

Service Specification No.	11X-15-2.1
Service	Microsuction of Ear Wax
Commissioner Lead	As per the Particulars of the NHS Standard Contract
Provider Lead	As per the Particulars of the NHS Standard Contract
Period	01 April 2021 – 31 March 2024
Date of Review	October 2021

1.

Population Needs

1.1

Hearing loss is a major public health issue affecting about 9 million people in England¹. Because age related hearing loss is the most common type of hearing loss, it is estimated that by 2035 there will be around 13 million people with hearing loss in England. The psychological, financial and health burden of hearing loss can be reduced by prompt and accurate referral, robust assessment and correct management.

1.2

Earwax, also known by the medical term cerumen, is a gray, orange, red or yellowish waxy substance secreted in the ear canal of humans and other mammals. It protects the skin of the human ear canal, assists in cleaning and lubrication, and also provides protection against bacteria, fungi, insects, and water. It may complicate any clinical procedure and cause hearing difficulties.

1.3

Some individuals experience a build-up of wax which can lead to hearing loss or other symptoms, or needs to be removed in order to examine the ear or take an impression of the ear canal.

1.4

NICE Guidance¹ notes that earwax can be treated in primary and community care.

1.5

A recent review of the management of ear wax removal in Somerset identified that a significant proportion of microsuction activity, currently undertaken in secondary care, could be safely managed in the community/primary care setting by an appropriately trained Health Care Practitioner.

1.6

A new pathway has been agreed which provides for electronic ear irrigation to be offered to all patients at GP practice level (as part of the Primary Care Improvement Scheme) and microsuction provided at Primary Care Network (PCN) level, both in line with the GP strategy workstream.

1.7

The pathway, set out in Appendix (1), aligns with NICE guidance and the CCG Ear Wax Removal Criteria Based Access Policy (refer to paragraph 4.3 Somerset CCG Evidence Based Intervention Policy).

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	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
Domain 4	Ensuring people have a positive experience of care	✓

¹ 21 June 2018 NG98 Hearing loss in adults: assessment and management

	Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓
2.2	Local defined outcomes <p>To provide timely, clinically effective and more convenient access to microsuction services for service users aged 18 years and over, delivered at the geographical level of Primary Care Networks.</p> <p>The service will provide equity of access across Somerset and there will be a reduction in secondary care Ear, Nose and Throat appointments increasing capacity within secondary care clinics for more urgent needs.</p>		
3. Scope			
AIMS AND OBJECTIVES OF SERVICE			
1.	<p>The service provides a primary care based service for the removal of ear wax, using a suction microscope where clinically appropriate. The service will:</p> <ul style="list-style-type: none">• provide specialist microsuction procedures in a primary care setting to the registered patient population of the identified Primary Care Network• ensure efficient use of resources by providing safe and effective access to timely health interventions at PCN level, avoiding unnecessary referral to secondary care <p>Service user can expect the following outcomes:</p> <ul style="list-style-type: none">• Managed within the service or• Referred to secondary care where more specialist intervention is required		
SERVICE DESCRIPTION/CARE PATHWAY			
Accountability			
2.	<p>The Provider will nominate a clinical lead who will ensure the service is established and maintained in accordance with this specification, national guidance and recommendations.</p>		
3.	<p>Lines of accountability will be clearly written into Standard Operating Procedures.</p>		
4.	<p>The Provider is clinically responsible for all service users where accepted under its care and must ensure contingency plans are in place to cover absence for annual leave and sickness leave for both the running of clinics and supervision of staff.</p>		
Service Requirements			
5.	<p>The Provider will ensure a robust process is in place to receive and manage referrals, from initial receipt from a patient's registered GP practice within the PCN's geographical area, to discharge.</p>		
6.	<p>The Provider will accept referrals with reference to any acceptance and exclusion criteria and thresholds as set out in paragraphs 42 and 43, ensuring the referral aligns with the pathway (Appendix A) and any relevant CCG Evidence Based Intervention Panel Commissioner criteria for referral (refer to paragraph 4.3 Somerset CCG Evidence Based Intervention Policy).</p>		
7.	<p>The Provider will manage the appointment process, ensuring optimum use of available clinical capacity through robust planning of clinics and minimisation of Did Not Attend (DNA) rates.</p>		

