

# Health Scrutiny Panel

29 June 2023

**Report Title:** Hearing Aids (Audiology Services)

**Report of:** Paul Tulley  
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Black Country Integrated Care Board

**Portfolio** Public Health and Wellbeing

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## **Recommendation(s) for action or decision:**

The Health Scrutiny Panel is recommended to comment and ask questions on the contents of the report, including any suggestions for improvement.

## 1.0 Introduction

- 1.1 The Health Scrutiny Panel have requested an update on the provision of hearing aids (through) Audiology Services in Wolverhampton, in particular the pathway and process for obtaining hearing aids.
- 1.2 This paper seeks to update Panel members on the current services commissioned in Wolverhampton, any gaps which exist and next steps.

## 2.0 Background

- 2.1 Hearing loss in adults, at a personal and a societal level, can lead to social isolation, depression, loss of independence and employment challenges. In addition, evidence now shows that hearing loss can be associated with dementia.
- 2.2 Assessing the hearing needs of patients with hearing loss, developing an individual management plan and providing appropriate interventions can reduce isolation, facilitate continued integration with society and promote independent living.
- 2.3 One in six people in the UK have some form of hearing loss. Most are older people who are gradually losing their hearing as part of the ageing process, with more than 70% of over 70-year-olds and 40% of over 50-year-olds having some form of hearing loss.
- 2.4 Around 2 million people currently have a hearing aid in the UK, however, approximately 30% of these do not use them regularly, and there are a further 4 million people who do not have hearing aids and would benefit from them.

## 3.0 Audiology Services

- 3.1 There are two audiology services commissioned within Wolverhampton:

**Community-based, adult hearing assessment service, including hearing aid fitting (where required), follow-up and aftercare services for adults aged 55 or over, with suspected or diagnosed age related hearing loss;**

- 3.2 Routine audiology services for people aged over 55 are commissioned through an 'Any Qualified Provider' (AQP) approach. This means that any provider who meets the quality standards, the specified contractual terms and the specified tariff set for the service can be commissioned to deliver the service. The main provider of the service in Wolverhampton is Specsavers.

3.3 The community-based service provides the following:

- Hearing needs assessment
- Development of an Individual Management Plan (IMP)
- Provision and fitting of hearing aids in a suitable environment (quiet, confidential, privacy and dignity)
- Appropriate hearing rehabilitation such as patient education.
- Information on and signposting to any relevant communication/social support services
- Follow-up appointment to assess whether needs have been met.
- Discharge from hearing assessment and fitting pathway.
- Copy of audiometry test provided to GP.
- Aftercare service including advice, maintenance, repairs or replacement of hearing aids under warranty and review as required to meet the needs of the patient.
- Batteries, tips, domes, wax filters, tube and other consumables replacement service.
- Help and support to the housebound

3.4 Patients eligible for this service are referred directly from their General Practitioner (GP) to support a timely diagnosis and treatment. This is an NHS service and patients referred to an AQP provider are not charged for the hearing assessment or any subsequent NHS treatment (including the provision and of hearing aids).

**Complex audiology services and services for adults with complex hearing loss and all under 55s.**

3.5 The Complex Audiology Service sees patients who do not meet the 'Any Qualified Provider' criteria, for example, if they have additional issues such as distressing tinnitus, balance problems, asymmetric hearing loss or are under 55 years of age. The service is provided by the Royal Wolverhampton NHS Trust with the main department based at West Park Hospital.

3.6 For those patients that meet complex criteria, a range of services are offered including hearing aids, tinnitus, adults with additional needs, and hearing therapy. The hearing aid pathway is described below.

3.7 The patient pathway consists of the following stages:

- Assessment and fitting
    - Undertake full clinical assessment and diagnostic procedures, using a recognised quality assurance tool
    - Discharge any patients back to GP who meet 'Any Qualified Provider' criteria for onward referral to AQP provider
    - In collaboration with the patient, develop an Individual Management Plan (IMP) to ensure patient needs are met/ expectations managed
- Assess patient needs using Client Oriented Scale of improvement (COSI) with relevant questioning
- Deliver appropriate hearing rehabilitation

