

Spotlight On Earwax Removal Services in Shropshire

Who is Healthwatch Shropshire?

Healthwatch Shropshire is the independent consumer champion for health and social care in Shropshire. We aim to ensure that people from across the county have an opportunity to voice their opinion on the health and social care services affecting them. We are one of many local Healthwatch across England.

What we do

We listen to peoples' experiences, look for trends and influence commissioning, provision and scrutiny of local health and social care services. We also provide an information and signposting service. We are not individual case workers, but where people need that we signpost them to the right service.

Background

In May 2018 we were approached by Shropshire Rural Communities Charity (RCC) who had been receiving feedback form people attending their sight and hearing loss groups. They were told that people were finding it increasingly difficult to access ear wax removal services, even though they had previously received treatment for this. The RCC wanted to know if this was a problem that Healthwatch Shropshire were aware of.

We knew from NHS England estimates that 1 in 5 people in Shropshire, over 64,000, suffer from some degree of hearing loss which is significantly higher than the national average for England.¹ We had received a few comments on this area and so decided to look into Audiology and Hearing Loss services further to understand what the issues were for Shropshire patients and if there were common themes across Shropshire, and also understand the impact of issues on Shropshire Patients.

Engagement

We decided to promote Audiology and hearing loss services as our Hot Topic for May and June 2018 to gather intelligence on this service and look at the wider impact.

We attended events including the See Hear conference in Shrewsbury where we spoke to service users, patient group representatives and audiology staff.

What we found out

We received comments from 44 people that raised 85 issues which covered both primary and secondary care services.

Secondary Care

Some negative issues were reported about the organisation of secondary care services and waiting times. There were positive comments around organisation and the quality of care & treatment.

Primary Care

When we looked at the services about which people had commented it was apparent that Primary Care ear wax removal services were prominent with the majority of the feedback relating to those services.

Service standards

The NICE guidelines recommend that earwax removal services should be offered to “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.”²

We were unable to view the Shropshire Clinical Commissioning Group’s (SCCG) full ear irrigation specification but under local commissioning guidelines “payment is offered to practices for undertaking ear irrigation under the following criteria:

- Where the patient:
- Has a previously diagnosed hearing impairment not solely caused by the presence of wax; and/or
- Wears a hearing aid; and/or
- Where referral to audiology is planned but ear wax needs removal prior to audiological assessment; and/or
- Has been referred to the practice by audiology

The treatment of ear wax through irrigation in other circumstances should continue where clinically appropriate but will not be funded through this service. Alternative means of treatment should be considered as appropriate to the individual patient.”

The comments we received indicated a variety of approaches being taken by GP practices across the county with some not providing ear wax removal services.

Feedback we received indicated that some practices:

- “only do ear syringing for people who use a hearing aid”
- “ear wax removal will not be done unless there is a hearing need, leaving patients in care homes with dementia with lots of wax build up and hearing issues.”

Some referral pathways were seen as overly complicated, “the Audiology team cannot refer directly to the Ear Care nurse in Oswestry. They have to refer to GP who refers on. This can add an additional few weeks to seeking treatment.”

It was also indicated that some patients are being referred to audiology services without having ear wax removed and this was causing delays in treatment with patients had to go back on to the GP practice waiting list for ear wax removal.

Waiting times for appointments with ear care nurses are growing because of increased referrals for ear wax removal which are using up capacity designed “for people who have complex needs and need suction (i.e. ear operation, specific damage that requires specialist suction...)”.

Concerns were raised about the cost of private services to which patients, deemed to be outside the commissioning criteria, were being referred by GPs. The costs described in the feedback varied between £60 and £75 per ear.

Some patients reported being given advice on self-help treatments when clinician led treatment was not being offered that they had already tried, “Was told to get a pipette and oil but I had already done that, I need the wax removed because I need my hearing to be good.”

Concerns were raised about some self-management treatment methods being suggested by some practices:

- “advising people to get self-suction ear device. A man with long term grommets was advised by a GP to do this. He used the device which caused bad ear infection which damaged his ear drum and also spread to his ear canal. This has now resulted in permanent damage.”
- “advising patients to use self-suction devices that they can buy. These can be powerful and cause damage if not used properly. This is often the case if people have poor dexterity, particularly elderly patients.”
- “telling patients to use pipette with water to flush ear. They tell them where to buy and give out a leaflet. This is not appropriate care for many patients and can only lead to damage to ear drums.”

