



Hearing what matters

Experiences of audiology services in Northumberland

Background

Healthwatch Northumberland is your health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care.

Last year we heard an increase in concerns from people in Northumberland about adult NHS audiology (hearing) services, provided by Newcastle Upon Tyne Hospitals NHS Foundation Trust. To get a better understanding of experiences we asked people living in Northumberland, or who lived in Northumberland recently, and had used NHS audiology services in the past two years, for anonymous feedback including what had worked well and what could be better. We also wanted to understand any barriers to accessing services and awareness of recent changes to the service.

Thank you to everyone who shared views and experiences with us and helped to promote our request for feedback. We would also like to thank the Vision Northumberland team who made it possible for us to visit in person and speak to people with hearing loss.

We are aware there are issues not only in Northumberland but also nationally with recruitment and retention of staff across the health and social care sector and appreciate that feedback should therefore be considered within this wider context.

This report is an overview of the findings and draws out key recommendations based on the issues raised by users of audiology services. Alongside survey responses we have also considered feedback raised more generally over the last year and from users of Vision Northumberland's hearing loss support service.

Who we heard from

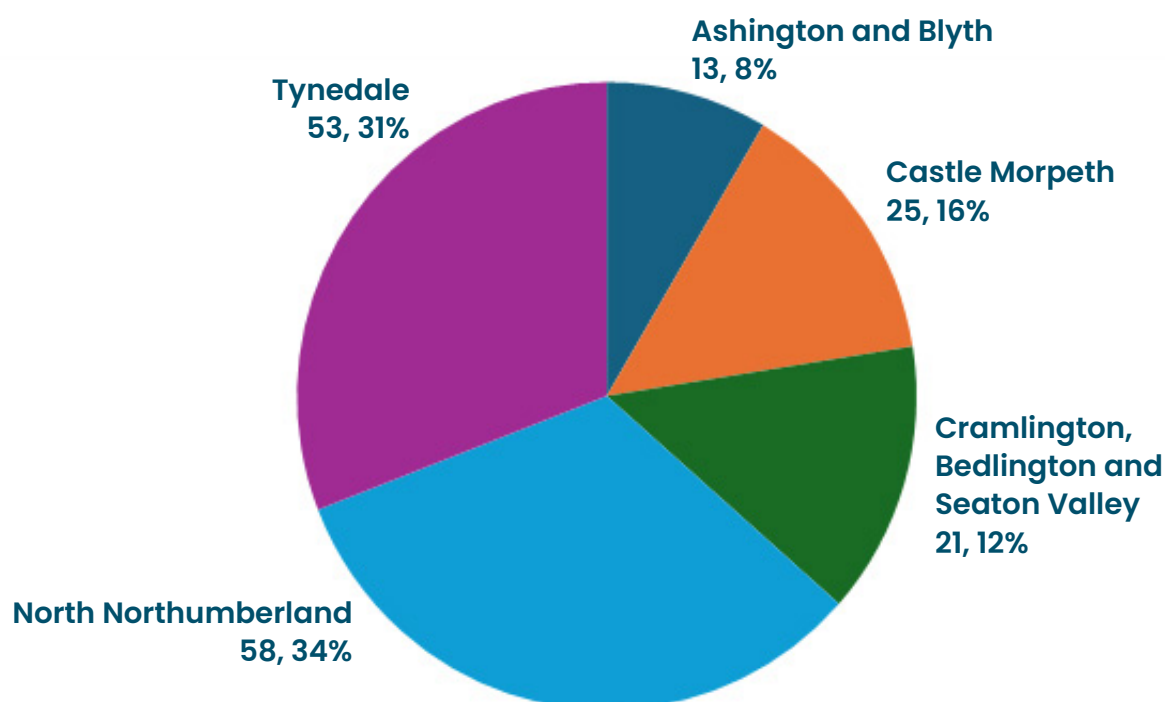
229 people responded to our audiology survey. Feedback was received from 202 of these respondents as 27 were not eligible either due to not having lived in Northumberland in the past 12 months or not having used NHS audiology services in the last two years.

One respondent gave feedback on children's audiology services. Whilst this report is focused on adult audiology services, we will ensure this feedback is passed on separately to Newcastle Hospitals. Another three responses gave feedback on the cochlear implant service which is primarily delivered by The James Cook Hospital in Middlesbrough. Again, we will ensure feedback is shared appropriately. Feedback from the audiology survey in this report is therefore based on 198 responses.

Most feedback received was about the adult audiology service which provides hearing assessments and the fitting and maintenance of hearing aids. We heard a very small amount of feedback on the bone anchored hearing aid service and tinnitus service. Regarding the tinnitus service, this centred on feeling there was a lack of in depth support available for the condition from the audiology service, for example, only being sent an 'information pack'.

We also received 46 pieces of feedback about audiology from February 2024 to January 2025, the majority in the last few months of that period, and 12 comments on social media.

Whilst not all survey responses provided demographic information, from those that did, we can see that we had responses from different areas of the county – the highest number from North Northumberland and West Northumberland. We heard less from Blyth and Ashington areas.



Where we heard from

(figures come to more than 100% due to rounding to nearest whole percentage)

We received a relatively equal split of male respondents to female respondents and the largest proportion of responses came from the 65–79 age category followed by 80 plus. This means that just over 86% of responses were from older adults aged 65 plus.

Over 38% who gave information about health conditions considered themselves to have a physical or mobility impairment, nearly 12% had sight loss or were blind. More than 85% had other long-term conditions, most notably cardiovascular conditions and high blood pressure followed by diabetes and respiratory conditions.

