Preventable Hearing Loss in Oxfordshire

A report from Keep Our NHS Public Oxfordshire

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Ear Wax removal in Oxfordshire

Introduction

It is estimated that one in five people[1] in the UK suffer from significant hearing loss (greater than 25 dBHL). In Oxfordshire this would equate to around 130,000 people

Ear wax removal is a common procedure to improve hearing affected by a blockage in the ear canal. It is also a critical precursor to other audiology and ENT[i] work, including assessment of hearing loss, so it is more important than it sometimes seems.

RNID (The Royal National Institute for Deaf People) says:

- Hearing loss can lead to withdrawal from social situations, emotional distress, and depression. Research shows that it increases the risk of loneliness, but only for those who don't wear hearing aids.
- Hearing loss can increase the risk of dementia by up to five times, but evidence also suggests that hearing aids may reduce these risks.
- Many more people could benefit from hearing aids than are currently doing so – only around 40% of people who need hearing aids have them.
- Evidence suggests that people wait on average 10 years before seeking help for their hearing loss and that when they do, GPs fail to refer 30–45% to NHS audiology services.
- People unable to have wax removed privately may attempt to remove it themselves. This has serious safety implications. The NICE guideline for hearing loss specifically advises against inserting small objects into your ear to remove wax.

Before any assessment of hearing loss is made the ear canal needs to be clear of excess wax. This can often be done by applying wax softening drops for a period prior to the hearing assessment. Sometimes, however, drops fail to clear the wax and other measures need to be taken – usually electronic ear irrigation or microsuction.

Electronic ear irrigation[ii] is a procedure using a flow of low pressure warm water via a specialised electronically controlled ear irrigator to remove the earwax blockage. Ear microsuction does not use water. Instead, a surgical microscope provides the practitioner with a magnified view of the ear canal and a tiny vacuum cleaner and/or tiny instrument is used to clear the wax without touching the canal walls. While neither method is totally risk

[i] Audiology and ENT are often confused or used interchangeably. Audiology includes assessment of hearing and balance problems as well as looking after all those patients who use NHS hearing aids. ENT covers a much wider range of problems of the head and neck, including ear, nose and throat.

[ii] There is also a good deal of confusion about the terminology used in ear wax removal. Syringing and irrigation are often used interchangeably. The RNID says manual syringing is now widely regarded as unsafe and shouldn't be offered, however it does sometimes get confused with "electronic irrigation".

free, ear irrigation is considered safe for most people but ear microsuction is considered safer for people who have complications such as ear infection or perforated ear drum. These methods are not freely or universally available on the NHS and patients can pay anything from £55 to well over £100 to have ear wax removed privately.

If people do not have ear wax removed they cannot have a hearing assessment and therefore cannot be prescribed hearing aids. They will have then to continue to live with the debilitating effects of hearing loss outlined above. This is unjust, unfair and contrary to the principles of the NHS. It could lead to a deterioration in their health and wellbeing and result in further demands on the NHS. As the case studies below show it is also wasteful of patients' and professionals' time and can involve the patient in having to pay significant fees for what is essentially a simple, straightforward service which would be very cost effective for the NHS to provide free of charge at primary and community care level as well as at secondary level when required for specialist care.

The current guidance on removing ear wax

All authorities seem to recommend using drops to soften the wax before any additional intervention takes place.

National Institute for Health and Care Excellence (NICE) is clear in its guidance (2018)[2] and quality standard QS185 (2019)[3] that NHS should provide ear wax removal at primary (GP) and community care level: "Offer to remove earwax for adults in primary care or community ear care services if the earwax is contributing to hearing loss or other symptoms, or needs to be removed in order to examine the ear or take an impression of the ear canal". They advise against manual syringing and suggest considering "ear irrigation using an electronic irrigator, microsuction or another method of earwax removal (such as manual removal using a probe) for adults in primary or community ear care services."(NG98 2018)

Department of Health and Social Care (England) and NHS England

The government has confirmed in answer to a parliamentary question on 24 September 2020 [4]that ear wax removal is no longer a "core service", which means it is not included in the GP contract which is negotiated between NHS England (NHSE) and the British Medical Association (BMA). Instead NHSE have placed the responsibility for commissioning GP ear wax removal services firmly in the hands of local Clinical Commissioning Groups.

