

# Health Select Committee

## Audiology



**April 2009**

Health Select Committee  
Stockton-on-Tees Borough Council  
Municipal Buildings  
Church Road  
Stockton-on-Tees  
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## **SELECT COMMITTEE – MEMBERSHIP**

Councillor Mrs Ann Cains (Chair)  
Councillor Kevin Faulks (Vice Chair)

Councillor Paul Baker  
Councillor Julia Cherrett  
Councillor Mrs Liz Nesbitt  
Councillor Mrs Sylvia Walmsley  
Councillor Jim Beall  
Councillor Cockerill  
Councillor Andrew Sherris

## **ACKNOWLEDGEMENTS**

The Committee thank the following contributors to this review:

Elaine Wyllie, Assistant Director, Commercial and Market Management, Tees PCTs  
Anita Murray, Commissioning Manager, Tees PCTs  
Des Robertshaw, Head of Audiology, JCUH  
Linda Henerty, JCUH  
Pam Gretton, Associate Director Contracts, North Tees and Hartlepool NHS FT  
David Lycett, Specsavers  
All service users who took the time to contribute their views to the Committee

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## Foreword

The Health Select Committee is pleased to present this report on Audiology services accessible to the residents of the Borough of Stockton-on-Tees.

The review was undertaken following concerns about the very long delays being experienced by patients with a hearing problem needing to be examined by an audiologist and fitted with a hearing aid as appropriate. The review had to be postponed twice while the committee scrutinised other more urgent issues. In that intervening time Middlesbrough Health Scrutiny Panel scrutinised the audiology service and our Committee was able to study the Middlesbrough findings and recommendations as a helpful starting point. It was pleasing to note that the audiology service had already acted upon the Middlesbrough recommendations when our Committee began the review.

Members are most grateful to the many colleagues either employed by Stockton-on-Tees Borough Council and / or Stockton-on-Tees Teaching PCT who freely gave up their valuable time to attend and give useful evidence to the committee. As the review progressed some Members visited the audiology services both at James Cook University Hospital and at Specsavers in Middlesbrough where close observations were made. The Committee is most grateful to the staff in both of these venues for the time they spent explaining the intricacies of hearing aids.

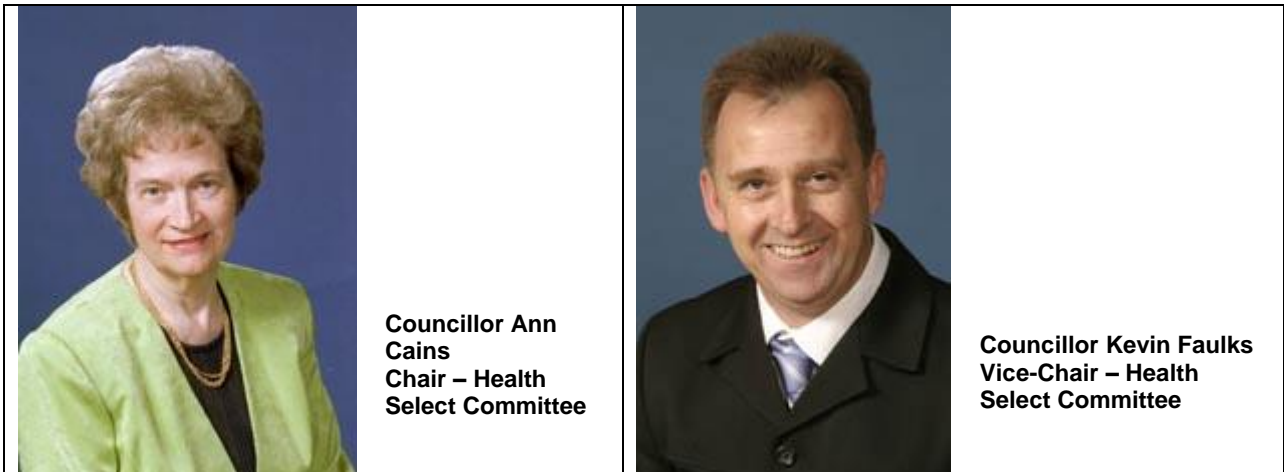
Early on in the review it became clear that the actions already taken by the commissioners of audiology services to try to reduce the long delays for patients had been very successful and all partners should be congratulated on this achievement.

Those residents of Stockton-on-Tees who use audiology services and wear hearing aids gave first hand accounts of their experiences of the service through focus groups and personal questionnaires and this was very useful when drawing up the recommendations on how the audiology services could be even further improved.

The Committee is grateful to all the contributors to this review listed on Page 4 and acknowledge most particularly the link officers Elaine Wylie and Anita Murray, the assigned Scrutiny Officer Judith Trainer and the Support Officer from Democratic Services Fiona Shayler.

Several of the recommendations rely on the support and co-operation of our partners to take appropriate action. The evidence in this report should assist them in this.

As Chair and Vice Chair we thank our fellow Members on the Committee and commend this report to all recipients.