Volunteer project

After analysing the comments we found that patient experience indicated that some GP practices were delivering ear wax removal services and some were not, leading to inequity in treatment across the county. It was not clear to us where ear wax removal services were available across the county.

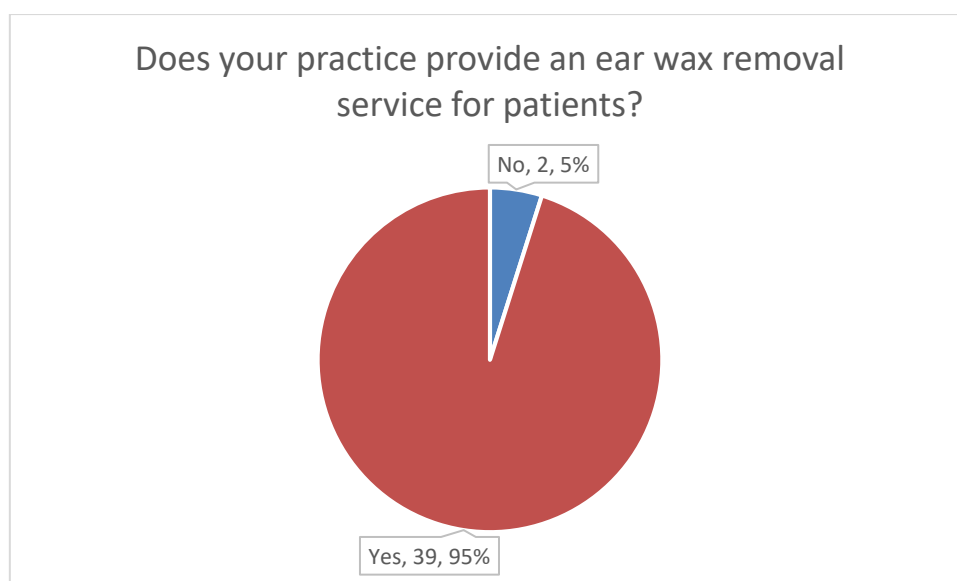
We wanted to map out how practices approached providing this service and if they did not deliver the service directly what information and signposting was offered to patients.

To do this we worked with our volunteers. We decided the best approach was to carry out a telephone survey of the GP practices. This was most likely to reflect the patient experience. A list of questions were drawn up with a standard script, see Appendix 1, to ensure consistency. The volunteers then contacted every practice during early August 2018.