Summary

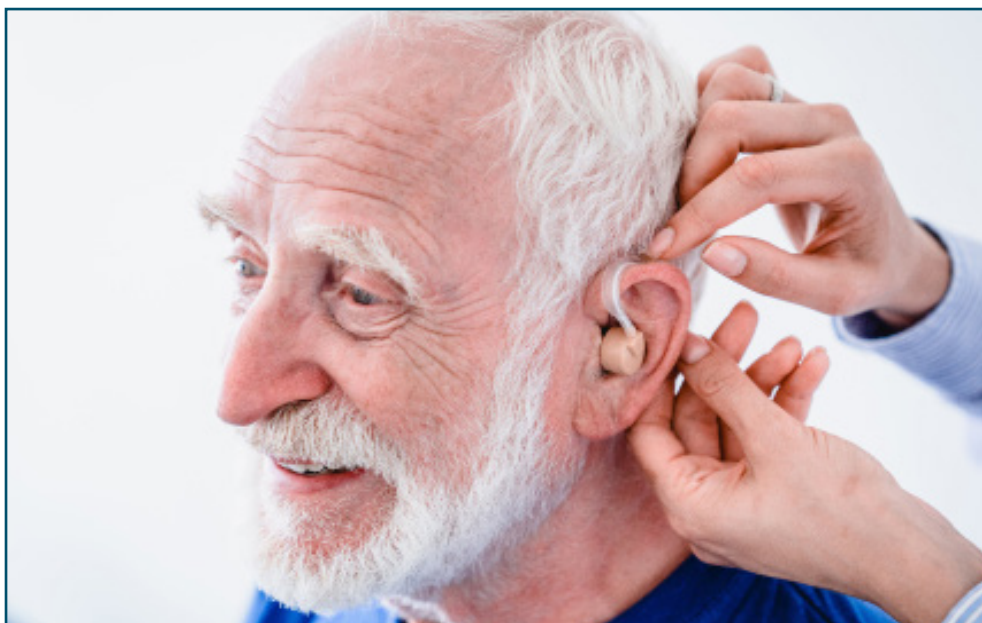
During this piece of work, we looked at people's experiences of NHS audiology services in Northumberland including what had worked well and what could be improved. We also wanted to understand any barriers to using the service and how this impacted people, and the reasons people had moved to private audiology services where this applied.

Many people mentioned good staff as being a positive factor in what had worked well, and it was clear that for some, receiving hearing aids or repairs to hearing aids had made a huge difference to their life and wellbeing. Many had appreciated the postal service for replacement batteries and parts.

However, most people giving feedback were dissatisfied with the service, particularly recent changes, mentioning the lack of local provision and the need to travel, in some cases very long distances, to access help and support. Many mentioned age, inability to travel and health concerns as being additional barriers. This is unsurprising given most audiology users are likely to be older adults. Many mentioned long waiting times to receive support and care and some told us about the negative impact that had on their wellbeing.

Confusion about the audiology service is also evident including people not having a full understanding of what clinics are available and what services are provided in those clinics, as well as a lack of awareness of changes to the service and how to access help at various stages of hearing loss or receive follow on care.

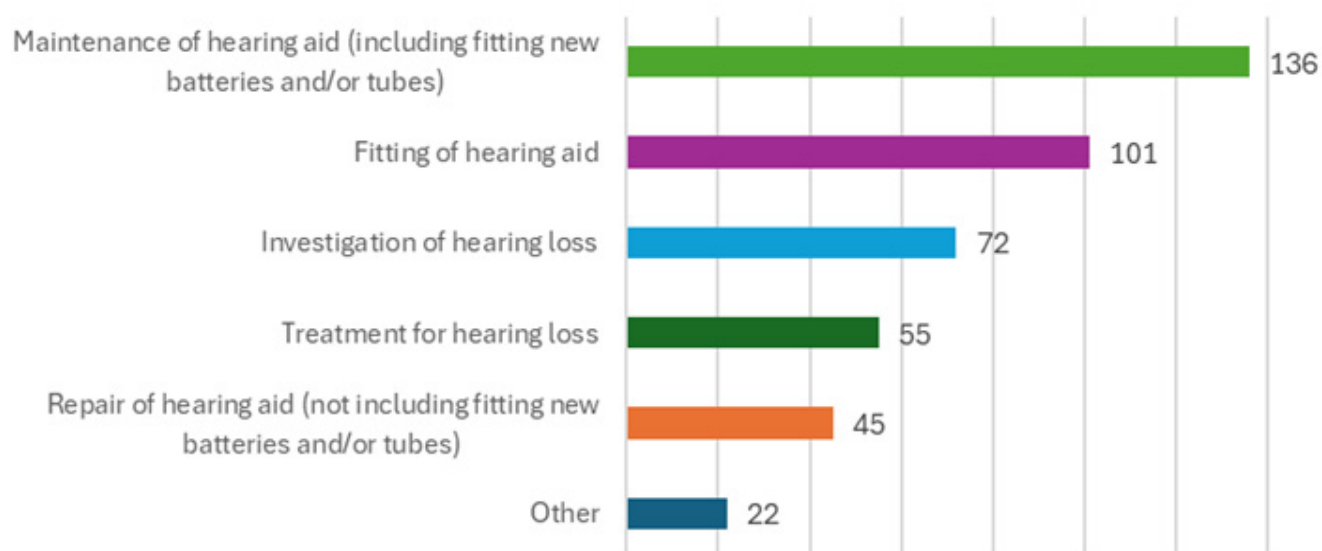
Some communities were more dissatisfied with the changes including those in North Northumberland and Morpeth, those aged 80 plus and those with sight loss and physical mobility issues. We are also aware that hearing loss is more likely to negatively impact certain groups of people, such as those with dementia or with sight loss.