## Original Brief

<p><b>1. Which of our strategic corporate objectives does this topic address?</b></p> <p>Improved quality of life</p>
<p><b>2. What are the main issues?</b></p> <p>Care pathways Waiting times Timescale for changeover to digital hearing aids Services for children and adults Transition from children to adult services</p>
<p><b>3. The Thematic Select Committee's overall aim/ objectives in doing this work is:</b></p> <p>To identify improvements to audiology services for Stockton Borough residents</p>
<p><b>4. The possible outputs/outcomes are:</b></p> <p>Earlier identification of when a person has a problem Shorter waiting times to see a consultant Shorter waiting times for hearing aids Improving people's understanding of how to access services Improving choice Clarification of the services we can provide and what is available elsewhere?</p>
<p><b>5. What specific value can scrutiny add to this topic?</b></p> <p>Independent challenge Evidence based evaluation of the service</p>
<p><b>6. Who will the panel be trying to influence as part of their work?</b></p> <p>Audiology Services, PCT, Adult Hearing Service Providers, GP practices</p>

## **1.0 Executive Summary**

- 1.1 Stockton Council's Health Select Committee has undertaken a review of audiology services. The review enabled the Select Committee to review progress in reducing waiting times for audiology services and identify improvements to audiology services for Stockton Borough residents.
- 1.2 One in seven people in England will suffer from hearing loss of some kind and people with poor hearing are more likely to be socially isolated and have reduced quality of life.
- 1.3 More than 50% of people over 60 have a hearing loss. Most cases of hearing loss are treated with a hearing aid. If a person suffers from Tinnitus, a hearing aid may also help.
- 1.4 Digital hearing aids process sound in a fundamentally different way to analogue aids by dividing up the sound into "packets" and then processing them. This means it is possible for digital aids to be more selective in filtering out irritating background noise.
- 1.5 All new hearing aids fitted through the Audiology Service are digital. Repairs are carried out on old analogue hearing aids but where they are beyond repair, a digital hearing aid is provided in its place.
- 1.6 In 2000, the Government introduced the Modernised Hearing Aid Services (MHAS) programme to improve audiology services, mainly through the provision of digital aids. Whilst this programme provided people with digital hearing aids, there was a rise in demand from new patients and also those wishing to upgrade from analogue to digital hearing aids. This led to long waiting lists, exceeding 2 years in some places.
- 1.7 Following the publication of *Improving Access to Audiology Services in England* by the Department of Health in March 2007, a new national framework was introduced. With effect from December 2008, the most complex audiology cases (those usually referred to ENT) are now covered by the 18 week referral to treatment pathway. From March 2008, all audiology assessments should also take place within six weeks.
- 1.8 The rise in demand from new patients and also those wishing to upgrade from analogue to digital hearing aids led to long waiting lists both nationally and locally. To address waiting times, the PCT had put in significant additional investment in audiology services during 2007/08 and 2008/9. Additional capacity was also commissioned from Specsavers to deal with routine hearing tests, fittings and follow up for patients of 60 years and over. As a result of the additional investment, there has been a significant reduction in waiting times. From June 2008, no one had waited longer than 6 weeks for an assessment and by the end of December 2008, all patients had received treatment within the 18 weeks referral to treatment pathway (tolerance in terms of performance is 95%).
- 1.9 The Committee were pleased to hear about the significant reduction in waiting times for audiology services and wished to congratulate the PCT on putting in place effective measures to achieve the reduction.

### **R1 That the Tees PCTs be congratulated on implementing measures to significantly reduce waiting times.**

- 1.10 The audiology service is a direct access service on referral by GP. The service hosted from JCUH may also be accessed through services and clinics at various locations including clinics in Stockton, Middlesbrough and Redcar and Cleveland. The service operates flexibly with the facility for patients to move appointments to different locations provided that the clinic offers the appropriate service for the patient. A shared

computerised data system enables patients' records to be accessed wherever they present. Some specialist services are only provided at JCUH.

- 1.11 During the course of the review, the Committee heard evidence from Des Robertshaw (Head of Audiology, JCUH) who favoured the provision of more services in community settings and commented that he would ideally prefer a clinic to be located in Stockton Town Centre although cost was identified as an issue. The Committee noted that the service was involved in discussion about the location of future service provision as part of the Momentum proposals.
- 1.12 Feedback from service users also supported the provision of more localised services in community settings.
- 1.13 The Committee were supportive of any future plans for the provision of more localised services in community settings. The Committee recognised that there would be the opportunity for discussion regarding local provision in conjunction with the Momentum proposals.

**R2 That the provision of more localised services in community settings be supported and this be considered as part of the Momentum proposals and through opportunities for the co-location of services with other providers.**

- 1.14 The Committee found that the PCT had declined to commission the changeover of all hearing aids to digital (estimated 45,000 hearing aid users on Teesside) but had implemented an approach which would see the gradual phasing out of analogue hearing aids. This was in line with most other providers' approach nationally.
- 1.15 A patient would not be eligible for a new digital hearing aid if they had been fitted with an analogue aid within three years. After the three year period, if a patient was tested and their hearing had not altered they would retain their analogue hearing aid but if there had been change in their hearing then a digital hearing aid would be fitted. Des Robertshaw advised that the 18 week care pathway also applied to changeover from analogue to digital hearing aids where there was a clinical justification.
- 1.16 According to the RNID, there are:
  - two million people with hearing aids
  - 1.4 million people who use them regularly
  - four million people who it is thought could benefit from a hearing aid.
- 1.17 Des Robertshaw estimated that of the estimated 10% of the population needing treatment, only 6.7% were coming forward for treatment. Reasons for this might include the stigma associated with hearing aids or possibly the public perception that waiting lists are still long.
- 1.18 In order to assist in addressing waiting times, the PCT had commissioned additional capacity from Specsavers on a pilot basis for hearing aid assessments and fittings. The Middlesbrough and Guisborough branches of Specsavers were involved in this pilot, which commenced on 21 September 2007. The service is only offered to patients who are 60+ and included aftercare for 3 years. Specsavers operated under a 7 week care pathway and the costs of commissioning the service were comparable to the NHS services.
- 1.19 As part of the Committee's evidence, an evaluation of the Specsavers pilot was considered by the Committee. The Committee found that to the end of March 2008, a total of 211 patient journeys had been invoiced and the average time taken to fully



complete the patient journey was 7 weeks. The evaluation results were extremely positive with 43% of patients showing an improvement in their hearing ability (benefits from the used hearing aids are generally reported over the first six months of use). User satisfaction levels were very high with 96% of patients satisfied with the overall service provided by Specsavers. General verbal remarks from the pilot had also been positive and GP feedback had been positive.