NHSE's own guidance recognises the extent of hearing loss and its impact on individuals. In 2018 NHSE published a framework for Commissioning Services for People with Hearing Loss[5]. It states: "Hearing problems are a growing challenge across society with over nine million people in England living with some form of hearing loss which impacts on their ability to fully participate in society. The scale of this issue requires a broad response from the health and care system and beyond" The framework "is intended to support local

commissioners with their commissioning of non–specialist1 services for people with hearing loss (the single biggest cause being age-related) across a spectrum of providers, to improve quality, access and consistency to benefit those people who need to use hearing loss services.

Oxfordshire Clinical Commissioning Group (OCCG). OCCG official guidance is similar to NICE. OCCG also advise when to refer to secondary care Ear, Nose and Throat (ENT) services. They also say "Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status" (Policy No. 305 (TVPC88)[6]). However, no funding is available from the CCG for ear wax removal for patients who require it prior to a routine hearing assessment at an audiology clinic.

The only circumstance under which the CCG will provide funding for removal by GPs is "Aural toilet[iii] (to be) carried out in the (GP)practice at the request of secondary care (hospital) providers in advance of, and specifically for the purposes of an upcoming ENT outpatient attendance" for which they will be paid £15.30 (OCCG Service Specification 2020/21[7]) This is confusing as we are reliably informed that the ENT department does not require a GP to do this because ENT themselves will remove the wax. The confusion could be due to a typing error whereby an "ENT outpatient attendance" should have read "audiology outpatient attendance". This needs clarifying urgently.

Royal College of General Practitioners (RCGP)

The RCGP has recognised the impact hearing loss can have on patients' health and well-being and has recently produced a hearing loss toolkit to help raise awareness amongst GPs. Some of the patient comments in the case studies below indicate that this support for GPs is clearly needed in many cases. Unfortunately, this has not yet translated into universal provision of ear wax removal services within primary care. The pressures on GPs brought about by the COVID situation has made matters worse and the RCGP itself has advised[8] that "ear syringing (sic)" should be in the lowest priority category and suggests GPs "can advise to continue use of olive oil or arrange privately at a high street provider". GPs are thus being put in the invidious position of advising patients to pay for treatment which should be freely available on the NHS.

Stratford-on-Avon GP Dr Jonathan C Radford makes a strong argument for increased community based ear suction[9], outlining the cost, training and safety issues that need to be considered.

[iii] Another confusing term associated with ear irrigation. Aural toilet is where a thin instrument with a small hoop at one end is used to clean the ear and scrape out the ear wax. It also includes microsuction.

The advice coming from these various authorities is often contradictory. All acknowledge the importance of safe earwax removal, all recognise the impact hearing loss has on people's wellbeing, yet all imply, either by omission or lack of clarity that providing the service freely on the NHS is not important.

The situation in Oxfordshire

Although ear wax removal is not covered by the GP contract some, but certainly not all, GPs in Oxfordshire were providing ear wax removal before the COVID pandemic struck. Because of COVID infection concerns it seems no one is currently providing the service at either primary or secondary (hospital) level.

In response to the following questions from a patient: "How many GPs in Oxfordshire provide ear microsuction , is there a list of said GPs, and how many trained staff are there" the CCG responded saying: "…unfortunately the CCG does not hold the data you have requested. You could perhaps try asking NHS England who commission primary care / GP services, they might be able to assist you." (Email AW 24.11.2020)

This seems to suggest that while OCCG pays for certain wax removal procedures in certain circumstances it doesn't seem to know whether or where they are provided or who provides them, despite recognising in its guidance that these services are required.

NHSE were contacted with the same questions and in addition "Please can you inform me whether ear microsuction is available on the NHS, and if so, where in Oxfordshire. If it is not available on the NHS what is a person who requires it supposed to do if they cannot afford to have it done privately". The answer was: "NHS England does not hold information in relation to your request. This information may however be held by individual GP practices. As such, you may wish to redirect your enquiry to individual GP practices. You can find GP practice information, organised by Clinical Commissioning Group (CCG) on the NHS.uk website".

