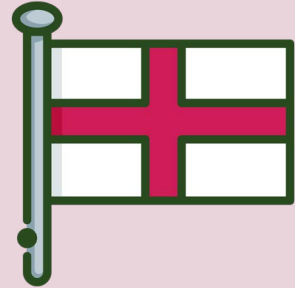


STOP THE BLOCK

The ongoing crisis of NHS ear wax removal services in England

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



INTRODUCTION

Untreated impacted ear wax is a significant medical concern, which requires professional intervention. Failure to remove wax promptly can lead to severe and painful symptoms, and for some people, a significant impact on their quality of life.

The provision of free NHS wax removal services is important.

In January 2024, we published a report showing less than half of NHS England's local commissioning bodies - Integrated Care Boards (ICBs) - were providing a full wax removal service to their populations.

In the last year we've see some improvements in provision across England with more ICBs providing a service, but overall there's been too little progress.

Many ICBs still aren't providing this service to everyone who needs it in their area, and some still aren't providing a service at all.

This isn't good enough. Wax removal is a vital NHS service which can radically transform someone's quality of life. Failure to remove excess ear wax can leave people with hearing loss, exacerbate tinnitus, create earache or cause ear infections. It can also affect hearing aids and force people to stop wearing them.

It's a service that many people may need during their lifetime, and that some will need multiple times a year.

We are calling on NHS to **"Stop the Block"**.

"It's disappointing to see that, while some ICBs are taking steps to improve access to this essential service, progress is limited, with little real change in England one year on. In some parts of the UK, millions of people are still unable to have ear wax removed on the NHS."

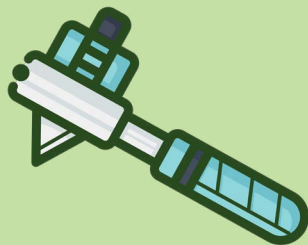
"The time for action is now, lets end the postcode lottery and improve the quality of life for two million people who need ear wax removed each, and every year."

- Kevin Munro, Professor of Audiology, University of Manchester

THE NEED FOR EAR WAX REMOVAL SERVICES

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

**2.3
MILLION**



people require professional ear wax removal every year in the UK. Some people will need it many times in one year.

For decades, people could go to their GP surgery for ear wax removal – but many GP practices are no longer offering this service. Now, lots of people have to either seek private ear wax removal, costing up to £100, or attempt to manage their ear wax themselves. If done incorrectly, this can lead to infection, permanent hearing loss, ear canal or ear drum damage.

This contradicts clear guidance from the National Institute of Health and Care Excellence (NICE) – the body that recommends which services should be available on the NHS. NICE guidelines state that GP surgeries or community clinics should offer to remove earwax if build-up is contributing to someone's hearing loss or causing other symptoms.

Significant ear wax build up can also delay or prevent essential hearing care in audiology, meaning people may be unable to access or use hearing aids until the wax is removed.

It's essential that everyone who has a medical need for professional ear wax removal is able to access this on the NHS when they need it. They should also be offered clear information on how to manage excess ear wax safely at home with ear drops – and advised what to do if this doesn't work.

ONE YEAR ON FROM OUR WAX CAMPAIGN LAUNCH - WHAT HAS CHANGED?

In January 2024, RNID published a report showing the postcode lottery in ear wax removal services across England.

"I am still paying for private earwax removal as there are no services provided locally by the NHS. I regularly face a lack of understanding about living with hearing loss. Of course, how much worse this becomes if I have a buildup of ear wax."

- Helen



We submitted Freedom of Information requests to all 42 local health bodies in England, which showed that only 18 commissioned a full ear wax removal service in line with NICE guidelines, 15 ICBs partially commissioned a service, often for a limited area, and 7 ICBs didn't commission ear wax removal services at all

Over 500 members of our campaign community took our campaign action, writing to their local paper to ask that wax removal services be provided in their area. Meanwhile, RNID wrote to England's Integrated Care Systems, setting out why they should provide a full wax removal service to everyone who needs it, across the area they serve.

One year on, there have been some limited improvements. A new set of Freedom of Information requests submitted by RNID to health bodies in England has shown that now, more than half (23) of health bodies commission a full wax removal service, 13 commission a partial service across some of their area, and 6 still don't commission a service. Many of the areas not fully commissioning told us they are conducting a review of provision.

