

FREEDOM OF INFORMATION REQUEST – PROVIDERS 2018

IMPORTANT: when answering the questions below please note:

- questions 1-5 are about the **NHS financial year 2017-18**. Question 6 is about changes since 2017/18
- Direct Access Audiology (DAA) is defined by the NHS as an audiology “service where patients are directly referred from primary and community care to the direct access service for both diagnostic assessment and treatment”. For more details see [here](#) and [here](#)]
- adult means any person aged 18 and older
- audiology refers to all audiology care – e.g. DAA, adult hearing services, AQP contracts, ENT support and other services audiologists might deliver
- adult hearing loss means all causes of hearing loss, for example conductive, noise-induced, age-related, complex, non-complex and any other descriptors/causes
- Most questions are written for the audiology department to answer. Questions that refer to currency codes and coding might need to be answered by the finance department and/or audiology.

1) Your details

a) State your organisation’s official name here

University Hospitals Coventry and Warwickshire NHS Trust

b) Please list all sites where you provide audiology services. We only need a postcode, site name and location type. Table provided to help answer quickly.

Site name	Postcode	Is this a hospital site (tick)
Unversity Hosptial	CV2 2DX	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hospital of St Cross	CV21 5PX	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Domicilliary	CV Area	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

If you need to add additional sites, please attach additional rows

2) About adult audiology services – access criteria etc.

a) At what age can people access your Direct Access Audiology (DAA) service?

60 years [state age in years]

FREEDOM OF INFORMATION REQUEST – PROVIDERS 2018

b) Please provide the clinical criteria used to determine who is eligible for your DAA service. **Please clearly explain or attach the criteria.**

List or attach:

Service Name: Hearing Aid (Direct Referral 60+)-Audiology-Rugby St
Cross Hospital-RKB

Locations: UHCW
RSX X

Version 1.0 10.02.2017

Conditions Treated:

Hearing loss in patients over the age of 60 years who require a hearing aid
Deafness

Presbycusis

Hearing loss

Hearing Aid

Hearing Tactics

Hearing Rehabilitation

Deaf

Procedures/Treatments Performed:

Hearing Test

Aural Impression

Hearing Aid Fitting

Hearing Aid Follow Up
Fit Hearing Aid

Hearing Tactics

Hearing Loss Rehabilitation

Exclusions:

Patients under age 60

Asymmetric hearing loss

Discharge from either ear

Otalgia in either ear

Ear operation in either ear (other than childhood grommets)

Unilateral Tinnitus

Unilateral hearing loss

Fluctuating hearing loss

Sudden onset hearing loss (These patients should be referred to the
emergency ENT clinic)

Patients who currently have NHS hearing aid (These patients can contact
02476 966444 for a repair appointment)

Suggested Investigations

Examination of ears

Complete removal of all wax / other external ear canal occlusion to enable
earmould impressions to be taken

FREEDOM OF INFORMATION REQUEST – PROVIDERS 2018

Administrative Requirements:
REFERRAL LETTER

Please include the following:

- Details of current condition and any relevant medical and/or past surgical history
- A list of current medications
- Any additional scans and /or investigation results relevant to the condition
- Known allergies
- Up to date patient demographics including correct full name, address, contact numbers (including mobile)
- Any special requirements that the patient has e.g. known disabilities

Please attach all clinical letters within the following timeframes:

Urgent – 1 working day
Routine – 3 working days

INTERPRETER

Please specify if an interpreter is required and the specific language requirements on the referral letter.

TRANSPORT

Patients requiring transport for all outpatient appointments are required to contact West Midlands Ambulance Service - 01926 310 312.

AVAILABILITY

GP to ensure that the patient is aware of the requirement to make themselves available for appointments, diagnostics and treatments as part of the clinical pathway.

SMOKING POLICY

Where the patient being referred is a smoker, we will make them aware of the benefits of quitting and the available support through our NHS Stop Smoking Service. Please indicate the smoking status of the patient on the referral letter.

SERVICE SPECIFIC INSTRUCTIONS

None

Service Notes:

If patient is under 60 years of age or is an exclusion (as per exclusions above) please refer to ENT

FREEDOM OF INFORMATION REQUEST – PROVIDERS 2018

Alternative Service:

If patient is under 60 years of age or is an exclusion (as per exclusions above) please refer to ENT Services available under Ear, Nose and Throat via e-referrals

- c) Please provide the clinical criteria used to decide which DAA service patients require onward referral to ENT, Audiovestibular physicians or other consultant led service.
Please clearly explain or attach the criteria.

List or attach:

As per BAA 2016 (updated 2017)

Criteria for onward referral by the Audiologist

History:

Sudden loss or sudden deterioration of hearing (sudden = within 72 hours), unilateral or bilateral, should be sent to A&E or Urgent Care ENT clinic within 24 hours. Due to the variety of causes of sudden hearing loss, the treatment timescale should be decided locally by the medical team. Prompt treatment may increase the likelihood of recovery^{10,11,12}.

Altered sensation or numbness in the face¹³ or observed facial droop. Urgent medical advice should be sought if these symptoms have not previously been investigated.