1.20 The Committee were satisfied with the arrangements for the pilot and noted the positive feedback from patients. The Committee acknowledged the advantages of using a private provider to create additional capacity for routine cases together with the benefits of a High Street location.

**R3 That the commissioning of private sector providers with a High Street presence (such as that provided via the Specsavers pilot) be supported to reduce pressure on the more specialised services provided elsewhere and improve access to services, subject to clear information and reassurances being provided to patients that the NHS service is free of charge from any commissioned provider.**

1.21 The Committee received information on children's care pathways from Pam Gretton, Associate Director Contracts, North Tees and Hartlepool NHS Foundation Trust which highlighted the different models adopted for Hartlepool and Stockton.

1.22 The Committee noted the different care pathways for children's screening between Hartlepool and Stockton and were made aware that paediatric services in Middlesbrough and Redcar and Cleveland had been reviewed and updated in the last six months. The Committee felt that the respective merits of the different models operating across the Tees PCTs should be investigated by the PCT to inform decisions about future provision across all of the Tees PCTs.

**R4 That the Tees PCTs review the care pathway for children's screening, taking into account the different models operating across the Tees PCTs to seek to achieve best practice.**

1.23 In order to inform the review, user feedback on the service was sought including two focus groups with members of the Council's Viewpoint Panel.

1.24 The Committee were pleased to receive feedback from users of the audiology service and noted the comments received regarding the reported long waiting times at the open access clinics at UHNT. The Committee felt that demand should be reviewed and steps taken to reduce the pressure on services if necessary. The Committee also noted the problems experienced in respect of ear wax removal from users and also the numbers of referrals back to the GP during the Specsavers pilot and concluded that care pathway development was needed to provide an improved ear wax removal service at the point of referral from the GP to the audiology dept. Finally, the Committee was pleased to hear that a pager device had been introduced at JCUH. The RNID guide *A Good Audiology Service* states that there should be a call system in the waiting area that is visible and does not rely on sound alone. The Committee felt that both visual and audio calling devices should be in operation in all audiology reception areas.

**R5 That the Tees PCTs review demand for audiology services provided at UHNT (in particular the drop-in clinics) and investigate ways of reducing the pressure on services at UHNT if necessary.**

**R6 The Tees PCTs review the care pathway to provide an improved ear wax removal service at the point of referral from the GP to the audiology dept.**

**R7 That both visual and audio calling devices are operated in all audiology reception areas.**

## **2.0 Introduction**

- 2.1 This report presents the findings and recommendations from the Health Select Committee's review of Audiology Services. The Chair of the Health Select Committee had proposed that this item should be subject to scrutiny as there had been reports about the long waiting times for digital hearing aids and for transfer from audio to digital hearing aids. This topic was subsequently prioritised for review by Scrutiny Liaison Forum and incorporated into the Committee's work programme at a meeting of the Executive Scrutiny Committee on 1 April 2008.
- 2.2 The overall aim for the review was to identify improvements to audiology services for Stockton Borough residents.
- 2.3 The Committee received evidence at their meetings in December 2008 and January 2009. The Committee also attended a site visits to the Audiology Department at JCUH and Specsavers (Middlesbrough branch). User feedback was sought through:
- Viewpoint Focus Groups
  - Posters at Audiology Departments
  - Email to RNID members in the Stockton area
  - Mail out to PIC Network
  - Mail out to Disability Advisory Group
  - Mail out to residents registered with the sensory loss team
  - Message of the Day within Stockton Council

### 3.0 Background

- 3.1 One in seven people in England will suffer from hearing loss of some kind and people with poor hearing are more likely to be socially isolated and have reduced quality of life.
- 3.2 In 2000, the Government introduced the Modernised Hearing Aid Services (MHAS) programme to improve audiology services, mainly through the provision of digital aids. Whilst this programme provided people with digital hearing aids, there was a rise in demand from new patients and also those wishing to upgrade from analogue to digital hearing aids. This led to long waiting lists, exceeding 2 years in some places.
- 3.3 In March 2007, the Department for Health published *Improving Access to Audiology Services in England*. This report sets out the aspiration for local health systems to transform the experience of the audiology service for all their patients. The report highlighted that at the end of December 2006 two thirds of patients were waiting for more than 13 weeks for an audiology assessment:

	Expected average wait (weeks)	Patients waiting over 13 weeks	Total waiting	Percentage waiting over 13 weeks
North East	32	9,256	13,201	70%
North West	13	13,157	21,277	62%
Yorkshire and the Humber	15	11,892	15,461	77%
East Midlands	22	9,361	13,889	67%
West Midlands	20	18,234	28,026	65%
East of England	10	4,846	8,620	56%
London	20	9,465	13,829	68%
South East Coast	45	12,742	16,101	79%
South Central	12	5,594	11,110	50%
South West	16	18,927	28,518	66%

Table 1. Waiting times for audiology assessments by SHA in November 2006, published in December 2006 (*Department of Health: Improving access to audiology services in England*)

- 3.4 The report recognised that a radical reduction in waiting times was required. Hence the most complex audiology cases would be covered within the 18 weeks by December 2008. The report also stated that routine adult hearing loss cases should be assessed within 6 weeks, in line with the diagnostic waiting time milestone on which local commissioning plans are based and that hearing aid fitting should be carried out soon after or at the same time as assessment. The report states that nationally, the underlying demand for audiology services has been increasing and will continue to increase as the population ages; routine hearing loss among adults being by far the most common audiological condition.

