

Access Blocked: The Impact of Cutting NHS Ear Wax Removal Services

Key findings

- **66%** of respondents had been told ear wax removal was no longer available on the NHS. **More than a quarter** of survey respondents could not afford to get their ear wax removed privately.



- **71%** of respondents resorted to attempting to remove ear wax themselves, although **two thirds** did not feel confident doing this.



- Many of the methods people described to remove ear wax were dangerous. These included **hair clips, paper clips, toothpicks, cotton buds and Hopi ear candles.**



- After trying to remove ear wax themselves, **only 20%** of respondents said their problems went away, whilst **55%** of people noticed no change in their condition. **1 in 10** said their symptoms got worse, or they caused themselves injury which required medical attention.



Introduction

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 people, such as hearing aid wearers¹, it builds up and requires professional removal. It is thought that around 2.3 million people require professional ear wax removal every year.²

If troublesome ear wax is not removed, it can lead to temporary hearing loss, tinnitus, earache, and in some cases, dizziness. Fortunately, these symptoms are usually temporary and do not continue after wax has been removed. Significant ear wax build up can also delay or prevent essential hearing care in audiology.

For many years, most people who needed ear wax removal could access this at their GP surgery. Recently however, more and more people are finding that their GP practice no longer offers this service, and that the only option is to seek private removal, costs of which can range from £50-100, or attempt to manage ear wax themselves.

It is thought that this large-scale withdrawal of service provision is as a result of a combination of factors. Factors cited to RNID and our communities include misconceptions around safety of certain procedures,

a lack of targeted funding, and ongoing pressures within the NHS from the Covid-19 pandemic. National guidance from the National Institute for Health and Care Excellence (NICE) is clear that “ear wax removal should be offered where there is clinical need, in primary and community settings”.²

RNID have received a significant number of enquiries about the lack of NHS ear wax removal services, especially since the onset of the Covid-19 pandemic. Key concerns being what people can do if they have tried self-management but not been successful, or if they are unable to afford private treatment.

The aim of this report is to understand the experiences people have had when trying to access NHS ear wax removal services since March 2020, the advice they have been given in the absence of a service, and the impact that this may have had on them.

“Constantly telling me ‘the NHS no longer provide this service’ is so depressing.”

Methodology

We developed a survey, which was available for completion between May and August 2022. We promoted the survey on our social media channels to new and existing audiences and also sent to our communities by email. The survey was completed by 1491 people who had experienced ear wax build-up across the UK.

Throughout the survey, we asked respondents to share their experiences of accessing ear wax removal services, seeking advice on ear wax treatment, and the impact ear wax build-up has had on them. We have included some of the comments and personal stories in our findings.

Findings

Barriers to treatment

All respondents had experienced ear wax build-up, and around half of respondents had sought advice on wax removal since the first UK lockdown in March 2020. 66% of this group reported that they had tried to get their wax removed on the NHS but were told that the service was no longer available.

In the absence of an NHS service, some respondents considered private ear wax removal, many of these services are available on the high street and costs range from £50-100. More than a quarter (26%) of survey respondents stated that they could not afford to pay for private ear wax removal.

Given the ongoing cost of living crisis in the UK, it is highly likely that the price of private ear wax removal will be beyond the means of most households. Moreover, for many people, wax build-up is recurrent, with some needing professional removal 3 or 4 times a year, making private removal even more out of reach. This was found to be especially problematic for hearing aid wearers, who noted that their hearing aids cause excessive wax build-up, but they could not afford to get private removal on a regular basis.

“Originally no treatment was offered. I was told “We don’t do ears”. I was then told I could pay £50 to go to a clinic. When I said that I couldn’t afford that the GP wrote to the local hospital who have just said that there was a waiting time of 46 weeks.”

In addition to unaffordability, many respondents also reported long waiting times, both for NHS hospital wax removal, and in some cases, for private removal also.