What we heard

Reasons for contact with or care from NHS audiology services

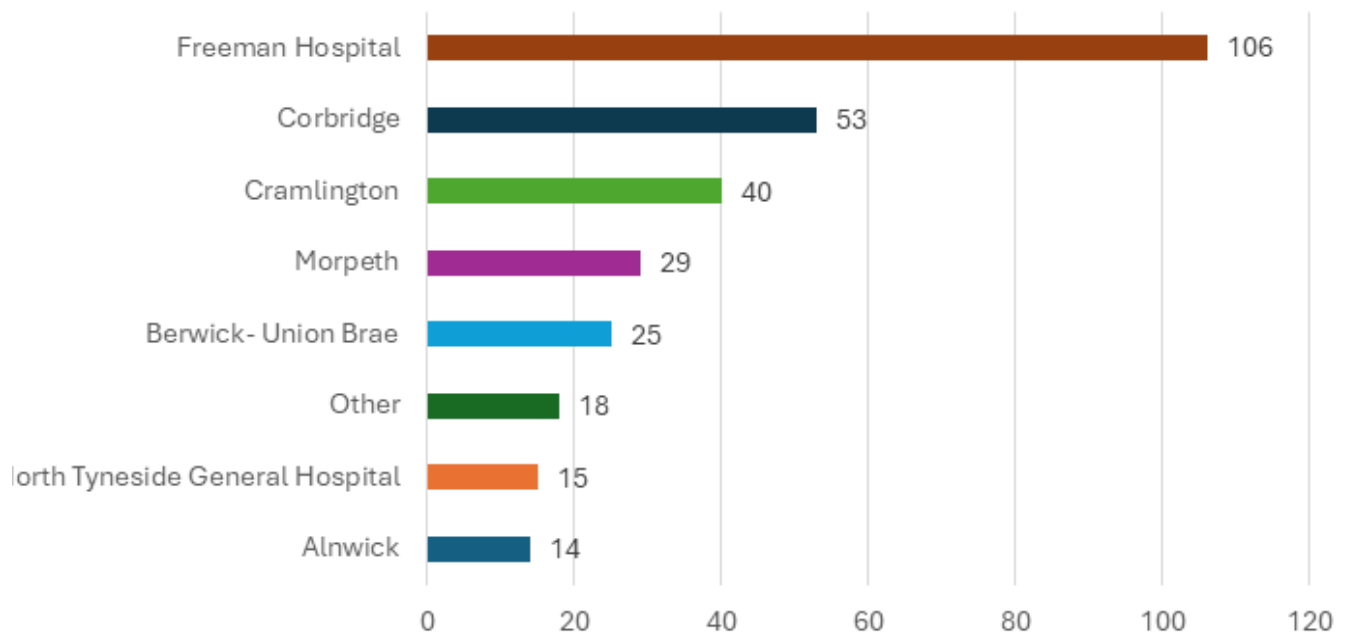
We asked people the reasons why they had been in contact with or received care from audiology services and they were able to choose from multiple options. Most responses were for maintenance of hearing aids such as new batteries and tubes followed by fitting of hearing aids and investigation into hearing loss. 'Other' responses were varied but the largest proportion referred to needing replacement hearing aids, getting hearing re-assessed, advice around hearing aids or setting issues, replacement batteries or tubing and ear syringing or vacuuming.



For what reasons have you had contact with or care from NHS audiology services in the past two years?

Clinic access

We asked people which clinics they had used for help and care, noting that some may not still be in use. Again, people were able to choose multiple options. The responses showed that most people used The Freeman Hospital, followed by Corbridge and Cramlington clinics. Other responses referred to online or telephone contact or clinics out of the Northumberland area.



Which of the following clinics have you used for audiology help and care?

Just over 57% of people said they visited clinics closest to where they lived whilst the rest said they had not. We received 86 comments on this question. Over a third mentioned either being unaware of other options for local clinics – *“they never told me about the Corbridge clinic, it was a friend who told me about the Corbridge Clinic, NOT the audiology department at The Freeman Hospital”* or only being given the option of attending one clinic (usually The Freeman Hospital) *“...because I was told there was no alternative. I was told I MUST go to The Freeman Hospital, despite labouring the point that it was logistically a ridiculous location for me”*.

