

Waiting times for audiology Policy statement

Our position

We support early diagnosis and timely intervention for people with hearing loss, and believe there should be capacity within the NHS to deliver audiology services within recommended waiting times. Waiting-time targets should be in line with other NHS services, recognising audiology as a priority service. Meeting waiting-time targets should not be at the expense of the quality of the audiology services provided.

Introduction

This policy statement outlines the main issues around 'referral to treatment time' (RTT) waiting times for audiology, which refers to the waiting time between a GP referral and treatment, usually hearing aids. These figures relate to people who have been referred by their GP direct to audiology (direct access patients). They do not include people who go to ENT (an ear, nose and throat department) first, or people who already have hearing aids who are waiting for further treatment or support, such as digital upgrades or the second issue of a hearing aid.

It also includes our stand on the issues¹. We use the term 'people with hearing loss' to refer to people who are deaf, deafened and hard of hearing throughout.

Background

There are currently 18-week RTT targets in England (introduced in 2009) and Scotland (introduced in December 2011). Welsh audiology services have had a 14-week RTT target since 2008. Northern Ireland is looking to introduce a set of quality standards into its audiology services, which include an 18-week RTT target.

We welcome these RTT targets as they help contribute to combatting very long waiting times for audiology patients in some parts of the UK.

Following NHS reforms in England, the Prime Minister pledged to keep the 18-week target in the NHS contract and constitution. However, national performance management of waiting times was abolished in June 2010 in a revision to the operating framework. The revision made clear that the target should be managed locally and that commissioners should drive improvements to performance through their contracts with providers.

We expect the recommended waiting-time targets under the Any Qualified Provider (AQP) service specification to be shorter than 18 weeks and strongly welcome this, as we see AQP as a way to improve access.

¹ Please note that, like many policy documents, this statement reflects the issues relevant at the time of writing. Over time this may be subject to change, such as new legislation, and we may review and amend the document.

Monitoring waiting times

In England, the Department of Health collates performance data across the 10 existing Strategic Health Authorities (SHA). This data indicates that, in England, almost 100% of direct access patients in England are seen within the target time.

www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/Directaccessaudiology/index.htm

In Scotland, the Information Services Division (IDS), part of NHS National Services Scotland (NHSNSS), collects data from Health Boards and produces a quarterly release detailing a summary of patients' completed waits and ongoing waits for the following audiology stages of treatment:

- first contact appointment
- assessment to fitting of hearing aids
- assessment to treatment (where treatment is other than fitting of hearing aids)
- fitting of hearing aids to review (this stage is not subject to the 18-weeks standard)

It also reports waits for patients who received treatment at a one-stop clinic.

<http://www.isdscotland.org/Health-Topics/Waiting-Times/Audiology/>

Currently, the 18-weeks RTT pathway data for Scotland data is published at 'all specialties' level only but, in the future, this may be expanded to show audiology-specific performance. <http://www.isdscotland.org/Health-Topics/Waiting-Times/18-Weeks-RTT/>

The Welsh Government Health Statistics and Analysis Unit produces a monthly statistical report on waiting times for specified diagnostic and therapy services for the NHS in Wales, including audiology (adult hearing aids). This data indicates that almost 100% of direct access patients in Wales are seen within the target time.

<http://wales.gov.uk/topics/statistics/theme/health/waiting-times/?lang=en>

The Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS) collects data on completed and incomplete waits for assessment each quarter, and the length of time patients were waiting or had waited for assessment following referral to an audiologist. This data indicates that almost 100% of direct access patients in Northern Ireland were waiting less than three months between referral and treatment.

http://www.dhsspsni.gov.uk/index/stats_research/stats-cib-3/statistics_and_research-cib-pub/adult_statistics-1/statistics_and_research_hearing_aid_assessments_reassessments.htm

Recommendations

We support timely intervention for people with hearing loss and will alert local parliamentarians if a trend of increased waiting times is identified.

We monitor RTT waiting times in England, and the percentage of these journeys that fall within 18 weeks, on our website. <http://www.actiononhearingloss.org.uk/supporting-you/policy-research-and-influencing/research/waiting-times.aspx>.

We also deliver a consumer feedback website, Locate and Rate, which allows service users to share comments on waiting times and rate how easy a service is to access.

<http://www.actiononhearingloss.org.uk/your-hearing/hearing-service-locator.aspx>

In England, if you have already waited longer than 18 weeks from the start of your referral, or you think that your treatment will not start within 18 weeks, you should contact the Patient Advice and Liaison Service (PALS) at your local primary care trust (PCT). <http://www.nhs.uk/ServiceDirectories/Pages/ServiceSearchAdditional.aspx?ServiceType=PatientAdviseAndLiaisonServices>

If you are not happy with the PCT's response, you also have the option of taking the complaint further using the NHS complaints procedure.

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/Waitingtimes/Pages/Guide%20to%20waiting%20times.aspx#commentCountLink>

In Scotland, you should complain to the practice or hospital concerned as a first step. Help can be found on the Health Rights Information Scotland (HRIS) website www.hris.org.uk and a Patient Advice and Support Service (PASS) is also available from Scottish Citizens Advice Bureaux (CAB) Service www.cas.org.uk.

Redress in Wales takes place through the Community Health Councils. Information on CHCs can be found here: <http://www.wales.nhs.uk/sitesplus/899/home>.

In Northern Ireland you can write directly to your hospital where a record of the complaint will be kept and a response issued. You can also alert your local Assembly Member.