



# Audiology Service Specification

Version No:	Date of EqlA:	Approved by:	Date Approved:	Date made active:	Review Date:
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Brief Summary of Document:	This document summarise the aim and objectives of Hywel Dda Health Board (H DUHB) Audiology service.
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Scope	<p>Audiology is a health board wide outpatient service covering the counties of Carmarthenshire, Pembrokeshire and Ceredigion.</p> <p>The service provides assessments and re/habilitation, in the form of hearing aids and support therapy, for paediatrics and adult patients with hearing loss, tinnitus and balance problems, services include:</p> <ul style="list-style-type: none"> <li>• Newborn Hearing Screening follow up services across the three counties.</li> <li>• Paediatric hearing assessment and hearing aid management for children aged 0-18</li> <li>• A Transition Clinic for 15-18-year olds (25-year olds if additional needs) to support moving from our Paediatric Service to the Adult Service</li> <li>• Routine adult diagnostic and rehabilitation hearing loss pathways for new and existing patients</li> <li>• Ongoing hearing aid maintenance service</li> <li>• Complex clinics for specialised diagnostic hearing assessments and rehabilitation for complex hearing losses/complex needs</li> <li>• Tinnitus and hyperacusis assessment and management clinics</li> <li>• Balance assessment and follow up clinics</li> <li>• Diagnostic support for the Ear, Nose and Throat (ENT) Clinics</li> </ul> <p>Audiology is provided by Healthcare Science Practitioners (Associates through to Specialists) and the service is supported by an Administration Team. Where applicable, staff are required to be registered with the Registration Council for Clinical Physiologists (RCCP) or the Health and Care Professions Council (HCPC).</p>
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# HYWEL DDA UNIVERSITY HEALTH BOARD

To be read in conjunction with:	<p>190 – Written Control Documentation Policy            100 – Induction Policy            122 – All Wales Special Leave Policy            768 – All Wales Managing Attendance at Work Policy            126 – Work/Life Balance Flexible Working Policy            111 – Annual Leave Policy            131 – Flexi-Time Policy and Procedure</p> <p>British Academy of Audiology (BAA) Professional Recommended Procedures for Audiological activity</p> <p>Local Audiology Operating Procedures (Stored on S:drive)            Audiology Staff Handbooks (Clinical and Administration) (Stored on S:drive)</p>
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Owning committee/group	Jane Deans (Hywel Dda UHB - Head of Audiology)
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Reviews and updates
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Version no:	Summary of Amendments:	Date Approved:
1	New Procedure	

### Glossary of terms

Term	Definition
Audiology	A branch of science that studies hearing, balance, and related disorders.
Tinnitus	The perception of a ringing, buzzing, swishing, clicking, or other type of noise that seems to originate in the ear or head rather than from an external source.
Hyperacusis	A disorder in loudness perception. Patients suffering from hyperacusis may appear overly sensitive to a range of sounds, finding many noises unbearable and painfully loud.
Otitis Media	An infection of the middle ear space, behind the eardrum (tympanic membrane) characterized by pain, dizziness, and partial loss of hearing.
Neurophysiological model	The study of both the abnormal and normal functioning of the nervous system
Psychosocial	Relating to the interrelation of social factors and individual thought and behaviour

# HYWEL DDA UNIVERSITY HEALTH BOARD

## Content page:

### 1: Aim of Service

- 1.1: For patients
- 1.2: For staff

### 2: Objectives

### 3: Scope

- 3.1: Service area is covered by the document
- 3.2 Locations
- 3.3: Patient cohort
- 3.4: Staffing - Professional groups/staff groups required to adhere to this document

### 4: Service description

- 4.1: Opening Hours
- 4.2: Services provided
  - 4.2.1: Adult Hearing Assessment
  - 4.2.2: Adult Hearing Aid Rehabilitation
  - 4.2.3: Complex Hearing Aid Rehabilitation
  - 4.2.4: Paediatric Hearing Testing
  - 4.2.5: Paediatric Hearing Aid Rehabilitation
  - 4.2.6: Tinnitus & Hyperacusis
  - 4.2.7: Balance Diagnostic work
  - 4.2.8: Balance Rehabilitation Work

### 4.3: Human Resources

- 4.3.1: Application of Annual Leave
- 4.3.2: Arrangements of notification of absence
- 4.3.3: Sickness
- 4.3.5: Special Leave
- 4.3.6: Travel Claims

# HYWEL DDA UNIVERSITY HEALTH BOARD

## 1. Aim of Service:

### 1.1: For Patients

Audiology services are required to support those patients who have hearing/balance issues by enabling them to lead as full a life as possible by managing the psychosocial impact of their hearing loss, tinnitus or balance issues.

