# BLOCKED EARS

# BLOCKED ACCESS

## The Crisis of NHS Ear Wax Removal in England

RNID Supporting people who are deaf, have hearing loss or tinnitus

# CONTENTS



# FOREWORD

The distress caused by ear wax is rarely appreciated by those who have never experienced it.

The National Institute for Health and Care Excellence (NICE), who provide guidance to health and care professionals, recommend that ear wax removal services should be provided by the NHS in local settings. Why then are people finding it so difficult to have ear wax removed locally by the NHS?

Questions have been raised in Parliament about why people with ear wax are being referred to hospitals, resulting in long waiting times with expensive and inefficient use of specialist services. The alternative for individuals is often to pay a private clinic, essentially a ‘tax on wax’. This applies to my own father, elderly and relying on hearing aids, as well as people on low incomes.

RNID is to be applauded for its ongoing campaign. Its investigations have revealed that less than half of Integrated Care Boards (ICB), who plan and deliver health and social care, are following NICE guidance on ear wax removal.

This new report is a clarion call. Remove the postcode lottery, follow NICE guidance, and improve the quality of life for two million people who need ear wax removed each and every year, often on multiple occasions.

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# EXECUTIVE SUMMARY

- **Ear wax removal** is a service that is vital for people's quality of life and wellbeing. **Where people are unable to access timely NHS wax removal services**, they can experience painful and distressing symptoms, be denied essential audiological care or diagnosis, or experience poor mental health.
- **NHS ear wax removal availability must be based on a person's need**, not on where they live, or their ability to pay for it.
- **Until 2019, most adults in England** experiencing ear wax build-up could visit their GP surgery to have it removed.
- **Yet a 2022 RNID survey of people** who had experienced wax build-up showed two-thirds of people had been told that ear wax removal was no longer available on the NHS. Over a quarter added that they could not afford to pay for private ear wax removal.
- **New RNID research** reveals that less than half of local commissioners are ensuring that this service is available to all adults where there is clinical need, in line with National Institute of Health and Care Excellence (NICE) guidelines.
- **People experiencing wax build-up** are typically advised to use ear drops or sprays in the first instance. However, there is little evidence that this will resolve the issue for more than a fifth of people.
- **Public-facing NHS information on self-management** of ear wax build-up is often incomplete, potentially unsafe, and not based on evidence.
- **To address this national and systemic failure**, which is letting down patients in most parts of England, there is a need for an **urgent Governmental review of NHS provision.**

RNID is calling for:

- Government intervention to ensure patients with a clinical need for ear wax removal have access to timely local NHS provision, regardless of where they live.
- Commissioners to investigate the different delivery models in use, or innovate new approaches, to create cost-effective models that meet people's needs.
- Commissioners to ensure their ear wax removal providers are meeting contractual obligations, and that patient-facing staff are aware of availability of services and access criteria.
- NHS England to publish improved patient information about the self-management of ear wax and ensure that GP surgeries share consistent, safe and evidence-based information with their patients.



# BACKGROUND

Ear wax removal is not a luxury, a "nice to have", or a cosmetic procedure. It is a service that is vital for people's quality of life and wellbeing. Where people are unable to access timely NHS wax removal services, they can experience painful and distressing symptoms, be denied essential audiological care or diagnosis, or experience poor mental health. All of this is avoidable.

Until 2019, most people who needed ear wax removal were able to access this at their GP surgery. More recently however, people have increasingly found that their GP surgery no longer offers this service, leaving them with the option to either seek private removal, with a cost typically ranging from £50-100, or attempt to manage ear wax themselves.

There is no medical reason for the widespread withdrawal of this service, and as older people and hearing aid users are more likely to be affected, an ageing population means that demand will only continue to increase. In fact, NICE guidelines, evidence-based recommendations for health and care in England, specifically state that ear wax removal should be offered to adults by GP surgeries and other local non-hospital services when needed[1].

Following RNID intervention and several MPs speaking about the issue in Parliament, NHS England wrote to all local commissioners in June 2022, reminding them of the NICE guidelines. It asked them to ensure that GP surgeries not providing wax removal can refer patients to appropriate local NHS services if their symptoms persist when they have been following self-care advice. However, our research carried out in the summer of 2023 indicated that less than half of commissioners have services in place that adhere to those NICE guidelines.

