NHS
Somerset
Clinical Commissioning Group

EAR WAX REMOVAL
CRITERIA BASED ACCESS (CBA) POLICY

Version:	1920.v2
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
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Target audience:	**SCCG**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Somerset Foundation NHS Trust • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT
Application Form	EBI Generic application form if appropriate to apply

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VERSION CONTROL

Document Status:	Final
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DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
V8e 2012	2015	Remove from the Guidance for Clinicians Document as a separate policy document
1516.v1	July 2017	Template change to SCCG from CSU
1516.v1a	March 2019	Rebranding to EIB, amended to incorporate PCN service for electronic irrigation/micro-suction

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	20151126.v1a
Quality Impact Assessment QIA. Date:	20180320 v1
Sponsoring Director:	Sandra Corry
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1 GENERAL PRINCIPLES (CBA)

1.1 Treatment should only be given in line with these general principles. Where patients are unable to meet these principles, in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the CCG's Evidence Based Interventions Panel (EBIP) by submission of an EBI application

1.2 Clinicians should assess their patients against the criteria within this policy prior to a referral and/or treatment

1.3 Treatment should only be undertaken where the criteria have been met and there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment

1.4 Referring patients to secondary care without them meeting the criteria or funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment

1.5 On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy

1.6 Patients should be advised being referred does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment

1.7 The CCG does not commission surgery for cosmetic purposes alone

1.8 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate

1.9 Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased (Thelwall, 2015)

1.10 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA BASED ACCESS

2.1 Patients who are suspected of suffering from malignancy should be referred

under the two week cancer pathway which does not require funding authorisation

2.2 The vast majority of patients presenting with ear wax problems to primary care can be managed in primary care with self-care advice to purchase ear drops or use olive oil

2.3 Manual syringing to remove ear wax should not be offered

2.4 Consider ear irrigation using an electronic irrigator, micro suction or another method of earwax removal (such as manual removal using a probe) for adults in primary or community ear care services if:

- the practitioner (such as a community nurse or audiologist): has training and expertise in using the method to remove earwax
- is aware of any contraindications to the method the correct equipment is available

2.5 Electronic ear irrigation should be carried out in Primary Care, if self-care has failed to adequately reduce the clinical aspect of the patient's ear wax

2.6 Electronic ear irrigation should be carried out by a suitably trained practitioner, following pre-treatment wax softening, either immediately or for up to 5 days beforehand

2.7 If electronic ear irrigation is unsuccessful;

- Repeat use of ear wax softeners **or**
- Instil water into the ear canal 15 minutes before repeating electronic ear irrigation

2.8 If **two attempts** at electronic ear irrigation in primary care have been unsuccessful then the patient should be offered micro-suction from a primary care commissioned service performed by a suitably trained practitioner

2.9 A referral for ear wax removal in Secondary Care is only commissioned for patients meeting any of the criteria set out below:

2.9.1 Undergoing regular appropriate treatment, such as de-waxing a mastoid cavity

2.9.2 There is a foreign body, including vegetable matter, in the ear canal that could swell during irrigation and requires urgent removal because of risk of infection etc.

2.9.3 If they require micro-suction because of anatomical abnormalities and wax removal is deemed unsuitable for the primary care micro suction service

2.9.4 Has previously undergone ear surgery (other than grommets insertion that have been extruded for at least 18 months) and wax removal is deemed

unsuitable for the primary care micro suction service

2.9.5 Has a recent history of Otalgia and /or middle ear infection (in past 6 weeks)

- Acute Otitis Externa and wax removal is deemed unsuitable for the primary care micro suction service

2.9.6 Has a current perforation or history of ear discharge in the past 12 months and wax removal is deemed unsuitable for the primary care micro suction service

2.9.7 Has had previous complications following ear irrigation including perforation of the ear drum, severe pain, deafness, or vertigo and wax removal is deemed unsuitable for the primary care micro suction service

2.9.8 Ear drops have been unsuccessful and irrigation and micro-suction in primary care are contraindicated **or**

2.9.9 Patients ear wax has not been removed successfully by **two attempts** at electronic irrigation and **one attempt** at primary care micro-suction

3 BACKGROUND

3.2 Although some people are asymptomatic, the most common symptom from impacted earwax is hearing loss. People may also complain of;

- Blocked Ears
- Ear discomfort
- Earache
- Tinnitus (noises in the ear)
- Itchiness
- Vertigo (not all experts believe that wax is a cause of vertigo)

3.3 Ear wax may be wet or dry and is a normal physiological substance that protects the ear canal

3.4 It has several functions including aiding removal of keratin from the ear canal (earwax naturally migrates out of the ear, aided by the movement of the jaw)

3.5 It cleans, lubricates, and protects the lining of the ear canal, trapping dirt and repelling water

3.6 Excessive build-up of ear wax can develop in some people, the wax can become impacted

4 EVIDENCE BASED INTERVENTIONS PANEL APPLICATION PROCESS

4.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy

4.2 Completion of a **Generic EBI Application Form** by a GP or Consultant may be put forward

4.3 Applications cannot be considered from patients personally

4.4 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBIP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context

4.5 EBI applications are reviewed and considered for clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England IFR policy https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-indivdual-funding-requests.pdf

4.6 An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

5 ACCESS TO POLICY

5.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

5.2 **Or write to us**: NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somccg.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 NICE https://cks.nice.org.uk/earwaxfile:///C:/Downloads/karen.mills/Downloads/EARCARE_BPS_MAY06.pdf

6.2 Protocols for Aural Care Clinic at University Hospitals Bristol

6.3 NICE. (2016, March) Otovent nasal balloon for otitis media with effusion

6.4 Retrieved from NICE: https://www.nice.org.uk/advice/mib59/chapter/Evidence-review