

## Feedback about NHS hearing aid services from patients and what we have done about it

Reference	What you said...you..	What we did
P1	Like a service that is quick and efficient	<ul style="list-style-type: none"> <li>• Once referral is made the patient should be seen within 6 weeks, sometimes it is earlier than this</li> <li>• Most assessment appointments also include the hearing aid fitting if required</li> <li>• Assessments should be booked within 5 days of the provider receiving the referral</li> <li>• Routine aftercare should be available within 2-5 days</li> <li>• Urgent available on the same day</li> </ul>
P2	Don't like the delays in appointments and would like an improved appointment system with improved waiting times	<ul style="list-style-type: none"> <li>• As above</li> <li>• Any appointments required after this time should be seen within 1 day if urgent and between 2-5 days if routine.</li> <li>• Postal repair service within 7 days</li> </ul>
P3	Would like improved follow up and after care, including self-care (including ear hygiene and cleaning),	<ul style="list-style-type: none"> <li>• As above</li> <li>• Aftercare is now booked</li> <li>• Providers are now responsible for providing the patient with a patient pack which includes <ul style="list-style-type: none"> <li>➤ What service will be provided to them including information on location, frequency of follow ups and after care appointments including confirmation of date and time of next appointment/s and how to access after care appointments if patients are experiencing issues with their hearing aid(s)</li> <li>➤ Information on use of the hearing aid including care instructions, battery life information (e.g. warning noises), how the loops works, information on any extra facilities (e.g. volume adjustments) and how to clean the equipment.</li> <li>➤ Clarity on replacement hearing aids and costs.</li> <li>➤ Any FAQ or do's and don'ts of the practical hearing</li> </ul> </li> </ul>

		<p>aid(s).</p> <ul style="list-style-type: none"> <li>➤ Clarity of the patient responsibility for hearing aids (e.g. keeping them clean and dry)</li> <li>➤ Information on local hearing loss support/volunteer groups or information for carers/family support groups.</li> <li>➤ Information on other useful equipment to aid hearing loss e.g. personalised loop.</li> </ul>
P4	Asked if we can keep up to date with hearing aid technology	Providers are asked to keep up to date with the latest technology and so patients will be offered the latest hearing aids should their current hearing needs not be met by their current hearing aids. This will be determined by further assessment, clinical decision and reviewing the Individual Management Plan (IMP)
P5	Appreciate staff who are friendly, polite, caring, approachable and helpful	All staff should be this – if a patient feels they are not they need to put a complaint in with the provider
P6	Would like staff to be trained in all aspects of hearing loss and hearing aid technology	<p>The provider must have an appropriate skill mix within their team, in keeping with the recommendations set out in 'Transforming Integrated Hearing Services for Patients with Hearing Difficulty – A Good Practice Guide', DH, June 2007. Assessment and treatment must always be provided by members of staff that are either suitably registered or are supervised by a suitably registered practitioner and who are appropriately trained, qualified and experienced.</p> <p>Audiologists, Registered Hearing Aid Dispensers and assistant/associate audiologists may provide a direct service to patients according to appropriate qualifications, skills and experience.</p>
P7	Appreciate a service that is easy to access and convenient, for example locally based, easy for parking, and offering work friendly appointments	<p>CCGs will prior approve all suggested venues as part of the tender.</p> <p>The service will not be a Mon – Fri 9am – 5pm service, extended hours will be provided.</p>
P8	Want to see more useful information from staff during	As per P3

	consultation/appointment	
P9	Want to see better information for patients about the choices available to them when they need a hearing aid	Can feed this back to current and new providers although hearing aids available on the NHS are limited compared to private, the hearing aids will meet the individuals hearing requirements.
P10	Appreciate a personalised service	All services should be personalised to meet the needs of the individual.  All patients should have a co-produced written Individual Management Plan (IMP) which defines the patient's goals and hearing needs and how they are going to be addressed. This is now part of the provider reporting and monitoring requirements
P11	Value a thorough service	Improved service specification which is clear for providers and commissioners
P12	Appreciate the fact that the service is free	This should be made clear to patients that hearing aids are free, however they are on loan to the patient from the NHS and should the loose them they will be responsible for replacements
P13	Wanted assurance that your hearing aid consultation was private and in a location that was sound proof	Providers need to ensure clear and formal accountability processes and structures are in place to ensure a safe, effective and integrated continuity of clinical care for all patients.  The provider will: <ul style="list-style-type: none"> <li>• Provision and fitting of hearing aids and moulds where required in a suitable environment (quiet, confidential, private, and permits the patient to retain dignity) as appropriate</li> <li>• Ensure rooms are compliant with BS EN ISO 8253-1:1998. Should the assessment take place outside of the providers normal premises such as nursing home, or the patients home - the 35dBA standard will be required (as a minimum standard) before undertaking testing. This should be done in situ with a portable</li> </ul>

