



What people have told us about getting treatment for earwax and hearing problems in Oxfordshire

Report to Oxfordshire Clinical Commissioning Group

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Contents

Contents.....	2
1 Recommendations.....	4
2 Background.....	4
3 Methods.....	5
4 Results.....	5
4.1 Hearing and earwax problems.....	6
4.2 Finding out about treatment options.....	6
4.3 Experiences of treatment in the private sector.....	9
4.4 Referrals for hearing assessments.....	10
4.5 Access to earwax removal services.....	11
4.6 Oxfordshire age-related hearing loss service for the over-55s.....	11
5 References.....	12

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Healthwatch Oxfordshire would like to thank those people who shared their views and experiences of earwax problems and treatment in our survey and in our online drop-in discussion.

1 Recommendations

In this first section, we outline some recommendations for Oxfordshire Clinical Commissioning Group. Based on the results of our survey, these recommendations, if implemented, would help improve patient access to earwax information and treatment, as well as enhance their experiences of services.

1. Produce clearer guidance to patients and the public on earwax management consistent with NICE (2018) guidelines, explaining different treatment options, eligibility for primary and secondary NHS care, and the reasons why most GP practices do not offer these services.
2. Consider ways to reduce health inequalities by providing greater support to people who may have difficulty accessing earwax treatment. Typical groups include people on benefits or low income, older people and care home residents, and people susceptible to recurrent earwax buildup.
3. Provide all patients with suspected earwax buildup a preliminary ear check with a practice nurse or other trained member of staff to avoid having unnecessary, chargeable consultations with a private provider when earwax is not the primary cause of the hearing problem.
4. Produce and disseminate information to help patients identify safe and cost-effective services. This might include:
 - Requesting all GP practices to provide details of local private providers, including location, costs of treatment and offers (for example, Specsavers have a “no wax, no charge” policy, www.specsavers.co.uk/hearing/earwax/earwax-removal)
 - Instructing private providers to display information about qualifications and training
 - Producing a website with answers to frequently asked questions
5. Provide clear and comprehensive communication for patients and GPs about the new over-55 earwax removal service, including:
 - Training/information for receptionists at GP practices and pharmacists

2 Background

Earwax is a natural substance that helps clean and protect the ears. When too much earwax builds up it can cause hearing loss and other related problems such as pain, dizziness, infection, and nausea. Hearing loss can impact people’s quality of life, including contributing to depression and anxiety, loss of confidence, and isolation from family and friends. Although most people can treat simple earwax problems themselves (self-care), without the need to use a health service, it is not always successful and can mask other health conditions.

Earwax build-up can affect anyone, but it is more frequent among people who are older, have narrow ear canals, use a hearing aid, or have a learning disability (Guest, et al. 2004, Royal National Institute for Deaf People n.d.). One study estimated that as many as 2.3 million people in the UK experience problems with earwax each year (Guest, et al. 2004). High demand for primary and secondary or specialised hearing services adds to waiting lists at GP surgeries and audiology departments. It can also mean that patients with potentially more serious hearing or related conditions have to wait longer to see a specialist.

Treatment is important, especially for people whose quality of life is affected by poor hearing. The National Institute for Health and Care Excellence (NICE) recommends that primary or community care providers offer earwax removal for anyone experiencing hearing loss or other symptoms due to a build-up of earwax, if self-care does not clear the problem (National Institute for Health and Care Excellence 2018). Some general practitioners and ear, nose, and throat specialists also argue that earwax removal services should be provided in local primary care settings (Harkin 2019, Radford 2020).

However, access to treatment is not always easy. Firstly, earwax is considered a low-priority health issue (Launer 2021). Secondly, earwax services are no longer a core health service in the United Kingdom, so GPs are not obliged to offer treatment (BBC 2020). More recently, COVID-19 restrictions have made it more difficult to get face-to-face appointments at health facilities.

For the past two years, Healthwatch Oxfordshire has been hearing about patients reporting difficulties with earwax and access to treatment. We wanted to understand people's views of earwax services in Oxfordshire and their experiences of getting treatment.

