# SCHEDULE 2 – THE SERVICES

1. **Service Specifications**

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| **Service Specification No.** | TBC |
| **Service** | Primary Care Ear Wax Removal Service |
| **Commissioner Lead** | Head of Primary Care Telford and Wrekin CCG |
| **Provider Lead** | Telford and Wrekin GP Practices |
| **Period** | 1st April 2020 to 31 March 2021 |
| **Date of Review** | October 2020 |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**   Telford and Wrekin CCG will ensure delivery of the nationally determined improvement areas as detailed within the Department of Health *Our NHS Care Objectives 3 draft mandate*; within the following five domains:   * Preventing people from dying prematurely. * Enhancing quality of life for people with long term conditions. * Helping people to recover from episodes of ill health or following injury. * Ensuring people have a positive experience of care. * Treating and caring for people in a safe environment and protecting them from avoidable harm.   Delivery of better health outcomes within these domains underpins the strategic priorities of the CCG. The CCG is also committed to the delivery of regionally mandated service improvements where they are shown to improve patient outcomes or reduce inequalities. |
| **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** | **X** | | **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | **X** | | **Domain 4** | **Ensuring people have a positive experience of care** | **X** | | **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | **X** |   **2.2 Local defined outcomes**  The key outcome of the service is to ensure that all patients are managed effectively. Other objectives of the service are:   * Reduce outpatient waiting times; * Reduce hospital referral/outpatient appointments; * To clearly identify the number of patients presenting to primary care with this condition; * Increased levels of patient satisfaction. |
| **3. Scope** |
| **3.1 Aims and objectives of service**  The aims of this service are to provide a service for the removal of ear wax in a general practice setting.  This service would be available to all patients registered with Telford and Wrekin GP practices, appropriate temporary residents and entrenched or transient homeless and would:   * Offer choice for all patients * Provide care that is convenient for all patients; * Provide a cost effective alternative to secondary care supporting national and local CCG priorities * Ensure value for money for the public purse   **3.2 Service description/care pathway**  **3.2.1 Direct Service Delivery**  PRINCIPLES - Irrigating the ear is carried out to:   * Facilitate the removal of cerumen and foreign bodies which are not hygroscopic, from the external auditory meatus. Hygroscopic matter (such as peas and lentils) will absorb the water and expand making removal more difficult. * Remove discharge, keratin or debris from the external auditory meatus.   An individual assessment should be made of every patient to ensure that they are appropriate for ear irrigation to be carried out.  REASONS for using this procedure - In order to:   * Correctly treat otitis externa where the meatus is obscured by debris * Improve conduction of sound to the tympanic membrane when it is blocked by wax * Remove debris to allow examination of the external auditory meatus and the tympanic membrane.   **3.2.2 Data Collection**   * Production of an appropriate GP record. Adequate recording should be made regarding the patient’s clinical history, problems with the procedure, follow-up arrangements and onward referral details. * If the patient is not registered with the practice providing the service, the providing practice must ensure that the patient’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes.   **3.2.3 Facilities**   * Provision of adequate equipment.     **3.2.4 Training**   * Practitioners undertaking this procedure should have undertaken appropriate training using NICE guidelines as a working example of best practice.   **3.2.5 Annual Review**  All practices undertaking this service conduct an annual review to include an audit of:   * the register of patients * continuous usage rates * reasons for removal * complications * onward referrals   **3.2.6 Tariffs and Codes**  Patients included and being claimed as part of this service should be coded appropriately; for practices this is the following:  Fee per patient: 25p per weighted patient population.  Frequency of data extraction shall be completed on a quarterly basis. Extraction data will be shared with practices for verification.  Signing the specification gives authority to the CCG to undertake the coding extraction on behalf of the practice for payment and audit purposes.  **3.2.7 Key Performance Indicators**  Please see Schedule 4 Part C and Schedule 6 Part A for details of these requirements.  **3.2.8 Equal Opportunities**  The service provider must demonstrate how they meet equal opportunity requirements in the following areas:   * They must be committed to equal opportunities and must not discriminate in performance of the service towards service users of members of staff in any way; * The service provider must be able to provide chaperones at the patients request; * The service provider must also be able to provide premises, facilities and treatment rooms that are compliant with disability legislation; * The service provider must be able to provide access to foreign language interpreter if necessary.   **3.2.9 Clinical Governance**  The service provider will be responsible for their own system of clinical governance. This will include but not be limited to the following:   * An appointed Clinical Governance Lead * Development and implementation of Clinical Governance policies; * Adherence to the Serious Incident reporting and investigation process; * Compliance with Infection Control policies; * Compliance with NHS complaints procedure and processes.   The service provider will have secure IT systems in place which enable the capturing of patient information and activity reporting. They will ensure that all information relating to patients is safeguarded and complies with the General Data Protection Regulations (GDPR) (2018), the Access to Health Records Act (1990), the Freedom of Information Act (2000) and the Caldicott Principles.  **3.3 Population covered**  Practice registered lists, temporary residents and the entrenched and transient homeless.  **3.4 Any acceptance and exclusion criteria and thresholds**  **3.4.1 Acceptance criteria**  Payment is offered to practices for undertaking ear irrigation under the following criteria:  Where the patient:   * Has a previously diagnosed hearing impairment not solely caused by the presence of wax; and/or * Wears a hearing aid; and/or * Has been referred to the practice by audiology   **3.4.2 Exclusion criteria**  Irrigation should not be carried out when:   * A history of any previous problem with irrigation (pain, perforation, severe vertigo). * Current perforation of the tympanic membrane. * A history of perforation of the tympanic membrane in the last 12 months. (Not all experts would agree with this — some would advise that any history of a perforation at any time, even one that has been surgically repaired, is a contraindication to irrigation because a healed perforation may have a thin area which would be more prone to re-perforation.) * Grommets in place. * A history of any ear surgery (except extruded grommets within the last 18 months, with subsequent discharge from an Ear Nose and Throat department). * A mucus discharge from the ear (which may indicate an undiagnosed perforation) within the past 12 months. * A history of a middle ear infection in the previous 6 weeks. * Cleft palate, whether repaired or not. * Acute otitis externa with an oedematous ear canal and painful pinna. * Presence of a foreign body, including vegetable matter, in the ear. Hygroscopic matter, such as peas or lentils, will expand on contact with water making removal more difficult. * Hearing in only one ear if it is the ear to be treated, as there is a remote chance that irrigation could cause permanent deafness. * Confusion or agitation, as they may be unable to sit still. * Inability to cooperate, for example young children and some people with learning difficulties.   Use ear irrigation with caution in people with:   * Vertigo, as this may indicate the presence of middle ear disease with perforation of the tympanic membrane. * Recurrent otitis media with or without documented tympanic membrane perforation, as thin scars on the tympanic membrane can easily be perforated. * An immunocompromised state, especially older people with diabetes, as there is an increased risk of infection from iatrogenic trauma to the external auditory canal in this group of people.   Careful instrumentation should be employed in people who are taking anticoagulants due to increased bleeding risk.  Warn people with a history of recurrent otitis externa or tinnitus that ear irrigation may aggravate their symptoms.  **3.5 Interdependence with other services/providers**   * Secondary Care Services * Community Services |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (eg NICE)**  <https://www.nice.org.uk/guidance/NG98>  **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**  None identified.  **4.3 Applicable local standards**  None identified. |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements (See Schedule 4A-C)**   2. **Applicable CQUIN goals (See Schedule 4D)**   Not Applicable. |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at: *Telford and Wrekin CCG GP Practice (this will be personalised when added to the NHS Standard Contract).*** |