and the GP should receive appropriate communication by letter from the consultant.

NOSE

a) Post-operative surgery e.g. septoplasty / nasal polypectomy / functional endoscopic sinus surgery (FESS), one post-operative follow-up is required and then the patient should be discharged.
b) Nasal cautery: Patients to be discharged after the first visit.

THROAT

a) For benign throat symptoms (no red flag) with normal examination e.g. globus, treat accordingly and discharge.
b) Patients needing speech therapy can be discharged unless a follow up appointment is specifically requested by the speech therapists.
a) Clinically benign neck lumps with no significance, based on clinical expertise, can be discharged. If UltraSound Scan is clear, a letter can be issued with no need for a clinic follow-up.

1 First issued in RGH in 2013

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