

Reference Number: FOI202223/077
From: Commercial
Date: 16 May 2022
Subject: Paediatric Audiology services and provisions

Q1 Questions for paediatric audiology services: 2022

Please only complete this survey if your service provides audiological services to children and young people. This may include diagnostic hearing assessments and monitoring of hearing, hearing aid provision, and ongoing audiological management of deaf children, (*and may include assessment and management of other audiological conditions*). This may be hospital or community based.

It is not necessary to complete this survey if your audiology service **only** provides hearing *screening*, e.g. newborn hearing screening or school screening, and refers children on to other services for full assessment and hearing aid provision when necessary. Please base your answers on the service provided **as of 31 March 2022**.

A1 [Please see attached document: FOI 077 Response](#)

Questions for paediatric audiology services: 2022

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Please base your answers on the service provided **as of 31 March 2022**.

Section 1: About your service

Please answer the questions below based on the situation as of 31 March 2022.

Please provide the following information:

Name of person completing survey:	Maureen O'Hare
Your role:	Audiology Manager
Your email address:	Maureen.o'hare@alderhey.nhs.uk
Your telephone number:	0151 252 5943

Please give the name of your audiology service/s. If you provide services on behalf of another Trust/s please provide details of all the Trusts that you provide services for below. **Please write names in full and expand acronyms:**

[Alder Hey Children's NHS foundation Trust, providing Audio-vestibular services for Liverpool Sefton and West Lancashire](#)

If you provide the services for another Trust/s, do these include diagnostic hearing assessments and hearing aid provision for children in any of these locations? Please put a cross next to the relevant answer.

- X Yes Alder Hey provides Audio-vestibular services across Liverpool, Sefton and West Lancashire and is all ONE service and not considered separate services.
- No (go to question 2)

We have included below, the locations where previously you, or a commissioner for your area, have told us that paediatric audiology services are provided. Please complete the table by:

- Putting a tick (✓) or cross (×) in the final column to let us know if the information is correct;
- Please strike through information that is incorrect and add in any corrections in the relevant boxes;

Name of NHS Trust or Provider	Hospital or Clinic or site name	Address	Postcode	Service commissioners	Is your service jointly delivered with an adult service? (for example, does the service share clinical staff/a reception/ waiting area/share a budget/ other?) Please state which:	Is this information correct? Please (✓) or cross (×).
Alder Hey Children's NHS Foundation Trust	Alder Hey Children's Hospital	East Prescot Road, Liverpool	L14 5AB		NO	✓
Alder Hey Children's NHS Foundation Trust	May Logan Healthy Living Centre	294 Knowsley Road, Bootle, Merseyside	L20 5DQ		YES	✓
Alder Hey Children's NHS Foundation Trust	South Liverpool NHS Treatment Centre	32 Church Road, Garston, Liverpool, Merseyside	L19 2LW		YES	✓

Alder Hey Children's NHS Foundation Trust	Southport Centre for Health and Wellbeing	44-46 Hoghton street Southport	PR9 0PQ		NO	✓
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Section 2: Your caseload

1. How many deaf children are there within your case load?

	On 31 March 2022
Number of births per annum your service covers	10026 (including IOM)
Age group your service covers (e.g. 0 – 18 years)	0-19 (up to age 18, unless additional needs then seen until 19 years of age)
Number of children with permanent deafness (PCHI) on your caseload as of 31/3/22 - see definition below *	Information not held – The Trust does not hold the requested data as it is not currently recorded in this way
Number of children with glue ear likely to be persistent and require ongoing management**	Information not held – The Trust does not hold the requested data as it is not currently recorded in this way
Number of children with PCHI referred to your service from the Newborn Hearing Screen from 1/4/21- 31/3/22	18 Including IOM
Number of children assessed in your service and subsequently referred for CIs 1/4/21- 31/3/22	3
Total number of children with temporary deafness *** on your caseload as of 31/3/22 who are fitted with hearing aids	Information not held – The Trust does not hold the requested data as it is not currently recorded in this way

Total number of children with ANSD	26
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* Permanent Childhood Hearing Impairment (PCHI) should include:

- All children who have a **permanent** sensorineural or permanent conductive deafness (unilateral or bilateral), at all levels from mild to profound, using BSA/BATOD descriptors.
- Those with permanent conductive deafness to include those children with a syndrome known to include permanent conductive deafness, microtia/atresia, middle ear malformation, or those who have had middle ear surgery such as mastoidectomy.
- **Please do NOT include children known to have Auditory Neuropathy Spectrum Disorder (ANSD) here, as we are asking for those numbers separately.**

** Children with glue ear likely to be persistent and require ongoing management should include:

- Those children with glue ear who are not expected to 'grow out' of the condition before the age of 10 years, such as those born with a cleft palate, Down's syndrome, cystic fibrosis, or primary ciliary dyskinesia.

