

A brief look - Audiology Services

Healthwatch Stoke-on-Trent



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Do you have an opinion about this or any other health or care related issue?

Healthwatch Stoke-on-Trent exists to make your voice heard. Our role is to work with the public so that opinions about services are shared. This enables providers to make changes to services when they are not working to your expectations and equally, share good practice when they work well. Also, if there are significant changes planned to a service, providers have a duty to ask the public what it thinks about the changes. Healthwatch Stoke-on-Trent aims to ensure that this happens as effectively as possible. This document is a good example of this.

Please contact us if you have had an experience or opinion you would like to share. The best way to share an experience about a service is to visit our online Feedback Centre.

WWW.HEALTHWATCHSTOKE.CO.UK

Find your local service and leave your feedback...

Find your service by name or location



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Healthwatch Stoke-on-Trent



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What you're saying quality public
helping A&E ease support doctors
friendly waiting health long-term
improvements good Happy patient

Executive Summary

Healthwatch exists to enable a strong voice and provide support to local people and communities to influence the way their health and social care services are planned, purchased and provided. This report does this by sharing the experiences and thoughts of those who use services with those that provide them.

Recent changes to services for those with mild to moderate hearing loss in Stoke-on-Trent led Healthwatch to speak to service users about their experiences. This report:

- Explores the patient experience of the change of audiology providers;
- Sets out opportunities for service improvement identified by service users.

Respondents shared their opinions through a survey and the dedicated Healthwatch Stoke Feedback Centre¹. They reported different concerns including waiting times and difficulties accessing services, especially if transport is an issue or disability is a factor. Batteries for hearing aids are also mentioned, especially access to an adequate number of them so that repeated, regular visits to suppliers can be avoided. This is described as especially important for those with caring responsibilities.

The report makes recommendations that include prompt home visits, more flexibility in the number of batteries dispensed for those who need them and clear information for service users about further changes should they occur. There is also a need for waiting times to be addressed so that patients are not left without this vital equipment for extended periods.

¹ www.healthwatchstoke.co.uk

² <https://aja.pubs.asha.org/article.aspx?articleid=2506100>

³ <https://www.ncbi.nlm.nih.gov/pubmed/28059448>

⁴ <https://www.ncbi.nlm.nih.gov/pubmed/24018571>

⁵ <https://www.actiononhearingloss.org.uk/about-us/our-research-and-evidence/facts-and-figures/>

Background

Hearing aids are shown to enable independence and reduce social isolation as well as enabling participation in the workplace. Studies have related the use of hearing aids to reductions in loneliness in older adults^{2,3,4}.

*"Hearing loss can lead to withdrawal from social situations, emotional distress and depression. Research shows that it increases the risk of loneliness, but only for those who don't wear hearing aids."*⁵

Growing evidence also associates age-related hearing loss with cognitive decline⁶ suggesting a longer-term impact when left untreated. The benefits are multiple and for their users, hearing aids are important devices.

Recently, those who live under both Stoke-on-Trent and North Staffordshire Clinical Commissioning Groups (CCG's) have seen changes to audiology (hearing) services. In 2015, North Staffordshire Clinical Commissioning Group voted to stop providing hearing aids for people with mild to moderate hearing loss. Stoke-on-Trent continue to fund this provision although for reasons that were out of the control of the local CCG, there has been changes. This report is solely about these changes in Stoke-on-Trent and what people have told Healthwatch about them.

These hearing services (for mild to moderate hearing loss) are open to tender from a wide range of providers from trusts to high street shops⁷. University Hospitals of North Midlands NHS Trust (UHNM), who were delivering the Adult Community Audiology Service, decided not to bid to continue as it was not considered to be a viable future proposition. This included clinics such as those delivered by UHNM at Longton Cottage Hospital which was used widely.

⁶ <https://www.nytimes.com/2017/09/25/well/vision-and-hearing-loss-are-tied-to-cognitive-decline.html>

⁷ <http://www.uhnm.nhs.uk/news/pages/Hearing-aid-assessment-and-aftercare-service.aspx>

Dr Robert Royce, Director of Surgery at UHNM, said:

*"The Trust has provided a valued Audiology Service for hearing aid assessment and aftercare in competition with high street providers for many years. However, it is likely that future changes to the way hearing aid assessment and aftercare is funded nationally will mean it is not viable for large acute hospitals to provide this service in the longer-term. Therefore, we have regrettably served notice to commissioners of our intention to withdraw our bid to deliver the service."*⁸

Similarly, another provider, Regional Hearing Specialists cancelled its contract in 2016 for "commercial and economic reasons"⁹.

As a result, Stoke-on-Trent CCG was left with many patients requiring a new provider. This was a significant undertaking with staff and extra telephone lines put in place to help manage the transition.

