SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Ear Wax Removal Service
Commissioner Lead	NHS Shropshire CCG
Provider Lead	GP Practice
Period	1st April 2019 to 31st March 2020
Date of Review	October 2019

1. Population Needs

1.1 National/local context and evidence base

Shropshire CCG will ensure delivery of the nationally determined improvement areas as detailed within the Department of Health *Our NHS Care Objectives 3 draft mandate*; within the following five domains:

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long term condition.
- Helping people to recover from episodes of ill health or following injury.
- Ensuring people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

Delivery of better health outcomes within these domains underpins the strategic priorities of the CCG. The CCG is also committed to the delivery of regionally mandated service improvements where they are shown to improve patient outcomes or reduce inequalities.

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**	**X**
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 key outcome of the service is to ensure that all patients are managed effectively. Other objectives of the service are:

- Reduction in outpatient waiting times;
- Reduction in the number of outpatient appointments;
- To clearly identify the number of patients being seen in primary care;
- Increased levels of patient satisfaction.

3. Scope

3.1 Aims and objectives of service

The aims of this service are to provide a service for the removal of ear wax that is geographically close to the patient.

The locally commissioned service (LCS) has been put in place to help compensate practices for ear irrigation that is necessary prior to a secondary care audiology appointment / referral or requested by secondary care. LCS payment is therefore claimable for patients likely to be under the care of audiology (wears a hearing aid / diagnosed hearing impairment not solely caused by the presence of wax); those where referral to audiology is planned but ear wax needs removal prior to audiological assessment; those referred to the practice for ear wax removal by the audiology department (see section 3.4.1).

This service would be available to all eligible patients registered with a Shropshire CCG GP and would:

- Help reduce inequality of care across Shropshire;
- Provide convenient primary care locations for all patients;
- Offer choice for all patients;
- Provide a cost effective alternative to secondary care supporting national and local CCG priorities and ensuring value for money.

3.2 Service description/care pathway

3.2.1 Direct Service Delivery

PRINCIPLES - Irrigating the ear is carried out to:

- Facilitate the removal of cerumen and foreign bodies which are not hygroscopic, from the external auditory meatus. Hygroscopic matter (such as peas and lentils) will absorb the water and expand making removal more difficult.
- Remove discharge, keratin or debris from the external auditory meatus.

An individual assessment should be made of every patient to ensure that they are appropriate for ear irrigation to be carried out.

REASONS for using this procedure - In order to:

- Correctly treat otitis externa where the meatus is obscured by debris
- Improve conduction of sound to the tympanic membrane when it is blocked by wax
- Remove debris to allow examination of the external auditory meatus and the tympanic membrane.

3.2.2 Data Collection

- Production of an appropriate GP record. Adequate recording should be made regarding the patient's clinical history, problems with the procedure, follow-up arrangements and onward referral details.
- If the patient is not registered with the practice providing the service, the providing practice must ensure that the patient's registered practice is given all appropriate clinical details for inclusion into the patient's notes.

3.2.3 Facilities

- Provision of adequate equipment. This should be the use of an electronic irrigator, micro suction or another method of ear wax removal (such as manual removal using a probe) if the practitioner has training and expertise in using the method to remove ear wax and is aware of any contraindications to the method. Manual syringing

should not be offered.

3.2.4 Training

- Practitioners undertaking this procedure should have undertaken appropriate training. This should be based on modern, authoritative medical opinion.

3.2.5 Annual Review

All practices undertaking this service conduct an annual review to include an audit of:

- the register of patients
- continuous usage rates
- reasons for removal
- complications
- onward referrals

3.2.6 Tariffs and Codes

Patients included and being claimed as part of this service shall be coded appropriately. Please refer to the Read Codes included in the Supporting Documents Folder for the codes that should be used for recording patient activity for this scheme.

Frequency of data extraction shall be completed on a monthly basis.

Please see Schedule 3 Part A for the Local Prices.

Please also refer to Schedule 6 Part A for the Reporting Requirements.

3.2.7 Key Performance Indicators

Please see Schedule 4 Part C and Schedule 6 Part A for details of these requirements.

3.2.8 Equal Opportunities

The service provider must demonstrate how they meet equal opportunity requirements in the following areas:

- They must be committed to equal opportunities and must not discriminate in performance of the service towards service users or members of staff in any way;
- The service provider must be able to provide chaperones at the patient's request;
- The service provider must also be able to provide premises, facilities and treatment rooms that are compliant with disability legislation;
- The service provider must be able to provide access to foreign language interpreter if necessary.

3.2.9 Clinical Governance

The service provider will be responsible for their own system of clinical governance. This will include but not be limited to the following:

- An appointed Clinical Governance Lead;
- Development and implementation of Clinical Governance policies;
- Adherence to the Serious Untoward Incident reporting and investigation process;
- Compliance with Infection Control policies;
- Compliance with NHS complaints procedure and processes.

The service provider will have secure IT systems in place which enable the capturing of patient information and activity reporting. They will ensure that all information relating to patients is safeguarded and complies with the General Data Protection Regulations

(GDPR) (2018), the Access to Health Records Act (1990), the Freedom of Information Act (2000) and the Caldicott Principles.