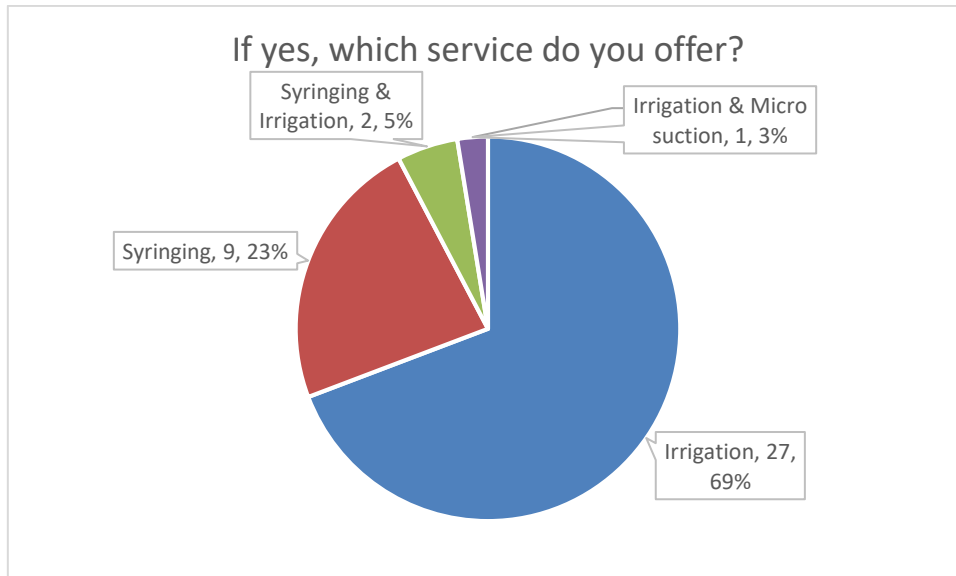
What we found out

GP Practice survey results

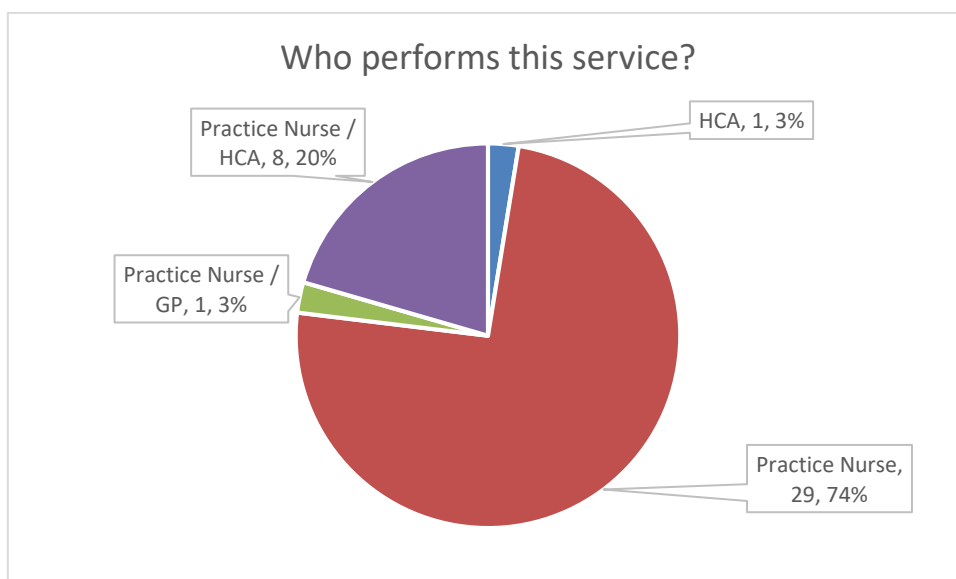
All 41 GP Practices in Shropshire responded to our survey, see Appendix 2.



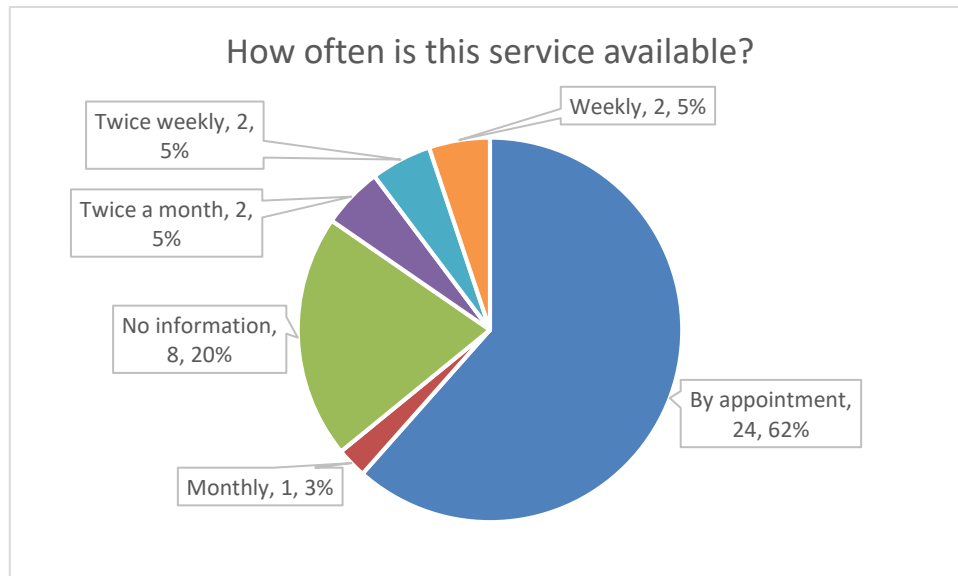
We have verbal confirmation from SCCG that all practices in Shropshire are commissioned to provide ear wax removal services.



The initial responses from the survey indicated that 32 out of the 39 practices who offered earwax removal used syringing rather than irrigation. Following conversations with practitioners it appeared that this could be inaccurate due to the use of ‘syringing’ as a generic term for clearing earwax using water. We sought clarification from those practices who had answered ‘syringing’ because the National Institute of Clinical Excellence (NICE) guidelines state “Do not offer adults manual syringing to remove earwax”². Practices were given the opportunity to amend their response to ‘irrigation’ if they used electronic irrigation methods rather than manual syringing. Twenty of the practices did amend their answer to irrigation which leaves 11 practices using syringing.



Note. For the purposes of aggregation the answer ‘nurse’ has been interpreted to be equivalent of ‘practice nurse’.