*** Temporary conductive deafness should include:

- children with glue ear who may have been fitted with hearing aids as an alternative to grommet surgery but who are expected to 'grow out' of the condition before the age of 10 years.

Section 3: What services do you provide?

Please answer the questions in this section based on the situation as of 31 March 2022. Please put a cross next to the relevant answer/s.

2. What options do you have for assessing the hearing of complex/difficult to test children? Select all that apply:

Specific clinics e.g. with longer clinic times/more experienced staff	x
Use of non-calibrated stimuli (e.g. non-calibrated, but band-pass filtered music)	X occasionally
Sedated ABR	
ABR under anaesthetic	x
Other	X

Other, please specify:

ABR under melatonin

3. What options are included in the current management pathway in your service for temporary conductive hearing loss? Select all that apply:

Air conduction hearing aids	<input checked="" type="checkbox"/>
Bone conduction hearing aids	<input checked="" type="checkbox"/>
'Watch and wait'	<input checked="" type="checkbox"/>
Grommets	<input checked="" type="checkbox"/>
Otovent	<input checked="" type="checkbox"/>

Other, please specify:

Referral to ENT where appropriate

4. Are there any groups of children that you don't currently provide hearing aids for? Select all that apply and, where applicable, explain why hearing aids are not provided to this group:

Group of children	Does your service provide hearing instruments to this group? Please indicate Y or N	If no, please explain why hearing instruments are not provided to this group, or whether only provided in certain circumstances (for example: only moderate UHL; bilateral ANSD...)
Temporary conductive loss		
Unilateral loss		
Mild loss		
Moderate loss		
Auditory Neuropathy Spectrum Disorder (ANSD)		
Not applicable – we provide hearing instruments for all children	Y	

Other, please specify and explain why hearing instruments not provided:

5. **Do you currently provide free batteries for children’s hearing aids? Please select one answer:**

No, never	
Yes, always	YES
Yes, with limitations	

If you have said Yes, with limitations, please specify what these limitations are:

6. **Do you currently provide a choice of coloured or patterned moulds to children at no extra charge? Please select one answer:**

No, never	
Yes, always	YES
Yes, with limitations	

If you have said Yes, with limitations, please specify what these limitations are:

7. What additional/non-“standard” paediatric services do you offer? If you have indicated no, please specify if your service refers children elsewhere for this.

Additional practice	Does your service offer this? Please indicate Y or N	If not, please indicate if children are referred elsewhere and where they are referred to (i.e. type and name of service)
Wax removal performed by audiologists	NO	On site ENT nurse specialist clinics

Tinnitus assessment/ management	YES	
Hyperacusis assessment/ management	YES	
Implantable devices (not C.I.s)	YES	
Paediatric vestibular service	YES	
Assessment/management of listening difficulties in the absence of peripheral hearing loss/APD	YES	
Other		

If you have said Other, please specify:

8. **What flexibility for appointments do you offer?** Please select all that apply:

We offer extra appointments in school holidays	YES
We offer extended opening times (before 9 am and/or after 5pm)	YES
We offer Saturday appointments	
We deliver some services in schools	
We deliver some services in other community venues	YES
We offer telephone or video appointments	YES
Other	YES

If you have said Other, please specify:

9. Which of the following forms of communication are available to patients for making bookings and enquiries? Please select all that apply:

	Please indicate Y or N	Service response time
Email	YES	24HRS
Text message	YES	24HRS
Web form	YES	24HRS
Online diary/booking system	NO	
Telephone	YES	24HRS
None of the above		
Other		

If you have said Other, please specify:

Section 4: Waiting times

10. In the last quarter, (1 January – 31 March 2022) how many days on average did patients wait for the following? If you are not sure please estimate.

We understand that the waiting time data provided in this section will have been affected by both the NHS response to the pandemic and high levels of staff sickness/isolation.

