

Assessing provision
of adult audiology
services and the
impact of budget cuts

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ACTION ON
HEARING
LOSS

CUT

OFF

Executive Summary

There are an estimated 10 million people living with hearing loss in the UK; one in six of the population is affected at any one time. In addition, six million people experience tinnitus.

Audiology services have a critical role to play in supporting people with hearing loss and tinnitus, in improving quality of life, and in preventing social isolation and mental ill health. But provision of these vital services varies.

This research was carried out to map provision of adult audiology services in England and Wales. In particular, we wanted to identify variation in access to bilateral hearing aids and tinnitus services and assess the impact of service cuts.

We gathered data through Freedom of Information (FoI) requests sent to 135 NHS Trusts in England that offer adult audiology services and all seven Health Boards in Wales, between March and May 2012. In England, 128 Trusts responded, representing a 95% response rate. All Welsh Health Boards responded, a 100% response rate.

Findings

Our survey gives us a mixed picture of adult audiology services in England and Wales. In some cases, the findings represent positive news for patients. In other cases, they raise significant concerns.

It is important to remember that our research is based on what audiology departments have told us. Patients may report a different picture.

Provision of bilateral hearing aids

In England, 95% of Trusts that responded to our survey said that they routinely offer bilateral hearing aids to their patients, where clinically appropriate. This is positive news for patients, but an area that we will monitor closely.

It is alarming, however, that in a small but significant number of areas this is not policy – meaning that people with hearing loss will be missing out on vital services. The picture is more alarming for Wales, where only five out of seven Health Boards routinely offer bilateral hearing aids where clinically appropriate. For individuals living in these areas this represents a significant inequality in access and is likely to have a serious impact on quality of life.

Tinnitus services

In England, the majority of Trusts (90%) offer information about products and other tinnitus services and a similar percentage (84%) also provide specialist tinnitus support either directly or via a referral. Similar findings are also reported for Wales.

Three-quarters of services in England and Wales also offer or provide referral to hearing therapy, and cognitive behavioural therapy is available or accessible via referral in

approximately half of services. But there are still a number of areas that don't offer support for people living with tinnitus. The impact of this is likely to be devastating for those individuals and their families.

Impact of the cuts

The aim of the current government's efficiency drive is to save money by reducing bureaucracy, ending waste, adopting innovative ways of working and restructuring services. However, our findings shows that, in many cases, this has already translated into direct cuts to the services on offer to patients.

In England, almost half (43%) of Trusts have been affected by the cuts, including a small number that have changed their policy on bilateral hearing aids or reduced tinnitus services.

For 41% of Trusts this was due to having experienced at least one broader impact of the cuts, such as a reduction in follow-up appointments (16%); increases in waiting times (15%); a reduction in the number of specialist staff available for complex cases (8%); a reduction in available information resources (2%); or another impact (15%). This is hugely alarming for patients requiring audiology services and is likely to have a devastating and far-reaching impact for individuals and families. It is also a false economy as failure to meet needs now will only lead to higher NHS and social care costs in the long term.

In Wales, one Board said it has seen an increase in waiting times, and one noted 'general resource implications'.

Innovations

While the cuts are biting hard, NHS Trusts and Health Boards also described a broad spectrum of innovative responses to the cuts, ranging from improved GP-referral information, to community and partnership working.

Recommendations

Audiology services are not a soft option – they change lives. Based on these findings, our recommendations to audiology service providers, commissioners and other key decision-makers are to:

- **protect provision of bilateral hearing aids and tinnitus services**
- **address local variation in access to services**
- **stop cutting vital services such as follow-up – it is a false economy**
- **use innovations in the best interest of patients.**

Introduction

There are an estimated 10 million people with hearing loss in the UK. That means one in six of us is affected at any one time. In addition, an estimated six million have tinnitus – noise in the ears that is often distressing and can lead to despair and depression.

Audiology services are crucial in supporting people with hearing loss and/or tinnitus to adjust to their condition, but provision varies.