## 4.0 Evidence/Findings

### Causes of Hearing Loss and Hearing Aids

4.1 The RNID publication *Is Your Hearing Going* cites the following possible causes of hearing loss:

- **age-related hearing loss** - more than 50% of people over 60 have a hearing loss
- **noise exposure** – prolonged or repeated exposure to loud noise can damage hearing
- **diseases of the ear** – infections of the middle ear or perforated eardrums can cause a hearing loss as well as serious infections like meningitis or measles
- **genetic** – about one in every thousand babies is born moderately to profoundly deaf. Some people are also more genetically prone to lose their hearing in later life.

4.2 Most cases of hearing loss are treatable with a hearing aid. If a person suffers from Tinnitus, a hearing aid may also help.

4.3 Digital hearing aids process sound in a fundamentally different way to analogue aids by dividing up the sound into “packets” and then processing them. This means it is possible for digital aids to be more selective in filtering out irritating background noise. All new hearing aids fitted through the Audiology Services are digital. Repairs are carried out on old analogue hearing aids but where they are beyond repair, or spare parts are unobtainable, a digital hearing aid of provided in its place.

4.4 The most commonly used type of aid is the behind-the-ear hearing aid, where all components are contained in a plastic case that sits behind the ear. Cosmetically more popular is the in-the-ear hearing aid which is a smaller, more compact device worn in the ear canal, but it is inappropriate for people with severe deafness because it is not powerful enough to compensate for their hearing loss. It is also not suitable for those with some loss of manual dexterity because the control switches are quite small. Even smaller is the completely-in-the-canal hearing aid which is virtually invisible when worn. Again because of its small size, its casing is too small to be able to hold a very powerful amplifier so it is only used for mild hearing loss. <sup>1</sup>

4.5 The following images illustrate the different types of hearing aids provided free of charge through the JCUH audiology service:

**Behind the ear**



**In the ear**



<sup>1</sup> [http://www.entuk.org/patient\\_info/ear/hearingaids\\_html](http://www.entuk.org/patient_info/ear/hearingaids_html)

## Open ear



2

### 18 Week Care Pathway

4.6 With effect from December 2008, the most complex audiology cases (those usually referred to ENT) are now covered by the 18 week referral to treatment pathway. From March 2008, all audiology assessments should also take place within six weeks.

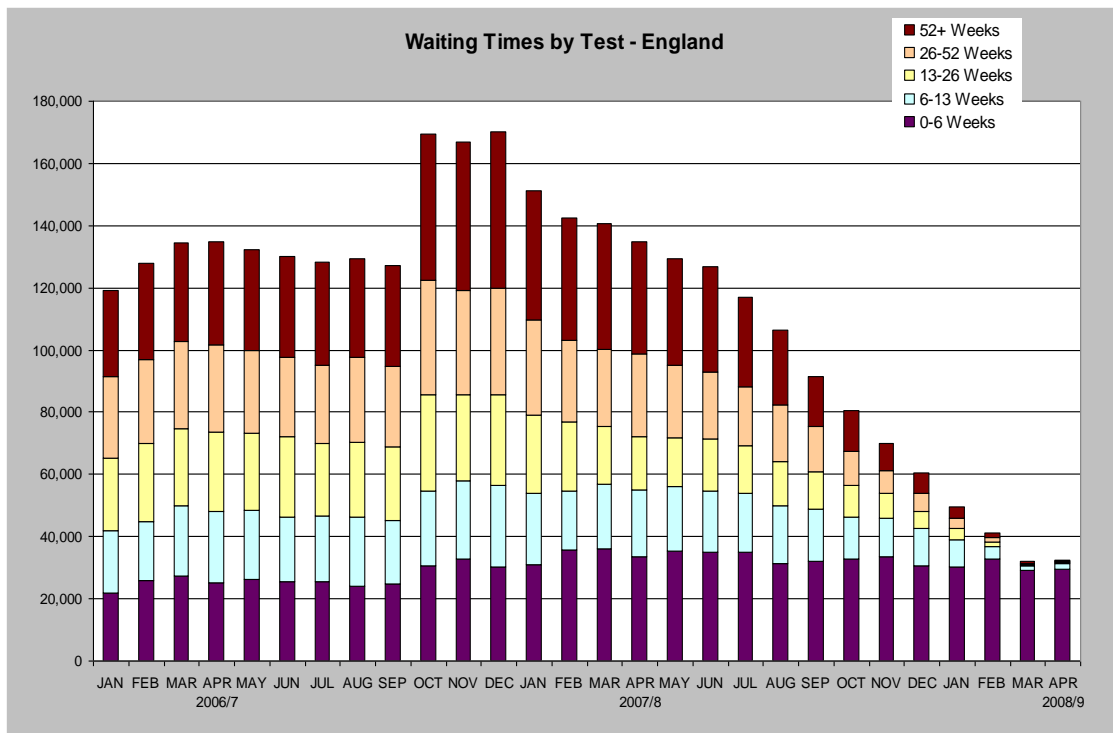
4.7 The audiology national framework document said:

*"No local health system will be credible in claiming success on 18 Weeks if it does not make excellent progress in tackling long waiting times affecting large numbers of its local population, including those waits that are technically outside the target."*

4.8 As a result, the Department of Health put in place a new data collection system to measure the total length of time patients are waiting for their audiology treatment, together with operational plans to assist audiology services with meeting the 18 weeks referral to treatment target.