“Pay £85 every 2 or 3 months to a private service run out of my own GP practice building...it’s in [the] evening and thanks to cataracts, I can’t drive at night nor can I afford [to pay] £85 every 2 or 3 month because hearing aids cause a huge wax build up and I have to get someone to clean out my hearing aids all the time because severe arthritis in my fingers means I can’t. It’s all so so wrong and it’s a 6 month wait to get Hospital referral and then go back on another 6 months wait.”

Some respondents also cited having to go to an appointment at a hospital for something that they previously received in their GP practice. This is resulting in wasted time and resources, and unnecessary extra costs to the NHS. Ear wax removal services in hospitals are generally run by Ear, Nose and Throat

departments, and an appointment in this setting would be more expensive than in primary or community care.

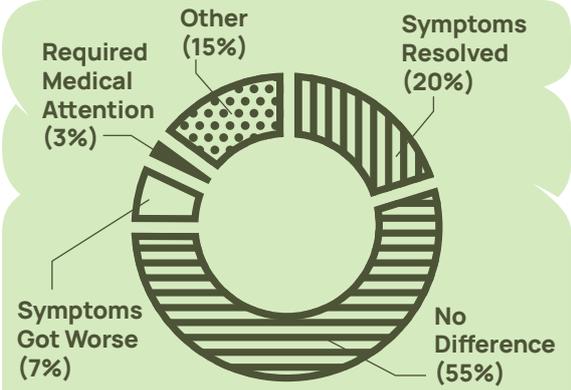
Currently, there are multiple barriers to professional ear wax removal. For many people, the options presented to them are either unaffordable, untimely or inconvenient. These findings support the need to bring NHS ear wax removal services back into primary and community settings.

Self-management

Many GP practices are now advising self-management as the first line treatment for ear wax build-up. A quarter of respondents reported a healthcare professional had instructed them to manage their ear wax themselves. However, anecdotal enquiries to RNID have suggested that advice on self-management varies. We therefore wanted to understand the advice people are being given and the extent of variation, if any.

The NHS website advises using 2-3 drops of “medical grade olive oil”, 3-4 times a day for 3 to 5 days.³ Encouragingly, the majority of respondents (85%) were advised to use ear drops, however half reported not being given sufficient advice on how to use them. Some were only told to follow the instructions on the label, given vague advice such as to use drops “daily”, or were given no advice at all. Concerningly, around 10% reported being told to use a bulb syringe, a device that is not recommended by NICE due to a lack of evidence to suggest it is safe or effective.²

Most respondents (71%) reported attempting to remove ear wax themselves. Concerningly, the majority (66%) stated that they did not feel confident removing their own ear wax, which suggests existing barriers to treatment caused them to resort to self-removal.



Most people that attempted self-removal reported using ear drops (76%). However, of those that attempted self-removal, only 20% of people found their symptoms resolved, whilst 55% noticed no difference. Worryingly, some people reported their symptoms got worse (7%) or that they caused themselves injury that required medical attention (3%). This included: a perforated ear drum, bleeding, ear infections, and a foreign body stuck in the ear.

Of those that attempted to manage wax themselves, a third (33%) of respondents sought professional treatment at a healthcare provider afterwards. Of these, only 1 in 5 managed to get their wax removed professionally, whilst 38% were, again, advised to seek treatment

elsewhere. 17% of people who sought professional help after attempting self-management were not offered any treatment.

Our findings show that existing advice on self-management is not consistently applied, and, even when followed, does not appear to resolve the problem for many people. For those that attempt self-management but still need to seek professional treatment, very few are able to access NHS ear wax removal services. These findings support the need for consistent advice on self-management of ear wax, and steps to take should the first line of treatment be unsuccessful.

Dangerous removal methods

NICE advises to never insert objects into the ear to remove wax, as this risks causing injury to the delicate structures in the ear. Worryingly however, many of the methods people described to remove their own ear wax were classed as dangerous. Many people resorted to using methods such as hair clips, paper clips, toothpicks, cotton buds, and Hopi ear candles.