While it's positive there has been some change, this isn't good enough. **Millions of people across the country are still unable to access this vital service when they need it.**

THEN

18



Only 18 provide ear wax removal services for everyone in their area

15



partially commissioned a service

7



don't provide any service at all

NOW

23



more than half of health bodies now commission a full wax removal service

13



commission a partial service across some of their area

6

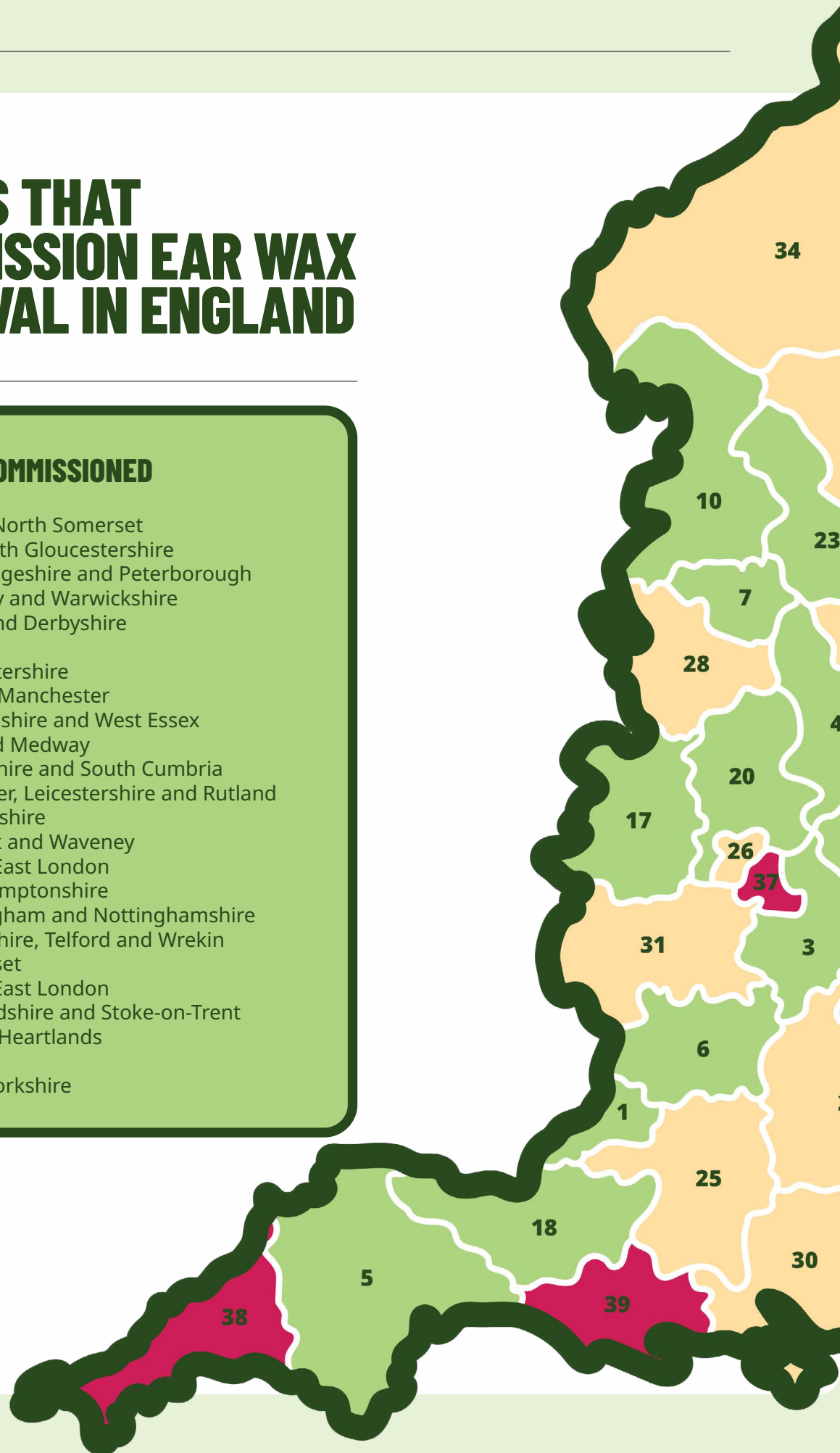


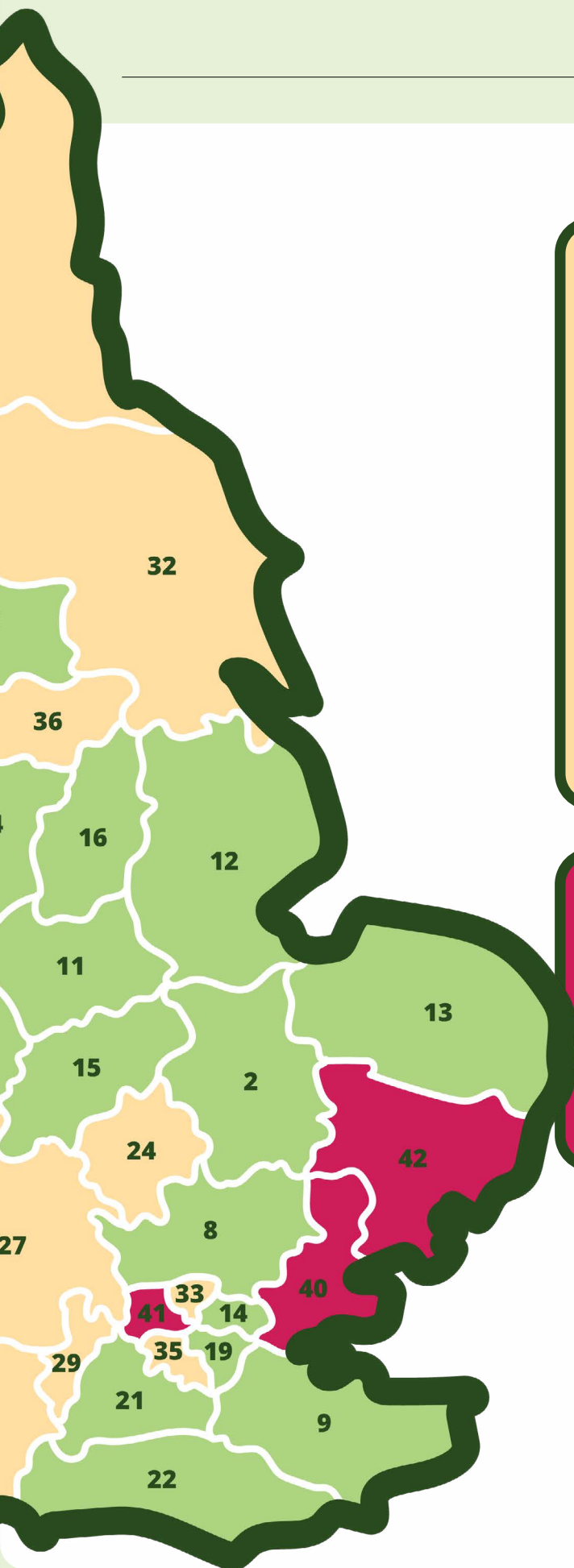
don't provide any service at all

AREAS THAT COMMISSION EAR WAX REMOVAL IN ENGLAND

FULLY COMMISSIONED

1. Bristol, North Somerset and South Gloucestershire
2. Cambridgeshire and Peterborough
3. Coventry and Warwickshire
4. Derby and Derbyshire
5. Devon
6. Gloucestershire
7. Greater Manchester
8. Hertfordshire and West Essex
9. Kent and Medway
10. Lancashire and South Cumbria
11. Leicester, Leicestershire and Rutland
12. Lincolnshire
13. Norfolk and Waveney
14. North East London
15. Northamptonshire
16. Nottingham and Nottinghamshire
17. Shropshire, Telford and Wrekin
18. Somerset
19. South East London
20. Staffordshire and Stoke-on-Trent
21. Surrey Heartlands
22. Sussex
23. West Yorkshire