		sound level meter and the evidence of this undertaking documented.
P14	Wanted to be able to switch providers easily if you are not happy with the one you use	In the first instance you should raise your issue with your current provider – like you would if you had issues with your GP practice. The CCG pays for the 3 years up front following your follow up after 10 weeks so if you swap providers within the 3 years the CCG will end up paying again for the 3 years. This is no different to any other NHS service provided.
P15	Don't want to bother the GP and shouldn't have to make an appointment with a GP to get a referral for hearing aid support	Absolutely correct. The new specification is very clear that once a patient is referred into the service there is no need for this to go back to a GP for re-referral unless the patient is coming to the end of the 3 year episode of care and wishes to changes provider.
P16	Would prefer more written information to support your hearing loss and hearing aid care	As per P3 – patient information pack
P17	Wanted to see digital “next patient” alerts in waiting rooms rather than staff shouting out names for appointments	This is something the provider must initiate, CCGs cannot tell providers what equipment to have if it does not directly relate to carrying out the assessment. Patients should complete a suggestion slip or advise the audiologist.
P18	Wanted a range of options to collect hearing aid batteries, and parts rather than one point/place of contact	<p>Batteries for hearing aids provided through an NHS qualified provider must be provided <u>free of charge</u> to NHS patients as part of the aftercare service with the patients current provider, not an alternative provider, and must be of a designated specification according to the NHS Supply Chain.</p> <p>Options for battery replacement include:</p> <ul style="list-style-type: none"> <li>• Collection from the provider's service</li> <li>• Via local supply points (e.g. a network of GP practices/health centres) supplied with stocks of good quality batteries in all commonly used sizes free of charge by the provider.</li> </ul> <p>A postal repair service will also be available to patients for returns within 7 working days, at the provider's expense.</p>

P19	Wanted staff to demonstrate the use and care of hearing aid technology more	Can feed this back to current and new providers
P20	Wanted a consistent quality and level of service from staff, including training in technology, software, after care etc.	Provision of a high quality, mixed skilled workforce with knowledge and skills to manage the care of audiology patients in the community wherever possible – This is now a key performance indicator
P21	Wanted improved telephone access to services, particularly for urgent issues such as technical problems with hearing aids	Can feed this back to current and new providers
P22	Wanted the repair of hearing aids to be much quicker and easier, with improved contact points for urgent repairs	A postal repair service will also be available to patients for returns within 7 working days, at the provider's expense.  In some cases repairing faults may take longer depending on the issues, unfortunately this is unavoidable and out of their hands.
P23	Wanted us to follow national guidance about hearing aid provision	We are and they are all included within the service specification.
P24	Wanted home visits	Home visits are only available for house bound patients.
P25	Wanted support for tinnitus	Tinnitus is excluded from this revised specification – if a patient has tinnitus they should be referred on to the hearing therapy service at ELHT or ELHT Audiology Services
P26	Wanted services to offer BSL for those who need it	This has now been included within the specification:  The provider must ensure patients have an adequate understanding of the hearing assessment process before the appointment by providing information (in a suitable language or format that accommodates those who have learning disabilities) in advance (either via the referrer or to be received by the patient at least 2 working days before the appointment) that explains the purpose of the assessment, what it involves and the possible outcomes e.g. being fit with hearing aids. The content of the letter should include information on how patients can request communication support such as a translator or chaperone for ethnic diverse cultures.
P27	Wanted the loop system option on hearing aids to be offered as	We will raise with providers as this is a standard offer.

	a default	
P28	Want to see more collaboration between providers, (they are in competition but the patient is caught in the middle)	Hopefully within the new service this will start to happen
P29	Want to see improved public awareness of hearing loss and the services that are available	<p>Providers are asked to market the service and comply with NHS guidelines. All marketing literature and information should be jointly approved with the CCGs prior to it going 'live'.</p> <p>Within the new service we have asked Providers to actively signpost to other local services including social and voluntary sector organisations where they will work more collaboratively with one another</p>
P30	Said that you experience delays with ear syringing and	<p>Ear syringing for blocked ears should be carried out as per individual CCG pathways e.g. GP, treatment room etc. Going forward the provider will now offer a residual wax removal service should any minimal amounts of wax prevent the one stop shop service of assess and fit to be delayed.</p> <p>Blocked ears should be picked up prior to a patient being referred when the GP has done a thorough check of the patients ears.</p>
P31	Wanted improvements to hearing aid batteries – for example longer life batteries, and the option to recycle them	We will feed this back to providers.
P32	Wanted Specific information and advice about phone use with hearing aids	We will feed back this to current and future providers, and we will ask them to put something specific into the patient pack as well as running through this when patients are given hearing aids.

