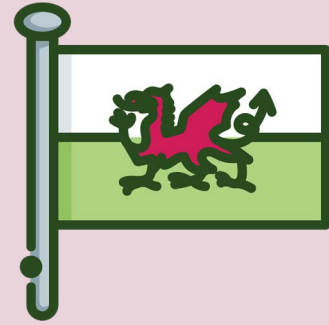


STOP THE BLOCK

the crisis of NHS ear wax removal in Wales

RN I:D | Supporting people who are deaf, have hearing loss or tinnitus



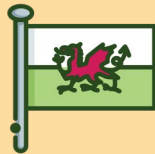
SUMMARY

Ear wax removal services are vital for people's health, quality of life and wellbeing; it's not a luxury or a "nice to have".

Without access to timely NHS wax removal, people can experience significant symptoms like hearing loss and tinnitus, poor mental health and be denied access to essential audiological care or diagnosis.



Despite a national wax management pathway in Wales, roughly half the population do not have access to a wax management service in primary and community care, leaving them without essential care or forced to pay up to £100 for private provision.



Of Wales' seven Health Boards, three provide a community and primary care wax management service, two have partial provision of a service, and two have no provision at all, leaving an estimated 48,000 people who require wax removal without access to a service.



The lack of ring-fenced funding for delivery of the wax management pathway has affected implementation across several Health Boards, with roll out of some indefinitely paused or delayed, while others have no plans for a service.

Even where services are in place, there's a concerning lack of patient information and direction to available services in primary and community care.



To address this, we're calling for:

1.

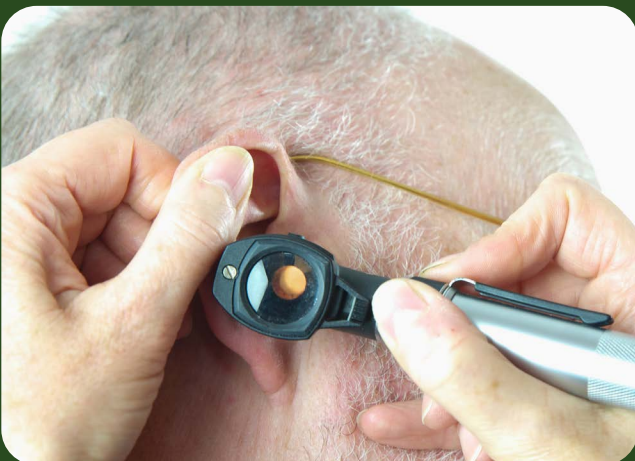
Welsh Government to work with all Health Boards to accelerate full and consistent implementation of the Ear Wax Management in Primary and Community Care Pathway across the whole of Wales by 2026, with ring-fenced funding for the service.

2.

Health boards to ensure that patient-facing staff are aware of the availability of wax removal services and access criteria for referral, and that this is effectively promoted and communicated to patients.

3.

NHS Wales to ensure consistent, safe and evidence-based information on self-management of ear wax is shared with patients across the seven health boards, and commit to ongoing review.



INTRODUCTION

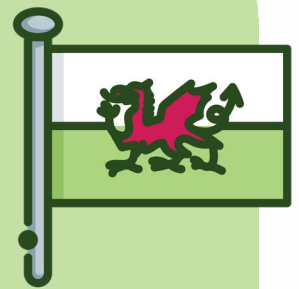


Ear wax removal is a service that's vital for people's quality of life and wellbeing; it's not a luxury, or a "nice to have".

When people are unable to access timely NHS wax removal services, they can experience painful and distressing symptoms like hearing loss and tinnitus, be denied essential audiological care or diagnosis, and experience poor mental health. It can also particularly affect hearing aid wearers, causing hearing aids to 'whistle', reducing their performance and making them uncomfortable, which may discourage people from wearing them. This can all be avoided with access to NHS ear wax removal services.

Wax removal is a service many people need during their lifetime, and some will need it multiple times a year. Welsh Government previously estimated that 3% of the Welsh population present with ear wax that requires removal each year, affecting hundreds of thousands of people across the country, and amounting to 96,000 appointments in primary care annually.¹ This is an issue that needs urgent attention.