We didn't know the extent of this variation. We were also concerned about the impact of funding cuts on services, in particular, bilateral hearing aids and tinnitus services.

So we carried out research to map provision of adult audiology services across England and Wales and assess the effect of the cuts.

The aims of the research were to:

- discover the extent to which NHS Trusts in England and Health Boards in Wales offer bilateral hearing aids where clinically appropriate
- build a picture of tinnitus services
- assess if NHS cuts are affecting the provision of adult audiology services
- gather examples of best practice from audiology services using innovative methods to maintain future service levels where funding is under pressure.

We surveyed heads of audiology at the NHS Trusts in England that offer adult audiology services and all Health Boards in Wales through a Freedom of Information (FoI) request and then reissued the request via FoI officers where responses were outstanding. The majority of the results were collected between March and May 2012. In England, of 135 Trusts surveyed, 128 responded, a 95% response rate. In Wales, all seven Health Boards responded, a 100% response rate.

To support the best possible delivery of services to patients in this difficult financial environment, we will use the results of this survey to lobby at both national and local levels for better support and funding of services for people with hearing loss and tinnitus. The results will also provide a valuable reference point for future research.

Why bilateral hearing aids?

People with a bilateral hearing loss (a hearing loss in both ears) have difficulty hearing speech sounds, particularly where there is background noise. Wearing hearing aids in both ears:

- improves speech clarity in more demanding situations, such as noisy environments
- helps identify which direction sound is coming from
- reduces the effort required to follow speech in difficult listening situations.

With only one hearing aid for a bilateral hearing loss it can be difficult to hear sounds presented to the unaided side and there is an increased risk of auditory deprivation¹.

The need for bilateral hearing aids where clinically appropriate is based on evidence; it is also stipulated in Wales' Quality Rating Tool (QRT) for audiology. The Improving Quality In Physiological diagnostic Services (IQIPS) programme in England specifies that local protocols for prescribing bilateral hearing aids must be evidence based and regularly reviewed. But practice doesn't always follow policy and guidance.

Why tinnitus services?

Like hearing loss, tinnitus is irreversible and its impact is often underestimated. If left unsupported it can lead to anxiety, stress and depression. Although there's no cure, many people can manage tinnitus effectively with timely interventions by trained clinicians.

We think that levels of tinnitus services vary across the country according to funding allocation and the professional expertise of staff. But we don't know to what extent.

NHS cuts

NHS cuts are affecting the healthcare system as a whole.

We want to monitor what effects cuts are having on audiology services because, without comprehensive service provision upfront, unaddressed hearing loss and tinnitus can lead to more complex conditions such as isolation, anxiety and depression.

Cuts to these services, therefore, can have far-reaching effects on people's quality of life and may lead to increased government spending on services further down the line.

We wanted to find out if bilateral hearing aids are being rationed as a response to NHS cuts, and if tinnitus services are being cut back or decommissioned because of NHS cuts.

We also wanted to discover any broader effects of the cuts on services across England and Wales, and, at the same time, identify examples of best practice and innovation.

¹ Whereby not stimulating the cochlea sufficiently can affect the brain's ability to interpret speech sounds.

Findings

1. Provision of bilateral hearing aids

We surveyed NHS Trusts and Health Boards about their policy to provide bilateral hearing aids where clinically appropriate.

England

In England, 95% (128) of Trusts that responded to our survey reported that they routinely offer bilateral hearing aids where clinically appropriate. Six Trusts said they offer one hearing aid in the first instance, unless someone asks for two. The comments in Table 1 provide more information about how these Trusts implement this policy.

Table 1: Table of comments from Trusts that said they offer one hearing aid in the first instance unless someone specifically requests two hearing aids

Comment
"If the patient requests bilateral aids they will be offered."
"For patients with mild-to-moderate hearing loss, one aid is trialled with the offer of a second aid at review where deemed appropriate."
"With the introduction of AQP we will be able to open up the service for two aids."
"Exceptions are made dependent on clinical and/or social need, when two hearing aids would be offered."
"A further hearing aid is discussed at a follow-up appointment if the patient requests this, or it is felt that the patient may benefit and get on well with managing two hearing aids."
"Patients are advised where clinically relevant that two hearing aids may be better, but they are asked to trial one in the first instance. Patients can return to the department whenever they wish for the trial of a second hearing aid."