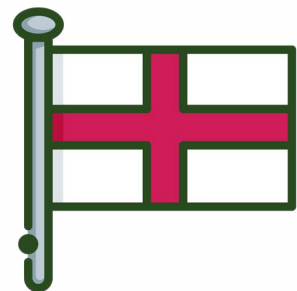


PARTIALLY COMMISSIONED

- 24. Bedfordshire, Luton and Milton Keynes
- 25. Bath and North East Somerset, Swindon and Wiltshire
- 26. Black Country
- 27. Buckinghamshire, Oxfordshire and Berkshire West
- 28. Cheshire and Merseyside
- 29. Frimley
- 30. Hampshire and Isle of Wight
- 31. Herefordshire and Worcestershire
- 32. Humber and North Yorkshire
- 33. North Central London
- 34. North East and North Cumbria
- 35. South West London
- 36. South Yorkshire

NO SERVICE COMMISSIONED

- 37. Birmingham and Solihull
- 38. Cornwall and The Isles of Scilly
- 39. Dorset
- 40. Mid and South Essex
- 41. North West London
- 42. Suffolk and North East Essex



MISINFORMATION ABOUT SELF-MANAGEMENT

One year on, RNID have found that many ICBs are still providing incorrect information to patients on the self-management of ear wax. Whilst self-management with ear drops will work for some, there is no evidence that this resolves 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 was unable to conclude which type of ear drop was more effective, and could only find one study comparing active self-management with drops to no treatment. In this study, only 22% of those using drops reported complete clearance of wax.