We hope that by asking for data just from the last quarter that responses will be more consistent with the service's normal activity. However, we understand there may still be more variation than normal due to other new factors such as guidance on surgical priorities, waiting lists from periods when services were reduced, or family circumstances preventing them from attending etc. Data provided will be analysed with these considerations in mind and will help us to understand where services may be struggling.

		Number of days
Referral to first assessment (KPI NH2 newborn hearing screening pathway)		10 days
Urgent new referrals for diagnostic hearing assessment (those not referred from newborn hearing screen)		14 days
Routine new referrals for first assessment (those not referred from newborn hearing screen)	Face to face	330 days
	Virtual if offered first	42 days
Decision to fit hearing aids to time fitted for PCHI		14 days
Routine follow-up hearing aid review (wait beyond expected date, i.e. a child seen for their 3/12 follow up at 3 months would be 0 days, a child seen at 4 months for a 3/12 follow up would be 30 calendar days)		90 days
New earmoulds (working days from time notified of need) *		Within 2 working days
Hearing aid repairs (working days from time notified of need) *		2 days

<p>Routine follow-up hearing tests for children who are <i>not</i> aided (including watchful waits for glue ear, and those who require regular review) (wait beyond expected date, i.e. a child seen for their 3/12 follow up at 3 months would be 0 days, a child seen at 4 months for a 3/12 follow up would be 30 calendar days)</p>	<p>450 days</p>
<p>For referrals from your service to be seen <i>initially</i> by ENT**</p>	<p>Information not held</p>
<p>For Grommet surgery for glue ear ** (RTT pathway)</p>	<p>Information not held</p>

* We acknowledge parents may not take the first appointment offered and that this will reflect patient choice as well as availability

** It is recognised that ENT waits are outside the remit of audiology services, but we are grateful for your help collecting this useful information
 If you would like to add any information about your service and the data provided on waiting times, please use the free text box below.

The service was commissioned to provide Audiology cover for Southport and West Lancs in 2018/19. These patients were added to our existing waiting lists. At the time we recruited additional staff but have had difficulty for many years recruiting to establishment and we now have a rolling programme for recruitment.

The service has also expanded, offering regional and national specialist services as part of the Audio-vestibular medicine service.

These factors in addition to Covid-19 have contributed to our waiting times. Priority has been given to urgent care and children with PCHI, new born hearing screening follow up and this has meant that routine assessments and follow ups have been impacted. The team have been working extremely hard to reduce waiting times and there has been a significant reduction in times for access to care, which we are continuing to build on.

Section 5: Quality assurance and improvement

Please put a cross next to the relevant answer/s.

11. Has your service gained Improving Quality in Physiological Services (IQIPS) accreditation this year? Please select one answer:

<p>No and never registered</p>	<input type="checkbox"/>
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No, but had been previously accredited	
No, but registered and planning an application this year	
Yes- we are a paediatric only service	
Yes, for whole service covering both adults and children's audiology	
Yes, for only children's audiology services only (not for adult part of service)	
Yes, but for adult audiology only (not for children's part of service)	
Other	X

If you have said Other, please specify:

Our service is working towards registration

12. What methods do you use for quality assurance and improvement in addition to/ or as an alternative to IQIPS? Please select all that apply.

A local programme of audit against national quality standards	
Internal peer review (ABR)	X
Internal peer review (behavioural testing)	X
Internal peer review (HA fitting)	X
External peer review (ABR)	X
External peer review (other)	X
Case studies/ journal clubs	X
Regional network to share best practice	X
Reporting all PCHIs on SMART 4 Hearing	X

Other	
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Other (please specify)

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Band 9									
Doctor (e.g. paediatrician, AVP)	2								

14. If there has been a reduction in the number or skill level of staff compared to last year, what are the reasons for this? Please select all that apply.