### Waiting Times

4.9 The rise in demand from new patients and also those wishing to upgrade from analogue to digital hearing aids led to long waiting lists. The following graph of the monthly time series shows the numbers of waiters by time band for audiological assessment for England between January 2006 and April 2008. The graph illustrates the sharp increase in demand and subsequent reduction in national waiting times.



Source: Diagnostic Monthly - Commissioner based

<sup>2</sup> <http://www.specsavers.co.uk/hearing/hearing-aids/product-range/>

4.10 To address waiting times, the PCT had put in significant additional investment in audiology services during 2007/08 and 2008/9. Additional capacity had also been commissioned from Specsavers to deal with routine hearing tests, fittings and follow up for patients of 60 years and over.

4.11 At their meeting on 12 January 2009, Des Robertshaw advised that at that time:

- there was currently only one vacancy in the department
- there was a 1-2 week waiting time for an appointment from GP referral
- 11 new patients were currently waiting for fitting
- 4 patients were waiting to be re assessed
- 24 patients were waiting for refitting

4.12 Elaine Wyllie confirmed for the Committee that:

- from June 2008, no one had waited longer than 6 weeks for an assessment. (In Stockton 1551 patients had been fitted with a hearing aid since 01.04. 08)
- there were 61 patients on the current waiting list (at 22 Dec) for hearing aid fitting
- by the end of December 2008, all patients would receive treatment within the 18 weeks referral to treatment pathway (tolerance in terms of performance is 95%)

4.13 Current performance is illustrated in the following tables:

Diagnostics Report as at end February 09, detailing patients still waiting – at month end

PCT \ weeks	<01	<02	<03	<04	<05	<06	06-<10	Total
Middlesbrough	34	18	32	26	6	5	No-one waiting 6 weeks or more.	121
Redcar & Cleveland	35	15	31	28	9	5		123
Hartlepool	18	34	33	22	3	1		111
North Tees	18	22	27	22	7	4		100
<b>Total</b>	<b>105</b>	<b>89</b>	<b>123</b>	<b>98</b>	<b>25</b>	<b>15</b>	<b>0</b>	<b>455</b>

18 Weeks Referral to Treatment Report as at end February 09, detailing patients still waiting - at month end

PCT \ weeks	< 6	6-11	12-17	18-24	25-52+	Total
Middlesbrough	143	51	43	2	No-one waiting 25 weeks or more.	239
Redcar & Cleveland	157	58	22	9		246
Hartlepool	171	3	2	0		176
North Tees	133	55	23	13		224
<b>Total</b>	<b>604</b>	<b>167</b>	<b>90</b>	<b>24</b>	<b>0</b>	<b>885</b>

**R1 That the Tees PCTs be congratulated on implementing measures to significantly reduce waiting times.**

#### **What and Where Services are Provided**

4.14 The Audiology Service for Stockton residents is hosted from the Audiology Department based in JCUH. The department is concerned with the diagnosis and treatment of hearing loss, tinnitus and balance disorders. The department is also responsible for neonatal screening, cochlear implants, provides hearing therapy and manufactures ITE hearing aids and BTE ear moulds. JCUH also has an ENT service which is consultant led through referral by GP.

- 4.15 Paediatric Services provided by the Audiology Department include:
- 100% Newborn hearing screening follow ups for North Tees
  - 100% Newborn hearing screening 8 month targeted assessments for North Tees
  - 100% assessment, fitting and management of children with permanent hearing impairment and temporary losses management with hearing aids for children in North Tees.

In addition, many children are referred onto the Audiology Department at JCUH from Stockton for further testing due to the limited facilities and/or staffing of community paediatric audiology clinics in the Stockton area.

- 4.16 The Audiology Service is a direct access service on referral by GP. The service hosted from JCUH may also be accessed through services and clinics at various locations including clinics in Stockton, Middlesbrough and Redcar and Cleveland. The service operates flexibly with the facility for patients to move appointments to different locations provided that the clinic offers the appropriate service for the patient. A shared computerised data system enables patients' records to be accessed wherever they present although some specialist services are only provided at JCUH. Adult audiology services have recently been included within Choose and Book. Services provided within Stockton are as follows:

**UHNT:**

Hospital dept services all 10 sessions a week (including support for 2 ENT Clinics (Wed and Fri am)

2 open access sessions for hearing aid wearers (Tuesday and Thursday pm)