3 Methods

We ran a survey from April 2021 until the end of June 2021 asking Oxfordshire residents with recent experience of earwax problems to tell us about their experiences and about their treatment. We also held an online discussion with members of the public, who shared their views and experiences in more detail.

4 Results

We analysed 173 completed survey questionnaires. Of 155 people who provided personal information, 90 were women and 65 were men. Most respondents were aged 50 or over and almost half (48%) were in the 65-79 age group. Of those who told us their ethnic background, 138 (90%) identified as white British and only 11 were from other backgrounds.

Respondents shared a range of experiences related to earwax removal in Oxfordshire. Although they do not necessarily represent the experiences of people of all communities across the county, they highlight some of the important challenges that many people face which, if addressed, might contribute to improving access to and experiences of services.

4.1 Hearing and earwax problems

We asked people to tell us about the problems they experienced because of a build-up of earwax. In Figure 1 below, the larger words represent the commonest responses.

Figure 1. Problems associated with earwax



As the figure shows, people experienced a variety of earwax problems and symptoms. The commonest problems included hearing loss or deafness, tinnitus, dizziness, and loss of balance. Some people also reported suffering pain, infection, irritability, and depression. These symptoms can last for years or reoccur frequently, especially for conditions such as narrow ear canals and eczema.

4.2 Finding out about treatment options

We heard that identifying an earwax problem and a suitable treatment can be confusing. Most people told us that when they called their GP practice about an earwax problem, they were told that the service was no longer provided. The reasons given to them by the surgery included lack of funding, broken equipment, COVID-19 restrictions, or simply that the service had stopped. They were usually advised to try self-care, including ear drops or olive oil/bicarbonate of soda and, if this did not work, to pay for treatment at a private or high-street provider. Many people tried self-care first but some who had conditions that caused a frequent or more severe buildup of earwax said that it was not always effective. Others commented on the difficulties that elderly people and people with certain disabilities had in administering ear drops themselves.

People who experience persistent earwax problems said they needed frequent or specialised advice and treatment.

“I have a chronic ear wax problem possibly due to narrow channels. I wanted to speak to a nurse about this but was sent online information instead. In the past I have received regular ear syringing at my surgery.” (Woman, 65-74 years)

In some cases, staff gave the names of some local practices that offer private earwax removal treatment, such as Specsavers or Boots. In others, staff did not seem to know or did not offer further advice or information:

“I was told they don't do earwax removal anymore. The receptionist did not offer any advice on what to do. I had to ask and she had to go and ask someone else what I was supposed to do about it.” (Woman, 50-64 years)

“I wasn't able to see my GP regarding earwax removal. I was told simply by the receptionist that “we don't offer this service anymore” to which I replied, “so what should I do?” - I was offered no advice, no alternative and no chance of any solution.” (Woman, 25-49 years)

People who were left without advice said they were uncertain of what to do next or where to go for treatment.

Being able to have earwax treatment at a local GP practice was highly valued. The benefits included confirming the presence of earwax, identifying any underlying medical condition, and the high quality of treatment, with no charge. Respondents were surprised and disappointed to find out that the service had stopped. Those who had previously been treated by their GP or a practice nurse did not understand why the service was no longer provided by the NHS.