Specsavers became the main provider and would have to pick up the bulk of 8-10,000 patients needing to be transferred from UHNM. This situation inevitably led to high demand and increased waiting lists, despite efforts to increase capacity. Members at a Stoke-on-Trent CCG Patient Congress meeting in June 2017 described concerns including waiting times for maintenance, batteries and scope for improved communication with patients¹⁰.

Understanding how important an issue this is for patients, Healthwatch Stoke-on-Trent made the decision to monitor the situation. This report forms part of Healthwatch's ongoing monitoring.

Limitations

The amount of feedback received was low so the findings of this report should be treated as indicative only. It will be used to inform future work on this subject.

⁸ <http://www.uhnm.nhs.uk/news/pages/Hearing-aid-assessment-and-aftercare-service.aspx>

⁹ <http://www.stokesentinel.co.uk/5-000-patients-limb-a-hearing-loss-firm-pulls-nhs/story-29106713-detail/story.html>

What We Did

A questionnaire was devised that explored patient opinion. It focussed on a comparison of the former and new provider(s) across a variety of different subjects from waiting times to dignity and respect. It also contained free text areas for patients to comment and offer suggestions if they wished. A paper version of this questionnaire was distributed through events that Healthwatch Stoke-on-Trent attended as well as shared with organisations such as the Royal Volunteer Society, DEAFvibe and local community group, Friends of Brinsley Surgery.

An online version of the survey was created and distributed to key stakeholders across the city and through social media.

Healthwatch Stoke-on-Trent received a total of 47 responses, however only a small number of these (16) were Stoke residents who had recently changed providers. A comment was also received via the Healthwatch Stoke-on-Trent feedback centre (online).

Themes from contributed comments were classified according to topic and are included in this report.

"I think it would have been helpful if all patients had received a FULL notification of what was going on. The transfer has caused distress amongst those who are being transferred as they were not sure what was going on." - Survey respondent

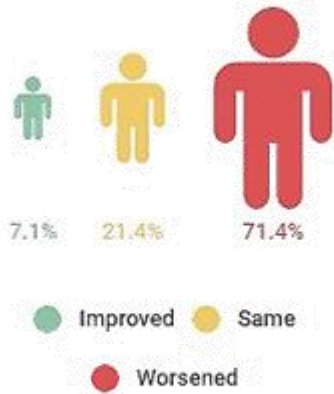
"Patients could not understand why better communication was not available at health centres that had previously supplied replacement batteries."

- Contributor

¹⁰ <https://www.stokeccg.nhs.uk/your-ccg-stoke/sot-publications/patient-congress-summaries-1/2017-7/904-patient-congress-june-2017-summaryv2/file>

Findings

Waiting Times



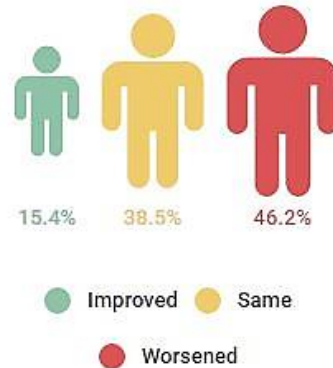
“I have a friend who needed an appointment with Specsavers in Longton in April and was told the earliest appointment would be July!”

“Audiogram mid-September and I have to wait for new hearing aids mid-November”

“I feel my hearing has worsened, but I cannot be seen until next year, making it two years in total.”

“Since this service has been discontinued at Kidsgrove, it took 6 months to make an appointment at Tunstall Specsavers”

Customer Service



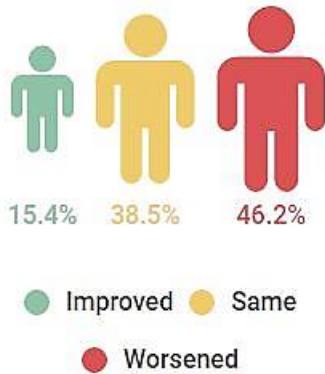
“Good that Stoke-on-Trent provides NHS hearing aids, North Staffs does not. Getting hearing test was very straightforward. Provider was clearly able to correctly identify NHS was available and did not try to sell private product. Other providers did try this.”

“My personal experience was brilliant”

“New system worked very well for me”

“staff throughout have been charm and courtesy itself but have been an exercise in how to get rid of a client in 15 minutes whether the problem was solved or not.”

Distance



“The Clinic at Endon has been closed. The commissioners seem to think that everyone can just jump in a car or on a direct bus and travel for miles to anywhere they deem the services to be located. This is not the case and it is getting more difficult not easier to access services. Maybe this is the idea -to keep people away”

Accessibility (disability/parking)

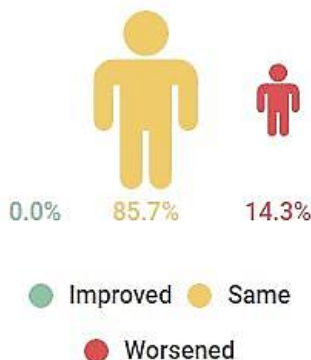


“My mum lives in Chell. I could ring up and make an appointment every six months at Kidsgrove Clinic with no problem at all. The service was excellent. The clinic was ideal for parking for a person with disability.”