Note: 'by appointment' indicates that there is no regular clinic and patients can access the service using the normal nurse appointment system in place at the practice.

Several practices reported that access to the service was restricted to one treatment, in one case it was per year in another the time period was unclear. For further treatment the patient would be referred to a private provider. One practice uses a consent form which includes the stipulation that treatment with oil has been used by the patient before requesting clinical wax removal.

information provided

Several of the practices used self-management guides and protocols, these have been developed in house.

conclusions

In conclusion the experiences shared with us indicated an inequitable service across the county. However the extent of the inequity seemed more widespread than the subsequent telephone survey showed, with only two practices reporting they did not provide services. The reason for this may be down to timing. The feedback we received was in the period leading up to and including the Hot Topic in May & June 2018. This was soon after the implementation of the SCCG commissioned ear wax services, reflected in the survey answers, and patients may be unaware if things have changed in their practice.

The criteria for eligibility seem to be applied to different standards by different practices with some implementing time limits for repeat treatments. Coordination between primary and secondary care seems to be inconsistent and at times difficult for patients to understand. It is noted that services for 'wax impaction' are offered through the Advanced Primary Care ENT Services run by Shropshire Community Health Trust³ but from the feedback we received it is unclear how these services fit in with other wax removal services.

The implementation of primary care commissioned ear wax services is welcomed. It would be helpful for patients if the implementation is given great publicity and efforts made to ensure patients, especially those who have been advised that their GP doesn't provide the service, are aware that services are in place. Once told that a service is not available the majority of people will remain under that impression until specifically told otherwise, they will not continually enquire.

What Next

Healthwatch Shropshire would recommend that the following suggestions are implemented by Shropshire CCG and GP practices:

- Primary service commissioning is reviewed where services are not being provided to ensure patients in these areas have access to equitable services.
- The requirement for treatment to meet the NICE guidance recommendations is made clearer in commissioning criteria.
- Levels of service accessibility are standardised across the county.
- Audiology staff are included in the development of guidance notes on suitable methods of self-treatment.
- Develop a standardised information leaflet for all practices to use which advises on self-management so consistent messages are being given. This could be based on the leaflets being used by some practices.
- Effective methods are put in place to ensure those patients potentially affected by changes to services.

Commissioner's Response

We welcome this report and the recommendations put forward by Healthwatch Shropshire.

The CCG locally commissioned service (LCS) for ear irrigation was put in place from April 2018 and the timing of this, as stated within the report, may account for some of the comments around service availability. All 41 GP practices are signed up to this LCS and all practices are claiming payment for activity in line with the service specification.

The LCS was introduced in response to the fact that some GP practices were not providing ear wax removal services due to the fact that they consider it to be work not funded by the core GMS contract. This was having an impact on patients referred to audiology for hearing assessment with blocked ears, who were then facing delays or getting 'stuck' in the system with no primary care service to refer back to. The LCS is aimed at this cohort of patients, where ear wax removal is being requested by secondary care audiology services, or where this need is anticipated prior to referral into secondary care audiology services. This is the reason why a claim can be made for irrigation provided for patients with a hearing aid or diagnosed hearing impairment, those referred to the practice by audiology, and those being referred into audiology where ear wax is present.

The LCS service specification clearly states that “The treatment of ear wax through irrigation in other circumstances should continue where clinically appropriate but will not be funded through this service. Alternative means of treatment should be considered as appropriate to the individual patient.” It seems that some GP practices are only providing ear irrigation under the circumstances set out in the LCS, and others are continuing to provide this service for those patients not covered by the LCS. Self-care will be appropriate for a number of patients and we are supportive of practices advising patients to self-care prior to irrigation being deemed necessary. It is concerning, however, to read the comments about patients who have been advised to self-care using products that have caused harm. We agree that standardised information, with input from audiology specialists, should be developed in order to advise and signpost patients in a safe and appropriate way. Where self-care methods are not deemed safe, or are not resolving the complaint, we would expect practices to be providing irrigation where this is seen as clinically necessary. A clinical pathway for primary care ear wax removal has been developed, which once ratified should help to guide practices in a standardised way.

The CCG highlighted the NICE guidance regarding manual syringing when this guidance was first released for consultation. The CCG is not aware that any Shropshire practice is manual syringing but understands that this colloquial term is used by both patients and practices when talking about ear irrigation.

The LCS service specification will be reviewed to ensure it is clear in terms of requirements against current guidance.

