

Policy for Ear Microsuction

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Name of responsible Committee and date approved or recommended to Integrated Care Board:	Finance and Performance Committee
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Expiry Date:	August 2028
Name of author and title:	Dr Mike Caley, Deputy Chief Medical Director
Name of reviewer and title:	Dr Imogen Staveley, Chief Medical Director
Department:	Medical Directorate

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

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1. Category: Prior Approval

Prior approval from the Integrated Care Board (ICB) will be required before any treatment proceeds in community services and/or secondary care unless an alternative contract arrangement has been agreed with the ICB that does not necessitate the requirement of prior approval before treatment.

2. Background

This commissioning policy has been produced in order to provide and ensure equity, consistency and clarity relating to the approach to Ear Microsuction by the Integrated Care Board (ICB).

‘Ear Microsuction’ includes the use of microsuction and any other suitable instruments under microscopic visualisation or magnification.

Ear Wax Removal in community services and/or secondary care (for all ages) is not routinely funded by the ICB and is subject to this restricted policy.

Ear wax is completely normal and healthy. If wax builds up, most people can clear existing wax and prevent future wax build up through self-management ([Earwax build-up - NHS](#)). Build up of ear wax, even if this results in some symptoms or hearing loss, should usually be managed by drops/self care. Patients presenting with problems to primary care will be managed in primary care with advice or ear irrigation (syndring) in line with [Earwax | Health topics A to Z | CKS | NICE](#).

Occasionally, it may be inappropriate to treat patients in primary care, or such treatment may be ineffective. These patients may therefore seek to access Microsuction of the ear canal via the community service or in secondary care.

3. Indication

Ear Microsuction is a key service for the following patient cohorts:

- Patients who have undergone modified radical mastoidectomy (mastoid cavities) or other ear surgery requiring regular aural care;
- Patients who require aural care for chronic or recurrent ear pathologies;
- Patients with a foreign body in ear canal;
- Patients with any other acute condition for which microsuction may be required;
- Patients who require removal of ear wax to allow visualisation of the tympanic membrane for the purposes of diagnosis or provide treatment;
- Patients who are unable to self-manage and where treatment in Primary Care is not appropriate. Such as people with learning difficulties or cognitive impairment such as dementia;

4. Eligibility Criteria

Referral to Community Services:

- Patients who have undergone modified radical mastoidectomy (mastoid cavities) or other ear surgery requiring regular aural care.

OR/AND

- Patients who require aural care for chronic or recurrent ear pathologies.

OR/AND

- Patients who require removal of ear wax to allow visualisation of the tympanic membrane for the purposes of diagnosis or treatment

OR/AND

- Substantial hearing loss due to earwax.

OR/AND

- Substantial tinnitus symptoms thought to be due to ear wax.

OR/AND

- To allow accurate assessment and fitting of a hearing aid.

Referral to Secondary Care Services:

- Where there is a foreign body in ear canal;
- Patients with any other acute condition for which microsuction may be required;
- Discharge from the ear;

For patients who **DO NOT** meet the eligibility criteria, the ICB will only consider funding the treatment if an Individual Funding Request (IFR) detailing the patient's clinical presentation is submitted to the ICB.

5. Guidance/References

[Earwax build-up - NHS](#)

[Earwax | Health topics A to Z | CKS | NICE](#)

NICE NG98: [Hearing loss in adults: assessment and management](#)

NHS England: ENT Community Frameworks for Adult Earwax, Hearing Loss and Tinnitus MIDS ENT01 July 2024

6. Diagnostic and Procedure Codes

D07.1 Irrigation of external auditory canal for removal of wax – includes syringing and washout

D07.2 Removal of wax from external auditory canal NEC D07.8 Other specified clearance of external auditory canal

D07.9 Unspecified clearance of external auditory

7. Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Quality and Equality Impact Assessment

Scheme Title:	Policy for Ear Microsuction		
Service Decommission/Renewal/New /Change (Add as appropriate)	New		
Project Lead:	Lucy Dyde, IFR Team Manager	Senior Responsible Officer:	Dr Michael Caley, Deputy CMO
Intended impact of scheme:	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.</p> <p>The Policy for Ear Microsuction supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness and desired outcomes for patients it is intended for.</p>		

How will it be achieved:	<ul style="list-style-type: none"> • This will set out a clear policy for the ICB's commissioning position, criteria and approval process for Ear Microsuction. • Publication & implementation of this policy. • Mapping electronic prior approval forms over to local policy.
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Name of person completing assessment:	Lucy Dyde
Position:	IFR Team Manager
Date of Assessment:	26.06.2025

Quality Review Date:	24 07 2025 & 07 08 2025 & 14 08 2025 Quality Team Panel
Position:	Quality staff
Date Quality Assured:	14 08 2025

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded treatment following NICE best practice.				

	Patient experience	✓			Policy to implement access for eligible patients who will be assured that they are accessing evidenced based practice to receive clinically effective NHS funded treatment.				
	Patient safety	✓			The provider will follow the Patient Safety Incident Response Framework (PSIRF) national guidance on reporting incidents via the Learning from Patient Safety Events (LFPSE) system as per individual policy/procedures to protect patients and maintain safety.				
	Parity of esteem	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically appropriate treatment which includes access to mental health and physical health support within the designated service, following NICE best practice.				
	Safeguarding children or adults	✓			Usual ICB and/or Provider Safeguarding policies and mechanisms will apply.				
NHS Outcomes Framework	Enhancing quality of life	✓			Patients eligible for NHS funded treatment will				