So NHS England suggest patients should phone round GP practices to find out where they can get (mostly non-existent) help,

If the GP does not provide it then patients have to resort to private providers at a cost of £55 - >£100 unless the GP refers them to ENT.

Meanwhile the ENT department at the John Radcliffe Hospital has equipment to provide ear microsuction for their own patients with complex ear problems requiring specialist treatment. However, medical staff there are frustrated that they are seeing patients (referred to them by GPs) whose problems do not require a specialist service but who *do* require ear wax removal simply in order to have a hearing assessment. Clearly this is not a sensible use of specialist resources and, as NICE has so clearly pointed out, the service is better provided at primary care level. The situation is compounded by a shortage of trained

staff and what trained staff there are being moved to other duties. We understand that the ENT department has communicated this to OCCG.

Henley MP John Howell says:

"Ear wax removal services are commissioned at a local, rather than national level. I understand that ear irrigation is not stipulated within the General Medical Services contract, and as such it is up to the GP or qualified nurse to assess the patient and determine whether ear irrigation is the best course of action; this can be ear drops, micro suction, irrigation, or no further intervention. Irrigation may not be the safest option for ear wax removal, so many practices do, as you note, offer microsuction instead as a lower risk alternative……. I do believe that most surgeries will resume their former operations once the danger of the current pandemic is over. However, I will of course bear your concerns in mind. "(Email 13.12.2020)

The MP seems to have been misinformed - firstly (as pointed out above) electronic (but *not* manual) irrigation is considered to be perfectly safe in most cases. Secondly, many practices in South Oxfordshire certainly do *not* offer either ear irrigation or microsuction. RNID comments*:* "Even before the pandemic people had been in touch with us regarding issues they were having accessing ear wax removal in Oxfordshire. Furthermore, it is possible that GP surgeries will look to continue the digital first approach they have taken up during the pandemic, which could result in the reduction or removal of wax services".

It appears almost impossible to get NHS electronic irrigation or microsuction in a primary care setting. Specsavers claim that no GPs in Oxfordshire provide this and they are currently expanding their service to cope with the increased demand. Few GPs provide ear irrigation and none are doing so during COVID. One surgery who previously provided it said they could not say when or if they will resume irrigation and are unlikely to be able to make a decision "any time soon". GPs are suggesting to patients that they can get their wax removed privately. Apart from the cost to the patient the problem with this is that privately provided services are poorly regulated. It is a matter of great concern that NHS provision of ear wax removal services during the COVID pandemic is considered to be dangerous because of the risk of transmitting the virus, but apparently this is not the case with privately provided services. The Care Quality Commission (CQC) seem to have carried out very few inspections and while there are a number of professional bodies associated with audiology that offer guidance, training courses and qualifications, it is not clear what standards are required of private providers before they can practice. A further concern is the potential for conflicts of interest for NHS staff providing private services in addition to their NHS work. This could be exacerbated by the increasing demand for private ear wax removal services brought about by the lack of NHS provision.

Nine Case Studies in Oxfordshire[iv]

Case study 1

November 2020 *Elderly man in South Oxfordshire with severe hearing loss who wears hearing aids required hearing assessment.* (Email 07.12.2020)

"Since I couldn't use the surgery (*no longer doing syringing*), I was reluctant to go to a private clinic for something that might well turn out to be completely unnecessary (*because previously oil drops had sometimes cleared the ear wax*) . It turned out that I was wrong and there was quite a lot of wax, which meant booking another appointment and finding somewhere to get the wax removed. I had the impression that the audiologist would have fitted me with new hearing aids there and then, having done a hearing test, but because she discovered quite a lot of ear wax, I had to book another appointment. And before that, I needed to get the wax removed. This wasn't as easy as I expected. Several places I tried didn't have any appointments available for a couple of months, but eventually I found a clinic in Littlemore that did have availability, so I booked an appointment for a few days later to give time to do the olive oiling. Private clinics all seem to use what they call "micro-suction", which appears to be a standard syringe with a long (probably quite blunt) needle to suck the wax out, which in my case took no time at all and hardly appeared to justify the £80 I was charged……. I'm fortunate that I didn't have to take out a mortgage to pay for that, but I can imagine that it would make things difficult for some. Of the places I tried, the range of prices varied from £55 to well over £100, so £80 isn't out of line. ……

1. I don't know if, once "normality" returns, the surgery will resume doing ear wax removal. If not, it will result in a lot of inconvenience and significant expense to patients and (as in my experience) waste of presumably expensive audiologist's time.