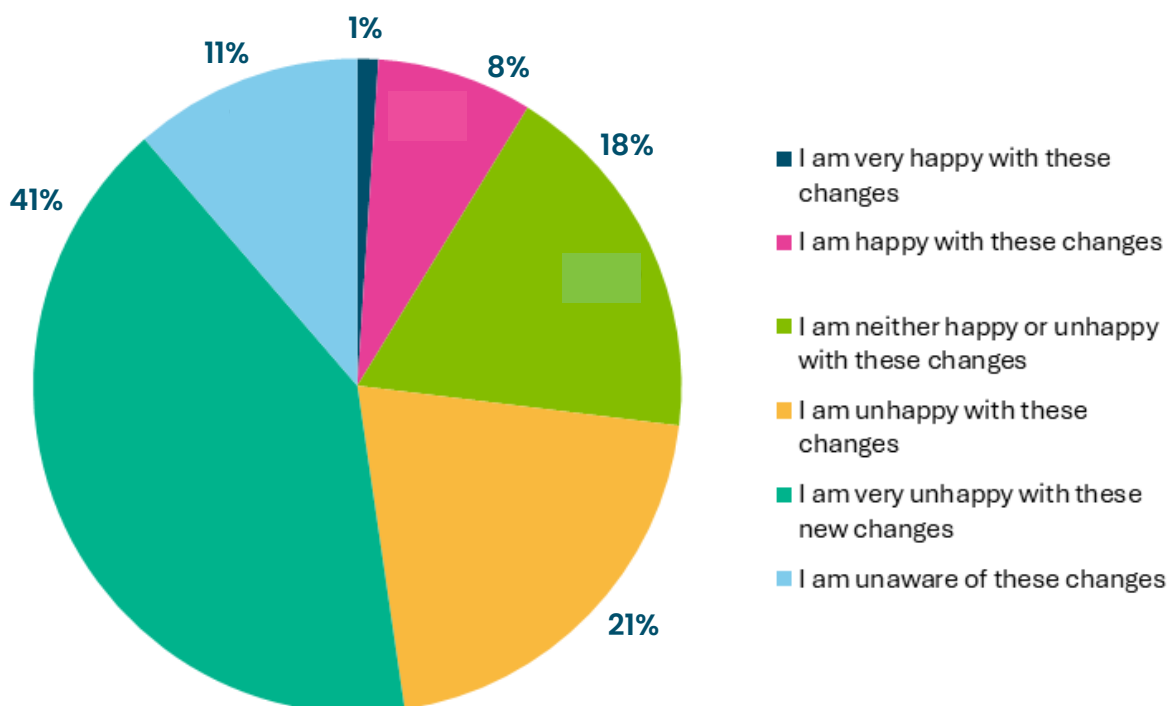
Just under a fifth of comments mentioned travelling to a clinic further from their home, again primarily The Freeman Hospital, as it meant a shorter waiting time. *“Corbridge is nearest where I had first appointment then The Freeman one and a half hours on bus. The Freeman didn’t have such a long waiting list.”*

A similar number referred to having to travel due to the closure of local clinics – *“I would have liked to go to Alnwick as that’s where I live but no longer a clinic there”*.

A few comments referred to being unable to use their local clinics for some services – *“I would prefer to use Morpeth on a regular basis but it is not offered for replacing tubing”*.

Changes to services

We asked people how they felt about recent changes to audiology services including appointment booking, clinic locations and changes to the postal service for replacement tubing/batteries. Over 60% expressed some dissatisfaction with changes and just over 11% said they were unaware of changes. Less than 10% of people said they were happy or very happy with the changes.



Satisfaction with changes

(figures are rounded up or down to nearest whole percentage)

Where people gave demographic information, this showed some differences in satisfaction with changes. Over 68% of people in North Northumberland and 75% in Castle Morpeth were unhappy or very unhappy, showing greater levels of dissatisfaction than other areas of Northumberland.

Based on comments received, this links to the closure of local clinics, clinics not offering all services, and distances to travel for support including replacement batteries and tubing. Just over 57% of responses from West Northumberland were dissatisfied and the least dissatisfied were Bedlington, Cramlington and Seaton Valley (just over 47%) and Blyth and Ashington (just under 47%).

Those who felt they were struggling financially or just getting by also expressed greater levels of dissatisfaction as did those aged 80 plus (both just over 66%) and those who were blind or with sight loss were also more dissatisfied (over 71%) followed by people with a physical or mobility impairment (over 64%).

Again, comments related to inaccessibility and the need to travel for support and replacement hearing aid parts.

Overall, some strong themes arose when we asked people to explain how they felt about changes to audiology services.

Those happy with changes referred to being able to make appointments rather than waiting at a 'drop-in' – *"Appointments provide relief from turning up and having a long wait, sometimes for several hours"* – or getting batteries or tubing by post. It is unclear therefore whether all these people are aware of the reductions in the postal service.

Several comments did relate to being unaware of changes to services. *"I wasn't aware of the changes to the postal service and was just told when I rang but no one explained how to do it in future."*

For those unhappy with changes, comments were overwhelmingly related to concerns over accessibility of support.

Travel

Most of the feedback related to having to travel, in many cases very long distances, to receive support and help including to obtain replacement batteries and tubing. Many were unhappy with the removal of the postal service. A few people mentioned buying their own batteries or tubing because of access difficulties, with a couple saying they had been 'told' to do so.

Many people were very frustrated and worried about having to travel so far to access services. Several related comments were also received about closures of local clinics. For some, getting support could involve a 100-mile round trip to get to The Freeman Hospital. *"I am 89 years old and have no access to a car. I am expected to travel 54 miles to The Freeman at Newcastle for my replacement batteries. This is impossible for me"* (rural North Northumberland resident).

Many mentioned having to rely on public transport for often lengthy or unreliable journeys – *"It takes me four buses and over four hours to get to The Freeman. It's ridiculous to travel all this way just for tubes and batteries that I used to get sent out in the post"*, or reliance on family or friends for help or lifts – *"I am 92 and use a stroller; I have to send my son to get them for me as I cannot get to The Freeman Hospital"*.

A few also mentioned having to pay out for taxis – *"I find getting to The Freeman difficult by bus and expensive by taxi"* – or that they would have to rely on patient transport.

People often mentioned age, health issues and caring responsibilities as barriers to travel – *"I am a carer for my disabled wife and so leaving her alone for two – three hours without alternative care is not an option. The whole idea of making me go to a hospital for replacement batteries and tubes is absolutely ridiculous!"* – and to a lesser extent difficulties with parking – *"I'm unable to walk from the car park into the hospital building and no disabled parking near to entrance means I have to get someone to come with me to get my wheelchair or mobility scooter out of car so I can get to main building"*.

Travel, closures of clinics and removal of the postal service was also a key main theme of feedback we received more generally over the last 12 months with a marked increase following changes to the postal service – *"There is no reason to require the personal presence of the patient, only of the hearing aid. This is a mixture of bureaucracy and sheer lack of empathy with the patient experience"*.