This systemic failure of local commissioning prompts our call for Government intervention to ensure patients have access to those local NHS services. Ear wax removal is a vital service to support the quality of life and wellbeing of millions of people. Too many of them are expected to spend money they don't have at a time when the cost of living continues to rise, or simply put up with the entirely reversible consequences of blocked ears.

***"It (wax removal) made a huge difference to my hearing and quality of life. I'm a sociable person, I volunteer at a food bank, I'm part of an art group and cook for a lunch club, and I love the cinema; all these rely on me being able to hear properly."***

# WHY WAX REMOVAL MATTERS

The existence of ear wax is ordinarily a good thing. It is a normal, oily substance that helps protect the outer ear. For most people, ear wax moves out of the ear naturally over time, however for some people it builds up and requires professional removal. Around 2.3 million people across the UK require professional ear wax removal every year2. Furthermore, older people, hearing aid users, and people with learning disabilities are disproportionately affected3.

If troublesome ear wax is not removed, it can lead to symptoms that include hearing loss, tinnitus, and earache. A recent symptom survey of people who had accessed an NHS wax removal service showed that hearing difficulty accounted for 86.5% of those seeking removal, with half of those also reporting additional symptoms4.

**2.3 MILLION**
**people across the UK require professional ear wax removal every year**

*"I am still waiting for final hearing aid fitting as this has been delayed due to my ear wax."*

These symptoms are easily reversed by professional removal. Unmanaged hearing loss alone can have a marked adverse effect on relationships, social engagement, and mental health5. It is also associated with decreased physical activity6, and a threefold increase in risk of falls for older people7. Failure to provide wax removal services will lead to a decline in the quality of life and wellbeing of an affected person, as well as increase the burden on other parts of the NHS.

Significant ear wax build up can also delay or prevent essential hearing care or diagnosis by hospital audiology departments, of which many do not have the facility or capacity to remove ear wax. Indeed, the number of people waiting for an audiology assessment in England has increased by 98% since 20198. Costly cancelled and rearranged appointments, as well as frustration for the patient, are often consequences of a patient attending with blocked ears.



# WHAT NHS EAR WAX PROVISION EXISTS IN ENGLAND?

*"Continued hearing loss and distress until my GP referred me over a year later, after I was crying in pain and using a notepad to communicate."*

A 2022 RNID survey of people who had experienced ear wax build-up, revealed that two thirds of respondents had been told that ear wax removal was no longer available on the NHS[9].

In light of the findings of our survey, we decided to research the availability of NHS ear wax removal services in line with NICE guidance. We submitted Freedom of Information (FOI) requests to all 42 Integrated Care Boards (ICBs) in England in August 2023. ICBs are the local bodies responsible for commissioning most NHS services.

At the time of writing, we had received usable responses from 40 ICBs to a series of questions designed to establish what services they are commissioning, where they are available, and any criteria that patients must meet to access those services.

The responses we received fit seven broad commissioning scenarios.

**2/3** **of respondents had been told that ear wax removal was no longer available on the NHS**

*"I have to turn my hearing aid volume up and I still miss a lot of conversation. In the past, before I realised how quickly wax accumulates, I have had times when my hearing has failed completely due to the wax."*

## SCENARIO 1: The ICB said it commissions ear wax removal services in line with NICE guidance throughout its geographical footprint

**18** of the responding ICBs stated that their commissioning corresponds with the guidance. Half of these commission the service through all GP surgeries within their footprints, often as part of a wider contractual package of other services that are not 'essential services' under a surgery's main contract.

There is variation in how these surgeries deliver on their contracts. In some ICB areas, any surgery that is not signed up to these contracts can refer their patients to a buddy practice that is signed up. In one area there is an inter-referral option which is assumed to be similar. Some services are delivered at primary care network (PCN) level, meaning that perhaps only one practice within a network provides the service, but all other network members can refer their patients to that practice.

Other ICBs contract the service to community services delivered by private providers, Any Qualified Provider (AQP) audiology services, and GP federations, available to patients via GP referral. However, many AQP audiology services that do offer NHS wax removal, have strict eligibility criteria and will generally only offer this service to their existing or prospective NHS hearing aid patients.