2. There is a need for a rapid screening facility to see if wax needs to be removed to avoid wasted time of both clinical staff and patients.

3. Assuming that the surgery resumes wax removal, micro-suction, rather than syringing (which appears to be an inappropriate term), seems to have a lot of advantages to both the surgery and patients. It's presumably safe or wouldn't be so commonly available, much quicker and less messy and much less uncomfortable." (Email 07.12.2020)

Case Study 2

November 2020 *Elderly man in South Oxfordshire with worsening hearing loss in one ear*
"When T went to the GP surgery a couple of months ago to have his ears looked at because he had hearing loss he was told to use drops to clear the wax (which he had already been

[iv] Most of these case studies were in South Oxfordshire but it is reasonable to assume that a more thorough trawl across the county would result in similar stories.

doing for several weeks) before the doctor referred him to the Royal Berks Audiology department for an ear test. The doctor mentioned getting ear suction privately but we thought the RBH would provide this. It turns out they don't. The audiologist at the RBH said he couldn't do a test because T's left ear was blocked. The audiologist then wrote to the GP and asked him to arrange to have the wax removed but the result of that was another instruction from the GP to keep using the ear drops. So we're just going round and round and wasting everyone's time and T is still deaf in one ear.

After many phone calls we discovered that the Aural Care Department at the John Radcliffe Hospital in Oxford provide ear microsuction on the NHS but a referral from your GP is required. (Email 07.12.20)

Case Study 3

November 2020 *Older woman in South Oxfordshire with sudden hearing loss post COVID*

"I have experienced ear blockage for about 20 years and it has required suctioning in my ears about once a year. In between times it can be eased for a while with oil drops but eventually it needs doing. Providing I have had the experienced nurse or HCA at (the surgery) it has been fine and they have concluded that because of my very narrow tubes and the particular shape of them it would be very unlikely to naturally disperse wax in my left ear. On a couple of occasions I had it done by less experienced staff and ended up with infections.

I experienced COVID symptoms in March /April and from then on I was extremely congested both in my head and ears. I tried everything to clear it with oil and Sudafed for congestion but the pharmacist recommended I see the GP which I had been trying to avoid during lockdown. I eventually had to contact the GP about another problem requiring antibiotics and asked her to examine my ears which she confirmed were both totally blocked with wax. I explained that I had been using drops for many weeks but she said to continue and then said 'Haven't you got an ear bulb syringe?' She seemed very surprised that I hadn't and gave me a printout sheet from the surgery about ear drops and recommended I purchase a bulb syringe from Amazon. She was clearly not mentioning an appointment for syringing and was obviously under pressure given the COVID regulations at the time.

I duly sent off for the syringe and continued with olive oil drops but needed N's help to implement the procedure involving boiled water but trying to avoid it being too hot or too cold. After a first session of this on a stool in the garden I felt some level of relief but my hearing was very impaired and we were on full volume with the TV. After another couple of weeks I restarted the oil and suggested that we try another session.in the hope of clearing the remainder. This time I am not sure if the water may have cooled a little too much but afterwards I felt as though my head was full of water and there was no improvement at all.

At this point I was debating whether to tackle the surgery again but convinced myself I was unlikely I would get assistance so looked on line and came up with Specsavers. They were very helpful but the earliest appointment I could get was 3 weeks later at their Oxford branch when they said they would assess and microsuction both ears for £55 if required and then call me back again if they thought I needed a hearing test. (I was totally convinced it wasn't a hearing problem but sinuses and ear blockage all round).