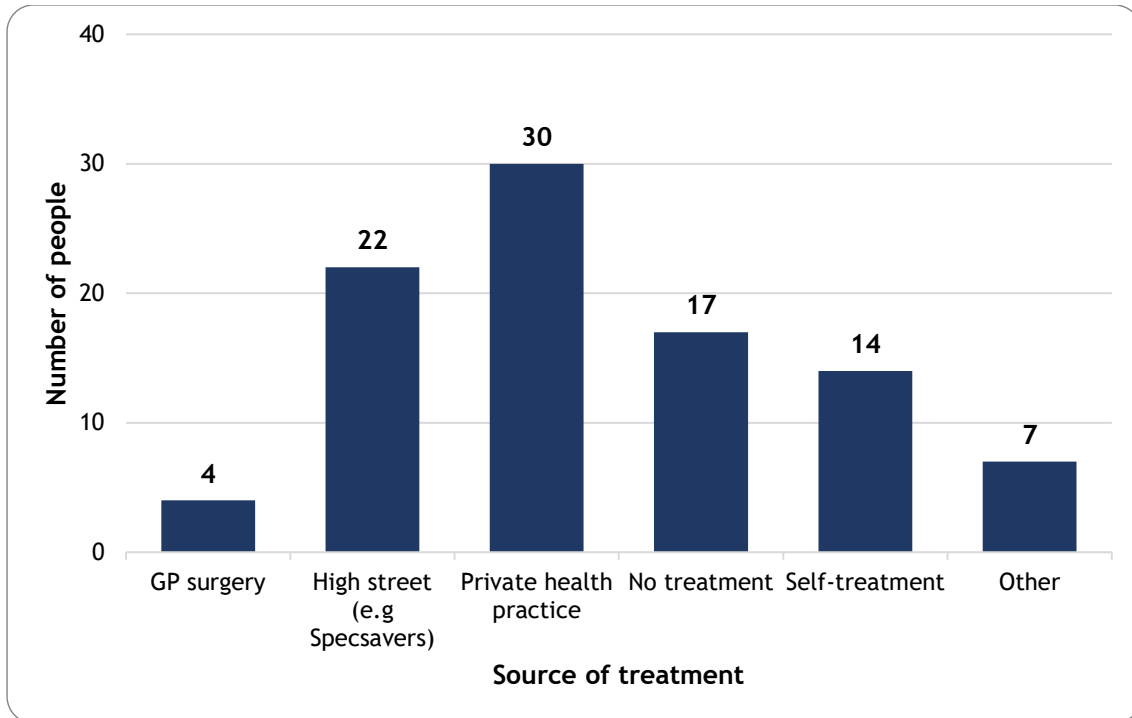
“I used to make appointments with the practice nurse...when the nurse told me that they no longer provided the service and to use a private provider I was both shocked and angry...I had been going to the practice for 60 years and I was having earwax problems since childhood.” (Man, aged 65-79)

A retired GP echoed this view:

“I personally used to remove ear wax routinely...I never had a problem and fitted this into a normal 10 minute appointment...It is ridiculous that such a valued service - to reverse reversible deafness - is not provided on the NHS.”

We asked people to tell us about their recent choice of treatment for earwax. The results are shown in Figure 2 below.

Figure 2. Place of treatment



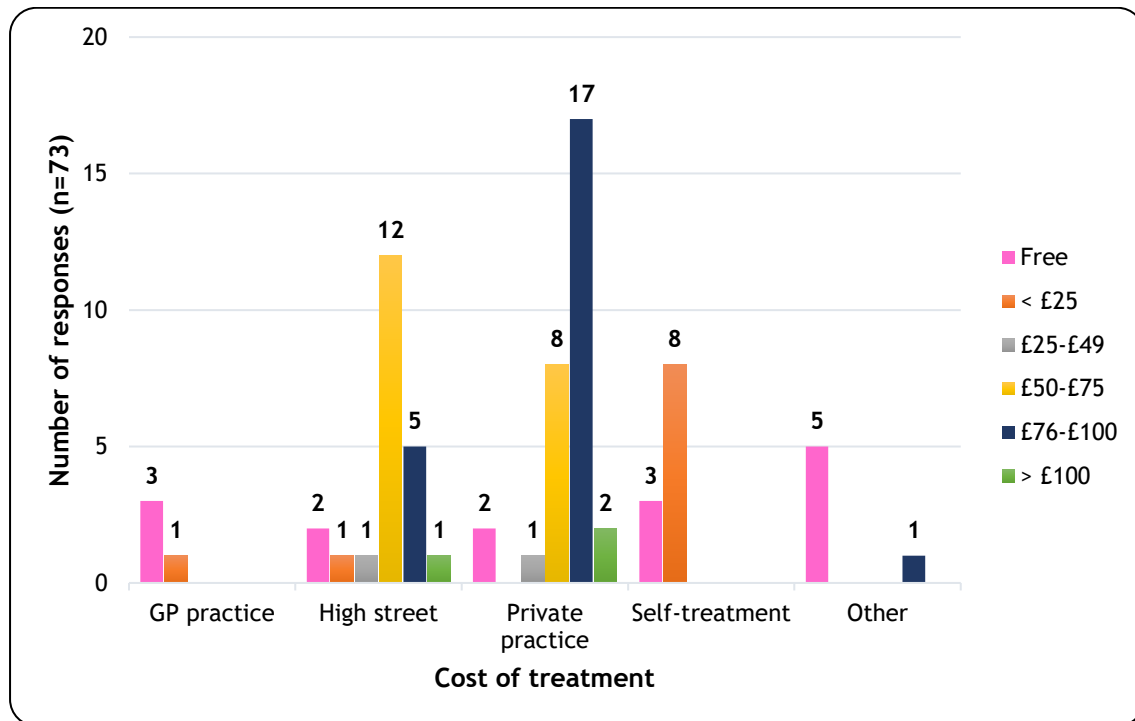
(Note: in case of multiple treatment, more than one place is possible)