3%



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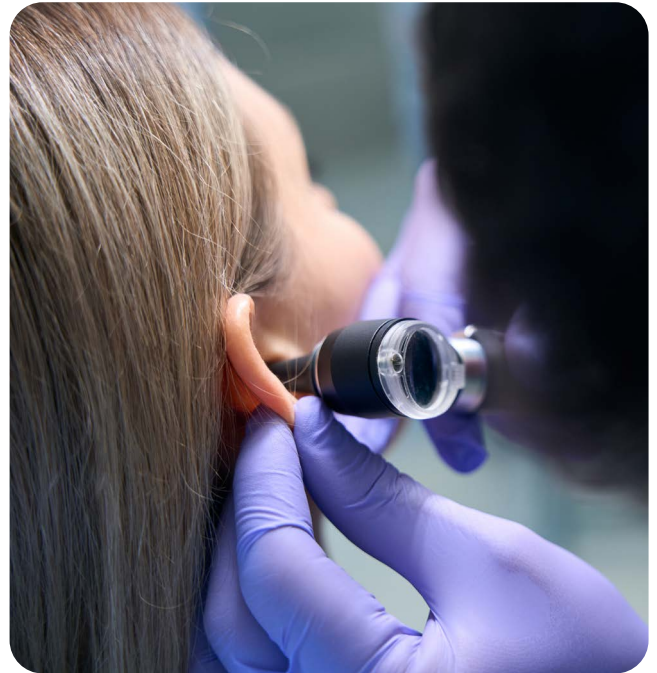
¹Welsh Government, Ear Wax Management in Primary and Community Care Pathway, September 2020. URL: <https://www.gov.wales/ear-wax-management-primary-and-community-care-pathway.html>

THE CASE FOR A SERVICE IN EVERY PART OF WALES

Ear wax is a normal oily substance that helps to protect the outer ear. For most people, ear wax moves out of the ear naturally over time, however for some, particularly hearing aid wearers, it builds up and requires professional removal.

While for some, self-management can be effective with appropriate guidance, there can be side effects, such as discomfort and irritation of the skin of the ear canal. There is also no evidence that drops resolve most cases of symptomatic ear wax. A 2018 Cochrane review on the use of ear drops to aid the removal of ear wax in adults found that only 22% of those using drops reported complete clearance of wax.²

Significant build up can also delay or prevent essential hearing care in audiology, with people unable to access treatment until wax is removed. Therefore, it's crucial that all patients in Wales who have a medical need for wax removal have access to high-quality and consistent NHS service, in addition to clear guidance on self-management.



"I am 72 years of age and after working in a factory, I have to have my ears syringed every year. For years it was no problem at the doctors, then it went to the hospitals, only now it's a 'no no' at both. I have made enquiries and it's going to cost me £55 at Specsavers. Can I afford to have them done with just my pension and the cost of living?! I have to, so something else has to give."

- A patient in north Wales

²Cochrane Database of Systematic Reviews, Ear drops for the removal of ear wax, July 2018. URL: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012171.pub2/full>

WAX REMOVAL IN WALES: THE CURRENT PICTURE

Welsh Government was one of the first to recognise the importance of this issue in the UK. In response to concerns raised about the lack of consistency in the delivery of ear wax removal services across Wales, a Task and Finish Group was set up in 2018 to assess existing service provision and develop a national integrated pathway for safe and effective management of ear wax.

At this time, local health boards had been responsible for providing wax removal services, but it was not explicitly part of the GP contract. Therefore, some patients were able to access the service at the GP, while others were referred onto hospital ENT departments. This variation in service provision, along with an increase in patient referrals and waiting lists, meant that patients with the greatest need were not being seen in the right place, at the right time, by the right health professionals.

Despite this clear guidance which has been in place since 2020, in recent years, we've continued to hear from our communities that they are not able to access the service for free within their local health boards.

When patients present to their GPs with

ear wax, they are often told that no services are provided in primary and community care settings. Patients are instead signposted to private treatment at a cost of up to £100. When we surveyed our communities in 2022, we found worrying examples of these incidences, even in local health boards where wax services have been established.

In 2022, we asked our communities in Wales to share some of their experiences of accessing wax removal in primary and community care. Their stories reflect common themes shared with us. These include:

- No longer being able to access wax removal where it was previously provided.
- Self-management ear drops not working effectively or having side effects.
- Wax affecting access to audiology care including hearing tests.
- The cost of having to rely on private wax removal and how this can exacerbate health inequalities.

The Welsh Government [Ear Wax Management Primary and Community Care Pathway](#) is the national pathway for the safe and effective management of ear wax in primary and community settings. It was introduced in October 2020 with the stated aim of providing consistent patient outcomes, and an emphasis on equity and empowering people to better manage their own care, while complying with NICE guidelines and quality standards. This new guidance was issued to all health boards to be rolled out with immediate effect.