Waiting times

Waiting times were also a main theme in feedback both in the survey and in general feedback received. Many expressed concerns at how long it takes to receive help with aspects of hearing loss, from assessments through to hearing aid fittings, subsequent repairs or reassessments and new batteries or parts.

"One hearing aid that is not working – had appointment in August and told needed a new hearing test after which I would be given new hearing aids. Still waiting for appointment – told I am on the list but can be nine-month wait."

Many had waited or had been waiting months for help and were unsure when they could expect to be seen. *"My last appointment with audiology... proved my already profound hearing loss had deteriorated even further and the hearing aids I have were deemed out of date and that the latest hearing aids were available. The audiologist categorised me as 'priority' and that I would be called back in to The Freeman Hospital for fitting of new hearing aids and a further in-depth hearing test. I am still waiting!!"* (someone waiting nearly 12 months).

Others mentioned long waits between different stages of hearing loss support, for example, having to wait for a hearing assessment and then a further wait for the hearing aid fitting – *"Waited about nine months for an appointment for a hearing check. Got that earlier this month, confirmed I need a hearing aid told it would be ten months before I got one. Very disappointed and frustrated"*.

For many people the long waits for help have had a real impact on wellbeing. *"My life was transformed when I got hearing aids...now, however, I find not having fully functioning ones has a profound effect on my life and social interaction. I'm left in limbo"* (someone waiting several months for new hearing aids).

"Waited for over four months for repair/replacement of aids. I have not been able to hear in all of this time and the effect this has had on my life has been very negative, I cannot communicate without them".

"I have another two/three months for next appointment to get back to The Freeman to correct what they didn't do on the last appointment. I then have to live in a near silent world 'til next appointment."

Drop-ins

We received more limited feedback around the previous 'drop-in' service. Whilst some preferred to make appointments other people mentioned they preferred the system of 'drop-ins' as felt it was easier to get issues resolved quickly and in one visit. Others felt it was an easier system due to difficulties making appointments or getting through to or communicating with the audiology service, including being unable to use the telephone or not being online.

"My hearing had deteriorated to the point I am unable to use the phone to book appointments or request batteries etc. Previously I was able to attend without an appointment. Being elderly and nearly totally deaf now I feel you are penalising some of the people you are meant to help."

What has been good about audiology services in the past two years?

We asked people what had been good about audiology services.

163 people responded to this question.

The highest number of responses mentioned positive feedback for the postal service for replacement batteries and tubing – *“Initially the ability to order new tubing and batteries online and have them posted out to me. However, this service has now been stopped”*.

A similar number of people responded to this question to say that either nothing or very little was positive about NHS audiology services – *“Not much I feel like a nuisance trying to get what I need”*. Several people mentioned that previous services had been better.

Many people referenced good staff as being a positive factor in what had worked well showing that the care itself, once received, was appreciated.

A few acknowledged pressures on the service and appreciated staff were doing their best despite these pressures.

“When I meet staff face to face they are unfailingly 100% helpful and understanding.”

“The audiologist herself is excellent. She is very thorough in her examinations, she explains everything she needs to do and everything she needs me to do, and she reassures me about both my hearing aids and my hearing itself.”

Many positive words were used to describe staff at the service, as outlined below.

Knowledgeable	Lovely
Helpful	Fantastic
Friendly	Caring
Patient	Understanding
Efficient	Thoughtful
Nice	Professional
Pleasant	Informative

Many people mentioned they’d had a very positive experience when receiving services with some mentioning the impact on wellbeing as a result – *“Hard to explain how much of a positive difference it made to my life”*.

Others mentioned receiving a quick or efficient service either in terms of getting hearing aids or other appointments such as for repairs – *“I didn’t have to wait too long for an appointment. My appointment itself was very quick and efficient”*. Several people commented on the ability to visit a clinic local to them as being a positive with Corbridge and Berwick being specifically mentioned. A few mentioned access to appointments being positive, including weekend availability.

What has not worked so well in relation to audiology services in the past two years?

We also asked what had not worked so well and received 177 responses to this question. Themes were overwhelmingly the same as feedback in previous questions and centred mainly around waiting times and travel to access services.

Waiting times were mentioned in nearly a third of responses. This included time spent waiting for assessments, reassessments, hearing aid fittings and repairs and time taken to receive replacement parts and batteries – *“Took about six months to get hearing assessment, then ten months for hearing aid fitting. What if my hearing had changed within that time? Surely the hearing aid should be fitted to an accurate hearing test”*.

Many again commented on impaired quality of life or wellbeing because of waiting – *“I have been on a long waiting list to actually get my hearing aid – since the start of 2024. This is far too long to have to wait and very isolating. I am unable to take part in social groups as I can’t hear adequately to join in”*.

We also heard from several people who mentioned problems with hearing aids and being unable to get them fixed or being offered no further support – *“My husband has dementia and hearing aids are not helping with his hearing; nothing has been suggested to help. To be sent away with no future help is devastating”*.

A significant amount of the feedback was around travel to get support. Again, this included comments on the location of clinics, closures of clinics and removal of the postal service for batteries and parts – *“The end of the postal service. Having to go to The Freeman when you’re old and immobile. It’s a 50-mile round trip and I have no transport”*.

Many again mentioned barriers to travel including distance, expense, limited public transport and other difficulties due to age and health conditions. Some mentioned reliance on family and friends for lifts – *“Have to get my son to drive from Newcastle where he lives to take me from Alnwick to Cramlington and back for a ten minute appointment”*.