Yet some ICBs are wrongly stating symptomatic ear wax can generally or always be resolved using ear wax softeners or dissolvers. In some cases, ICBs have cited self-management as a reason not to provide an ear wax removal service to all their patients. In December 2024, RNID conducted public polling with Censuswide to understand more about the experiences of people who needed ear wax removal by a healthcare professional.

Our findings from responders showed that

of those people who have had professional wax removal, 27% said ear wax drops or softeners were unsuccessful.

In our campaign last year, we called on the NHS to update the information it provides on its website to make it clear that self-management of ear wax with drops will not work for everyone, and that some people will still require professional removal. Whilst an update to the NHS page has been promised, one year on, the page still implies that self-management with ear drops should work for everyone experiencing symptomatic ear wax build up, stating that “Over about 2 weeks, lumps of earwax should fall out of your ear and your symptoms should improve”.

Whilst self-management of ear wax can be valuable as first-line treatment, and is an important pre-requisite to professional removal, the patient-facing information provided by the NHS should be clearer about the limited potential benefit of self-management of symptomatic ear wax with drops - this is not an alternative to providing professional removal services for those who require it.

“My ear wax build up has been persistent and sometimes painful. I was told that my ears were completely blocked with ear wax and I should put drops in, but I’d need to get them properly treated. I was shocked when I was told that ear wax removal wasn’t available on the NHS anymore.”

- Holly



THE COSTS OF NOT PROVIDING AN EAR WAX REMOVAL SERVICE

The collapse in ear wax removal services is not only an issue of inequalities and basic patient care - it has contributed to rising costs and waiting times in Ear Nose and Throat (ENT) hospital services. The Department of Health and Social Care and NHS England noted in Reforming Elective Care for patients (January 2025)¹ that people unable to access wax removal services in the community are sometimes referred to hospitals for simple wax removal.



"I went back to the GP, and he explained that I could get over the counter treatments. I bought the pump with the warm water that you put in your ears, and I had drops but nothing got rid of the wax. The self-management methods weren't working. I kept putting the oil drops in and then I thought, oh, what's that horrible stuff coming out? I didn't really know what it was. I thought it might be the wax coming out, but it was an infection in my ear. I went to the GP, and they prescribed antibiotics, and it cleared up. But I really suffered."

- Audrey



¹ NHS England » Reforming elective care for patients

WHAT NEEDS TO HAPPEN

Even if ICBs no longer want individual GP practices to offer ear wax removal, there are other models of provision that ICBs can use. For example, in some ICBs, groups of GP practices can opt for buddying arrangements to offer services together in a cost-effective way, co-operating in order to meet training requirements in ear microsuction or irrigation.

Some ICBs also make use of Any Qualified Provider (AQP) contracts with high-street opticians, which can provide wax removal services for some NHS hearing aid patients.

In January 2025, the Department of Health and Social Care and NHS England set out their plan to reform the provision of elective (non-urgent) NHS care services, with plans to expand the use of Community Diagnostic Centres (CDCs) and strengthen the relationship between the NHS and the independent sector to create new capacity. CDCs provide a range of checks and tests in a single location, aiming to move services out of hospital and closer to people's homes, often improving patient experience. These new CDCs could be used to deliver more ear care in the community, including wax removal. Increased use of the capacity within the independent sector could also

improve patient access to wax removal services.