- If a hearing aid is advisable, offer advice and counselling to reassure the patient/ manage expectations
- Discuss and agree in collaboration with the patient, the clinically appropriate type/model
- Undertake fitting; in line with BSA/BAA recommended procedures
- Advice and support to adjust to hearing aid
- Advice on maintenance and cleaning
- Patients will be given a supply of batteries
- Maintenance, advice and support
- Follow up:
  - A follow up appointment will be scheduled post fitting to assess whether needs have been met, the IMP will be updated as appropriate
  - Measure outcome using Client Oriented Scale of improvement (COSI) with relevant questioning
  - Enquire about comfort and general experience of use and provide assistance where needed
  - Fine tune where needed
  - Additional follow-ups will be provided where needed
- Aftercare Service
  - All patients with an NHS hearing aid will remain on the caseload for aftercare until a time when the hearing aid is no longer required; this will enable self-referral as required [after 3 years complex patients are entitled to a reassessment of their hearing needs and a more up to date hearing aid/aids as appropriate]
  - Routine servicing will be provided for as long as necessary
  - Battery replacement and modification of aids as required
  - Faulty hearing aids will be replaced, (within warranty - normally 3 years)

3.8 The Complex Services provide additional types of hearing aids for particularly complex patients that are not provided within the AQP Contract such as CROS (Contralateral routing of signals), hearing aids for patients with single sided deafness, a range of ultrahigh powered hearing aids and an assessment service for severe and profoundly deaf patients which may include onward referral to 'Cochlear Implant Centres' and bone-conduction hearing aids and bone-anchored hearing aids. Hearing aids of all types are also provided to patients with additional needs who require specialised testing.

3.9 In addition, patients with concomitant tinnitus which has not been managed successfully by using the hearing aid(s) will be referred onto the tinnitus team for further support and treatment.

### **Pathway issues**

3.10 A number of areas for improvement have been identified in the referral and treatment pathways for audiology services. Patients are not always seen in the right place at the right time, by the right provider to ensure the most appropriate services and products are supplied. This can result in duplication of appointments, which are not a good use of NHS resources or a good experience for patients.

## 4.0 Ear Wax Removal

- 4.1 Wax is found in the ear and is used to protect the ear canal from dirt and germs. Unfortunately, ear wax can build up over time and block the ear canal if it does not fall out naturally.
- 4.2 Earwax build-up can cause hearing difficulties and discomfort, and it can contribute to outer ear infections. It is also important to remove earwax quickly and completely because it can prevent thorough ear examinations or ear canal impressions being taken for hearing aid fitting, which will delay assessment and management of hearing loss and underlying pathology and wastes valuable appointments.
- 4.3 Historically, patients requiring ear wax removal would access their GP for ear syringing. This was where a large amount of water was injected into the ear canal with the use of a syringe. The water would then be drained from the ear, making it likely that chunks of the ear wax would be drained with it. This type of treatment could be undertaken a few times to ensure that the wax would not rebuild and cause problems.
- 4.4 The release of the NICE Guidance NG98 “Hearing loss in adults: assessment and management” (2018) stated that manual syringing to remove earwax should not be offered to adults. There are other safer removal methods that can be used in GP practices, including electronic irrigation and micro-suction. However, these two methods have financial and other resource implications with respect to training, clinical supervision and specialist equipment.
- 4.5 There is not a national policy on the removal of ear wax. The NHS website - [www.nhs.uk](http://www.nhs.uk) - states that “not all GP practices remove earwax” and that “you might have to pay to have them done privately”.
- 4.6 Ear irrigation is outside of core services commissioned from GPs. To support General Practice to be able to continue to offer ear wax removal safely, a local commissioned service is commissioned in Wolverhampton through which practices can claim reimbursement for the cost of providing ear wax removal to support patient’s, ahead of their hearing tests or to support the fitting of hearing aids.
- 4.7 In 2022/23, nine GP practices undertook ear wax removal funded through the ICB local enhanced service in 2022/23. Three of the six PCNs in Wolverhampton offer their patients a micro-suction service for ear wax removal provided at the Upper Zoar Street practice in Penn Fields. Patients from 21 of the 37 practices in Wolverhampton can access ear wax removal through this service, which has been operating since October 2020. It is not commissioned as a separate service by the ICB. Seven practices reported no activity in 2022/23. This variable provision of the service across general practice means that there is variation in access for the local population.
- 4.8 Total provision of ear wax removal across the 37 practices in Wolverhampton has increased from circa 800 procedures in 2019/20 to circa 3,700 procedures in 2022/23.


- 4.9 For this report we have looked a private provision and identified at least 12 local organisations offering ear wax removal privately. The average cost of the service is approximately £40 for one ear and £65 for both ears.
- 4.10 The issue relating to ear wax removal is not specific to Wolverhampton. Provision is commissioned from general practice in Walsall and Dudley and there are similar differences in provision between practices. In Sandwell a community ear care service is commissioned which provides a micro-suction service and covers the whole of the Sandwell population.

## **5.0 Next Steps**

- 5.1 The ICB is currently undertaking a review of its commissioning policy for ear wax removal.

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