Adult hearing aid assessment and fitting by appointment throughout the week

Also 1 – 2 sessions domiciliary visits to adults for hearing aid services

**Lawson Street Health Centre:**

1 paediatric session per week

1 session a month with the Community Paediatrician

3 – 4 sessions for adult hearing aid appointments per week

**Localised Services**

- 4.17 During the course of the review, the Committee heard evidence from Des Robertshaw (Head of Audiology, JCUH) who favoured the provision of more services in community settings and commented that he would ideally preferred a clinic to be located in Stockton Town Centre, although cost was identified as an issue. The Committee noted that the service was involved in discussion about the location of future service provision as part of the Momentum proposals.
- 4.18 The Committee noted that portable booths could be used for testing in many cases but that a sound proofed room would be needed in some cases (e.g. children's testing). However, fitting and aftercare could be provided in local settings more easily.
- 4.19 According to the RNID Guide *A Good Audiology Service* patients should be able to visit their audiology service in convenient locations such as their local health centre as well as in their hospital.
- R2 That the provision of more localised services in community settings be supported and this be considered as part of the Momentum proposals and through opportunities for the co-location of services with other providers.**

## **Changeover from Analogue to Digital**

- 4.20 Des Robertshaw confirmed that the PCT had declined to commission the changeover of all hearing aids (estimated 45,000 hearing aid users on Teesside) but had implemented an approach which would see the gradual phasing out of analogue hearing aids. This was in line with most other providers' approach nationally.
- 4.21 A patient would not be eligible for a new digital hearing aid if they had been fitted with an analogue aid within three years. After the three year period, if a patient was tested and their hearing had not altered they would retain their analogue hearing aid but if there had been change in their hearing then a digital hearing aid would be fitted.
- 4.22 All new hearing aids being fitted were digital although repairs were still carried out on analogue aids if the parts were still available. The Committee were advised that some analogue hearing aids were of a very high standard, particularly those that had been customised.
- 4.23 Des Robertshaw advised that the 18 week care pathway also applied to changeover from analogue to digital hearing aids where there was a clinical justification.

## **Take up of the Service**

- 4.24 According to the RNID, there are:
- two million people with hearing aids
  - 1.4 million people who use them regularly
  - four million people who it is thought could benefit from a hearing aid.
- 4.25 Des Robertshaw estimated that of the estimated 10% of the population needing treatment, only 6.7% were coming forward for treatment. Reasons for this might include the stigma associated with hearing aids or possibly the public perception that waiting lists are still long

## **Specsavers Pilot**

- 4.26 In order to assist in addressing waiting times, the PCT had commissioned additional capacity from Specsavers on a pilot basis for hearing aid assessments and fittings. The Middlesbrough branch of Specsavers was involved in this pilot, which commenced on 21 September 2007.
- 4.27 As with referral to the audiology department, Specsavers receive direct referrals from the GP. The service is only offered to patients who are 60+. When the pilot commenced, existing patients were not transferred to Specsavers; Specsavers were only utilised for new referrals. Under the arrangement, Specsavers provide all aftercare for 3 years. The Committee heard that an ENT audiologist will do a home visit (based on clinical need and not social circumstances) even if Specsavers have fitted a hearing aid.
- 4.28 The Committee were informed that Specsavers operated under a 7 week care pathway and that the costs of commissioning the service were comparable to the NHS service. As at 16 February 2009, there had been 662 referrals to Specsavers and 556 patients had been seen.



4.29 In order to understand the Specsavers service more fully, the Chair of the Committee visited Specsavers (Middlesbrough) with Councillor Sylvia Walmsley. The following is a summary of the evidence received:

- Portable booths were installed for testing at the branch (It was noted that this would be appropriate for most consultations but that for some testing (e.g. children's testing), this would not be sufficient)
- Specsavers offer the same choice of NHS hearing aids as James Cook
- All customers are treated the same regardless of the care pathway
- All patients are seen by appointment (no drop in service is provided)
- 3 yrs aftercare is included in the package
- Choose and Book could be accommodated in the future if required
- The branch was open 6 days a week (excluding Sundays) and have a high street presence in most towns making them accessible
- 60- 70% of hearing aids fitted are the open ear variety (although dexterity is an issue for some people)
- Everyone eligible is advised about NHS free provision (via GP referral)
- 20% of customers have to be sent back to the GP for wax removal
- As a private provider, Specsavers were bound by a Code of Practice and if particular medical conditions were discovered, then they would have to refer the patient back to their GP for further investigation. Specsavers could not refer direct to ENT
- In future, the same qualification will apply to NHS and private audiologists
- The only negative comments from Stockton residents about the Specsavers service were about the travelling distances

4.30 As part of the Committee's evidence, an evaluation of the Specsavers pilot was considered by the Committee. To the end of March 2008, a total of 211 patient journeys had been invoiced and the average time taken to fully complete the patient journey was 7 weeks. The evaluation results were extremely positive with 43% of patients showing an improvement in their hearing ability (benefits from the used hearing aids are generally reported over the first six months of use). User satisfaction levels were very high with 96% of patients satisfied with the overall service provided by Specsavers. General verbal remarks from the pilot had also been positive and GP feedback had been positive.

4.31 The Committee were satisfied with the arrangements for the pilot and noted the positive feedback from patients. The Committee acknowledged the advantages of using a private provider to provide additional capacity for routine cases and the accessibility of the High Street locations which a provider of this type could provide.