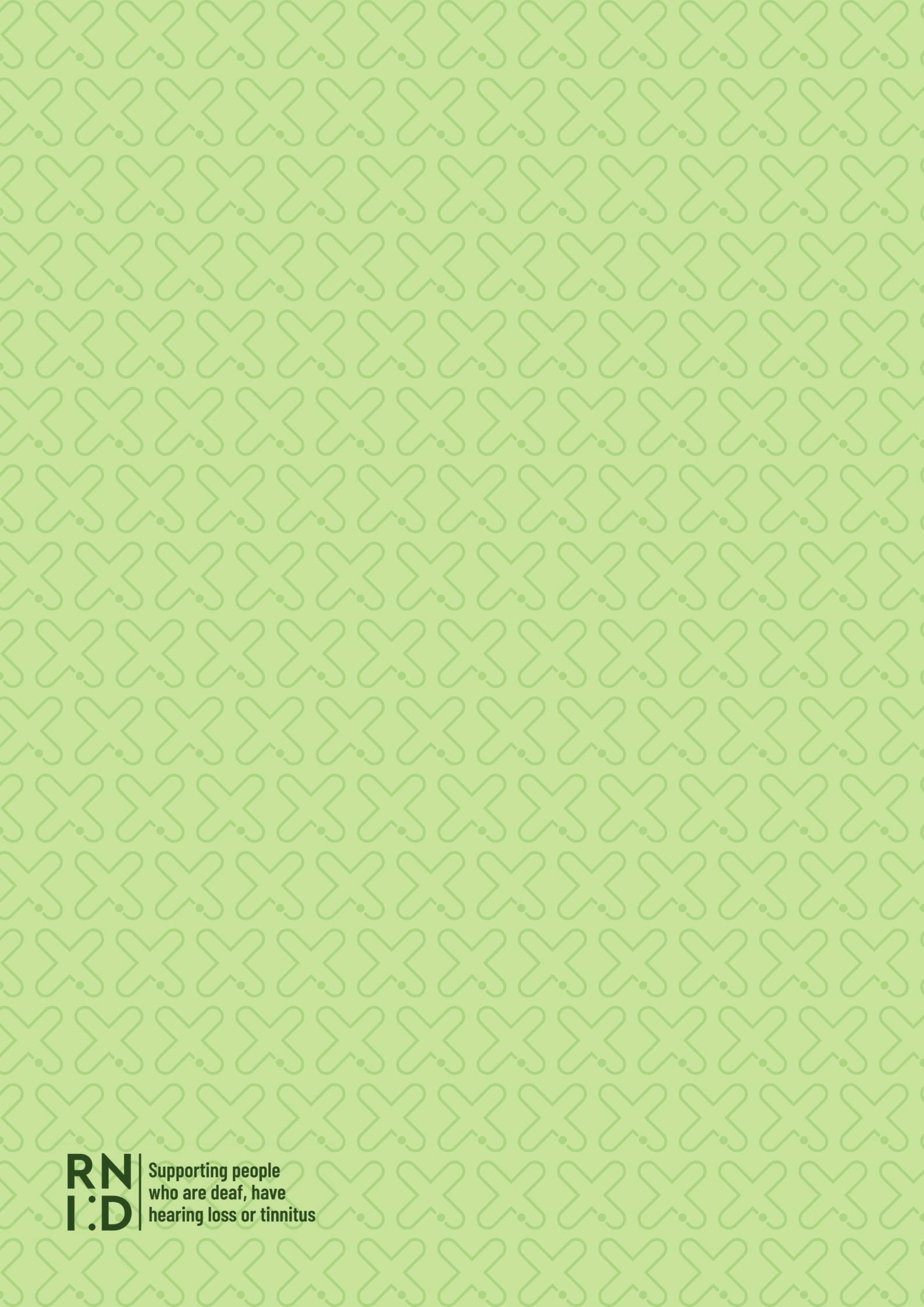
The fact is, without clear national direction, wax removal service improvement in England is too slow. Other parts of the UK have moved to address the issue of wax removal services at a national level. For example, the Welsh Government have introduced a national pathway for ear wax management in primary and community care, led by Advanced Audiology Practitioners.

In England, RNID believe the issue has now moved far beyond isolated decisions by individual ICBs which the Government or NHS England can reasonably ignore. There is a clear need for a strong national directive from the Department of Health and Social Care and NHS England that encourages ICBs to address this problem.

WE'RE CALLING FOR



- 1.** NHS England to provide guidance to ICBs (integrated care boards) and work with them on implementation to provide free ear wax removal services to NHS patients in primary care and community settings, in line with NICE (National Institute of Clinical Excellence) guidance.
- 2.** NHS England to publish improved patient information on the self-management of ear wax.
- 3.** Commissioners to ensure their ear wax removal providers are meeting contractual obligations, and that patient-facing staff are aware of what services are available to who.
- 4.** NHS England to ensure that GP surgeries and ICBs share consistent, safe and evidence-based information about ear wax removal and self-management with their patients.
- 5.** ICBs to investigate cost effective ways they can deliver this service to all patients who require it.



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