Wales

In Wales, of the seven NHS Health Boards, five said they routinely adhere to this policy. However, one responded: "We offer one hearing aid in the first instance unless someone specifically requests two hearing aids." It added: "Patients need a second referral if they wish to request a second hearing aid." Another which routinely offers only one hearing aid per patient commented: "Bilateral hearing aids are offered in some cases, but not necessarily if someone requests two hearing aids."

2. Provision of tinnitus services

We surveyed NHS Trusts and Health Boards to map the levels of tinnitus services offered.

England

In England, the majority of Trusts that responded to our survey said that they provide information about products and other services for tinnitus, and most offer specialist tinnitus support or a referral. Just over three-quarters reported that they offer hearing therapy or a referral, while just over half said they offer cognitive behavioural therapy (CBT) or a referral. The percentages are shown in Table 2.

Table 2: Tinnitus services offered (128 NHS Trusts)

	Yes, this is available
Information about products and other services for tinnitus	90% (115)
Specialist tinnitus support or a referral for specialist tinnitus support	84% (107)
Hearing therapy or a referral for hearing therapy	77% (98)
Cognitive behavioural therapy (CBT) or a referral for CBT	53% (68)

In addition to the options given, other approaches mentioned included: tinnitus retraining therapy, mindfulness training, a multidisciplinary team for pulsatile tinnitus, taught relaxation, speech and language therapy (SaLT) and clinical psychology or a psychology referral.

Wales

All Health Boards said they offer information about products and other services. Most reported that they offer specialist tinnitus support, hearing therapy or a referral. Just under half said they offer CBT or a referral. The percentages are shown in Table 3.

One Board added that it offers tinnitus retraining therapy and tinnitus counselling/rehabilitation, which includes hearing aid fitting.

Table 3: Tinnitus services offered (seven Health Boards)

	Yes, this is available
Information about products and other services for tinnitus	100% (7)
Specialist tinnitus support or a referral for specialist tinnitus support	71% (5)
Hearing therapy or a referral for hearing therapy	71% (5)
Cognitive behavioural therapy (CBT) or a referral for CBT	43% (3)

3. Impact of NHS cuts

We surveyed NHS Trusts and Health Boards about the impact of the cuts on services.

England

Overall, 43% of Trusts in England that responded to our survey said they have been affected by the cuts. This includes two Trusts that changed their policy on bilateral hearing aids and one that decommissioned hearing therapy.

At least one of the following broader effects of the cuts has been experienced by 41% of Trusts: a reduction in follow-up appointments; an increase in waiting times; a reduction in the number of specialist staff available for complex cases; a reduction in available information resources; or another impact. A breakdown of percentages is given in Table 4:

Table 4: Impact of budget reductions (128 NHS Trusts)

Affected by cuts in one or more of the following ways	(43%)	
Reduction in follow-up appointments	21	(16%)
Increase in waiting times	19	(15%)
Reduction in the number of specialist staff available for complex cases	10	(8%)
Reduction in available information resources	3	(2%)
Change to policy on bilateral hearing aids	2	(2%)
Reduction in tinnitus services	1	(1%)
'Other' impacts of budget reductions	21	(15%)

When asked an open-ended question about 'other' impacts of budget reductions, comments broadly fell into two categories: staff-related and equipment-related.

Staff-related comments included:

- being asked to look at redundancy follow-ups
- less job diversity
- increased workload
- lower morale
- reduced clerical cover
- lowering of staff grades
- a slowdown in recruitment.

Equipment-related comments included:

- some test equipment not being updated
- reduced budget for non-staff items
- reduced routine equipment replacement.