## SCENARIO 2: The ICB said it commissions GP surgeries to deliver ear wax removal services, but not all practices choose to sign up

**Two** ICBs responded that they offer a contract for these services to all surgeries, but not all choose to sign up. One stated that 82 of its 90 surgeries were signed up, the other that 67 of 97 surgeries were signed up, with the remaining 30 being 'in development' - the inference being that they will follow suit in time. This is the second-best scenario but nonetheless falls short of NICE guidance.

## SCENARIO 3: The ICB said it commissions ear wax removal services in more than half of the 'places' within its geographical footprint

**Four** ICBs stated that they commission in a majority of 'places', meaning smaller areas within their footprints, including one where the service is commissioned in five out of six places. This scenario is likely a result of 'places' broadly representing the footprint of the now defunct clinical commissioning groups, with one explicitly stating that this was the case. However, no responses suggested an intention to address the inconsistent provision this scenario throws up.



## SCENARIO 4: The ICB said it commissions ear wax removal services in half or fewer 'places' within its geographical footprint

**Four** ICBs reported that they commission services in a minority of their 'places'. As with scenario 4, none indicated an intention to address this.

## SCENARIO 5: The ICB said it commissions ear wax removal services in half or fewer 'places' within its geographical footprint, but not all GP practices within those places choose to sign up

Essentially a variation on scenario 4, **two** ICBs stated that they commission services in half or fewer of their 'places' but, even within the places where it is commissioned, not all GP practices have chosen to sign up to deliver the service.

**Note: No response was received from Greater Manchester ICB. A belated response from Lancashire and South Cumbria ICB indicated that there is some provision in line with NICE guidelines, but not enough information was provided to establish to what extent.**

## SCENARIO 6: The ICB said it commissions ear wax removal services in all or part of its geographical footprint, but with restrictive criteria which does not comply with NICE guidance

**Two** ICBs responded that at least part of their provision is for patients over the age of 55 only, excluding patients who don't fit this criterion. A third ICB stated that microsuction only is available at primary care network level in one 'place', but that it is only available to patients who cannot self-manage, citing those with learning disabilities as an example. The assumption here is that all other patients must seek private treatment.

## SCENARIO 7: The ICB said it does not commission ear wax removal services in primary care or community settings at all

**Seven** ICBs responded that they do not commission these services at all, with most providing no information beyond that. Two spoke of just referring to hospitals, although in one case, this requires the patient to document two unsuccessful attempts at irrigation which must, presumably, have been paid for privately. Finally, one ICB said it had carried out a clinical review and simply decided the service was not needed.

# ICB FREEDOM OF INFORMATION ACT RESPONSES BY COMMISSIONING SCENARIO

## SCENARIO 1: Fully Commissioned as per NICE guidance

1. Bristol, North Somerset and South Gloucestershire
2. Cambridgeshire and Peterborough
3. Coventry and Warwickshire
4. Derby and Derbyshire
5. Devon
6. Gloucestershire
7. Kent and Medway
8. Lincolnshire
9. Norfolk and Waveney
10. North East London
11. Northamptonshire
12. Nottingham and Nottinghamshire
13. Shropshire, Telford and Wrekin
14. Somerset
15. South East London
16. Staffordshire and Stoke-on-Trent
17. Surrey Heartlands
18. Sussex