We have been unable to recruit staff at higher bands – level 6 and above	
We have been unable to recruit staff at lower bands – level 5 and below	
Posts have been frozen	
Posts have been deleted	
Staff hours have been reduced – voluntarily or otherwise	

Other, please detail:

No reduction in staffing

15. What steps have you taken to address any staffing issues? Please describe briefly:

We are interviewing for 2 Band 6 and 1 Band 5. We have appointed 2 fixed term Audiometricians to cover school screening. We are also recruiting to additional admin support. We have had difficulty recruiting to Band 5 and 6 and have a rolling recruitment programme

16. Were all staff able to access the CPD required to meet their personal development needs in the last year?

	Yes	No
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Mandatory training	<input checked="" type="checkbox"/>	
Internal CPD	<input checked="" type="checkbox"/>	
External courses/other CPD	<input checked="" type="checkbox"/>	

17. What are the reasons if staff were not able to access external CPD?

Staff were all able to access external CPD	<input checked="" type="checkbox"/>
Not accessed because of financial constraints- e.g. no training budget	
Not accessed because there wasn't sufficient cover for clinical duties	
Other (please detail)	

Doctor						X				X
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20. How many staff working in your paediatric service have qualifications/training at the following levels as on 31 March 2022? (Please select all that apply)

Level	BTEC in Healthcare Science	Foundation degree	BSc or equivalent	STP or equivalent (e.g. MSc + HTS/CAC, other)	Standalone HTS paediatric modules	Relevant MSc (no HTS/CAC)	Management/ leadership qualification	Relevant PhD, HSST or other doctoral level
Band 1								
Band 2								
Band 3								
Band 4								
Band 5			2					
Band 6			2			2		
Band 7	3		4		2	1		
Band 8a	1			1				
Band 8b								
Band 8c								
Band 9								
Doctor (e.g. paed, AVP)						2		

Section 7: Collaboration Section

Please answer the questions in this section based on the situation as of 31 March 2022.

21. Which children do you refer to the local specialist education service for deaf children in your area? (Please put a cross next to all that are applicable)

	Yes, we refer these	All referrals from audiology are accepted
Children with a severe/profound hearing loss	x	
Children with a moderate sensorineural hearing loss	x	
Children with a mild sensorineural hearing loss	x	
Children with permanent or long-term conductive hearing loss	x	
Children with temporary/fluctuating conductive hearing loss	x	
Children with a hearing loss but who are <i>unaided</i>	x	
Unilateral hearing loss	x	
Auditory Neuropathy	x	
Other		
Don't know		

We recognise that education referral criteria are outside the remit of audiology services, but we are grateful for your help collecting this useful information

If Other, please state which children are referred?

22. Are you able to routinely refer directly to the following non-audiology/ external professionals?

	Yes	Referrals not accepted from audiology- e.g. referrals via GP, or consultant only	Service not available	Don't know
Speech and language therapy		x		
ENT	x			
Family support/MAST/Social services				x
Safeguarding	x			
Clinical psychology/CAMHS			x	
Deaf CAMHS	x			
Paediatrician/developmental assessment service	x			

Are there any other services you refer to/ struggle to refer to? Please comment

23. Does the Children's Hearing Services Working Group (CHSWG) in your area include a representative from the following groups?

	Yes	No	Don't know
Parent representative(s)	x		
Young deaf person		x	
Adult audiology service/ transition team		x	
Speech and language therapy	x		
Specialist education service	x		
ENT	x		
Social services	x		
Trust senior management team		x	
Commissioner		x	
Other – please state			
We don't have a CHSWG (<i>go to the Section 8: Technology</i>)			

Section 8: Assistive technology

24. As of 31 March 2022, which organisation provides the following technology?

Please put a cross in the relevant boxes to select your answers.

	The local authority	Your service	Jointly - the local authority and your service	Not provided by either your service or the local authority	Don't know if local authority provides these
Radio aids/FM systems	x				

Bluetooth/Integrated receiver technology	x				
Remote microphones		X (voucher)			
Streamers		X(voucher)			

25. Are there any plans to stop or significantly reduce the provision of hearing equipment or accessories for hearing equipment in 2022/23?
Please select one answer:

- X - No
- Yes – please tell us which equipment and why:

Section 9: Patient engagement

Please answer the questions in this section based on the situation as of 31 March 2022. Please put a cross next to the relevant answer/s.

26. How do you prepare young people for transition to adult services? Please select all that apply.

Start talking about the transition process from aged 14	X
Completed a trust transition assessment/ process	X
Provide information on the adult service for young people	X
Hold joint appointments with both paediatric and adult audiologist present (virtual or F2F)	X
Offer an appointment with the adult service before being discharged from the children's service	X
Offer young person the opportunity to come into the clinic without parent/carer if appropriate	X
Hold transition event or clinic for young people	
Visit local schools to offer sessions to share information with young people about deafness, independence and transition etc.	
None of the above	

Other please state:

27. How many appointments were classed as 'Was not Brought (WNB)' or 'Did Not Attend (DNA)' in the 2021/22 financial year?

