

Community Audiology

Delivering adult hearing services
closer to home

Project

To establish effectiveness or otherwise of
“community based adult audiology services”

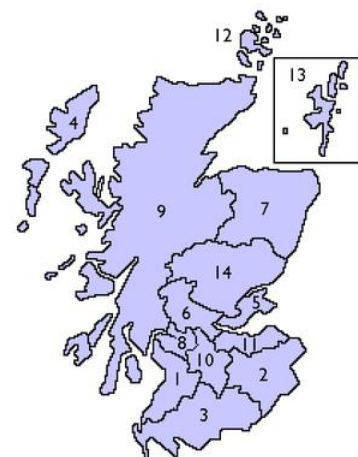
Prevalence of hearing loss

- Estimated that 1 in 7 rising to 1 in 6 in our lifetime
- Living longer with more complex health needs
- Scottish population 5.4m
- Number with hearing loss around 770,000



Existing Services

- 14 territorial Boards deliver Audiology Services
- Services provided cover adults and children
- 2 Boards have separate adult and paediatric services
- Predominantly acute hospital based with varying degrees of community delivery (15%)
- Majority of patients reach Service following GP or ENT referral



Service model

- Services generally split time between “diagnostics” and “rehabilitation”
 - Diagnostic
 - ENT support, electrophysiology, complex hearing diagnosis, balance
 - Rehabilitation
 - Hearing aid provision, tinnitus, complex fittings, life long maintenance of Service Users



Workforce



- Workforce numbers well established
 - Practitioners - 188
 - Associates - 36
 - Assistants - 40
- Training & development lead time 2 – 4 years
- Low numbers in training not meeting the demand today or predicted demands



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Drivers for change

- Maintenance of (voluntary) quality assurance process based on national quality standards with Service User input
- Demographic changes older, living longer, complex health needs etc continue to put pressure on Service
- Public Sector finances bring additional challenges
- Profession small = small workforce, limited opportunities, slow to respond to changes in demand
- Technology advances lead to expectations but at a cost
- Pressure on other parts of the system – GP & ENT
- Requirement to look at what and how we do things and make transformational change

Policy context

- Public Health Needs Assessment Report (2003)
- 2020 Vision (2011)
- See Hear
- HCS National Delivery Plan 2015-2020
- Framework of Action for Wales 2017-2020
- SNP manifesto commitment (2016, page 3, 2 lines)



Key challenges

- To establish:
 - What takes place in the community – the who, where & what?
 - Can what takes place in the community meet in part, the challenge of delivering care closer to home (and do people want this or something else)?
 - How might this be transformational and what other benefits could this bring?

Definition

Definition of community based services:

"services that may be delivered in a setting other than a general hospital and of services that can be safely and accurately delivered in a community setting without compromise to quality and care to patient or professional"

Preparatory work

- “Self survey” of Audiology Services – questionnaire
- Scottish Health Council public engagement events
- The Alliance – survey of third sector organisations with a role in the support/aftercare of hearing impaired adults
- Establishing why (or should and *could*) we entertain the idea of delivering audiological care closer to home

Project

- Establish sites within the two Board areas to focus delivery of community based adult hearing aid services on
- Agree in principle the activities to be undertaken (it may extend beyond hearing assessment and aiding)
- Agree measurement of these activities
- Report on the findings upon completion (12 month project)

Focus

- Assessment of adults with suspected hearing loss where treatment is likely to be hearing aid use
- Use of one-stop approaches i.e. assess & treat at one visit
- Utilise modern technology to manage patients at arms length where appropriate
- Remove GP if possible from the pathway and encourage true self referral

Challenges

- Late start to projects – recruitment (staff)
- New framework agreement re hearing aids also late!
- Wax!

Traditional approach

- Assessment
 - Examination, hearing tests
questionnaire, impressions
- Fitting
 - Physical fit, verification of
acoustic fit, instruction
- Post fitting review
 - Questionnaire follow-up, general
check, reinstruction & Q/A as necessary



Alternative approach

- Minimal assessment
 - “2 point air conduction hearing test”
- Minimal fitting
 - Simple fit, instructions for self fitting, hearing aid “learns” for itself and self adjusts
- Post fitting review remotely
 - Follow-up questionnaire based on self set questions by post/email/phone

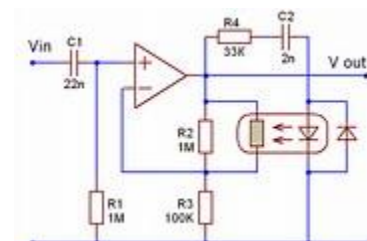


Pro's & Con's

	Public sector	Private sector
Referral	GP is gatekeeper, rarely adds value to process & takes up GP time, lengthy waits	Immediate, no delay, doesn't have access to "medical advice" possibly misses other issues
Location	Predominantly Acute Hospital based, some community locations i.e. limited locations, inconvenient	Mainly high street / private home – improved access & convenience
Traditional fit	Safe, comprehensive, time consuming for all, high standard of clinical/technical application, multiple visits	More "individual", time available to do what is required, possible "sales" focus Vs audiological
Fast fit	Convenient but won't suit all, potential to reduce input from qualified staff, feeling of production line approach	No information to date, generally commented on "negatively"
Additional comment/OTC	Patients want to reduce time/no of visits required	Not yet available in the UK...yet!

Physical features “today”

- Remote control (of hearing aid)
 - Dedicated, AppleWatch, etc
- Wireless connectivity to other devices
- Voice memos
- Self adjusting
 - AGC, voice recognition, etc



Geotagging

- Intuitive switching
 - Uses phone GPS and app



- Find my hearing aid – gimmick?
 - Extension of GPS and app

Or

- “Find my Father”
 - Social Care?
- Reminders – change your battery/take your pills!



Remote support

- Huge opportunity for *able* users
- Extends self care role
- With/without VC support
- Re-programming/refitting of hearing aids if used with remote testing

Challenges (again!)

- Temptation to get pulled off course due to changes in technology in particular
- Price / cost
 - Data from 15 years ago indicated lifetime costs for a hearing aid were as little as £1/month (4 year lifespan) today it is around £2.50/month (NHS A&A, 3 year lifespan)
- Value for money?

Findings (*draft!*)

- Pre-project work established a desire from patients to receive elements of care closer to home
- Where people had experience of a community provided service they wanted to retain it and encouraged others to look at this too
- In some areas (Tayside) they have noted a reduction in waiting times for those areas involved in the project.

...and finally...

Presentation of full measured findings at the conclusion of the project (12 months)

Thank you for your attention

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