Feedback on other issues was more limited, but several people commented on the fact that the service did not do

any regular check ups such as reviews or regular hearing loss retesting. A few people seemed unclear as to what to do if there were issues, who to contact or how often they should be checked – *“No recall or further assessment. Nothing proactive about the service. Must be very difficult for those who don’t have the ability to help themselves via technology”*.

Some people told us about difficulties in contacting or communicating with the audiology service, for example, calls and emails not being returned and several mentioning having to make multiple contacts to receive replacement batteries or parts. A few told us about shortages of batteries and parts. One mentioned the service cancelling or rearranging appointments, sometimes without notification.

Others mentioned having limited information as to how to maintain hearing aids with a couple saying it was difficult to change the parts themselves. We also received a few comments on having limited communication from the audiology service about recent changes.

Suggestions for improvement

We asked for any suggestions on how support and care for users of the NHS audiology service could be made easier or improved. We received 158 responses to this question.

Not surprisingly, given previous feedback, over a third of comments mentioned having more local provision across Northumberland. This included having more local clinics, provision for local appointments for repairs and the collection of batteries and tubing at local centres – *“Services available at The Freeman should be available in other centres also”*.

Where people mentioned specific gaps in local provision this was Alnwick, Coquetdale, Wooler, Morpeth, Hexham, Tyne Valley and Corbridge. Several mentioned that it would be useful to have a supply of batteries/parts in local GP surgeries or pharmacies and a couple mentioned having a ‘mobile’ service.

Many people specifically mentioned the return of the postal service for batteries and tubing as something that they would like to see – *“Reinstate the postal service where appropriate”* – with a few mentioning they would be happy to pay for postage.

Again, waiting lists were raised with many people mentioning that shorter waiting times for assessments, repairs and appointments would be welcomed – *“Takes too long to get a problem fixed”*. Similarly, several mentioned having more appointments available or it being easier to see an audiologist. Others mentioned having more staff, and several mentioned a desire to go back to walk-in or drop-in clinics where a number of issues could be resolved at once – *“Go back to the old way. When you had an appointment everything was dealt with from repairs to checking hearing and updating the hearing aid”* – or because it was preferable to have that initial contact face to face due to being unable to phone or use the internet.

A few people specifically commented that it would be good to have the ability to get help via the NHS from a private or high street provider – *“Yes, change to system Tyne and Wear and many other local authorities use via Specsavers”*.

Regarding issues of care several people mentioned a desire for staff to have more consideration or empathy. Many mentioned that better communication from the audiology service would be welcomed, for example, around waiting times – *“There was no communication whatsoever about the likely waiting time and no updates, so it might be a good idea to let the patient know the situation at the outset and at regular intervals along the way”* – or what to do if they have further problems, when to get retested or getting ‘trouble shooting’ information on the maintenance of hearing aids.

Added to this many also mentioned having more proactive care would be beneficial, such as appointments for hearing reassessments at intervals and regular routine or follow up appointments for things like adjustments after hearing aid fittings.

“A second appointment for new hearing aid users MUST be made prior to them leaving their first appointment as it is vital to tweak the settings. It is very rare to get it right first time, often needing at least two or three visits to get the settings right for the individual ...many people I know getting their aids for the first time are too scared to ‘bother’ audiology and end up not using them which defeats the point.”

Again, some people seemed confused as to what audiology care and support should look like – *“I have no idea if I’m supposed to receive follow up appointments re. my hearing loss/ hearing aids as this hasn’t been mentioned. So perhaps outlining a clear longer term plan with patients would be good rather than just firefighting current issues”*.

Other themes were more limited but included people mentioning a desire for better quality hearing aids, receipt of a greater supply of batteries or parts at each request, practical help with replacing tubing and batteries and an ability to get online help and support.

Using private audiology services

We asked people if they had used private audiology services after using NHS services and the reason for this. We asked this due to feedback through the Vision Northumberland group discussion that many people had decided to use private audiology services because of barriers to NHS audiology services they had experienced.

This included waiting times, lack of a local service and quality of hearing aids. We are also aware from feedback that some people may not necessarily be aware that there is an NHS audiology service.

We received 29 comments on this. Many mentioned similar reasons for that already outlined which is long waiting times – *“I didn’t really have a choice. I was becoming more and more isolated and not able to join social gatherings. Without knowing when this would change, I had to find hearing aids which would give the results I needed to start to function again”* – and some commented on being able to get better quality hearing aids – *“Access to top of the range aids that NHS can’t supply was wonderful but cost is prohibitive for me now”*.

Others also mentioned generally having a better service including follow up care – *“I just call in to the shop if I needed adjustments and have yearly check ups”*.

A few people mentioned considering going private but had not yet done so and several mentioned not wanting to go private either due to affordability or they wanted to support NHS services.

We also heard from a few people who had moved into Northumberland from different areas and had previously been able to use private audiology services provided by Specsavers and Boots for NHS audiology support, and had found this to be very convenient or a speedier service.

Ear wax removal

Several comments related to ear wax removal or syringing and paying privately for this. Ear wax removal is also something we have heard a lot of feedback on more generally. Whilst this is not something within the control of audiology services as it is no longer routinely available on the NHS, it is important to highlight as an additional concern and barrier for people, particularly hearing aid users, as they are often more likely to experience build up of wax. This can have an impact on their hearing as a result. With costs being generally between £50-70 private ear wax removal can be very prohibitive for many people.

Some people mentioned having to pay privately before being able to access NHS services (such as fitting of the hearing aid or hearing tests) – *“Ear cleaning now has to be paid for and the cost has rocketed up to nearly £70 – so people are held over a barrel of having to pay that sort of money in order to have a test done – a lot of money for some”*. One mentioned paying out for a private service to enable an NHS hearing aid to be fitted, only to then find out there would still be a long wait of one year for that fitting.