3.3 Population covered

Shropshire CCG General Practice registered patients.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Acceptance criteria

Payment is offered to practices for undertaking ear irrigation under the following criteria: Where the patient:

- Has a previously diagnosed hearing impairment not solely caused by the presence of wax; and/or
- Wears a hearing aid; and/or
- Where referral to audiology is planned but ear wax needs removal prior to audiological assessment; and/or
- Has been referred to the practice by audiology

The treatment of ear wax through irrigation in other circumstances should continue where clinically appropriate but will not be funded through this service. Alternative means of treatment should be considered as appropriate to the individual patient. Refer also to the Removal of Ear Wax Pathway for Primary Care (appendix 1).

3.4.2 Exclusion criteria (in accordance with NICE guideline 2016)

Irrigation should not be carried out when:

- 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 grommets that have extruded at least 18 months previously, 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.

Use ear irrigation with caution in people with:

- 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 Interdependence with other services/providers

- Secondary Care Services
- Community Services

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

NICE: Hearing loss in adults: assessment and management (NG98), published June 2018

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

None identified.

4.3 Applicable local standards

None identified.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)

Not Applicable.

6. Location of Provider Premises

The Provider's Premises are located at the GP Practice.

Appendix 1

Shropshire CCG Removal of Ear Wax Pathway (Primary Care)

The ear irrigation locally commissioned service (LCS) has been put in place to help compensate practices for ear irrigation that is necessary prior to a secondary care audiology appointment / referral or requested by secondary care. LCS payment is therefore claimable for patients likely to be under the care of audiology (wears a hearing aid / diagnosed hearing impairment not solely caused by the presence of wax); those where referral to audiology is planned but ear wax needs removal prior to audiological assessment; those referred to the practice for ear wax removal by the audiology department. All other ear irrigation should continue to be undertaken where clinically appropriate.
The information below sets out a primary care treatment pathway for patients who require ear wax removal and when payments can be claimed under the LCS.

When should ear wax be removed?
If ear wax is totally occluding the ear canal and any of the following are present:

- Hearing loss
- Earache
- Tinnitus
- Vertigo
- 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, prior to a hearing aid assessment, or if wax is causing the hearing aid to whistle.

Advise patient to purchase ear drops to soften wax and aid removal for up to 7 days initially. Continue for 21 days if necessary before considering ear irrigation.

- **Advise patient to purchase Sodium bicarbonate 5%, olive oil ear drops, Cerumol® or Exterol® ear drops**
- Do not advise use of drops if you suspect the person has a perforated tympanic membrane.
- Warn the person that instilling ear drops may cause transient hearing loss, discomfort, dizziness and irritation of the skin
- If ear drops are unsuccessful, the patient can also be advised to seek advice around other self-care treatments from their pharmacy.

If symptoms persist, consider ear irrigation using an electronic irrigator providing that there are no contraindications
Ear irrigation should be performed in a GP surgery by healthcare professionals competent in ear irrigation
DO NOT REFER TO SECONDARY CARE FOR EAR IRRIGATION
Following irrigation, examine the ear with an auriscope to check that the wax has been removed and the tympanic membrane is intact
PAYMENT CAN BE CLAIMED UNDER THE EAR IRRIGATION LCS WHERE THE PATIENT:

- Has a previously diagnosed hearing impairment not solely caused by the presence of wax; and/or
- Where referral to audiology is planned but ear wax needs removal prior to audiological assessment; and/or
- Wears a hearing aid; and/or
- Has been referred to the practice by audiology

Consider microsuction in the practice ONLY if the practitioner has training and expertise and the correct equipment is available. (If an external provider is used to carry out this service evidence of quality assurance from the provider must be sought and available for scrutiny.)

Contraindications to Ear Irrigation in primary care

- History of previous problems with irrigation
- Current perforation of the tympanic membrane
- Grommets in place
- A history of any ear surgery
- A mucus discharge from the ear 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

If irrigation is unsuccessful, other options are:

- Advise the person to use ear drops for a further 5-7 days and then return for further irrigation
- Instil water into the ear. After 15 minutes irrigate the ear again
  If two attempts at irrigation are unsuccessful, consider referral for microsuction

VBC Policy for referring patients for ear wax removal:
The removal of ear wax via Microsuction is not routinely funded. Microsuction or referral to Secondary Care to remove ear wax will be funded where a patient has at least ONE of the following contraindications to ear irrigation in Primary Care:

- A minimum of two attempts at irrigation of the ear canal in Primary Care are unsuccessful **OR**
- The patient has previously experienced complications following this procedure or it has been repeatedly ineffective **OR**
- There is a history of a middle ear infection in the last six weeks **OR**
- The patient has undergone any form of ear surgery (except grommets that have extruded at least 18 months previously and the patient has been discharged from the ENT Service) **OR**
- The patient has a perforation or there is a history of a mucous discharge in the last year **OR**
- The patient has a cleft palate (repaired or not) **OR**
- In the presence of acute otitis externa with pain and tenderness of the pinna

Evidence of meeting the above criteria must be provided by the referring clinician.

Referrals into Secondary Care will be submitted with a VBC code, completed and recorded by the Referral Assessment Service (RAS)