Could the scheme impact positively or negatively on the delivery of the five domains:					experience an improved access to service and desired outcome.				
	Ensuring people have a positive experience of care	✓			Increased opportunity for patients to access the service locally and nationally via patient choice.				
	Preventing people from dying prematurely			✓	Policy to implement national evidenced based guidance for eligible patients to receive NHS funded treatment.				
	Helping people recover from episodes of ill health or following injury.	✓			Patients eligible for this NHS funded treatment to will help them recover ear canal obstructions which have not responded to conservative management and have remained persistent, as detailed within the policy.				
	Treating and caring for people in a safe environment and protecting them from avoidable harm	✓			The ICB expectation is that all providers of service hold an NHS standard contract where delivery of the service is stipulated under the core requirements to safeguard quality of care in line with the Care Quality Commission (CQC) "quality statements".				
Patient services Could the proposal impact positively or negatively on any	A modern model of integrated care, with key focus on multiple long-term conditions and	✓			Policy to implement national evidenced based guidance for eligible patients to receive NHS				

of the following:	clinical risk factors				funded Ear Microsuction.				
	Access to the highest quality urgent and emergency care	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded treatment following NICE best practice.				
	Convenient access for everyone	✓			<p>This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients. The legal right to choose (RTC) provider and team apply when:</p> <ul style="list-style-type: none"> • the patient has an elective referral for a first outpatient appointment • the patient is referred by a GP • the referral is clinically appropriate • the service and team are led by a consultant or a healthcare professional • the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service 				
	Ensuring that citizens are			✓	Nationally patient				

	fully included in all aspects of service design and change				engagement and participation has been key to the policy design Patients are invited to participate in current providers National/Local staff satisfaction surveys to ensure ongoing engagement continues.				
	Patient Choice	✓			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients. The legal right to choose (RTC) provider and team apply when: <ul style="list-style-type: none"> • the patient has an elective referral for a first outpatient appointment • the patient is referred by a GP • the referral is clinically appropriate • the service and team are led by a consultant or a healthcare professional • the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service 				
	Patients are fully empowered in their own care	✓			Eligible patients will be fully involved in their care planning through shared				

					decision-making, personalised care, and support planning following NICE best practice.				
	Wider primary care, provided at scale			✓	Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded treatment within the Community and Secondary Care services under patient choice.				
Access Could the proposal impact positively or negatively on any of the following:	Patient choice	✓			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients. The legal right to choose (RTC) provider and team apply when: <ul style="list-style-type: none"> • the patient has an elective referral for a first outpatient appointment • the patient is referred by a GP • the referral is clinically appropriate • the service and team are led by a consultant or a healthcare professional • the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required 				

					service				
	Access	✓			<p>This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients. The legal right to choose (RTC) provider and team apply when:</p> <ul style="list-style-type: none"> • the patient has an elective referral for a first outpatient appointment • the patient is referred by a GP • the referral is clinically appropriate • the service and team are led by a consultant or a healthcare professional • the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service 				
	Integration	✓			There is collaboration across the pathway at system level across primary, community and secondary care.				
Compliance with NHS Constitution	Quality of care and environment	✓			The ICB expectation is that all providers of service hold an NHS standard contract where delivery of the service is				

					stipulated under the core requirements to safeguard quality of care in line with the Care Quality Commission (CQC) "quality statements".				
	Nationally approved treatment/drugs	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded treatment following NICE best practice.				
	Respect, consent and confidentiality	✓			All usual ICB and/or Provider respect, consent and confidentiality policies and mechanisms will apply.				
	Informed choice and involvement	✓			Patients will be fully involved in their care planning through shared decision-making, personalised care, and support following NICE best practice.				
	Complain and redress	✓			Usual ICB and/or Provider compliment, complaint and redress policies and mechanisms will apply				

*Risk score definitions are provided in the next section.

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?

To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.

The Policy for Ear Microsuction supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness and desired outcomes for patients it is intended for.

Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.

Patients

Is a full Equality Analysis Required for this project?

Yes	Proceed to complete this form.	No	Explain why further equality analysis is not required.
If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.			

Equality Analysis Form

1. Evidence used

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

[Earwax build-up - NHS](#)

[Earwax | Health topics A to Z | CKS | NICE](#)

NICE NG98: [Hearing loss in adults: assessment and management](#)

2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)

This policy does not contain any statements which may exclude clinicians of the NHS Coventry

and Warwickshire Integrated Care Board from applying this policy.		
Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
Marriage and civil partnership: A person who is married or in a civil partnership.		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
Sex: A man or a woman		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
Other disadvantaged groups:		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
3. Human Rights		
FREDA Principles / Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access	To provide a fair, equitable and transparent process for

	this service?	<p>all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.</p> <p>The policy for Ear Microsuction supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.</p>
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	The patient will not be contacted by the ICB. If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	This policy is applied to all patients of the NHS Coventry and Warwickshire Integrated Care Board to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or	All communication, written or verbal, will be provided in a confidential, clear,

	degrading way?	understandable, format.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Individuals will have the opportunity to discuss their healthcare with the requesting clinician. If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Right to Life	Will or could it affect someone's right to life? How?	No
Right to Liberty	Will or could someone be deprived of their liberty? How?	No

4. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
N/A	N/A	N/A

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us So we will):

N/A

5. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

N/A

6. How will you measure how the proposal impacts health inequalities?

e.g Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

Requests will be managed on a prior approval basis by the IFR team, activity is monitored through Acute Contracting/Business Intelligence who will monitor the activity and review as appropriate.

7. Is further work required to complete this assessment?

Please state what work is required and to what section. e.g additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g disability).

Work needed	Section	When	Date completed
N/A	N/A	N/A	N/A

8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Signoff	Dr Michael Caley, Deputy CMO	14.07.2025
Which committee will be considering the findings and signing off the EA?	F&P	06.08.2025
Approved by the Policy Procedure and Strategy Assurance Group.		21.08.2025

Once complete, please send to the ICB's Governance Team