The inequity suggested from this report will be explored as part of a wider review of audiology services (across both primary and secondary care).

Supporting docs

Nice Guidance

<https://www.nice.org.uk/guidance/ng98/chapter/recommendations#assessment-and-management-in-audiology-services>

Referral criteria for ear wax removal in secondary care

<http://www.shropshireccg.nhs.uk/media/1119/value-based-commissioning-policies-former-plcv-v30a-june-17.pdf>

Notes

¹ <https://www.england.nhs.uk/publication/prevalence-of-hearing-loss-by-local-authorityarea-2014-ons-estimates/>

² <https://www.nice.org.uk/guidance/ng98/chapter/Recommendations#removing-earwax>

³ <https://www.shropscommunityhealth.nhs.uk/ear-nose-and-throat-conditions>

Appendix 1. Practice questionnaire and telephone script

Note for volunteers: Please use this script for guidance when making your calls to the GP practices. Please do not ask any additional questions, to ensure consistency across all our calls.

You should not need to ask to speak to a specific member of staff within the practice- we hope that the receptionist will be able to answer these questions, as if a patient was asking.

Introduction

Hello, my name is XXX and I'm calling on behalf of Healthwatch Shropshire. We're currently doing a hot topic on Audiology services. As part of this hot topic, we are calling every GP practice in the county to find out more about the availability of ear wax removal services.

Questions

1. Does your practice provide an ear wax removal services for patients?
 - a. If yes, which service do you offer?
 - Irrigation
 - Syringing
 - Micro suction
 - i. Who performs this service? (e.g. a practice nurse, a GP, a health care assistant)
 - ii. How often is this service available to patients? (e.g. once a week, once a month)
- b. If no, what information or signposting do you give to patients in need of this service? (e.g. do you tell them where to find a provider?)
 - i. Are you advised (e.g. by commissioners) of what services patients can access, or where these services are?

Closing statement

Thank you for your time and answering our questions. Following the end of this hot topic, HWS will be circulating our findings to all GP practices, for their information.

Notes for volunteers: 'What ifs'

- *Please try calling each practice at least twice; if you are still unable to get through then please let HWS staff know so we can follow up within the office*
- *If the receptionist says you will need to speak to the Practice Manager, please try to do so, using the same script. If you are unable to find a time to speak to the*

Practice Manager, please make a note of who you are directed to speak to at this practice and let us know so we can follow up within the office.

- *If you get through to a practice, but no one is able to answer your questions then please make a note of this along with the practice name.*

Appendix 2. Survey Responses

	1	1.a.	1.a.i.	1.a.ii	1.b.	1.b.i.	
Medical Practice	Does your practice provide an ear wax removal services for patients ?	If yes, which service do you offer?	Who performs this service?	How often is this service available to patients?	If no, what information or signposting do you give to patients in need of this service?	Are you advised (e.g. by commissioners) of what services patients can access, or where these services are?	Any other comments:
Albrighton	Yes	Irrigation	Nurse	Monthly			
Alverley	Yes	Irrigation	Practice Nurse	By appointment			
The Beeches	Yes	Syringing	Practice Nurse				
Belvidere	Yes	Irrigation	Practice Nurse	By appointment			
Bishop's Castle	Yes	Irrigation	Practice Nurse	By appointment			
Bridgnorth	Yes	Irrigation	Practice nurse or HCA	Weekly. If deemed necessary will do this before the next session.			
Broseley	Yes	Irrigation	Practice Nurse	By appointment			

Brown Clee	Yes	Irrigation	Practice Nurse or HCA	By appointment			They will do it once over a period of time (unspecified) then refer to Microsuction Shrewsbury - cost £60.
Cambrian	Yes	Syringing	Nurse	By appointment			
Caxton	Yes	Irrigation	Practice Nurse				The receptionist has 'a protocol to follow'. When a patient phones, they are asked whether they have tried olive oil drops and will send them an information leaflet. If the oil doesn't shift it, they are booked in for an appt with the practice nurse.
Churchmere: Bridgewater	Yes	Syringing	Practice Nurse	Twice a month			
Churchmere: Claypits	Yes	Syringing	HCA	Twice a month			Clinics run across three sites. About twice a month at each site