We aim to provide the highest standard of audiological care for all our patients, regardless of age, ability, race, culture, religion and sexual orientation who present with any type of hearing loss, tinnitus or balance issues. We will care for our patients and visitors, as we ourselves would wish to be treated and will ensure that patients are treated in privacy and with dignity and respect.

### 1.2: For Staff

Audiology works as a team to support, respect and encourage colleagues, ensuring that professional development and learning is facilitated and service development encouraged.

At all times that Audiology Team strive to adhere to the Health Boards values of:

- Putting people at the heart of everything we do
- Striving to deliver and develop excellent services
- Working together to be the best we can be

## 2. Objectives

The objective of the Audiology Service is to provide those patients who have a hearing loss (that is suitable for hearing aid amplification), with an appropriate hearing aid. Patients can access hearing aid maintenance appointments by contacting the department directly to ensure compliance with device usage and to ensure that the psychosocial impact of the hearing loss has been addressed or minimised as far as possible.

Patients with tinnitus or hyperacusis are assessed and provided with appropriate management options and tools.

Patients referred into the service by the ENT Department for balance assessments undergo vestibular assessments, are taught exercises to strengthen their balance system and are provided with management advice.

Children with suspected hearing loss (temporary or permanent) are assessed and followed up according to departmental protocols and pathways. When required, hearing aids are issued and support from the Teachers of the Deaf provided.

Both the adult and paediatric service undergo rigorous monitoring against All Wales Quality Standards to assure that quality of the services provided.

## 3. Scope

3.1: Although Audiology sits operationally under Scheduled Care, professionally it is also accountable to Therapies and Health Science

### 3.2: Locations

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HDUHB Audiology service is a health board wide service covering the counties of Carmarthenshire, Pembrokeshire and Ceredigion. Audiology provides services from 4 main hospital locations and a number of community based setting:

<b>Carmarthenshire</b>	Glangwili Hospital	Carmarthen (SA31 2AF)
	Prince Philip Hospital	Llanelli (SA14 8QF)
<b>Ceredigion</b>	Bronglais Hospital	Aberystwyth (SY23 1ER)
	Aberaeron Integrated Care Centre	Aberaeron (SA46 0DY)
<b>Pembrokeshire</b>	Withybush Hospital	Haverfordwest (SA61 2PZ)
	Tenby Cottage Hospital	Tenby (SA70 8AG)
	Pembroke Dock Health Care Centre	Pembroke Dock (SA72 6DW)
	Milford Haven Health Care Centre	Milford Haven (SA73 2LL)
	Fishguard Health Centre	Fishguard (SA65 9BT)

### 3.3: Patient cohort

The Audiology service supports any patient who is registered with a GP based within the HDUHB.

Hearing impairment is a common condition and affects nearly 9 million people in the UK. It is usually age-related, with about 71% of people who are hearing impaired being over 70 years of age. Approximately 42% of people who are over 50 years of age have some kind of hearing impairment and 72% are over 60 years of age. In the UK around 840 babies are born each year with a significant hearing impairment and it is estimated that 1 in 1,000 children have a hearing impairment at 3 years of age. Approximately 20,000 children between 0-15 years of age are moderately to severely hearing impaired, of whom 12,000 children between this age range who were born deaf.

### 3.4: Staffing - Professional groups/staff groups required to adhere to this document

All Audiology staff (substantive, fixed-term or student) are required to adhere to this document.

The Audiology team comprises of 19.18 whole time equivalent (wte) clinicians and 6.43 wte administrators with each of the 4 main locations having a dedicated receptionist. The service is a training/clinical placement center for students from Swansea University who are completing either a BSc or a 'Fast Track' qualification in Audiology.