Looking ahead, four Trusts (3%) said that provision of bilateral hearing aids is under threat in the coming year because of budget cuts, and five Trusts expressed uncertainty. Five Trusts (4%) also highlighted that their tinnitus services may be under threat, and 23 (18%) expressed uncertainty.

Wales

In Wales, of the seven Health Boards asked about the effects of budget reductions, two responded. One noted an increase in waiting times, but commented that this is due to an increase in referrals and assessment time; the other noted no other effects. Four Boards did not select an option but did comment. One commented on general resource implications in terms of staffing and equipment and another noted an increase in efficiency.

Looking ahead, one Health Board said its policy to routinely offer bilateral hearing aids is under threat in the coming year due to budget reductions and another highlighted that its tinnitus services may be at risk.

4. Examples of best practice and innovative responses to the spending cuts

As well as recording the other effects of budget reductions, we also wanted to discover examples of best practice and innovative responses to the spending cuts.

There are many ways of reducing department costs which can be to the detriment of patients. But there are also ways of making savings without affecting service quality.

Some of the examples given by Trusts and Health Boards included:

- improved GP referral information and direct access for consultations
- community and partnership working
- more same-day assessment and fittings
- one-stop shops and cross-over services
- improved information resources
- group tinnitus sessions
- direct access and direct referral tinnitus services
- redesign of reassessment and review pathways
- equipment repair by post
- more open fit aids (no earmould) fitted
- recycling returned hearing aids
- improvement projects and programmes
- improved procurement
- income generation/enterprise.

Please see Appendix for more detailed responses.

Discussion

Action on Hearing Loss undertook this research to map the provision of adult audiology services in England and Wales and to assess the impact of budget cuts. Our findings give us a mixed picture. In some cases, the findings represent positive news for patients. In other cases, the findings raise significant concerns.

It is important to remember that our research is based on what audiology departments have told us. Patients may report a different picture.

Bilateral hearing aids

Our results show that almost all Trusts in England (95%) routinely offer bilateral hearing aids where clinically appropriate. This is positive news for patients, but an area that we will monitor closely.

It is alarming, however, that in a small but significant number of areas this is not policy – meaning that people with hearing loss will be missing out on vital services. The picture is more alarming for Wales, where only five out of seven Health Boards routinely offer bilateral hearing aids where clinically appropriate. For individuals living in these areas this represents a significant inequality in access.

Tinnitus

For England and Wales, our findings show that most audiology departments offer or provide referral to specialist tinnitus services and support. This is good news for patients.

A significant proportion of departments provide hearing therapy. While positive for patients, this finding also provides a useful benchmark to assess the impact of the NHS Modernising Scientific Careers programme (as routes into audiology careers including hearing therapy are changing as a result).

Cognitive behavioural therapy (CBT) is a relatively new service for people with tinnitus, so it is positive to see significant provision in England and Wales. We hope that this trend continues and spreads to other areas.

The mention of approaches including tinnitus retraining therapy, mindfulness training, taught relaxation, speech and language therapy and psychology is a positive sign of more methods being used to support people living with tinnitus.

But there are still a number of areas that don't offer support for people living with tinnitus. The impact of this is likely to be devastating for those individuals and their families.

Impact of cuts

The cuts are biting. Our findings suggest that almost half of adult audiology services in England are affected. We are very concerned that this is leading to, for example, fewer follow-up appointments, increased waiting times and reduced access to specialist staff. This is hugely alarming for patients requiring audiology services and is likely to have a devastating and far-reaching impact on individuals and families. It is also a false economy as failure to meet needs now will only lead to higher NHS and social care costs in the long term. The future also looks challenging with some services in England and Wales reporting possible threats to bilateral hearing aid and tinnitus services.

Innovation

A broad range of innovations were described by Trusts and Health Boards, from improved GP referral information to community and partnership working. It is important to remember that some of these initiatives – such as assess and fit appointments and group fittings – are not suitable for all patients. Not knowing how to use an aid or insert moulds correctly are often why people don't use their hearing aid, so they don't get the full value of the service.