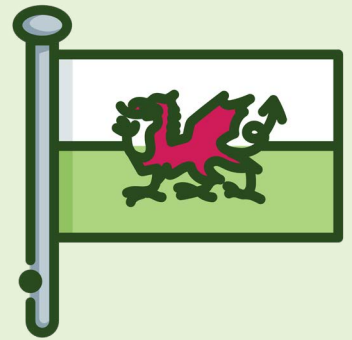
“Over the years I have had my ears syringed around four times and find it very useful. Last summer I went to my GP only to be told ‘we don’t do it anymore’. I was told to ask the pharmacist who recommended bicarbonate drops. I used these for some time and found no change. I went back to the GP who gave me something that made me quite ill and gave me vertigo plus no change to the blockage. Back to the GP whose only reaction was to give me a prescription for the vertigo! This took around two months of going back and forth. I am 74 and am aware of hearing loss so I wanted to have an ear test. But I can’t have an ear test if I have wax in my ears and I can’t get it removed! And sprays don’t work. What am I supposed to do? Just allow myself to go deaf? I am in a Catch-22 situation.”

- A patient in north Wales

“I have suffered with wax build up in my ears the whole of my adult life. Since my early 20s I have had to have several wax removals carried out by syringing at my local GP. In 2020, I found out that my GP no longer offered the service and I was told to pay privately for a new service, micro suction. I went private and paid for the service only to find out that not all of the wax could be removed from my left ear as the wax was too close to the ear drum. I have had to live with this for the past two years as I cannot find anybody to carry out the syringing technique in order to fix the problem.”

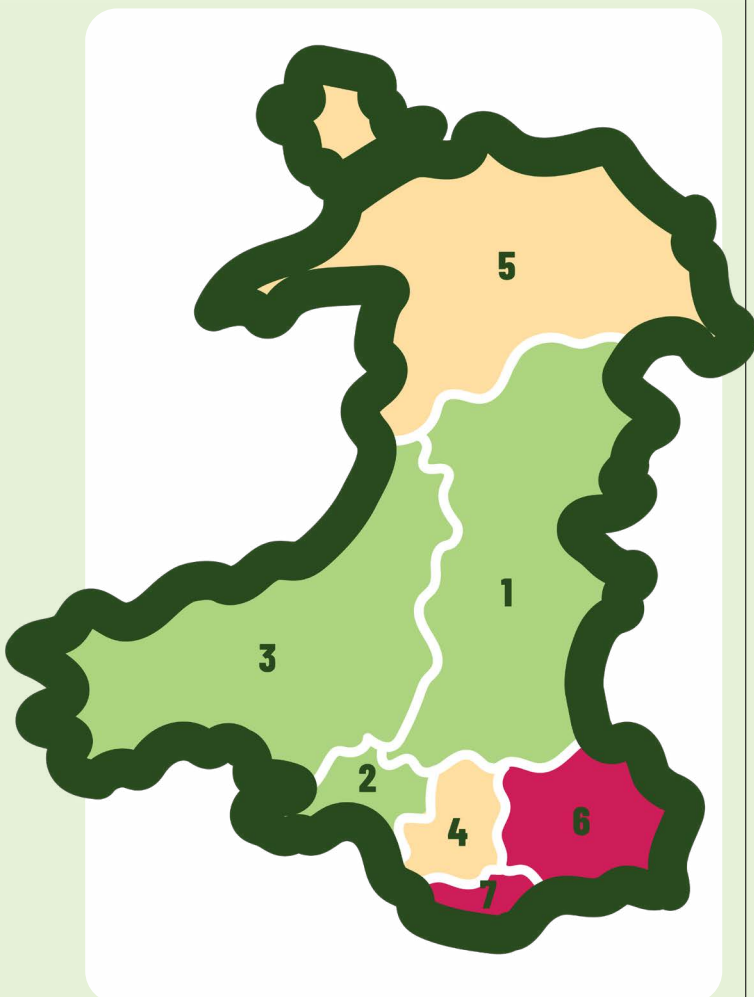
- A patient in west Wales

A POSTCODE LOTTERY OF PROVISION



In light of this, we issued Freedom of Information (FOI) requests to all seven health boards in Wales to understand the availability of wax removal services in primary and community care, in line with the Welsh Government pathway. We first issued FOIs in August 2023, then again in November 2024, to get a full picture of service provision and any changes during this time.

The responses we received fit into three scenarios:



FULL PROVISION

of an ear wax management service, in line with the Welsh Government Pathway.



1. Powys
2. Swansea Bay
3. Hywel Dda

PARTIAL PROVISION

of an ear wax management service – where the service only exists in part of the health board or is not completely in line with the Pathway.



4. Cwm Taf Morgannwg
5. Betsi Cadwaladr

NO PROVISION

of an ear wax management service in primary and community care, in line with the Pathway.



6. Aneurin Bevan
7. Cardiff and Vale

Full provision: Three health boards responded to say they have a wax management service in primary and community care in line with the Welsh Government Pathway. These were Swansea Bay University Health Board (SBUHB), Powys Teaching Health Board (PTHB) and Hywel Dda University Health Board (HDUHB). The FOIs advised that in these Health Boards, the service is delivered across all primary care cluster sites.