## SCENARIO 2: Optional commissioning for all GP surgeries, not universally taken up

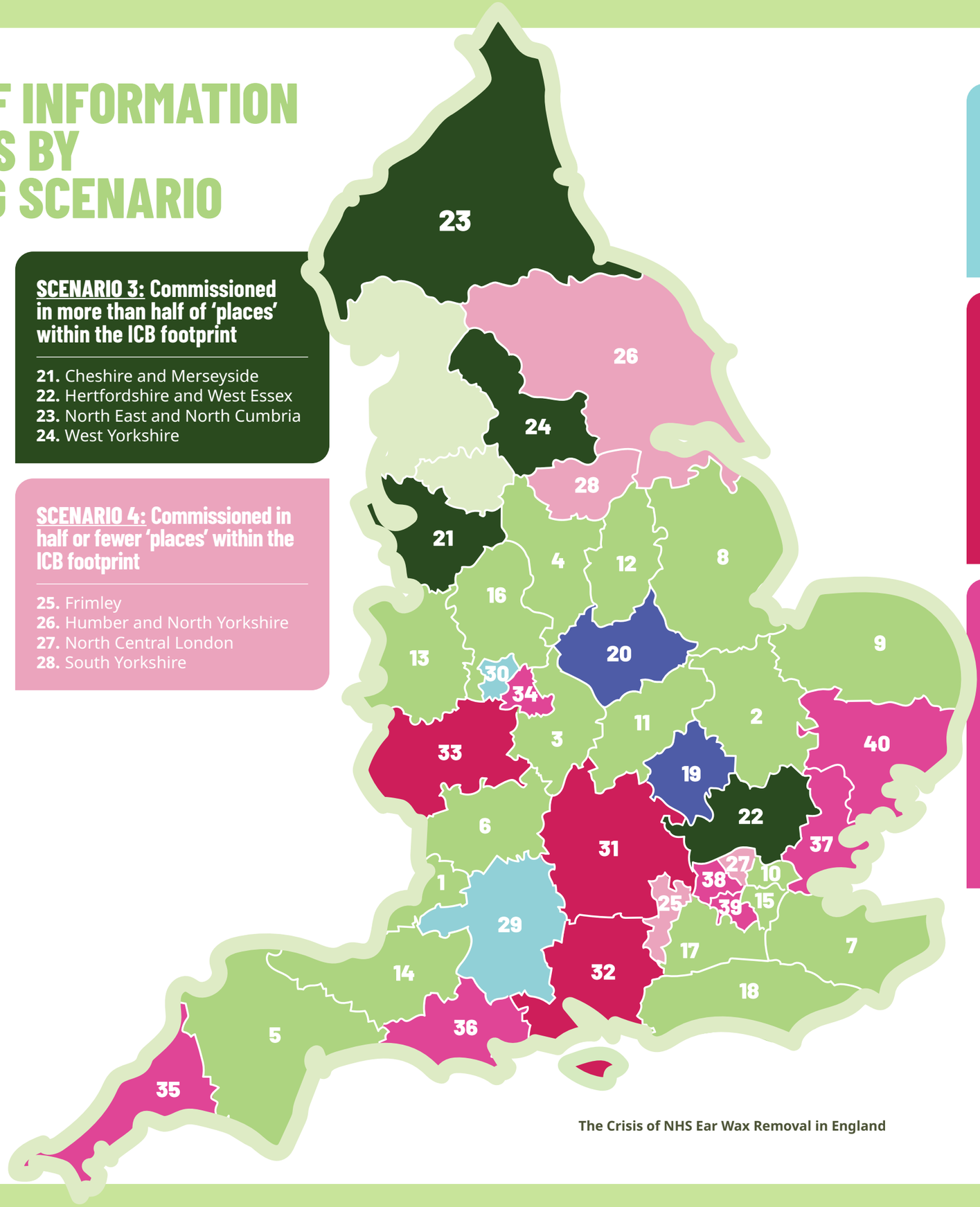
19. Bedfordshire, Luton and Milton Keynes
20. Leicester, Leicestershire and Rutland

## SCENARIO 3: Commissioned in more than half of 'places' within the ICB footprint

21. Cheshire and Merseyside
22. Hertfordshire and West Essex
23. North East and North Cumbria
24. West Yorkshire

## SCENARIO 4: Commissioned in half or fewer 'places' within the ICB footprint

25. Frimley
26. Humber and North Yorkshire
27. North Central London
28. South Yorkshire




## SCENARIO 5: Commissioned in half or fewer 'places' but not universally taken up

29. Bath and NE Somerset, Swindon and Wiltshire
30. Black Country

## SCENARIO 6: Restricted access to commissioned services

31. Buckinghamshire, Oxfordshire & West Berkshire
32. Hampshire and Isle of Wight
33. Herefordshire and Worcestershire

## SCENARIO 7: Not commissioned at all

34. Birmingham and Solihull
35. Cornwall and The Isles of Scilly
36. Dorset
37. Mid and South Essex
38. North West London
39. South West London
40. Suffolk and North East Essex

# COST-EFFECTIVE PROVISION

Who provides NHS ear wax removal and how, is likely to be of much less importance to people who need the service than it being locally available free-of-charge at the point of delivery. As our research shows, NHS wax removal services are already being delivered in a variety of ways. **We are calling on those ICBs that are not commissioning services to investigate these different options.**

Half of those ICBs who told us that they are fully commissioning in line with NICE guidelines are commissioning away from the traditional provision of within every GP surgery. Generally, these ICBs commission other local providers to deliver the services, which surgeries can refer their patients to. These local providers are a mix of NHS community services, GP federations, and High Street providers.