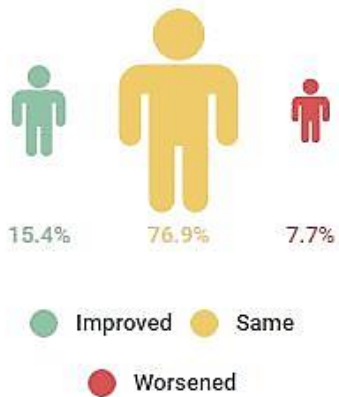
“Since this service has been discontinued at Kidsgrove, it took 6 months to make an appointment at Tunstall Specsavers. Why Tunstall? It's easy access for people with disability. All the other Specsavers location were difficult to access.”

“I have always attended my audiology appointments by driving myself. I am now unable to drive and am unable to get into Specsavers as I am immobile and having regular falls due to Parkinson's. Specsavers have said they will visit in 3 months but my GP will not authorise a home visit which means I am unable to have a hearing test and hearing aid.”

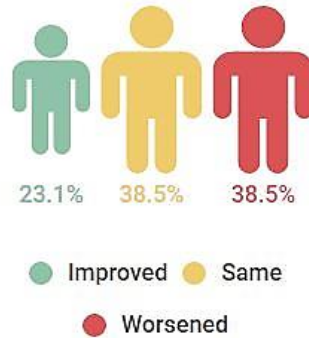
Price



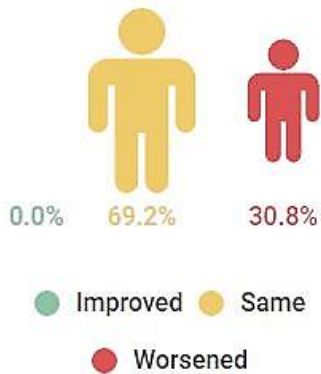
Dignity and Respect



Quality of Product



Listening to you



“The new aids are not as effective as the old ones (moulds). The first one I received kept falling out, were exchanged but very low volume. Have asked for a new test.”

“My hearing aids still do not fit. Specsavers tried hard by getting me to post them a copy of an old hearing aid that worked recently. It has been my mistake due to bad space judgement of the air vent that I posted the wrong pattern, ie wrong aid (glaucoma causing misjudgement). I am still trying to contact Specsavers, delayed by their change of venue for their hearing section .”

Giving you information

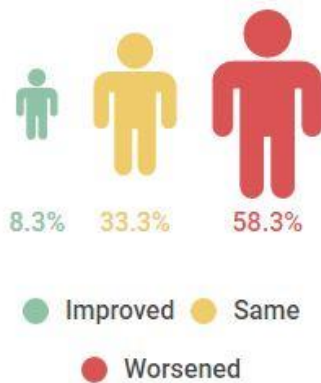


“Leek specsavers audiology room is NOT soundproof.”

“The latest free nhs hearing aid, you cannot control the volume it's complicated.”

“The hearing aids are fine, so far, new last Dec.”

Access to Equipment



“Specsavers are telling me that I need to keep going into the shop to get my new batteries every month. This is difficult as I am full time carer for my disabled husband and cannot always leave him alone to collect these. They said they would post them out, but I am still waiting for a delivery.”

“I travel to Hanley for batteries or Longton but very inconvenient with car parking and walking etc.”

“... there is a big problem with the batteries. I used to have 6 months supply (NHS) and when these needed to be replaced I simply went to collect some more. Today I went to collect some more and I was only allowed 4 packets. That is 24 batteries, or 12 replacement times. I am a full-time carer for my disabled husband and picking these up every month is very difficult. They have offered to post them which if the system works will be OK, but I am not convinced. Look at the extra cost for them and inconvenience for patients. When people doubt the efficiency of the system, they will hoard, causing extra cost and waste. Imagine the cost of postage and admin needed in ensuring all patients have the batteries they need at the right time.”

Recommendations

- An adequate amount of batteries to be dispensed to patients who may struggle to access services, such as those with caring responsibilities.
- Suppliers of batteries should consider the wearer’s usage pattern.
- Patients to be fully supported to access services, including prompt home visits where necessary.
- Patients to be fully informed of changes as they occur to allow them to make any adjustments they deem necessary. This could include the CCG website for example.
- Waiting times need to be addressed and reviewed as user habits may cause movement between venues.

Healthwatch Stoke-on-Trent

The Dudson Centre

Hanley

ST1 5DD