

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	SES-002
Service	Ear Wax Management
Commissioner Lead	Diki N'dekploman
Clinical Lead	Dr Dino Pardhanani
Provider Lead	Sutton General Practice
Period	01 April 2024 to 31 March 2025
Date of Review	September 2024

1. Population Needs

1.1 National/local context and evidence base

South West London (SWL) Integrated Care Board (ICB) serves a resident population in Sutton of approximately 211,000. As commissioners of health services, SWL ICB's aim is to commission services that are of a consistently high quality, cost effective and accessible to Sutton patients. The ICB and the provider must ensure all services are:

- Safe – ensuring that the services are as safe
- Effective – focused on delivering best outcomes for patients
- Personalised – meets the needs of individuals providing access to services at the time and place of their choice
- Fair – available to all, taking account of personal circumstances and diversity

National Context

Patients presenting with problems with ear wax is a common issue for healthcare providers. Normally, earwax is eliminated from the ear canal spontaneously through natural jaw movement. If the natural elimination mechanism is disrupted or inadequate, wax is retained in the canal and may become impacted. When this happens, interventions to encourage its removal may then be needed. 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)
- Cough (rare and due to stimulation of the auricular branch of the vagus nerve by pressure from impacted ear wax)

Earwax build-up can cause hearing difficulties and discomfort and can contribute to outer ear infections. It can be important to remove earwax quickly because it can prevent ear examination, which will delay assessment and management of hearing loss and underlying pathology. Hearing loss caused by impacted earwax can be frustrating and stressful. If untreated, it can contribute to social isolation and depression. Ear wax removal should be self-managed with ear drops in the first instance. However, in some circumstances, symptoms may persist in which ear irrigation or microsuction can be used to remove wax build-up in line with NICE guidelines. Providing earwax removal closer to home, in primary care services, prevents inappropriate use of specialist services.

Local Context

During the period April 2022 – March 2023, approximately 2200 ear irrigations took place within general practice in Sutton. Hence, there is an established and ongoing need to continue to provide ear wax management to eligible patients within primary care.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	x

2.2 Local defined outcomes

The outcomes of this service are to:

- Increase the awareness and practice of self-care using ear drops to soften wax and aid removal and reduce the volume of ear irrigation and microsuction undertaken in primary care.
- Deliver a service locally to our patient population who require the removal of ear wax is symptoms persist following self-management.
- Reduce the volume of patients attending secondary care for removal of ear wax.

3. Scope

3.1 Aims and objectives of service

SWL ICB, Sutton aim to promote the correct use of ear drops, and provide ear irrigation and microsuction where clinically appropriate.

General

- To promote patient self-management for ear wax build-up.
- To ensure all eligible patients have access to a local primary care-based ear irrigation or microsuction service in Sutton.
- To offer all patients an appointment within 4 weeks of referral.
- To keep waiting times within the clinic to a minimum and to inform patients of the reasons for any delays experienced.
- To offer a service which is accessible and convenient for patients.
- To actively and continually seek feedback from patients on the service they have received and to use this to shape service delivery.

3.2 Service description/care pathway

The Provider will have in place a written procedure which will be agreed with the Commissioner prior to the contract being issued. The Provider's written procedure will form an appendix to this specification and must as a minimum detail how the Provider will:

- Provide patient self-management advice at first instance of presentation.
- Manage referrals into the service including assessment against eligibility criteria.
- Check that any pre-visit requirements have been adhered to by the patient before performing the procedure.
- Provide the patient with confirmation of their appointment and patient information leaflet in advance of their appointment date.
- Health professionals carrying out the procedure should be fully aware of any contraindications to the procedure.
- Record the consultation through the relevant Ardens template in-line with section 3.8.
- Capture the data fields required under section 5 of the overarching specification.

Removing ear wax

In first instance of presentation of ear wax in adults in primary care, the provider should advise the use of ear drops to soften wax and aid removal in line with NICE guidelines. The patient should be advised to use the drops daily and should be warned of potential symptoms as a result of using ear drops.

The provider should only offer to remove earwax for adults in primary care services if symptoms persist and the earwax is contributing to hearing loss or needs to be removed in order to examine the ear or take an impression of the ear canal. It is critical for the clinicians when making the decision to refer to consider the risks and complications associated with ear irrigation and microsuction, noting the exclusion criteria (see section 3.4).

