

RNID's campaign to restore NHS earwax removal services in the UK

BY CRYSTAL ROLFE

Wax removal in the UK has become a topic of intense discussion. Here, Crystal Rolfe discusses the RNID's findings and approach to tackling the issue.

Earwax build-up can cause painful and distressing symptoms – a 2022 RNID survey found people with wax build-up were experiencing hearing loss (73%), tinnitus (37%), earache and discomfort (50%), and dizziness (25%). An excess of wax also causes delays in audiological care, including hearing assessments and reassessments or impressions of the ears for moulds, and causes hearing aids to feedback. This creates negative patient outcomes and also wastes clinical time in ENT and audiology, adding to waiting times. Untreated hearing loss causes social isolation [1], doubles the risk of mental health problems [2] and is linked to dementia. In fact, treating hearing loss is the largest modifiable risk factor for dementia [3].

In the UK, professional earwax removal for those who needed it was widely available for free on the NHS until 2019. During 2020, we started to hear from our communities through our contact centre and local RNID New You services that this was no longer available to them. An RNID survey in 2021 found the majority of respondents were told to have their earwax removed privately, that this service was not provided on the NHS in their area, or that they should remove their earwax themselves. Freedom of Information (FOI) requests were sent in the worst areas to determine how patients could access the service on the NHS, but most Clinical Commissioning Groups (CCGs - now Integrated Care Boards - ICBs) didn't hold the information.

If people cannot get wax removed on the NHS, it costs up to £100 per ear to get it removed privately, which more than a quarter of people cannot afford. This is particularly problematic for hearing aid wearers as many need it removed regularly. The report found that many people then turn to self-removal, although two thirds do not feel confident doing this. Many methods people described to remove earwax are dangerous, including hair clips, paper clips, toothpicks, cotton buds, and ear candles. After trying to remove earwax themselves, only 20% of respondents said their problems went away, whilst 55% of people noticed no change in their condition. One in 10 said their symptoms got worse, or they caused themselves injury which required medical attention. RNID has updated information on our website about self-management of earwax, but an estimated 2.3 million people in the UK will need professional removal every year.

Helen from Bath shared the impact that hearing loss caused by earwax build up had on her. She said:

"It led to increased isolation, and I found I was withdrawing. It was inevitable that I had to withdraw as I felt I didn't have a choice. My mental health is very good, but I thought to myself 'Oh god this is really hard, it's not going to get any better.' I saw the future as very grim, and I don't think I'm alone in thinking that."

Access Blocked – our 2024 report

RNID submitted FOI requests to all 42 ICBs, the commissioners of most NHS services, in England. Of these, 40 provided useful responses.

Results

- **Less than half of ICBs** are commissioning wax removal services in line with National Institute of Health and Care Excellence (NICE) guidelines – the body that recommends which services should be available on the NHS.
- Most ICBs commission some services but **people can only access them if they live in certain parts of the ICB area**. In some areas, people had to meet specific restrictive criteria, such as limiting access to the service to those 55 and over.
- **At least seven ICBs** commission no wax removal services at all, leaving nearly 10 million people without access on the NHS if they should need it.

This lack of access to wax removal services contradicts clear NICE guidelines, which 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 [4]. There is **no medical reason** for the withdrawal of this vital service.

Recommendations

Our report outlines the following recommendations:

- Government must intervene to ensure patients with a clinical need for earwax removal have access to timely local NHS provision, regardless of where they live.
- Commissioners should investigate the different delivery models in use or innovate new approaches to establish cost-effective models to meet their population's needs.
- Commissioners must ensure that their earwax removal providers are meeting their contractual obligations, and that patient-facing staff are aware of availability and access criteria.
- NHS England should publish improved patient information about the self-management of earwax and ensure that its providers share consistent, safe and evidence-based information with their patients.

The full report can be found on RNID's website (<https://rnid.org.uk>) [5], along with information about the campaign and safe wax removal.



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AUDIOLOGY

Next steps

Further research is needed to understand what models of wax removal are available and work best in different communities, and future FOI requests are needed to see what change has been made.



Influencing

National and local support for the campaign is important to support our calls for action. The campaign had a very strong pickup in UK media, being covered on BBC Breakfast, Channel 5 News, BBC Radio 2, LBC Radio and across BBC radio bulletins, as well as being featured in many national and regional papers. We had particularly good pickup in the seven non-commissioned areas where people are unable to access earwax removal, and hundreds of people shared their experiences across UK radio and emailed their local paper to ask them to join RNID's call for an urgent government review of NHS wax removal services.

In England:

- We are speaking to the Department of Health and Social Care and NHS England.
- We are speaking to ICBs in England.

In Scotland, Wales and Northern Ireland:

- We also have FOI responses for the devolved countries.
 - We are speaking to devolved governments in Wales and Scotland who have given reassurance that they are working on the issue.
- We are talking to NHS digital about the self-management information on the NHS website, to make sure it is safe and effective.

What can you do?

We'd like to hear from ENT and audiology professionals in the UK, to understand the extent to which a lack of a primary care service is having a negative impact on capacity within audiology and ENT and how we can work together to present this to commissioners.

To get in touch, visit <https://rnid.org.uk>, email contact@rnid.org.uk or call 0808 808 0123.

References

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3. Livingston G, Huntley J, Sommerlad A, et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *Lancet* 2020;**396**(10248):413–46.
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All links last accessed March 2024.

AUTHOR



Crystal Rolfe, BSc, MSc,
Director of Strategy, RNID, UK.

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