Please provide the total number of appointments offered in 2021/22 (including all appointment types for children) **and** either:

The number of appointments classed as WNB/ DNA or the WNB/DNA rate (%).

Total number of appointments offered in 2021/22 (all appointment types for children)	Number of appointments classed as WNB/DNA in 2021/22	OR percentage WNB/DNA If known?
		9%

28. What strategies are used to reduce missed appointments?

	Yes	No
Partial booking		
Text reminders	x	
Phone reminders	x	
Other	Appointment reminder cards for follow up appointments	
None		

Section 10: Funding and commissioning

29. How is your funding provided? Please select all that apply.

As a block contract within ENT services?	
As a block contract within wider children's services?	
As a block contract for children's audiology services?	x
As a block contract for both child and adult audiology services?	
As an individual tariff per child/ young person?	

Other, please specify:

Pre Covid-19 we were individual tariff

30. If you run a joint paediatric and adult service, are your budgets shared? Please select one answer:

Our service is joint and budgets are shared	
Our service is joint and budgets are not shared	
Our service is paediatric only	<input checked="" type="checkbox"/>

31. Was your audiology service for deaf children commissioned differently in the 2021/22 financial year when compared to the 2020/21 financial year? (e.g. competitive tendering, any qualified provider, etc.)

- No
- Yes - please explain the changes and the impact this has had on your service and patients:

32. Is your audiology service being commissioned differently or reviewed in 2022/23? (e.g. competitive tendering, any qualified provider, etc.)

- No
- Yes – please explain the changes you are expecting and the impact you expect this to have on your service and patients:

Section 11: Pandemic recovery

Question 10 has already addressed waiting lists which may reflect backlogs caused by the Covid-19 pandemic.

33. Are there any areas where there has been an increase in demand following the pandemic?

	Demand decreased	Demand remained stable	Demand increased
Routine Pre school assessments		x	
Routine school aged assessments			x
Children requiring complex assessment techniques/multiple appointments		x	
Children requiring sedated ABR/ ABR under GA			x
Children with listening difficulties in the presence of normal hearing			x
Other (please state)			

34. Has your service introduced any new ways of working or changes in response to the coronavirus pandemic that you anticipate will be retained as the impact of the pandemic recedes? Please outline what these changes are (e.g. introduction of remote appointments, changes to care pathways, etc.).

Increased infection control processes including PPE/Clear masks as standard
 Telephone clinics have been introduced for new patients and follow-ups including hearing aid reviews
 Improved care pathways, protocols and SOPs
 Improved pathway for children with Bone conduction devices
 Use of email for patient/service communication
 Efficient SOP for rapid access hearing tests and hearing aid repairs/earmoulds
 Telephone clinics to triage into appropriate clinics and fast track when necessary

Telephone repair clinics- fault finding and advice
 Ear moulds scanned and posted direct to families
 Repaired hearing aids posted by family direct to manufacturer and vice versa
 More efficient use of technology for remote working, including Microsoft teams for team meetings and for other partners, Microsoft teams for Peer review and Microsoft Teams for CPD
 Flexible working for staff

Please use the box below to provide any context or clarification to any of your answers in this survey. Please also use this box if there is anything else you'd like to add.

Section 12: NDCS Support for services

The next questions are **optional**.

35. We are keen to promote and share good practice. Please let us know if there is any good practice or an innovative solution in your service that you would like us to be aware of.

Improved processes for hearing aid patients and families to access the service using sharepoint
 Reviewed discharge criteria- working towards Patient initiated follow up (PIFU) for new clinics
 Extended audiologist competencies and introduced new appointment types/clinics to utilise skill mix
 Engagement with Trust lead for ASD to improve environment and experience of accessing audiology for children with ASD
 Fast track referral process for pre school ENT referrals

Alternatively, please indicate if you would like us to contact you to discuss sharing your areas of good practice

36. Are there any challenges to your service now, or potential future threats which you would like to discuss with NDCS to discuss how we can support you?

Information not held in a recorded format

Please indicate if you would like us to contact you to discuss these