Additional comments

We asked people if they had any additional comments to make about NHS audiology services. 75 people responded to this.

Naturally additional comments mainly covered issues and concerns we had heard throughout the rest of the survey, which was the need to travel to access services, withdrawal of the postal service and waiting times for services. Several mentioned the good service they received, and several others commented on the need for better hearing aid technology – *“We need to move to hearing aids that are more appropriate for the life we live in today with connections to the internet and smart phones”*.

Other issues and considerations

Confusion and awareness about services

Some of the comments and feedback we have received more generally and throughout the survey show there is confusion and lack of awareness as to how the audiology service operates. This was also clear from conversations with the Vision Northumberland hearing loss group.

This includes which clinics are still open and what services are provided in which clinics. One person referenced the Corbridge clinic now being closed, which we understand is not the case. Information on the website does not appear to be up to date with recent changes and many patients were not aware of the changes to the postal service, only finding out by chance from friends or family or when requesting replacements – *“The phone line to audiology still has a reference to obtain batteries from your website instead of queuing. It would be good to have it updated with a correct description of the postal service that currently operates”*.

It also appears people are unclear in what circumstances they can still access postal services. Many people might not think they could be eligible for or feel confident enough to push for continued postal deliveries if they do have mobility or other health conditions preventing travel. Similarly, some people we spoke to who were housebound or living in care homes were unaware of how to access a home visit, for example, for hearing assessments or fitting of hearing aids.

There also seems to be confusion as to how frequently people should be seen and retested and how to maintain their hearing aids themselves – *“I have no information on maintenance and no contact since from audiology services. My hearing aid was fitted about two years ago – I have been buying and fitting my own batteries and tubes”* – or how people can access services such as repairs, replacement parts or if they need further help more generally – *“If husband needs to get his hearing checked again or hearing aid looked at, I have no idea where to go”*.

Some appear unaware there is even an NHS service at all. We often speak to people struggling with hearing loss when out in the community, particularly in South East Northumberland, who are unaware there is provision available or how to access it i.e. by GP referral. We have also heard from others who have had NHS audiology care but are unaware the service is still in operation – *“I thought that the service had all but closed down following Covid! I did not think I had a route/possibility of getting my hearing checked”*.

Greater impacts

From feedback received more generally and in the survey, we know that there may be groups who are more keenly affected by barriers accessing NHS audiology services such as waiting times or reductions in services. We acknowledge the limitations of being able to access all communities with this piece of work therefore there may be others that we have not covered.

We have heard from professionals supporting those with dementia that sensory loss such as vision or hearing loss adversely impacts people's dementia by reducing their ability to communicate. One gave an example of someone who had said their loved one had vastly reduced their communication due to hearing loss, which was affecting their wellbeing and decreasing their social stimulation. Another told us that many people with dementia are no longer able to recognise or vocalise they are struggling with hearing loss and carers or loved ones may think the person is not listening to them when in fact they often cannot hear what is being said, or are unable to process it. We understand there is also a large amount of research linking hearing loss with an increased risk of developing dementia.

Those with other sensory or cognitive difficulties may be more likely to be negatively impacted by hearing loss, for example, people with learning disabilities or vision loss, again by reducing the ability to communicate.

There may also be different groups more adversely impacted by an inability to get practical support with hearing aid maintenance. For example, we have heard from those with vision loss or health issues affecting dexterity (such as arthritis) that maintaining and changing their own hearing aids batteries and tubing can be extremely difficult to manage.

We also know from survey responses and other feedback that those who are older, particularly 80 plus, may be more adversely affected by the withdrawal of the postal service or the lack of local clinics due to it being more difficult to travel. The same applies for those with disabilities or health conditions such as physical mobility issues, and those living in more rural areas with a lack of transport or with more limited financial resources affecting the ability to travel. Those who are housebound and need home visits, such as those living in care homes, must request a GP referral to access this which is an additional barrier to overcome.

Those who are older at over 80 years are also arguably more impacted by lengthy waiting lists. As one person remarked – *“deafness causes marked impairment of quality of life at all ages, and that problem is largely remediable. Older people have a much higher proportion of their remaining time to lose”*.

Conclusion

This report focuses on the experiences of people who have used adult NHS audiology (hearing) services in Northumberland in the past two years, summarising their feedback on accessing support and care. The recommendations have resulted from what we heard, and we would again like to thank everyone who generously gave their time to feedback, helped to facilitate feedback from those experiencing hearing loss and helped to promote the survey.

Thank you also to Newcastle upon Tyne Hospitals NHS Foundation Trust and North East and North Cumbria Integrated Care Board who took the time to listen and respond to what we heard.

Response from Newcastle upon Tyne Hospitals NHS Foundation Trust

Thank you for sharing the report on feedback regarding our audiology services. As we navigated the post-COVID recovery period we were aware of several areas within the service that required improvement. Over the past year we have initiated a series of changes designed to enhance service access and address the significant backlogs that accumulated during the pandemic. We are pleased to report that these efforts have started to show positive results. However, we recognise that there's still substantial work to be done, especially regarding repairs and maintenance for patients already within the system, particularly those in North Tyneside and Northumberland.

We are grateful for the opportunity to collaborate with Healthwatch Northumberland and key service user groups over the past few months. This has been invaluable in exploring the key themes and concerns outlined in the report. The feedback we have received has been insightful and we are eager to build on this progress. Our goal is to establish a user group that will play an integral role in shaping the future direction of our service, ensuring that it meets the evolving needs of the population we serve.