When carrying out ear irrigation in adults:

- Use pre-treatment wax softeners either immediately before or for up to 5 days beforehand.
- Examine the ear using an auriscope to check that the wax has been removed and that the tympanic membrane is intact. Look for old, healed perforations. Inspect the canal for otitis externa.

- Contact advice and guidance if severe pain, deafness, or vertigo occurs during or after irrigation, or if a perforation is seen following the procedure.
- If irrigation is unsuccessful:
 - repeat use of wax softeners **or**
 - instil water into the ear canal 15 minutes before repeating ear irrigation.

When carrying out microsuction in adults:

- Examine the ear using a microscope to check that wax has been removed, the EAM/cavity appears normal, and the tympanic membrane is intact.
- Seek advice from advice and guidance if any abnormalities are noticed or severe pain is experienced.

Provide all patients with on-going self-management advice to prevent further earwax build-up.

If ear wax removal is unsuccessful after a suitable period of time, refer the person to a specialist ear care service or an ear, nose and throat service for removal of earwax, in accordance to local, agreed pathway.

3.3 Population Covered

The service is available to patients who are registered with a GP in Sutton and fall within the acceptance criteria (see 3.4)

3.4 Any acceptance and exclusion criteria and thresholds

Acceptance Criteria:

Patients over the aged 18 years of age and over may be considered for ear wax removal:

- If earwax is totally occluding the ear canal
- If the tympanic membrane is obscured by wax but needs to be viewed to establish a diagnosis.
- If the person wears a hearing aid, wax is present and an impression needs to be taken of the ear canal for a mould, or if wax is causing the hearing aid to whistle.

The patients GP practice should encourage aural self-care in the first instance.

- Explain that removal of earwax may not necessarily relieve the symptoms (for example hearing loss may be a sensorineural loss and not due to impacted wax).
- Recommend ear drops for at least 3-5 days and wait 2 weeks to soften wax and aid removal.
- Sodium bicarbonate 5% ear drops, olive or almond oil drops and sodium chloride 0.9% nasal drops can be used 3-4 times daily.
 - Do not advise self-care if you suspect the person has a perforated tympanic membrane.
 - Warn the person that instilling oil may cause transient hearing loss, discomfort, dizziness, and irritation of the skin.
- If symptoms persist, consider ear irrigation or microsuction, providing that there are no contraindications.
- Advise adults not to remove earwax or clean their ears by inserting small objects, such as cotton buds, into the ear canal. Explain that this could damage the ear canal and eardrum, compact wax and push the wax further down into the ear.

Exclusion Criteria

Do not use ear irrigation or microsuction to remove wax for people with:

- A history of any previous problem with irrigation (pain, perforation, severe vertigo)
- Current perforation of the tympanic membrane.
- A history of perforation of the tympanic membrane in the last 12 months. Not all experts would agree with this — some would advise that any history of a perforation at any time, even one that has been surgically repaired, is a contraindication to irrigation because a healed perforation may have a thin area which would be more prone to re-perforation.
- Grommets in place.
- A history of any ear surgery (except extruded grommets within the last 18 months, with subsequent discharge from an Ear Nose and Throat department).
- A mucus discharge from the ear (which may indicate an undiagnosed perforation) within the past 12 months.
- A history of a middle ear infection in the previous 6 weeks.
- Cleft palate, whether repaired or not.
- Acute otitis externa with an oedematous ear canal and painful pinna.
- Presence of a foreign body, including vegetable matter, in the ear. Hygroscopic matter, such as peas or lentils, will expand on contact with water making removal more difficult.
- Hearing in only one ear if it is the ear to be treated, as there is a remote chance that irrigation could cause permanent deafness.
- Confusion or agitation, as they may be unable to sit still.
- Inability to cooperate, for example young children and some people with learning difficulties.
- Vertigo, as this may indicate the presence of middle ear disease with perforation of the tympanic membrane.
- Recurrent otitis media with or without documented tympanic membrane perforation, as thin scars on the tympanic membrane can easily be perforated.
- An immunocompromised state, especially older people with diabetes, as there is an increased risk of infection from iatrogenic trauma to the external auditory canal in this group of people.
- Careful instrumentation should be employed in people who are taking anticoagulants due to increased bleeding risk.
- Warn people with a history of recurrent otitis externa or tinnitus that ear irrigation may aggravate their symptoms.