Partial provision: In two health boards, the service is partially rolled out:

- **In Betsi Cadwaladr University Health Board (BCUHB)**, the service is now in place in half its primary care clusters, which is an improvement, as our 2023 FOI revealed the service was at 35% rollout. However, the rollout period has been extended indefinitely due to lack of funding.

- **In Cwm Taf Morgannwg University Health Board (CTMUHB)**, the service is in place everywhere other than in Bridgend due to this locality merging with Cwm Taf from another Health Board in 2019. However, this means that patients in Bridgend are left without access to a service.

No provision: Two health boards, Aneurin Bevan University Health Board (ABUHB), and Cardiff and Vale University Health Board (CVUHB), currently have no wax management

service in primary and community care for patients that is in line with the Pathway.

- **Aneurin Bevan UHB** confirmed it does not commission any wax management service in primary or community care, and that wax removal is not explicitly within the GP contract. Patients seeking treatment are given advice on self-management, or in some cases, wax removal can be performed in ENT in a hospital setting.

- **Cardiff and Vale UHB** also confirmed there is no wax removal service available in primary or community care. Patients seeking treatment in this area are given information about self-management. However, for hearing aid wearers, in some situations wax removal can be provided within hospital departments.

This paints a deeply concerning picture. While most health boards in Wales provide a wax removal service in primary and community care, the three largest health boards that cover a wide population either have no service in place, or their service is only partially rolled out.

This means that 1.6 million of the Welsh population live in an area where there is no NHS removal service, and based on the estimated 3% who present with ear wax each year, that means 48,000 people in Wales will seek treatment for ear wax removal in areas where they are denied access to an NHS service.

1.6 MILLION

of the Welsh population live in an area where there is no NHS removal service.



48,000

people in Wales will seek treatment for ear wax removal in areas where they are denied access to an NHS service.



WHY AREN'T ALL HEALTH BOARDS PROVIDING A SERVICE?

A consistent barrier to complying with the Welsh Government Pathway is set funding and sustainable investment within health boards to establish a service and fully implement the pathway.

For example, in Betsi Cadwaladr UHB, their audiology-led primary care wax removal service was delayed beyond the initial three year roll out period due to an internal planning review that reprioritised funds elsewhere. Cardiff and Vale UHB explicitly cited “additional investment” as a barrier to establishing a service.

While these health boards have committed to upcoming reviews of the need for a service, concerningly, Aneurin Bevan UHB shared no further information on plans for a rollout of a community and primary care wax management service in the future.



A six-month pilot of a primary and community care wax management service took place within one primary care cluster of Cardiff and Vale UHB in 2022 and was accessed by 474 patients. While small-scale, this pilot was extremely successful: of those who accessed the service, 171 completed patient satisfaction surveys, with a 100% satisfaction rate, and 98% saying they would recommend the service to others. All the written feedback received was positive, with one calling the service “life-changing”.

Despite the success of this pilot, it did not secure funding to continue. Correspondence with the Health Board in 2024 stated that “due to competing demands within the Audiology Service and a shortfall in workforce, there has been a decision to re-direct funding”.

WHAT WE'RE CALLING FOR

Access to free wax removal is vital for people's quality of life and wellbeing. It is an essential service to take care of people's health and hearing, and consistent access to a primary and community care service across Wales aligns with the Welsh Government's Primary Care model, underpinned by principles of prudent healthcare.

Our research reveals that tens of thousands of people across Wales still cannot access an NHS wax removal service when they have a medical need. Despite leading the way with the introduction of the Welsh Government Wax Management Pathway in 2020, Wales is at risk of falling behind other nations, and patients in Wales currently face a poorer picture of overall wax removal provision than elsewhere in the UK.

In Scotland, 12 of 14 health boards provide a full wax removal service across the whole area they serve, with two health boards providing a partial

service across some parts of their area.

In England, where the service has always fallen behind due to a lack of national guidance and inconsistent service delivery, more than half of the 42 Integrated Care Boards (ICBs) commission a full wax removal service, with a partial service in place in 13 further ICBs.

While we support the policy and guidance underpinning the National Pathway, our research shows that, without consistent and ring-fenced funding, it has not translated into consistent access to services for people across Wales and there are still extremely concerning gaps in provision. Approximately half of the population of Wales live in areas where there is no wax removal service in line with the Pathway, and we estimate that means that 48,000 people who will present with ear wax live in an area where they cannot access treatment on the NHS.

To address this, we're calling for:

1.

Welsh Government to work with all health boards to accelerate full and consistent implementation of the Ear Wax Management in Primary and Community Care Pathway across the whole of Wales by 2026, with ring-fenced funding for the service.

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