The Head of Audiology and the Service Delivery Manager (SDM) maintain overall responsibility for service provision, the implementation of protocols and maintenance of good clinical practice within the department. Regular meetings between the SDM and the Head of Audiology ensure the smooth running of the service. Information from these meetings is cascaded to all staff through staff meetings or by email if communication is urgent.

Clinical staff must ensure that they are appropriately competent and experienced to carry out clinical procedures. This is assured through continued professional development, peer reviews and as part of the All Wales Quality Standard audits for both adult and paediatric services. Students who attend clinical placements have direct clinical supervision. Once students have been assessed by the department's senior Audiologists or Clinical Educators as being clinically

# HYWEL DDA UNIVERSITY HEALTH BOARD

competent and their training log book is completed they are permitted to work with indirect supervision. .

The service's resources and skill mix are reviewed on an annual basis by the Audiology Senior Team to ensure that staff and locations are fully utilised.

## 4. Service description

### 4.1: Opening Hours

The Audiology Department is open from 08.00 until 18.00 most weekdays due to some staff working compressed hours. Our core opening times are:

Monday – Thursday: 09.00 – 12.45 and 13.30 – 17.00

Friday: 08.00 – 12.45 and 13.30 – 16.30

### 4.2: Services provided

#### 4.2.1: Adult Hearing Assessment

All referrals into the department are triaged by clinicians. Should a patient fail to meet the referral criteria for the service the patient will be referred back to their GP. On acceptance of a referral for adult hearing assessment, the service will conduct hearing tests to determine if a hearing loss is present, to quantify the extent of then loss and to identify the type of hearing loss. Results are discussed together with possible management options to allow patients to make an informed decision on their further management. This may include the provision of hearing aid/s together with guidance to ensure realistic expectation of amplification.

If an onward referral to the Ear Nose and Throat (ENT) Department is indicated (due to the patient 'failing' nationally agreed direct referral criteria) a report will be written and a referral requested.

Adults with learning disability or cognitive decline require adapted hearing tests designed to assess residual hearing and this may require extra skills and time.

#### 4.2.2: Adult Hearing Aid Rehabilitation

Where clinically indicated patients can be provided with a programme of rehabilitation with hearing aid/s. Audiologists will verify the fitting of the hearing aid/s via real ear measurement and routinely conduct outcome measures. An individual management plan will be agreed with the patient that includes goal setting, a follow up review (either face to face or via virtual platforms) ongoing maintenance and periodic re-assessments. Some patients will require many follow up visits or trials of different hearing aids.

Once fitted with hearing aid/s, adult patients become our patients for life, or until they move out of the health board area.

#### 4.2.3: Complex Hearing Aid Rehabilitation

Hearing loss can be complex and the adaption to hearing aid/s usage can be challenging and prolonged and may involve other service providers such as Access to Work. Senior Audiologists will have caseloads that include more difficult patients who attend on a regular basis or who

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required more advance hearing assessments. In some cases special consideration may need to be given to the patient's workplace and bespoke solutions recommended.

### 4.2.4: Paediatric Hearing Testing

The service will accept requests for hearing tests from any health professional or colleagues in Social Care or Education, such as Teachers for the Deaf.

The diagnostic assessment of children's hearing status can be complex and involve several different techniques including electrophysiological assessment and the interpretation of resultant waveforms. On some occasions, testing will take place in theatre under general anaesthetic. Older children can be tested through behavioural techniques that involve the observation of responses to sound stimuli.

The results of any child's hearing assessment are discussed with the parent/carer on the day and a report produced for the original referrer. Onward referrals may be made to various hospital services including ENT, Paediatrics and Educational Services. If a diagnosis of otitis media is made, a review appointment is arranged which incorporates a period of watchful waiting followed by subsequent referral to ENT in order to meet the NICE guidelines. Hearing aids are also offered as a management option for these children.

The service supports the community based Newborn Hearing Screeners in providing, when required, a second hearing screen and in some situations electrophysiological assessments.