3.5 Training, Skills and Experience

The provider should only consider ear irrigation or microsuction for adults in primary care if:

The practitioner:

- Has up-to-date training and expertise in using the method to remove earwax.
- Is aware of any contraindications to the method.
- Has available the correct equipment.

3.6 Equipment

Purchasing of ear irrigation or microsuction equipment and consumables will be the responsibility of the Provider and is included with the service price. Any and all equipment used in the provision of this service specification MUST as a minimum meet the standards specified in international guidelines.

It is the Provider's responsibility to calibrate, clean and arrange for servicing of the device in line with the manufacturer's instructions.

Any necessary cleaning and maintenance processes should be carried out on a regular basis according to manufacturer's instructions with reference to local / guidelines and protocols. A record of cleaning and calibration must be kept accordingly by the Provider accordingly as evidence which will be verified annually.

3.7 Finance and Activity

The Provider will be paid £10 for each ear irrigated or microsuctioned.

Payment will be made for activity which is recorded through the appropriate Ardens template (Ear irrigation) and is subject to the Provider also delivering on the qualitative elements of this specification outlined in section 5.

Payment for activity under this specification (includes the total of both ear irrigation and microsuction) will be capped per practice as per the table below. Practices will not receive payment for any excess activity above the annual activity cap within the 2024/25 financial year.

PCN	Practice	Practice Code	24/25 Annual Activity Cap	24/25 Quarterly Indicative Activity
Carshalton	Bishopsford Road MC	H85023	0	0
	Chesser Surgery	H85021	63	16
	Faccini House Surgery	H85683	0	0
	Circle GP Surgery	H85693	98	24
	Hackbridge MC	H85103	0	0
	Sutton Medical Centre	H85053	50	12
	Wrythe Green Surgery	H85025	156	39
Central Sutton	Grove Road Practice	H85686	105	26
	Mulgrave Road Surgery	H85018	79	20
	Old Court House Surgery	H85030	132	33
	Robin Hood Lane	H85095	125	31
Cheam and South Sutton	Benhill and Belmont GPC	H85031	0	0
	Cheam Family Practice	H85105	121	30
	Cheam GP Centre	H85063	122	30
	James O'Riordan MC	H85618	84	21
Wallington	Beeches Surgery	H85662	0	0
	Carshalton Fields Surgery	H85032	37	9
	Maldon Road Surgery	H85113	43	11
	Manor Practice	H85116	0	0
	Park Road Medical Centre	H85022	0	0

	Shotfield Medical Practice	H85115	126	31
	Wallington Family Practice	H85653	160	40

3.8 Reporting requirements

Providers will report on activity under this specification to SWL ICB on a quarterly basis through the appropriate reporting mechanism.

3.9 Engagement

The provider will proactively seek to engage with commissioners, general practices and service users to:

- Agree effective and robust referral processes and pathways.
- Appropriate and compliant IG arrangements including any necessary data sharing agreements.
- Actively promote the service, giving clear information about location, times of operation and how appointments can be made, changed, or cancelled.
- Gather feedback on the service to include (but not limited to) Friends and Family Test, patient/practice survey.

4. References to Service Standards

4.1 Applicable national standards& Guidance (e.g., NICE)

- Hearing loss in adults: assessment and management (NG98 – October 2023)
- Scenario: Management – Earwax - NICE March 2023

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g., Royal Colleges)

None

4.3 Applicable local standards

None

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

The Provider will submit the following quality information to the Commissioner.

	Data line	Source	Frequency	What does this tell us?
QR1	The Provider's operational procedure covering the requirements of 3.2	Provider manual	Pre contract	The provider has in place an operational procedure which meets the requirements of the service specification

QR2	Evidence of up-to-date training relevant to this specification for staff providing the service	Provider manual	Pre contract then annually	Assures the ICB that staff have the right qualifications and skills to perform the test properly, so that the results are reliable therefore minimises patient risk
QR3	Evidence of calibration date for equipment being used under this service specification	Provider	Pre contract then annually	That the equipment used by the provider in delivery of the service meets with the relevant requirements.
QR4	Reporting on any significant untoward events using NHS England framework, including action taken by the Provider.	Provider manual	By Exception	Ensures that the ICB is aware of any events as they happen, and that the Provider followed the NHS England framework

6. Location of Provider Premises

The Provider's Premises are located at:

Any Sutton General Practice location. All premises and equipment to be used must be subject to proper maintenance, the responsibility for the provision of suitable premises and equipment will be with the provider and must be relevant to the service.