As the figure shows, of 94 people who gave information about a recent experience of an earwax problem, only four were seen at their GP practice, while 22 (23%) went to a high street provider such as Boots or Specsavers, and 30 (32%) to another private practitioner. Seven people received treatment somewhere else, usually through a hospital referral. Fourteen people (15%) treated their earwax themselves either with ear drops, oil, or equipment they had bought online, and 17 people said they did not get any treatment.¹

¹ Our survey did not ask the reasons for not seeking treatment for earwax.

Figure 3 below shows for 73 people who provided information how much they paid for earwax treatment at different providers.

Figure 3. Cost of treatment at different providers



As expected, treatment at GP practices was generally free (one person bought ear drops) and most people who treated themselves spent less than £25, mostly for ear drops or to buy equipment online. Costs at high street and private practices varied - some charged per ear while others charged a fixed fee regardless of whether one or both ears needed cleaning. Of 22 people who told us about treatment at a high street provider, 12 (60%) paid between £50 and £75, and of 30 people who sought treatment at other private practices, 17 (74%) paid between £76 and £100.

4.3 Experiences of treatment in the private sector

Most people who told us about their treatment at a high street provider or other private practice said they were satisfied with the experience. However, difficulties included not knowing which provider to choose, delays an appointments, concerns about safety and hygiene, and the costs of treatment. Many felt that private treatment was too expensive (see Figure 3 above), especially for people on low incomes, people who wore hearing aids, and people with conditions that required frequent earwax treatment:

“I suffer almost yearly with impacted wax that causes me to go deaf in my left ear. I have just received an invoice for my private appointment for removal which was £180.” (Woman, aged 25-49)

In some cases, people said they were charged for treatment even when the provider did not find excessive earwax. The costs of private treatment are undoubtedly a problem for some people, and several told us they would delay or avoid going to a private practice or would try and remove the earwax themselves:

“We could not afford the private treatment so purchased a syringe kit on Amazon for about £10.” (Mother of boy, aged under 18)

“Myself and my Mum have had to do it, which I think is dangerous and a terrible situation.” (Respondent commenting about father, aged 80 or over)

Trying to remove earwax oneself is not recommended and can make the problem worse or damage the ear drum (Royal National Institute for Deaf People n.d.).

Some people said they worried about safety and hygiene in private practices. They also wanted reassurances about the qualifications and training of providers. A member of the public emailed us about a person who had provided earwax treatment in her home. The person, who advertised as a registered nurse and ‘clinical ear care practitioner’, offered ‘water irrigation, microsuction, and instrument treatment’. The patient had been unable to verify the practitioner’s credentials with the Nursing and Midwifery Council.