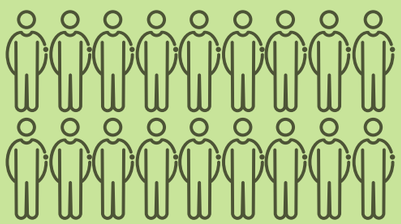
NHS commissioners are operating in a climate of financial constraints, but this is not an acceptable reason to withhold a service that is vital to people's quality of life. Instead, given this reality, commissioners should be exploring alternative routes to delivering these services through innovative commissioning models. For example, models which provide services at local 'hubs', to which multiple GPs can refer, offer economies of scale including reduced overall costs for equipment and training. It also reduces the need for space in multiple locations, an issue that currently plagues many GP surgeries.

**Out of the 40 ICBs who responded to our Freedom of Information request:**

**18** **Only 18 provide ear wax removal services for everyone in their area**

**15** **provide a limited service, or use restrictive criteria**

**7** **don't provide any service at all**



**1000s of people face avoidable hearing loss, tinnitus and earache because they can't get ear wax removed**



# ARE COMMISSIONED NHS SERVICES MEETING THEIR CONTRACTUAL OBLIGATIONS?

NHS commissioners must ensure that the services they have commissioned are actually delivering the contracted service.

We compared ICB responses to our FOI requests to what our communities have been telling us about their recent attempts to access NHS ear wax removal services. We wrote to several ICBs who stated they are commissioning in line with NICE guidelines, but where local residents told us they had recently been told removal was unavailable.

One ICB replied to confirm that all its GP surgeries are contracted to deliver the service where clinically indicated. They committed to taking steps to ensure that all providers are fulfilling their contractual obligations to deliver ear wax removal for all patients.

While it is unclear why people are being denied this service where it is commissioned, **it is possible that not all patient-facing staff are aware of its availability. If this is the case, commissioners and the GP surgeries must ensure that all staff are familiar with the availability and criteria for accessing the service.**

***"If I did not have wax removed it would build up so much that I would be completely unable to hear. I am completely deaf in my right ear due to illness in childhood and have only about half of normal hearing in my left ear, for which I have my hearing aid. Consequently, my life would be affected, and I would be unable to mix socially at all.***

***From my own experience I believe that wax removal should be available for all deaf people on the NHS."***

# PRIVATE EAR WAX REMOVAL AND ITS COSTS

Private ear wax removal on the high street typically costs £50-100 per treatment, making it unaffordable for people with low incomes. Indeed, 26% of people in our 2022 survey stated that they could not afford to pay for private ear wax removal. Many people need professional removal several times a year, making private removal even further out of reach.

Care home residents and housebound patients must also have access to wax removal services, but private domiciliary treatment can cost up to £200 per visit. Older people, often with only a pension to rely on, are disproportionately affected by the withdrawal of NHS provision, along with people with cognitive impairments.

*"I was getting ear wax removal through a training program run at my local hospital. I've now been told that I can no longer access the program and I need a referral from the GP. The GP won't refer me as they say the service isn't available and my only option is to go private, which I can't afford as I need three to four treatments a year and my pension won't stretch that far.*

*It's very isolating and I'm worried about my cognitive decline. I've noticed a difference in my memory; I'm forgetting words and can't remember things. It's a real worry."*



# SELF-MANAGEMENT OF EAR WAX

Where wax removal services are available, either from a GP surgery directly or via a referral from the surgery, a patient is typically first told to try self-management, in the form of ear drops or sprays to be purchased from a pharmacy. While this approach will work for some, our survey showed that only 20% of those who had attempted self-removal had been successful, a finding that corresponds with previous research[10]. Worryingly, many of the other methods people described using to attempt ear wax removal were dangerous. These included hair clips, paper clips, toothpicks, cotton buds and Hopi ear candles.

It should be noted that there is a lack of evidence that using drops or sprays to soften wax is effective in removing the problem for everybody. NICE guidelines only recommend their use as a pre-treatment for professional removal. **So, it is unclear how this has been adopted as the preferred initial response to instances of ear wax build-up by many providers of NHS wax removal services**.