Recommendations

Audiology services are not a soft option – they have a critical role to play in improving the quality of life of people with hearing loss and tinnitus and in preventing social isolation and mental ill health.

Our recommendations to audiology service providers, commissioners and other key decision-makers are to:

- **protect provision of bilateral hearing aids and tinnitus services**
- **address local variation in access to services**
- **stop cutting vital services such as follow-up – it is a false economy**
- **use innovations in the best interest of patients.**

Appendix

A selection of comments made by NHS Trusts in England and Health Boards in Wales that can assist both patients and departments.

Referrals and access

In terms of referrals and access, one Trust said that it offers direct access for consultations and one Trust said it has improved its GP-referral information.

Community and partnership working

One Trust said it has clinics in the community to encourage ease of access; another Trust said it is planning to expand services into the community.

One Trust gave an example of how it uses partnership working: “We have a close working relationship with a charitable organisation, which undertakes hearing maintenance clinics in community venues convenient to our patients (such as GP surgeries, health centres, nursing centres, nursing homes and patients’ homes).”

Same day assess and fit

In terms of patient pathways, four Trusts discussed the use of assess and fit. For example, one Trust commented: “Introducing hearing triage into primary care so that we can save time for the Trust and for patients by seeing more patients on an assess and fit pathway.”

One-stop shops and cross-over services

One Trust reported that it has increased its one-stop shops; another said it had merged its audiology department and ear care nurse provision.

Improved information

One Trust said it has produced leaflets/DVDs to improve understanding of hearing aids as an innovative response to spending cuts.

Group tinnitus sessions

One Trust said it is providing monthly group tinnitus sessions.

Direct access and direct referral tinnitus services

Three Trusts mentioned direct access and direct referral tinnitus services. Comments included:

“There is ongoing discussion with local commissioners about providing a direct access tinnitus service to patients. This may warrant more staff being trained to enable this to happen. Direct referral tinnitus services are being discussed.”

“Have been working with NHS improvements and successfully implemented a direct access tinnitus service. This has dramatically reduced waiting times and has improved patient outcomes and satisfaction.”

Reassessment and review

In terms of reassessment and review, one Trust referred us to the NHS improvement website for an illustration of its redesign of the pathways for patients requiring reassessment. Another Trust said review appointments are now triaged by a telephone follow-up clerk.

Repairs

One Trust said it is now doing equipment repairs by post.

Open fit aids (without earmould)

Three Trusts mentioned the use of open fit aids: one Trust said they are using more open ear fits; a second said it is trying to do 30% more life tube fittings, for example, open fits; and the third commented on the use of better open fit technology and ranges.

Reusing and recycling

In terms of reusing and recycling hearing aids, one Trust said it reconditions returned hearing aids and another said it reconditions aids to use for repairs.

Improvement projects and programmes

One Trust said it used a Strategic Health Authority (SHA) Workforce Development Improvement Fund (WDIF) project on hearing aid self-management and deaf awareness training, while another reported that it used the 'Power of 10' Strategic Advantage Programme to help it reduce costs.

Procurement

Seven Trusts mentioned changing procurement methods in response to spending cuts.

Comments included:

“Joint purchasing with neighbours for hearing aids, earmoulds and batteries to achieve discounts.”

“Correct use of national tariffs when billing and extra help from competitive suppliers.”

“Liaison with commissioners to ensure hearing aid fitted as desired by patients.”

Income generation/enterprise

One Trust described its own form of income generation:

“Income generation through selling cleaning kits for hearing aids and custom-made hearing protection devices.”

In Wales, when asked: “Are there any examples of best practice and innovative responses to the spending cuts you would like to share?” two Health Boards responded.

One replied: “The department has been actively modernising its workforce by skill-mix review with an emphasis on audiology-led services, particularly paediatric audiology services. This in turn has had a favourable impact on resources available to adult audiology services.”

The other commented: “The Health Board is currently working towards the delivery of the Focus-on Pathway for adult hearing loss which, by engaging audiologists at the front end of the patient pathway, aims to improve the patient experience while reducing pressure on ENT services.”

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