4.4 Referrals for hearing assessments

We heard from several people who had attended an appointment for a hearing assessment, or had been referred to an audiologist, but were not assessed because of a buildup of earwax. Without prior checkup, it is difficult to know whether excessive earwax is present, and these patients were usually sent back to their GP. Some people told us that, even with a referral from an audiologist requesting their GP to remove the earwax, they were refused treatment:

“He went for a hearing test at the hospital but was told that they couldn’t do it because of the earwax and that they don’t do cleaning there either. They told him to go back to his GP but the GP told him that they don’t do the cleaning anymore and to go private even though [the] referral letter is asking the GP to remove the wax.” (Male, age unknown).

“I was unable to get a replacement hearing aid until the earwax problem had been resolved. I was advised to use home treatments but these did not work. I wasted 3 months and 3 trips to audiology clinics involving an hour’s travel each time, only to be told eventually that I needed professional wax removal. My GP practice did not provide a service and after contacting more than 12 private practitioners who had

*waiting lists for months, I had to pay £100. I was without a hearing aid for many months, which was very isolating”
(woman, aged 80 or over)*

People found these experiences frustrating and time-consuming. Besides taking up time from health providers, they caused avoidable delays in treatment and meant patients had to endure prolonged discomfort and hearing loss.

4.5 Access to earwax removal services

GP practices provided people with information or advice on earwax and how to manage it. Although some also gave the names of local private providers, patients said they often had to search themselves. The NHS website advises seeing a local GP practice nurse if self-care does not clear the symptoms of excessive earwax or if a blocked ear results in loss of hearing (NHS 2021). However, it also says that not all GP practices offer earwax removal services. This can be confusing for patients who need clear advice on what to do and where they can go for safe, effective treatment.

Our results reflect the current clinical advice in Oxfordshire, and nationally, of self-care followed by a private consultation if ear drops or oil are not effective. In the absence of specialised treatment at GP practices, private care is a viable alternative for some people. However, the location of providers, high demand for services, and cost of treatment can make it an inaccessible or unsatisfactory choice. Residents of care homes or with mobility problems, those on low incomes, and people who need frequent treatment are disadvantaged.

The COVID-19 pandemic has made it more difficult to access some healthcare services. In-person consultations have reduced as healthcare providers have tried to minimise the spread of the virus. However, private providers of earwax treatment are seemingly ‘open for business’. With fewer primary care providers offering routine earwax removal, services have become increasingly commercialised through high street providers, private clinics, and individual practitioners offering home treatment (Launer 2021). People seeking services need assurances about safety, including information about the training, competency, and clinical expertise of practitioners who provide treatment.

4.6 Oxfordshire age-related hearing loss service for the over-55s

Healthwatch Oxfordshire is aware of a new service to be commissioned by Oxfordshire Clinical Commissioning Group (CCG) from November 2021. The service will be limited to people aged over 55 who have age-related hearing loss and will enable them to access treatment if they require a hearing assessment, provided they have undertaken two weeks self-management. Patients who are eligible will be able to refer themselves for treatment without the need for a referral from a GP. Given the potential demand for treatment, the new service will need capacity to manage a potentially high number of people who self-refer more than once a year. However, people under the age of 55, including those on low income or with a predisposing condition, will not be eligible.

Before publishing this report, we held a conversation with Oxfordshire Clinical Commissioning Group, who explained the eligibility criteria for ear wax removal services at GP practices and the structure of the new over-55s service. They also

confirmed that people in Oxfordshire can access free advice and treatment for ear wax removal through the Minor Ailments Scheme² at their local pharmacy, and that pharmacists will advise the use of olive oil, which patients can obtain at the pharmacy.

Healthwatch Oxfordshire have sent Oxfordshire Clinical Commissioning Group a copy of this report and we will publish any response we receive from them. We will continue to listen to people's experiences of seeking earwax removal treatment and report what we hear to commissioners and service providers with a view to improving patient access and experiences.

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² <https://www.oxfordshireccg.nhs.uk/professional-resources/documents/prescribing/Pharmacy%20Services/Patient-information-leaflet-CITY.pdf>