Facemask and sanitiser in hand I tackled a trip to Oxford and although it was a very small room for the clinician and me - (no social distancing space) I found the young man very professional. They had a machine that enabled you to see the wax in your ears and where it was and he explained the procedure and did the right ear first successfully. The left ear was much more difficult and he explained that as a result of the bulb syringing, which he would not advise, the pressure of the water had pushed the wax all over the ear drum and he could only remove a limited amount. He advised further oil using an olive oil spray rather than drops for a period of 2 weeks as a spray can be aimed at the right spot more easily and demonstrated on the picture what he could see. He further advised that if it did not resolve at that point I should ask the GP to refer to ENT who have even more specialist equipment to deal with it. He also confirmed there was no need for a hearing test and did not try to sell me hearing aids.

He confirmed that NHS England had refused to let the GPs continue with treatment for ear wax and Specsavers are rapidly expanding their training and staffing to meet the demand.

Two weeks afterwards I was fine and am endeavouring to continue the spray once or twice a week to try to keep it in check. It was a thoroughly miserable experience because I just couldn't hear a things for several months.

When I was working as a social worker with elderly people it was something that was totally isolating and demoralising for them and it was difficult to persuade GP's of the importance even then and it was 7 years ago when I retired. It disrupts communication with carers and isolates people from the normal world apart from the sheer discomfort of feeling disconnected and blocked. I would certainly recommend the treatment I had but unless there is a process for those on pension credit to access it there is as you say a further privatisation of essential treatment which ultimately costs more to other services long term. For example social work visits to sort out communication issues, family getting exasperated by lack of hearing and loud radio and TV. and the impact of that." (Email 10.12.20)

Case Study 4

November 2020 *Woman in South Oxfordshire with burst eardrum*

"I have a friend who suffered a burst eardrum and therefore must have microsuction. She can attend the OUH for free but because of queue to get into car park in normal times she

chooses to pay £90 for it to be done privately in Wheatley. I suspect she is not the only patient who cannot face the car park problems (she also has to take other dependent/frail relatives for treatment at the OUH so is really fed up with going there) or who cannot access the OUH for other logistical reasons.

I wondered if ….the CCG would consider removing some (NOT all) of the funding for microsuction at the OUH and use it to provide specially trained people to work within the PCNs across the practices and make it mandatory for the PCNs to offer this, unlike at present. Also, add in that for housebound patients the treatment should be carried out in their homes assuming their GP approves this. It seems accepted that dementia worsens with lack of social interaction and social interaction is reduced if people cannot hear so the CCG ought to take this seriously. If a PCN can employ social prescribers then surely a person could be employed to restore hearing." (Email 10.12.2020)

Case Study 5

December 2020 *Man with dementia and long standing hearing loss in a South Oxfordshire residential home*

"I have had a terrible time with my friend with dementia, now in a care home. He has missed his regular visit to the JR because of COVID and his only working ear was clogged up, putting him in a lot of distress. The JR would have seen him as an emergency but the home would then have isolated him for 14 days. I got a private appointment but they cancelled after one of the carers in the home tested positive. At the recent SELF meeting, Janet mentioned a lady who has set herself up to do microsuction at the Surgery and in peoples' homes. She came out and all is well". (Email 18.12.2020)

The person referred to in case study 5 is an HCA from Henley who used to carry out syringing for one of the surgeries there. She realised the need and purchased herself a microsuction machine and now offers it privately "at home and in clinic" for £75 (advertises in the Henley Standard).

Case Study 6

December 2020 *An elderly lady in South Oxfordshire with existing hearing loss and aids in both ears*

"My Mother has hearing aids in both ears, historically she attended a clinic at Wallingford Hospital, since April this has moved to Townlands in Henley a return trip of 1 hour with limited bus services.

In February 2020 she lost a hearing aid, a mold was taken but she did not get the hearing aid until September. The hearing aid did not fit well and within a month it had fallen out and was lost.

A follow up appointment at Henley at the end of October for a new mold to be taken was abortive due to too much wax in her ears. The practitioner recommended she use Sodium Bicarbonate ear drops daily and a further appointment was made for mid-November. This appointment too was abortive as the ear wax had not cleared, it was recommended that she get the wax physically removed.

On enquiry (at her surgery) indicated they no longer provide an ear wax removal service and she would have to find a private practitioner. Calls were made to Specsavers branches in Oxford, Reading, Abingdon, Didcot and Newbury none of which could offer an appointment before the end of January. Specsavers price is £55.

