

February 2024

Letter to RNID:

Following on from our mutual concern about the lack of accessible ear wax removal services I assume you are aware of a pilot project run by NHS SW London ICB using community pharmacists, which has treated (for free) over 5,000 patients for ear problems including ear wax removal and hearing assessments easing the workload of GPs. Sounds too good to be true and I wondered what your view is. I note that the pilot is due to end in March with no pledge from ICB to roll it out. See details: <https://pharmaceutical-journal.com/article/news/more-than-5000-patients-treated-for-ear-problems-under-community-pharmacy-pilot>

Best wishes

Maggie Winters

(Keep our NHS Public, Oxfordshire)

Reply:

It's an interesting question, and to be really honest I'm not sure I'm going to be able to give as informed answer as I would like to.

The short answer is that we are very open minded on where and how ICBs commission wax removal services, and agree that pharmacy could be a part of this.

One of the interesting findings from our report was that amongst those ICBs who told us that they fully commission wax removal services there were a number of different models. Around a half of whom commissioned this via each and every GP practice in their area – which would be the traditional or old-fashioned method (and I don't say old fashioned in a pejorative way). Amongst the other options was for GPs to federate so one practice offers it on behalf of a cluster, some use of pharmacies (as per your example) and some areas are commissioning treatment from private sector providers; either from high-street audiology services, or different options from consortiums which supply primary care services.

One of the things we haven't done in our report is designate a correct way of commissioning. We understand the financial pressures that ICBs are under, and therefore accept that the old fashioned provision in each GP practice might not be sustainable.

We are aware of the trials and pilots going on in pharmacy services. It doesn't originate within RNID, but there is some scepticism about these services within some of the professional bodies representing audiology. Those concerns occur around the training that is provided for staff delivering the service in pharmacy: both because ear wax removal is a slightly invasive procedure which can cause harm, and the need to understand the opportunities to spot problems or issues when clearing the ear canal and when to refer patients onto secondary care. We are awaiting some of the evidence from the pilot with interest.

The conclusion is that we don't have a definitive position to push the pharmacy model as an answer – but in our conversations with ICBs we are highlighting it as one of the options for commissioning.