8. Referrals received which do not meet the inclusion criteria, as set out in paragraphs 41 and 42, should be rejected and returned to the referring practice.
9. Prior to rejection of a referral containing insufficient information, the Provider is encouraged to seek the required information from the referring GP practice, to avoid unnecessary delay to the service user's treatment. If it is not possible to get the necessary information then the Provider will return the referral to the GP for re-referral once all the missing information is known.
10. The Provider will contact the service user to book an appointment within two working days of receipt of an appropriate referral.
11. The Provider will ensure service users have an adequate understanding of the procedure to be undertaken in advance of the appointment, by providing access to information in a suitable language and format that explains the purpose of the procedure, what it involves and the possible outcomes.
12. Service users will be seen in clinic within four weeks of receipt of referral.
13. Should a patient not attend for a pre-booked appointment then the Provider will contact the patient within two working days and offer one further opportunity to attend. The Provider will not claim for or receive payment in relation to any non-attendance.
14. An initial assessment will be undertaken to ensure microsuction is not contra indicated for the individual service user.
15. Where the initial assessment identifies microsuction to be contra-indicated, this will be recorded on the service user's lifetime clinical record and the service user discharged back to the referring GP practice, or referred onwards for specialist assessment in secondary care as deemed clinically appropriate.
16. The procedure will be undertaken using a suction microscope in accordance with national and local guidance.
17. Service users will receive advice to support them to prevent and manage any future build-up of ear wax.
18. Service users will be discharged from the Service to:
 - the referring GP practice or
 - to secondary care for specialist assessment and management within two working days
19. Treatments will not routinely attract a follow-up appointment. All follow-up appointments must be clinically justified.

Training

20. All staff undertaking microsuction procedures will have received appropriate training approved by the Commissioner and be competent in the delivery of the service, maintaining a sustained level of activity (minimum of 6 procedures per annum per practitioner).
21. The lead clinician will ensure all staff involved in providing this service maintain the knowledge and skills required and have their competencies reviewed as part of clinical supervision and annual appraisal, to identify any further training needs (refer to paragraph 4.2 for links to the Nursing and Midwifery Code)
22. The Provider is responsible for provision of all ongoing training requirements.

Equipment

23. The Provider will be responsible for all maintenance, repair and replacement of the equipment required to provide a safe and effective service. All equipment will conform to relevant Health and Safety regulations, be included in the Provider's equipment maintenance schedule and maintained in accordance with the manufacturer's instructions.

Infection Control

24. Providers will have infection control policies compliant with national guidelines and current handling protocols including, but not limited to, The Health and Social Care Act 2008 Hygiene Code (refer paragraph 4.1) which takes into account:

- Disposal of clinical waste
- Needlestick incidents
- Environmental cleanliness, and
- Standard precautions, including hand washing

Consent

25. The service user should be fully informed of the treatment options, risks and the treatment proposed in line with national guidance and best practice and consent recorded in the service user's life time record.

Significant /Adverse Event

26. The Department of Health emphasises the importance of collected incidents nationally to ensure that lessons are learned across the NHS. A proactive approach to the prevention of recurrence is fundamental to making improvements in patient safety.
27. The provider should be aware of the various reporting systems including:
- The National Reporting and Learning System (NRLS). Reports to NRLS can be submitted electronically via the General Practice Patient Safety Incident report Form, or the national GP e-form. If using the GP e-form please check the box to share your report with Somerset CCG.
 - The Medicines and Healthcare Products Regulatory Agency reporting systems for adverse reactions to medication (yellow card system) and accidents involving medical devices; and
 - The legal obligation to report certain incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
28. In addition to their statutory obligations, the Provider will notify the Commissioner within 72 hours of being aware of the hospital admission or death of a patient being treated by the Provider under this enhanced service, where such admission or death, is or may be due to, the Providers treatment of the relevant underlying medical condition covered by this specification via the email address below
29. In addition to any regulatory requirements the Commissioner wishes the Provider to use a Significant Event Audit system (agreed with the Clinical Commissioning Group) to facilitate the dissemination of learning, minimising risk and improving patient care and safety. Providers shall:
- Report all significant events to the CCG within 2 working days of being brought to the attention of the Provider via somccg.significantevents@nhs.net

- Undertake a significant event audit (SEA) using a tool approved by the CCG and forward the completed SEA report to the CCG within one month of the event via <https://www.somersetccg.nhs.uk/for-clinicians/general-practice-significant-event-sea-and-serious-incident-support/>

Pricing

30. Payment for this service is subject to a local price per procedure.
31. A one off payment towards set up costs will also be paid by the Commissioner.
32. The price per procedure is set out in Schedule 3 Part A of the NHS Standard Contract.