Finally an appointment was made with Leightons in Reading for 9 December, cost £95. The practitioner easily cleared the wax in both ears and immediately noticed that her remaining hearing aid was incorrectly fitted with an overlong tube. Since this has been corrected the hearing aid has fitted well, stays in place and is far more comfortable.

On 11 December a new mold was finally taken at Henley. Her new hearing aid is to be sent in the post in the New Year.

We have made four trips to Henley and one to Reading and my Mother should finally receive her new hearing aid in January. Despite having very limited vision she will have to put the new hearing aid together and fit it herself.

This whole process has been very frustrating and stressful for my Mother and she has spent most of the year with only one working hearing aid which was poorly fitting and uncomfortable." (Email 22.12.2020)

Case Study 7

September 2020 *An older man in Oxford*: "Four or five years ago I had to pay for microsuction at the JR in order to proceed with ear testing. I later talked my GP into authorising it on the NHS. The punchline is that the two procedures were done by the same nurse in the same place. The final bit is that the Director of the NHS unit and the owner of the private company are the same person!

I had an NHS appointment at the JR for 30 December 2019, which was cancelled with promise of a future date, which didn't happen.

I desperately need the removal. I have now been vaccinated, so I feel safe to proceed. I don't know if I will go back to the Audiology unit or just go to another private company. (Email 24.01.2021)

Case Study 8

August 2020 *A young man of 15 in Oxford* whose hearing was severely compromised by wax, was told by the local surgery that they couldn't help and that he should get it done in the high street or buy a device for removing wax from the internet. His mother acquired a device for £10 that looked something like a bulb baster that is inserted into the ear. This squirts water into the ear and then sucks it out together with the wax. This worked for the young man but he has ongoing problems with ear wax. This raises three issues. The repeated accumulation of ear wax could be masking an underlying condition and it seems wrong that the GP should not request a more thorough examination, in this case of someone who is a minor. Secondly, since when should children have to pay for ear wax removal? Thirdly, while in this case the device acquired seemed to help, there is no guarantee that items sold on the internet could further damage the ear canal. NHS advice is not to insert anything into the ear, but what are people supposed to do when no safe service is provided by the NHS? (Email 15.02.21)

Case Study 9

2019 *An elderly man in South Oxfordshire*

"Ear wax removal is a critical pre-cursor to other audiology work, so it's more important than it sometimes seems. I had a hearing problem about two years ago. I went to our local Health Centre and saw a nurse who looked into my ears with a light probe thing. She said that one ear had a major ear wax problem, but that the health centre no longer removed ear wax. They used to in the past.

She said that an ear wax removal service came to the health centre every now and again and they would do it she gave me a number to ring, which was not answered. I had been unable to get any idea of the cost or frequency of this service from the health centre. I independently contacted "The Hearing Clinic" in Henley and they said that they would remove the wax for £60. I went there and received a pretty efficient service in expensively fitted out office accommodation.

My hearing was improved, but still below par, so I got a referral to the Berks NHS audiology service at the RBH. Treatment there was very good and I was fitted out with a pair of hearing aids.

Our health centre website does not mention earwax and I notice that the NHS website is pretty ambiguous about it.

I have heard that GP surgeries had such old equipment and poor training that they were doing more harm than good. If this is correct then the advice to buy some kind of device from Amazon and stick it in your ear sounds disastrous."(Email 01.03 21)