Churchmere: Ellesmere	Yes	Syringing	HCA	Two clinics a month			If audiology says it's needed, patient will be fitted in with a nurse or HCA. If patient doesn't want to wait that long, they will be signposted to a private service - Interhearing.
Church Stretton	Yes	Irrigation	HCA	Twice weekly, am & pm session on different days			
Claremont Bank	Yes	Irrigation	Practice Nurse	By appointment			
Cleobury Mortimer	Yes	Irrigation	Practice Nurse	By appointment			
Clive	Yes	Syringing	Practice Nurse	By appointment			
Craven Arms	Yes	Irrigation	Practice Nurse				The receptionist says there is a consent form for the procedure which asks whether the patient has used olive oil to soften the wax first. I said we may request a copy (as ?good practice)
Doddington	Yes	Irrigation	Practice Nurse				
Drayton	Yes	Syringing & Micro suction	Practice Nurse / GP	Syringing - everyday			Practice nurse offers ear syringe appts every day and one of the GPs does micro suction. They have the machine on the premises.

Highley	Yes	Syringing	Practice Nurse	By appointment			Depends on nurse availability - works Mon - Wed
Hodnet	Yes	Irrigation	Practice Nurse	By appointment			
Knockin	Yes	Irrigation	Practice Nurse	By appointment			
Marden	Yes	Irrigation	Nurses / HCAs	As often as needed			
Marysville	Yes	Irrigation	Nurses / HCAs	Once or twice a month depending on waiting list			
The Meadows	Yes	Irrigation	Nurses / HCAs				2 nurses and an HCA all competent to perform irrigation. Patients booked in for an ear check first, when they are taught to use drops for 10 days (except regular patients who just book the appt when they have already softened the wax).
Much Wenlock & Cressage	Yes	Irrigation	Practice Nurse	By appointment, when required			Patients living near Cressage go to the Much Wenlock surgery for this

Mytton Oak	Yes	Irrigation	Practice Nurse	By appointment, when required			
Plas Ffynnon	Yes	Syringing	Nurses	By appointment			
Pontesbury	Yes	Syringing	Practice Nurse	By appointment			
Portcullis	Yes	Syringing & Irrigation	Practice Nurse	One Clinic a week			
Prescott	Yes	Irrigation	All Practice Nurses	They fit it in when space			
Radbrook Green (please also see below for November 2018 postion.)	No				They signpost them to South Hermitage surgery where a nurse is apparently available (provide the extension access number). They also inform the practice manager about every single patient who requires the service. They tell patient about private provider offering service on premises.	Receptionist who took the call (from Shropdoc) did not know.	Service used to be provided but stopped because of lack of nurses.

Radbrook Green (November 2018.)	Yes	Syringing	Practice nurses or HCAs	Two per week	If the patient falls outside of the protocol they are advised to continue olive oil drops as it may rectify the problem. Details of private ear services are given to patient should they wish to use i.e. Specsavers and Interhearing.	CCG Protocol	<p>Ear syringing is done working to the criteria set by the CCG for patients that have:</p> <ul style="list-style-type: none"> • Audiology Appointment booked • Hearing Aid is worn • Hearing impairment (not caused by build up of wax) • Referral to audiology • Audiology require ears to be checked before appointment
Riverside	Yes	Irrigation	Practice Nurse				A patient is first booked in with the nurse for an 'ear check'. She will advise on self care, and if necessary will arrange the appt for the irrigation procedure.
Severn Fields	Yes	Syringing	Practice Nurse				
Shawbury	Yes	Irrigation	Practice Nurse				

Shifnal & Priorslee	Yes	Syringing	Nurse / HCA	By appointment			Service only offered once every 12 months. We are not paid to do this service. We follow CCG guidelines. We provide the service if someone has hearing loss or is to be fitted with hearing aids. If there is any known damage to the ear, we refer them to the service at PRH.
South Hermitage	Yes	Irrigation	Practice Nurse / HCA	By appointment			Nurse 1st time then if required again, an HCA. They encourage patients to try other methods first. She mentioned a Portia device which can be used by the patient and purchased from the pharmacist for a couple of pounds.
Station Drive	Yes	Irrigation	Practice Nurse	Two clinics a week			
Wem & Prees	Yes	Irrigation	Practice Nurse	By appointment			Prees patients can attend the Wem surgery or in special circumstances, by appointment, the practice nurse will go to the Prees surgery.

Westbury	Yes	Syringing & Irrigation	Practice Nurse	By appointment			
Whitehall	Yes	Irrigation	Practice Nurse	By appointment			
Worthen	No				The patient is invited for assessment by the practice nurse. If ear wax removal is required they are given a leaflet the practice has developed on 'self-management' and the contact number of a private practitioner at nearby Radbrook.		