It should also be noted that while self-management kits for home treatment can be purchased from pharmacies and online, none are currently recommended by NICE.

Regardless of the effectiveness of self-management, it will not be suitable for many people who require wax removal, including those who have significant cognitive impairments or limited manual dexterity.

*"I tried ear drops from the pharmacy. They ended up blocking my hearing almost completely. I followed the instructions on the packaging. I went to Specsavers to get the ear wax micro suctioned. This was successful in removing the ear wax."*

# INFORMATION FOR PATIENTS

The NHS website fails to acknowledge that self-management of ear wax will only likely succeed for a minority of people . Instead, it wrongly infers that wax "should fall out on its own or dissolve after about a week" for everybody.

However, if people are expected to attempt to manage wax build-up themselves, it is essential that they are given access to helpful, evidence-based and practical information. There is a clear need for improved NHS patient information about wax self-management.

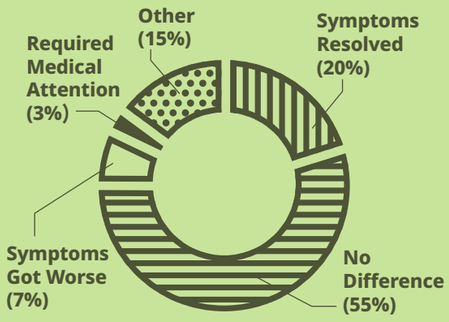
For example, having a perforated eardrum is the only reason given on the NHS website for someone not to use drops. However, there are several other situations where self-management without medical input should be avoided for safety reasons. These include where there are signs of ear infection, where there is an existing skin condition affecting the ears, if there has been previous ear surgery, and where advice has been given to avoid getting water in the ear.

The NHS website also fails to recommend urgently consulting a GP or calling 111 in the event of sudden hearing loss, something that requires immediate investigation and is unlikely to be a consequence of ear wax build-up.

The website does give some limited information on practicalities of using ear drops but falls short of what is needed. Half of those in our 2022 survey who had been advised to use drops felt that they had been given insufficient advice on how to use them. Some were only told to follow the instructions on the label, given vague advice to use drops "daily", or were given no advice at all. Overall, two-thirds did not feel confident managing their own ear wax.

Our research also indicates that some NHS providers are providing patients with written information which is inconsistent with clinical evidence. This includes instructions to use drops for a fortnight and suggesting the use of devices to remove wax. The latter may be safe, but their use is not currently supported by robust evidence of either safety or effectiveness. Further study of the safety and effectiveness of any emerging self-management techniques is needed before they can be recommended for use.

**People that attempted self-removal**






# CONCLUSION

In England, a patient's ability to access NHS ear wax removal is dictated not by clinical need but by whether their GP surgery provides this service or is able to refer them to a provider that does. Less than half of the local health commissioners who responded to our Freedom of Information requests told us that they commission such services to be available to all adults within their geographical boundaries. **There is no clinical reason for a service to be available in one street or town but not the next.**

Where these services, which were previously available to all who needed them, no longer exist, patients are faced with a choice between attempting the self-management of wax and paying to have it removed privately. They must choose between self-management that works only for some people or spending money they may not have.

Ear wax removal is vital for people's quality of life and wellbeing and should not be considered a luxury or nice to have. Where people are unable to access timely NHS wax removal services, they can experience painful and distressing symptoms, be unable to access essential audiological care or diagnosis, or experience poor mental health. All of this is avoidable.

***"It (hearing loss from earwax build-up) led to increased isolation, and I found I was withdrawing. It was inevitable that I had to withdraw as I felt I didn't have a choice. My mental health is very good, but I thought to myself 'oh God, this is really hard', it's not going to get any better and I saw the future as very grim, and I don't think I'm alone in thinking that."***

# WHAT NEEDS TO HAPPEN

**Government must intervene** to ensure patients with a clinical need for ear wax removal have access to timely local NHS provision regardless of where they live.

**Commissioners should investigate** the different delivery models in use or innovate new approaches to establish cost-effective models to meet their populations' needs.

**Commissioners must ensure** that their ear wax removal providers are meeting their contractual obligations, and that patient-facing staff are aware of availability and access criteria.

**NHS England should publish** improved patient information about the self-management of ear wax and ensure that its providers share consistent, safe and evidence-based information with their patients.



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