Conclusion and Recommendations

1. These case studies resulted from a word of mouth request for patients' stories to just two or three people. This suggests that the problems they outline must be much more widespread and it is important that a more thorough survey of patient experience of access to ear wax removal services is carried out to establish the need in Oxfordshire, and also what needs to be done to satisfy this need.
2. Failure to provide a freely accessible service has significant Implications for inequalities. For some people paying for ear wax removal might not be a big issue. For others it is prohibitive and can result in misery, mental distress and worse. This is clearly a service that impacts on both physical and mental health and as such should be free to everyone. The NHS is not yet a means tested service but it is in danger of becoming one.
3. The official guidance from NHSE is clear that hearing loss needs to be properly addressed. This cannot be done without a free and easily accessible service for ear wax removal. The obvious setting for this is the GP surgery. The service should be nationally commissioned and included in the GP contract. In the meantime, given the clear need for the service in Oxfordshire, OCCG should immediately begin work with GPs to decide how best to organise GP wax removal services - for example through the newly formed Primary Care Networks – and commission them accordingly. At the same time arrangements must be put in place to recruit and train staff.
4. The lack of provision in primary care means that patients who desperately need ear wax removed but otherwise whose ear health is normal are sometimes referred to ENT departments where capacity is limited and needs to be restricted to those patients who have complications. This is a misuse of resources and of the skills of highly trained professionals.
5. Extra resources should be allocated to the John Radcliffe Hospital ENT department so that ear wax removal treatment can be resumed at a level that meets the specialist needs of both the department itself and, until a service in primary care level is set up, those of patients referred by GPs. This includes addressing the issue of extreme difficulties in staff recruitment and remuneration.
6. OCCG should investigate the potential for conflicts of interest arising from the opportunities for private provision consequent on the lack of NHS provision
7. Outsourcing audiology makes it very difficult to provide coordinated care, which only an NHS provided service can do. Audiology needs to be brought back fully into the NHS.
8. The case studies show that there is much confusion around this issue. While guidance is clear, policy and implementation are not. Much depends on what GP practices offer. They are under no obligation to provide a service because they are not commissioned to do so except under OCCG's confusing Service Spec 2020/21 mentioned above (page 5).
9. Finally, the COVID pandemic has exacerbated the situation. Access to what few free ear wax removal services were available has been halted. People affected by this cannot receive an assessment and treatment. They are therefore quite likely to be suffering from depression, cognitive decline and/or isolation. Action needs to be taken **now** to

put in place a GP based ear wax removal service, freely available to patients with properly trained staff and safe equipment, which can be in place when the pandemic is under control. Unless we do this there will be repercussions for NHS services and potentially a major healthcare crisis as a result of unmet need.

References

[1] RNID Royal National Institute for Deaf People. Facts and Figures. 2018 https://rnid.org.uk/about-us/research-and-policy/facts-and-figures/

[2] Hearing loss in adults: assessment and management NICE guideline [NG98] Published date: 21 June 2018 https://www.nice.org.uk/guidance/ng98/chapter/Recommendations

[3] Hearing loss in adults. Quality standard [QS185] Published date: 10 July 2019 . https://www.nice.org.uk/guidance/qs185/chapter/Quality-statement-1-Earwax-removal

[4] UK Parliament Written questions, answers and statements. Earwax: Medical Treatments. Question for Department of Health and Social Care. UIN 90063, tabled on 15 September 2020. https://questions-statements.parliament.uk/written-questions/detail/2020-09-15/90063

[5] NHS England. Commissioning Services for People with Hearing Loss: A Framework for Clinical Commissioning Groups. 2016. https://www.england.nhs.uk/wp-content/uploads/2016/07/HLCF.pdf

[6] Thames Valley Priorities Committee Commissioning Policy StatementPolicy No. 305 (TVPC88)Management of Earwax. March 2019. https://www.oxfordshireccg.nhs.uk/professional-resources/documents/commissioning-statements/305-Management-of-Earwax.pdf

[7] Oxfordshire Clinical Commissioning Group. OCCG SERVICE SPECIFICATION (2020/21) Procedures requested by secondary careproviders: blood tests (prior to outpatient attendance) and aural toilet (prior to ENT attendance) https://www.oxfordshireccg.nhs.uk/professional-resources/documents/primary-care/locally-commissioned-services-2020-21/Procedures-Requested-by-Secondary-Care-LCS-2020-21.pdf

[8] BMA and RCGP. Version 8 10 Apr 2020. RCGP Guidance on workload prioritisation during COVID-19. https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2020/covid19/RCGP-guidance/202003233RCGPGuidanceprioritisationroutineworkduringCovidFINAL.ashx?la=en

[9] Jonathan C Radford. BJGP Open 2020; 4 (2): bjgpopen20X101064. DOI: Treatment of impacted ear wax: a case for increased community-based microsuction. https://doi.org/10.3399/bjgpopen20X101064