Payment

33. Payment will be made on a quarterly basis based on actual activity.

Service Location

34. The Service will be provided from premises within the geographical area of the PCN, providing safe and equitable access to service users.

Patient and Public Involvement

35. The Provider will encourage and consider patient feedback on the service provided and use it to support continuous quality improvement in the care provided to patients.

Review, Monitoring Audit and Reporting

36. The Provider will undertake regular auditing of the service to support continuous quality improvement.
37. In **Year 1**, the Provider will report the following information using the reporting format supplied by Somerset CCG:

Quarterly:

- *n* of referrals received split as patient and ear(s)
- *n* of procedures performed split as patient and ear(s)
- *n* and % of inappropriate referrals received split as patient and ear(s)
- *n* & % of DNA's
- *n* & % of referred patients contacted within two working days of referral
- *n* & % of procedures completed within four weeks of accepted referral (requests otherwise from patients shall be reported to the CCG by exception)
- *n* and % of patients successfully managed in the service and discharged back to referring GP
- *n* and % of patients managed appropriately requiring onward referral to secondary care for further intervention
- *n* of serious incidents

Annually:

- Confirmation of HCP training compliance
- Peer satisfaction
- Patient satisfaction

38. In **subsequent years**, the Provider will report the following information:

Quarterly

- *n* of referrals received split as patient and ear(s)
- *n* of procedures performed split as patient and ear(s)
- *n* of serious incidents

Annually

- *n* and % of inappropriate referrals received split as patient and ear(s)
- *n* & % of DNA's
- *n* & % of referred patients contacted within two working days of referral
- *n* & % of procedures completed within four weeks of accepted referral (requests otherwise from patients shall be reported to the CCG by exception)
- *n* and % of patients successfully managed in the service and discharged back to referring GP
- *n* and % of patients managed appropriately requiring onward referral to secondary care for further intervention
- Confirmation of HCP training compliance
- Peer satisfaction
- Patient satisfaction

Population Covered

39. The registered population of the PCN geography as set out in the PCN Agreement with Somerset CCG.

Inclusion Criteria

40. Service users registered at a Somerset CCG GP practice within the PCN geography.
41. Service users requiring microsuction in accordance with the Ear Care Pathway (refer to appendix 1) and the Somerset Evidence Based Intervention Ear Wax Removal Policy (refer to paragraph 4.3).

Exception Criteria

42. The Service does not provide for manual ear syringing (refer to NICE guidance) or electronic ear irrigation.
43. The Service does not provide for those service users meeting the criteria for secondary care intervention (refer to paragraph 4.3 for link)

Interdependence With Other Services/Providers

44. The Service will be provided as part of an integrated model of care with GP practices and secondary care services to ensure service users experience a joined up service.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

Hearing loss in adults: assessment and management NICE Guidance [NG98] Published 21/6/2018 <https://www.nice.org.uk/guidance/ng98>

The Health and Social Care Act 2008: Code of practice on the prevention and control of infection and related guidance.
<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

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

Nursing and Midwifery Council: Code of Practice

<https://www.nmc.org.uk/standards/code/read-the-code-online/#fourth>

Care Quality Commission: Supporting Information and Guidance – supporting effective clinical supervision

<https://work-learn-live-blmk.co.uk/wp-content/uploads/2018/04/CQC-Supporting-information-and-guidance.pdf>

4.3 Applicable local standards

Somerset CCG Evidence Based Intervention Policy: Ear Wax Removal

<https://www.somersetccg.nhs.uk/wp-content/uploads/2020/06/20170720-1516.v1a-ear-wax-removal-policy-cba.pdf>

5. Applicable quality requirements

5.1 Applicable quality requirements (See Schedule 4 Parts A & C)

To be determined following once service implementation.

6. Location of Provider Premises

6.1 As per the Particulars of the NHS Standard Contract

Appendix (1): Somerset Ear Care Pathway