### 4.2.5: Paediatric Hearing Aid Rehabilitation

The Audiology Service will occasionally have to relay bad news to parents on the day of assessment in terms of the audiological diagnosis. This may be the confirmation of a profound hearing loss. This begins a rehabilitation process and a relationship with the child and family that can last a lifetime. The team will, in conjunction with the Teachers of the Deaf, support the family through the initial diagnosis, and prescribe where appropriate hearing aid amplification.

There is a constant process of updating of hearing tests and the matching of amplification prescriptions that will become more comprehensive as the child grows older. A transition service helps to ease the transfer to the adult service when the young person leaves education.

### 4.2.6: Tinnitus & Hyperacusis

The service accepts referrals from GPs, ENT and directly from Audiology colleagues. The Tinnitus Team provides advice to support individuals in the management of tinnitus and hyperacusis. This is essentially an adult service but the senior members of the tinnitus team can provide support for children when requested.

An individual management plan is agreed based on a neurophysiological model of management, including sound therapy and relaxation, to facilitate habituation. Patients with hyperacusis are offered a programme of desensitisation, which may involve white noise generators or developing an individual programme of gradual exposure to specific sounds. Developing confidence and reducing anxieties also forms an integral part of this work.

### 4.2.7: Balance Diagnostic work

Following an ENT referral, we are able to conduct assessments of balance function. This is complex work and involves the integration of results from several tests - some of which may not

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always be particularly pleasant for the patient. A report is written and forwarded to the referrer along with recommendations for a balance rehabilitative programme.

### 4.2.8: Balance Rehabilitation Work

In some situations following a balance assessment a programme of rehabilitation may be appropriate. Rehabilitation programmes can involve repositioning of debris in the vestibular labyrinths via a series of guided head movements or it may involve a series of provoking exercise designed for the patient to start compensating. This aspect of the service is only provided at Glangwili Hospital.

### 4.3: Human Resources <http://nww.working4us-hduhb.wales.nhs.uk/home>

#### 4.3.1: Application of Annual Leave – [link to HDUHB Annual leave Policy](#)

Requests for annual leave are made through the Electronic Staff Record system (ESR) and require approval from the Office Manager. Although there is no Health Board policy on the time required in advance to request annual leave, it is generally accepted that within Audiology annual leave be requested at least 4 weeks in advance to ensure clinics can be reduced or reallocated accordingly. In some cases, staff are required to liaise with another staff member to ensure that your leave does not overlap.

Multiple applications for leave are usually received for school holiday periods (inc Christmas/New Year and Easter) so the Office Manager requests staff inform her of leave requests so that clinic scheduling can be facilitated

#### 4.3.2: Arrangements of notification of absence – [link to All Wales attendance at work policy](#)

All staff absence is recorded on the services patient management system (AuditBase) and then recorded on ESR by the Office Manager.

#### 4.3.3: Sickness

A local operating procedure is in place where by any member of staff who is absent due to sickness must ring the department before their scheduled start time and speak to either the Office Manager, or the Head of Audiology. If neither of these people are available the staff must speak to the most senior clinician working that day at their usual location – [Follow All wales policy](#)

Staff are required to outline why they will be absent and give an indication for how long they will be absent. For short absences, staff are required ring every day (no later than 3.30pm) to keep the team updated so that clinical cover can be organized.

Staff who have been issued with a doctors 'fit note' (e.g. signed off for 2 weeks with chicken pox) are required to advise the Office Manager of their expected return date. Unless this changes, staff are not required to contact the department again. The 'fit note' must be sent to the Office Manager immediately.

#### 4.3.5: Special Leave

Staff are permitted to request emergency leave/ special leave in line with HDUHB policies but this is at the discretion of the Head of Service and is monitored.

#### 4.3.6: Travel Claims – [Link to HDUHB Expenses Policy](#)

Staff who are required to travel between their base hospital and a different location (either for work or study reasons) are eligible to apply for travel expenses. Accommodation or subsistence to be

## HYWEL DDA UNIVERSITY HEALTH BOARD

reimbursed. Applications must be made within 3 months through ERS and are required to be authorised by the Audiology Service Delivery Manager.

**Insert name of procedure**

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Paper copies of this document should be kept to a minimum and checks made with the electronic version to ensure that the printed version is the most recent