**R3 That the commissioning of private sector providers with a High Street presence (such as that provided via the Specsavers pilot) be supported to reduce pressure on the more specialised services provided elsewhere and improve access to services, subject to clear information and reassurances being provided to patients that the NHS service is free of charge from any commissioned provider.**

### **Children's Care Pathway**

4.32 The Committee received the following written evidence on children's care pathways in Stockton and Hartlepool from Pam Gretton, Associate Director Contracts, North Tees and Hartlepool NHS Foundation Trust:

Stockton	Hartlepool
Birth – neonatal screeners	Birth – neonatal screeners
Primary school checks	Primary school checks
Reception, Y1, Y2 undertaken by Child health technicians	Reception, Y1, Y2 undertaken by assistant audiologists
Any issues referred by technicians to Lawson Street Clinic where community paediatricians have a joint clinic with Child health technicians	Any issues referred by assistant audiologists to Caroline Street Clinic where audiologists assess and treat
Community paediatrician refer onto ENT where appropriate	Audiologists refer onto joint community paediatrician/ audiology clinic in Caroline Street if problem identified
Access to Lawson Street clinic is open referrals coming from health care professionals, teachers, parents etc.	Community paediatrician refers onto ENT where appropriate
	Access to Caroline Street is open referrals coming from health care professionals, teachers, parents etc.

The Committee were advised that the Hartlepool model ensures that only the complex patients are seen by community paediatricians as the audiologists can treat more patients themselves. Audiologists also have direct referral rights into ENT where appropriate. Community paediatricians are much busier at Stockton however the Trust has been looking at the potential of altering the model at Stockton to match that of Hartlepool as this is a more cost effective model linking the community staff with Trust Audiology service.

The Committee were advised that the Trust would welcome discussion in this area though to note that Audiology in the hospital is owned at Stockton by JCUH. (Although they have never provided a community service, Hartlepool Audiology service is within the Acute Trust contract and has a wide experience of community Audiology, the community paediatric service and Child health technicians at Stockton are North Tees and Hartlepool staff.

4.33 The Committee noted the different care pathways for children's screening between Hartlepool and Stockton and were made aware that paediatric services in Middlesbrough and Redcar and Cleveland had updated in the last six months. The Committee felt that the respective merits of the different models should be investigated by the PCT to inform decisions about future provision.

**R4 That the Tees PCTs review the care pathway for children's screening, taking into account the different models operating across the Tees PCTs to seek to achieve best practice.**

## User Feedback

### Viewpoint Focus Groups

4.34 In order to obtain user feedback on the service, two focus groups were held with members of the Council's Viewpoint Panel. A summary of the views expressed is attached at Appendix 1. During their discussions, the following key points emerged:

- General satisfaction with the service provided
- Noticeable improvements in waiting times
- Preference for localised services
- Support for a central Stockton location
- Long waiting times for drop in service at UHNT – extra clinics or resources needed

- All information provided needs to be available in large print and audio
- Visual and audio calling devices need to be operated in all Audiology reception areas
- Suggestion to review procedures for wax removal prior to treatment

### **Other User Comments**

4.35 In addition to the Viewpoint Focus Groups, views were sought from users via

- Posters at Audiology Departments
- Email to RNID members in the Stockton area
- Mail out to PIC Network
- Mail out to Disability Advisory Group
- Email to residents registered with the sensory loss team
- Message of the Day within Stockton Council

4.36 A total of 13 responses were received. The following key points emerged:

- Long waiting times for the two drop in clinics at UHNT
- Clinics at UHNT only during the working day
- Would prefer a fuller service at UHNT
- Batteries should be available from all Doctors' surgeries
- Should be able to retain old aids for when the current one goes in for repair
- One user had experienced significant problems through being referred back to their GP for wax removal on a number of occasions
- General satisfaction with the service provided

**R5 That the Tees PCTs review demand for audiology services provided at UHNT (in particular the drop-in clinics) and investigate ways of reducing the pressure on services at UHNT if necessary.**

**R6 The Tees PCTs review the care pathway to provide an improved ear wax removal service at the point of referral from the GP to the audiology dept.**

**R7 That both visual and audio calling devices are operated in all audiology reception areas.**

## 5.0 Conclusion

- 5.1 The Committee were pleased to hear about the significant reduction in waiting times for audiology services and wished to congratulate the PCT on putting in place measures to achieve the reduction.
- 5.2 The Committee were also supportive of any future plans for the provision of more localised services in community settings. The Committee recognised that there would be the opportunity for discussion regarding local provision in conjunction with the Momentum proposals. In addition, the Committee recognised the benefits of utilising a private provider to create additional capacity especially where the provider had the added benefit of a High Street presence.
- 5.3 The Committee noted the different care pathways for children's screening between Hartlepool and Stockton and felt that the respective merits of each model should be investigated by the PCT to inform decisions about future provision.
- 5.4 The Committee were pleased to receive feedback from users of the audiology service and noted the comments received regarding the reported long waiting times at the open access clinics at UHNT. The Committee felt that demand should be reviewed and steps taken to reduce the pressure on services if necessary. The Committee also noted the problems experienced in respect of wax removal from users and also the numbers of referrals back to the GP during the Specsavers pilot and concluded that care pathway development was needed to provide an improved ear wax removal service at the point of referral from the GP to the audiology dept. Finally, the Committee was pleased to hear that a pager device had been introduced at JCUH. The RNID guide *A Good Audiology Service* states that there should be a call system in the waiting area that is visible and does not rely on sound alone. The Committee felt that appropriate visual and audio calling devices should be in operation in all audiology reception areas.

**Audiology Focus Groups  
17 February 2009  
Summary**

**Background**

To gain the views of the general public in order to inform the scrutiny review of audiology.

Two sessions with adults were held and were attended by 13 local residents. Viewpoint members who had experience of the audiology service were invited to attend.

The sessions were facilitated by Jenny Elstob and were also attended by Judith Trainer.