## Feedback about NHS hearing aid services from GPs and what we have done about it

Reference	What you said...you..	What we did
GP1	Would prefer self-referral to NHS hearing aid services rather than via GP referral	This is something that has been discussed at great length however; our clinical lead felt that initial referral should come from a GP once all other contraindications and ear examinations have been completed. We have changed the flow of patients slightly which we hope will reduce patients being automatically discharged at the end of the 3 year episode of care. Instead, patients have the right to stay with their current provider beyond the 3 years and will sign a form to this effect. If patients want to change provider they will be discharged back to their GP and a discharge letter will clearly state reasons why.
GP2	Would prefer NHS hearing aid services to operate on an "open access" basis	As above
GP3	Think that the NHS hearing aid service contract should include wax removal	This has been included for residual wax – not for total wax removal
GP4	Think that there needs to be improved information about NHS hearing aid services, including choices available	Choices of providers are on the choice menu via eRS. Once the providers on the new contract are known we can distribute this to GPs along with other relevant information
GP5	Would like a process/care pathway that is less confusing and more straightforward for GP and patient alike	As above  Also once a GP has referred a patient into the service with suspect age related hearing loss they should never have to go back to their GP unless they want to swap provider at the end of the 3 year episode of care. Patients will also be given a patient information pack which will detail where patients need to go should they experience problems with their hearing aids within the 3 years.
GP6	Would like us to consider a primary care based hearing assessment service	CCGs will approve provider locations prior to the contract starting. Primary care such as GP federations will be able to bid for the new service like any other provider.

GP7	Want to ensure that the provider is responsible for after care, equipment and follow-up	Absolutely - very clear within the revised specification
GP8	Would like to see an increase in the warranty period of hearing aids from 3 – 5 years	Warranty is beyond the CCGs control, this is a manufacturer's warranty.

## Feedback about NHS hearing aid services from patients in summer 2017 and what we have done about it

Themes	What you said...you..	What we did
Wax removal	<p>“I attended a few weeks ago for my 3 year review and was advised my ears were full of wax. Since then I have had the wax removed and the tubes changed in my hearing aids and can hear so much clearer”</p> <p>“Ref from GP, on examination there was a build-up of wax therefore unable to perform test, advised to put wax in and have ears syringed and return”</p> <p>“Second visit, as I required ears to be syringed at 1st appointment, a little bit frustrating having to attend and then go away when the doctor had checked previously and said ok to attend”</p> <p>“Original appointment at RBH-waste of time as told Dr referral required. Ear wax removed at BCWHC not done properly requiring a 2nd visit for hearing aid fit”</p> <p>“GP checked my ears prior to referring me and said only a small amount of wax, now I have attended the assessment cannot be carried out due to wax build-up”</p>	<ul style="list-style-type: none"> <li>• Developed a GP check list for them to review prior to referring a patient which specifically asks about wax build up</li> <li>• As part of the model we have now incorporated a wax removal service for residual wax. This will ensure patients don't have any delays to fittings, patients won't be passed around and have to re-book appointments and CCGs won't be charged for inappropriately as the appointment will be used for hearing test/fit and not just to inform the patients they need their ears syringing.</li> </ul>
Patients unaware of where to go should they have any problems with their hearing aid after fitting	<p>There was a number of patients that suggested they would go back to see their GP should they have any ongoing issues with their hearing aid following fitting.</p>	<ul style="list-style-type: none"> <li>• Within the service specification we have requested that all providers develop an information pack for patients which clearly states what they should do if they encounter problems with their hearing aids after fitting, this should include contact number, sites and opening times.</li> <li>• We have also developed a simple flow chart for GPs highlighting that patients already under the care of a provider (3 years) do not require a re-referral into the service.</li> </ul>

<p>People unaware how to maintain their hearing aids</p> <p>Patient not receiving enough information about their condition</p>	<p>“Hearing aid test was good, Asked for adjustment of aid to prevent screeching, this only made problem worse-necessitating another visit”</p> <p>“Having hearing aids adjusted with new batteries”</p> <p>“Problem with hearing aid resolved”</p> <p>“Completing the objective-alterations to hearing aid to reduce whistling”</p> <p>“hearing aids fixed quickly”</p>	<ul style="list-style-type: none"> <li>• Again this should be picked up within the patient pack, details should include: <ul style="list-style-type: none"> <li>- How to resolve simple issues</li> <li>- Where to get replacement parts such as batteries</li> <li>- Easy to read hearing aid diagrams detailing parts and how to change these</li> </ul> </li> <li>• Some patients may not be able to resolve the issues but at least they will be provided with the information to attempt, should they be unsuccessful they can then make an appointment.</li> <li>• Routine aftercare should be available within 2-5 days</li> <li>• Urgent available on the same day</li> </ul>
<p>Timings of clinics/appointments</p>	<p>Very few people stated they would like an evening or weekend appointment. This may be due to the fact that age related hearing loss affects the older population therefore majority are retired and do not necessarily require appointments outside normal working hours.</p>	