Freedom of Information Request: Our Reference CTMUHB_558_24

You asked:

1. Does the Health Board currently commission an ear wax removal service or services within primary care or community ear care services, available to all patients registered with GP practices within the health board's boundary, as per Welsh Government's Ear Wax Management Primary and Community Care Pathway (WHC/2020/014)?
2. If it does, how can a patient access this service or services when it is considered clinically necessary and/or self-care advice, if appropriate, has been unsuccessful? Please include whether patients can self-refer to this service or not.
3. If it does, how long are the wait times to access wax management services? Both at the service and at home visits.
4. If the Health Board does commission this service or services within primary care or community ear care services, please provide the name or names of those commissioned providers and their address or addresses.
5. Does the Health Board have a policy or guidance on ear wax removal and/or referral pathways for its primary care providers for patients for whom the benefit of ear wax removal is clinically indicated?
6. If the Health Board has issued such guidance, please provide a copy.
7. Have there been any changes to this service within your Health Board in the last year? For example, it has been extended or reduced, or it is available in different areas.
8. If the Health Board does not commission this service in primary or community care:
    a. What information is provided to patients seeking wax management services?
    b. How could a patient within the Health Board area access this service if needed? Are there any restrictions on who could access this service?
    c. What are the barriers preventing the establishment or commissioning of a service in line with Welsh Government's Ear Wax Management Primary and Community Care Pathway (WHC/2020/014)?

Our response:

The National Institute for Health and Care Excellence (NICE) indicates that microsuction (using fixed microscopes) is the safest treatment for ear wax removal. Cwm Taf University Health Board has had a community based Aural Care Nurse led service in RCT & Merthyr since 2014 prior to the Bridgend transfer in 2019.

The highly specialist ENT nurses undertake microsuction and are able to identify and manage a number of other ENT conditions. The team also work closely with and can refer directly to audiology and ENT consultants when red flags are identified such as tinnitus or life-threatening infections which can lead to

meningitis and septicaemia. In addition, the team provide a combined audiology / wax removal clinic which offers a 'one stop' service for patients needing hearing aid assessments.

Patients can be referred to this service by their GP or local pharmacy (offering a minor ailment service) using the attached referral form (attachment 1).

The waiting time for new patients in RCT & Merthyr is currently 4 weeks. This clinic has recently been expanded to offer 6 sessions per month. In Rhondda, Taff, Cynon and Merthyr this Aural care service is delivered from central community sites namely; Ysbyty Cwm Rhondda & Ysbyty Cwm Cynon Community Hospitals as well as Keir Hardie Health Park.

In the Bridgend area the service is located from the Princess of Wales (POW) hospital and not a community site. The waiting time for new patients in Bridgend is 34 weeks. The key reason for the longer waiting time is due to clinical staff long term sickness and limited availability to cross cover from Merthyr/ RCT clinical staff. Suitable accommodation is the main reason as to why there is no community clinic in Bridgend, however this is one of the services which has been factored into the development of the Bridgend Health and Wellbeing Centre and Maesteg new developments. Access into the service is by referral by a GP for the reason that hearing loss and pain or discomfort in the ears require the ear canal to be examined to rule out causes other than wax. However, if a patient has been referred into and seen by the service within 12 months, the patient can be seen again without re-referral. After 12 months, the service would require a new referral and the ear re-examined.

All ENT nurses follow NICE guidance (2023), Hearing loss in adults: assessment and management Recommendations | Hearing loss in adults: assessment and management | Guidance | NICE and are expertly trained in microsuction. I have attached (attachment 2) the local policy which is currently being updated.

Unfortunately, at this time the health board does not provide a home visiting service however work is in progress to make this a viable option. Practices are regularly advised of the service and the referral process (attached).

The ENT nursing team have developed and circulated the attached patient information poster (attachment 3) which stresses the importance of refraining from using cotton wool buds to clear ear wax and that the first line form of treatment to be undertaken is the loosening of wax.