Chris Wright, Director of Operations, Surgery and Associated Specialties

Recommendations

Newcastle upon Tyne Hospitals NHS Foundation Trust

Recommendation

Provide more information on the website about services and how to access them. Consider a 'How do I?' section which covers common issues, for example, request a hearing assessment, get retested, get new batteries or parts, get repairs, maintain and change my own hearing aids, get help maintaining and changing my hearing aids (troubleshooting and support).

Plus, more information on the website about which clinics are available and what services can be accessed there. Information should be available in other formats such as hard copy or large print.

Response

By June 2025: We will review the website and update information which is currently incorrect – some of this work has already been done. Going forward we aim to review once per month and add/remove any information that is no longer relevant.

We will work on a printed format that can be updated and reviewed in the same time frame which will be made available in all clinics when patients visit. This will also be available in new patient hearing aid fitting packs.

Recommendation

Clear communications to patients around changes to the postal service, how people can access replacement parts and batteries and in what circumstances people can still get postal deliveries. Consider letters to all patients.

Conduct an equality impact assessment for the withdrawal of postal service.

Response

By July/August 2025: To be made available on the website as information above and reviewed monthly. Printed format of this to be made available at all clinics and in new fittings pack, and will be reviewed in the same timescale.

Telephone line messages to be updated as soon as possible with correct and relevant information, also reviewed monthly.

The postal service was introduced during Covid when hospitals and clinics could not be accessed at all by patients. The service has been scaled back due to staffing constraints however the postal service is still available for those who are in remote areas at present (as pre-Covid) or have significant health conditions and are unable to access services. The gap will be addressed by RNID's tubing and battery volunteer service which is expected to be in place in May/June 2025. Tubing is also still available at outreach clinics in Northumberland as before, but by booking a repair appointment.

Batteries are now available at many doctors surgeries in Newcastle, Northumberland, and North Tyneside. This information is being updated and will be available on our website and in printed materials.

Recommendation

Improve communication around likely waiting times with signposting to other support in meantime, for example, charitable services.

Regular contacts to acknowledge patients have not been forgotten and are still on the waiting list.

Response

By July 2025: Signposting to other support via website, and also leaflets/booklets from RNID, Deaflink etc. will be considered (this will depend on availability and whether displaying them is permitted in clinics).

Waiting times for each area to be checked weekly and will be disseminated to all staff so they are aware of waiting times when speaking to patients.

Currently, letters are being drafted to long waiting patients for reassessments to let them know next steps regarding their appointments.

Recommendation

Once patients are fitted with hearing aids, provide patient leaflet or information on what to expect – retesting, how to maintain hearing aids, how to request replacement batteries and parts and get repairs.

Response

By May 2025: This information is already being given to patients who have a new hearing aid – this includes maintenance booklet, battery information, contact numbers/email/website for tubing and repairs, and what to expect managing a hearing loss. This is all available on the current website. This will be updated when information changes regarding new services or changes to services.

Recommendation

More proactive follow-on care could be available, for example, regular reassessment for hearing and routine testing of new hearing aids once fitted.

Response

Throughout 2025 and aim for completion by Jan 2026 – this will allow the service to clear the current backlog: This is currently being addressed by looking at patient pathways which would require new referral (self-referral) into the service after three years, (modelled on the AQP*), therefore patients will have more regular hearing tests and up to date aiding.

**AQP – Any Qualified Provider scheme. A system that allows patients to choose from a range of providers including non-NHS organisations for certain healthcare services, e.g. Boots, Specsavers.*

Recommendation

Ensure the ability to request support can be done in multiple ways, for example, phone, email, online and in person to ensure services are accessible to all.

Response

By July/August 2025: The service is accessible by phone and email and in person at The Freeman Hospital Audiology reception. There are no reception services in Northumberland that are able to provide appointments for Audiology at present, but when volunteer RNID services are made available, we will endeavour to look at this process to provide access to our patients via this route.

Recommendation

Mapping exercise of available clinics to assess gaps in service, particularly in North and West Northumberland and Castle Morpeth area.

Response

By January 2026: Has already been done and models are being looked at including a possible mobile service which will move with demand.

Recommendation

Consider how services could be better prioritised for those aged 80 plus and with additional sensory or cognitive impairments such as dementia or sight loss.

Response

By April 25 – completed. We have a protocol in place for this cohort of patients at present and all staff are aware of it.

Recommendation

Consider how service accessibility could be improved without the additional barrier of obtaining a GP referral, for example, home visits (those housebound or living in care homes) and for hearing aid assessments or reassessments.

Response

Throughout 2025 with aim for completion by Jan 2026 (This will allow the service to clear the current backlog): This is currently being addressed by looking at patient pathways which would require new referral (self-referral) into the service after three years (modelled on AQP*) therefore patients will have more regular hearing tests and up to date aiding.

NHS North East and North Cumbria Integrated Care Board

Recommendations

Consider funding for more promotional materials in GP surgeries or other community locations so people have a greater awareness of where and how to seek help with hearing loss.

Address health inequalities caused by the cost of ear wax removal.

Newcastle Upon Tyne Hospitals NHS Foundation Trust worked with Healthwatch Northumberland and patients of audiology services at two focus groups in May 2025. Chris Wright, Director of Operations, Surgery and Associated Specialties, and Caroline McGarry, Partnership and Involvement Manager, discussed the Recovery Plan and the trust's plans to develop more local access to services with support from RNID and to establish a Service Users Group to improve patient experience. Those attending the focus groups welcomed the Recovery Plan and the trust's engagement and responsiveness.

Healthwatch Northumberland will continue to monitor patient feedback.

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