A summary of the comments made at both sessions follows:

**Introduction**

**Experience of using the service – for themselves, as a parent, as a carer?**

Participants came from a range of areas around the Borough, the majority had used the service for themselves, three had experience of the service by taking relatives for treatment. All had experience of using James Cook and UHNT.

**When and Where Services are Provided**

**When did you last use the audiology service?**

Most participants had used the service within the last year, some in recent weeks. Several members had experience of the service from 4 – 5 years ago

**How would you describe the overall service you received?**

Overall, most of the participants felt the overall service was excellent. One person commented that there had been a significant improvement in recent visits from using the service a year ago. One group member said that she felt that the service was very poor as her mother had not had a suitable hearing aid fitted in all the years she had been receiving treatment.

**Where do you currently receive audiology services?**

Most participants had experience of using James Cook but used the clinics at UHNT more regularly.

**Where would you like to receive audiology services (if different to the above)?**

Most participants wanted to receive the service wherever possible in Stockton rather than at James Cook.

It was noted that James Cook was not easily accessible by public transport from all areas of Stockton. A number of people commented that it was difficult for older people to get to James Cook. Traffic and parking problems were also highlighted at James Cook as well as the cost of parking.

Ideally, people felt that services should be provided more locally – perhaps in Stockton High Street or doctors' surgeries.

**Would you like to receive the service at different times?**

The majority of participants felt that there should be additional clinics at North Tees as very often there were between 50 and 90 people waiting to be seen through the drop in facility.

Saturday clinics were also supported by some group members.

### **Could you get a hearing aid appointment when it suited you?**

Generally all participants could get an appointment when they wanted. However, there had on occasion been delays in being seen on the day even when this was through an appointment system.

## **Flexibility and Communication**

### **What are your views on:**

#### **How easy it is to make or change appointments**

All participants had found it easy to make and change appointments and commented that the service had been flexible. Most had used the drop in service also and although there had been long waiting times for this, most felt that this was still a useful service but should be better resourced.

#### **Arrangements for check ups and further adjustments**

Again participants had found the service flexible. They welcomed the facility for hearing aids to be posted for repair and then posted back to their homes and commented on the speed of this service.

#### **Communication (e.g. leaflets provided, explanations given)**

Participants were generally happy with explanations given although one member commented that her mother had not had a full explanation of her hearing loss diagnosis.

When being called for appointments, there should be an audio and visual device in use. Because of the long wait at UHNT for the drop in sessions, it was easy to miss your appointment.

One participant commented that all the information was in a written format and that there should be information in audio format for blind people.

Another participant suggested that leaflets should always be available in large print as many of the users of the service were older.

## **Waiting Times**

### **How would you describe the length of time taken to see an audiologist?**

Participants were generally happy with the length of time to see an audiologist. It was noted that waiting times had improved recently. One member had had to wait for 15 months in 2005 but now commented that he could not fault the service. One member had waited for 6 weeks for a hearing test in October.

### **Have you encountered any delays with your treatment?**

The main problem highlighted was waiting times on the day in the audiology department during busy periods for appointments and particularly the very long waits for the drop in facility (sometimes 2 -3 hours) especially at North Tees.

**Was your hearing aid ready on time?**

Group Members reiterated their comments about the fast turnaround on repairs. One group member was currently waiting for a hearing aid for her mother and they had been advised that this would take about 3 months.

**Customer Care**

**How would you describe the advice you were given on the type of hearing aid available?**

The majority of group members felt the advice given had been excellent. One member was unhappy with the overall advice and service and one felt that there had not been enough explanation given.

**Were you greeted by a member of staff on arrival at the audiology department?**

All participants had been greeted immediately when reporting to reception for an appointment. It was noted that the drop in facility in North Tees operated in a different way with a numbered ticketing system.

One group member felt that the two reception desks at James Cook was confusing and that there should be better signage.

**If you had to sit and wait, was there enough space for you to sit in the waiting area?**

Most participants felt there was enough space. One participant commented that there was not enough space her mother's wheelchair at James Cook in waiting areas outside treatment room (not in the main waiting area).

**How would you rate the friendliness of staff?**

Excellent

**How would you rate the professionalism of staff?**

Excellent

**How would you rate the technical knowledge of staff?**

Excellent

**How would you rate the cleanliness and tidiness of the department?**

Excellent

**Overall**

**Would you recommend the service to a friend?**

All participants (except one) would definitely recommend the service to a friend.

**Based on your experiences, how do you think the audiology service could be improved?**

Need to shorten waiting times especially the drop in clinics – need more audiologists or more clinics (at North Tees)

**Any other comments?**

There should be both visual and audio devices used to call patients for appointments at all departments.

Could some home visits be arranged?

Should have help with transport to hospital.

The staff are always very busy and are doing a marvellous job.

One GP would not remove ear wax so this had to be done by a vacuum procedure at ENT – does this have to be done at the hospital?

We should have the Specsavers service like in Middlesbrough

Private hearing companies are ripping people off – something should be done about them.



**Glossary of Abbreviations Used**

UHNT	University Hospital North Tees
JCUH	James Cook University Hospital
ITE	In the Ear (Hearing Aids)
BTE	Behind the Ear (Hearing Aids)
CIC	Completely in the Canal (Hearing Aids)
ENT	Ear, Nose and Throat
PCT	Primary Care Trust
RNID	Royal National Institute for the Deaf
PIC	Participation, Involvement and Consultation