These findings further emphasise the importance of clear advice on safe and effective ways to manage ear wax.

Impacts of ear wax build-up

Further to understanding people’s experience of attempting to access wax removal services, and of self-management, we wanted to understand the impact a build-up of ear wax had on our respondents.



73%
hearing loss



48%
earache



37%
tinnitus



23%
dizziness

Many people reported symptoms that can be associated with ear wax blockage, such as hearing loss (73%), tinnitus (37%), earache (48%), and dizziness (23%). Many people also reported that these symptoms caused distress or impacted their wellbeing. However, in addition to these, several other wider impacts were described, including ear wax affecting hearing aids and preventing audiology procedures, but also on mental health.

Hearing aids and audiology appointments

For hearing aid wearers, having working hearing aids and timely access to audiology services is essential. As highlighted in our *Changing World* report, we know that not being able to access audiology services can have a serious impact on an individual's quality of life and mental health.⁴

Hearing aid wearers comprised 36% of our survey respondents, with many reporting not being able to wear their hearing aids due to: ear wax blocking

the hearing aid tubes (preventing them from working), regular ear infections, and excessive feedback ('whistling').

"I have paid £65 twice in the last 8 months, I last had them done in June. One month later they were blocked with wax and skin debris. I cannot wear my hearing aids and my NHS hearing aid provider is unhelpful."

"It [ear wax] builds up every 3 months, I get ear infections, I can't wear my hearing aids."

Furthermore, as ear wax removal has not traditionally been offered in NHS audiology departments, those that attend appointments with excessive ear wax are usually turned away, wasting the patient's time and NHS resources. 22% of hearing aid wearers stated that they were unable to have an essential audiology procedure, such as a hearing test or ear mould impression due to too much ear wax.

"I need a hearing test but can't have one until all the wax has been removed."

These findings not only emphasise the need for timely ear wax removal to be available in primary and community care, but also a need to explore different models of ear wax removal within the NHS, such as within audiology services where there is clinical need.

Impact on mental health

Our research shows that wax build-up has also had an impact on respondents' overall mental health and wellbeing. Hearing loss associated with ear wax build-up made respondents feel socially isolated, depressed, anxious, frustrated, and that they are losing their independence. Respondents also reported having more difficulty communicating with others.

Some respondents also reported developing fears and worries over leaving the house as they can no longer hear any dangers or hazards. This is highly concerning given that barriers to social interaction and lack of engagement with the wider society has been linked to isolation, loneliness, depression, anxiety and suicidal ideation.

“Distress related to existing panic attacks, anxiety, phobias, worries about being victim of crime and loss of independence as an adult.”

“General feeling down with suicidal thoughts - I just need to have someone look at my hearing problem.”

The lack of appropriate ear wax removal services is having a worrying knock-on effect on people's physical and mental health. To reduce this risk, timely access to NHS ear wax management is essential.

Conclusion

The withdrawal of NHS ear wax removal services in primary care has had far reaching impacts on our wider communities. If people are unable to access timely NHS wax removal services, they can experience bothersome and distressing symptoms, be denied essential audiological care, or experience poor mental health. People are also more likely to try to manage wax themselves, but as current advice is not clear or consistent this could result in no improvement in symptoms, or worryingly, injury.

Our findings indicate that action is required to ensure ear wax removal services are offered in line with the NICE guidelines, that innovative solutions to the wax removal pathway are explored by both national and local bodies, and that clear advice on self-management of ear wax is made available to health professionals, and the general public.

Recommendations



- **Ear wax removal services to be brought back into primary care or community settings.**
- **The Department of Health and Social Care, NHS England and local health bodies to explore new models for delivering ear wax removal services to make sure people can access timely and appropriate treatment.**
- **The NHS to publish clear information on how people can safely manage ear wax build-up themselves at home.**

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