Persistent pain affecting either ear, which is intrusive and which has not resolved as a result of prescribed treatment. (As a general guideline, this includes pain in or around the ear, lasting a week or more in recent months). History of discharge (other than wax) from either ear within the last 90 days, which has not resolved or responded to prescribed treatment, or which is recurrent.

Rapid loss or rapid deterioration of hearing (rapid = 90 days or less)¹⁴.

Fluctuating hearing loss, other than associated with colds.

Hyperacusis. (An intolerance to everyday sounds that causes significant distress and impairment in social, occupational recreational and other day to day activities ³²).

Tinnitus, which is persistent and which:

- is unilateral
- is pulsatile
- has significantly changed in nature
- is leading to sleep disturbance or is associated with symptoms of anxiety or depression

(For further guidance on the referral of adults with tinnitus, please see related evidence^{15,16,17}).

Vertigo which has not fully resolved, or which is recurrent. (Vertigo is classically described as a hallucination of movement, but here includes any dizziness or imbalance that may indicate otological, neurological or medical conditions. Examples include headaches with associated dizziness, spinning, swaying or floating sensations and veering to the side when walking. For further guidance on vertigo, see www.vestibular.org¹⁸).

Normal peripheral hearing, but with altered auditory perceptions or

FREEDOM OF INFORMATION REQUEST – PROVIDERS 2018

abnormal difficulty hearing in noisy backgrounds. This may include having problems with sound localisation, the perception of pitch and loudness or difficulty following complex auditory directions^{19,20}. Ear examination: Complete or partial obstruction of the external auditory canal preventing full examination of the eardrum and/or proper taking of an aural impression. If wax is obscuring the eardrum or there is a current infection, local wax care or treatment procedures should be followed.

Abnormal appearance of the outer ear and/or the eardrum (Examples include²¹: inflammation of the external auditory canal, perforated eardrum, active discharge, eardrum retraction, abnormal bony or skin growths, swelling of the outer ear or blood in the ear canal).

Tympanometry (performed if there is any indication of middle ear effusion): Unilateral flat tympanogram, regardless of the associated level of hearing loss^{22,23}.

Audiometry:

Conductive hearing loss, defined as 20 dB or greater average air-bone gap over three of the following frequencies: 500, 1000, 2000, 3000 or 4000 Hz^{24,25}. A lesser conductive hearing loss in the presence of bilateral middle ear effusion may be referred at the discretion of the Audiologist²⁶.

Unilateral or asymmetrical sensorineural hearing loss, defined as a difference between the left and right bone conduction thresholds (masked as appropriate) of 20 dB or greater at two or more adjacent frequencies: 500, 1000, 2000, 4000 or 8000Hz. (Other frequencies may be included at the discretion of the Audiologist)^{27,28,29}. In the absence of recordable bone conduction thresholds, air conduction thresholds should be considered instead.

Evidence of deterioration of hearing by comparison with an audiogram taken in the last 24 months, defined as a deterioration of 15 dB or more in bone conduction threshold readings at two or more of the following frequencies: 500, 1000, 2000, 3000 or 4000 Hz. In the absence of recordable bone conduction thresholds, air conduction thresholds should be considered instead.

Other findings:

Any other unusual presenting features at the discretion of the Audiologist or according to the requirements of the service to which the adult is being referred. Audiologists are expected to use their professional judgement and relevant guidance to make appropriate onward referrals for adults requiring Audiology services beyond their own scope of practice (for example, due to hearing loss complexity or co-existing conditions³⁰). Such referrals may be made in addition to a referral for a medical opinion.

Adults with sensorineural hearing loss which does not appear to be age related should, where appropriate, be offered a referral for aetiological investigation.

d) Please provide the clinical criteria used to decide which patients accessing the DAA service require referral back to their GP. **Please clearly explain or attach the criteria**

List or attach:

As above if contraindication was not noted by GP but reported by patient during assessments, patients are mainly referred back for wax removal if this

FREEDOM OF INFORMATION REQUEST – PROVIDERS 2018

prevents full examination and assessment from being completed.

e) Do you have an audiologist led clinic – i.e. non-consultant led – to manage tinnitus that falls outside of the DAA service above?

Yes, answer f

No, go to g

f) please provide details of the service including:

- inclusion/exclusion criteria
- service specification

List or attach:

g) Do you have an audiologist led clinic – i.e. non-consultant led – to manage asymmetric hearing loss that falls outside of the DAA service above?

Yes, answer h

No, go to i

h) please provide details of the service including:

- inclusion/exclusion criteria
- service specification

List or attach:

i) Does your audiology clinic manage earwax?

Yes

No

3) About how audiology services work with GPs, ENT and other services

a) what proportion (%) of **all adult hearing assessments** that you did in 2017/18 were

- referred by ENT/Audiovestibular physicians 36 %
- referred by GPs (i.e. Direct Access Audiology) 7.5 %
- self-referred/patient initiated 56 %
- other route(s) % **Please state what these are:**

If the above do not add up to 100% please explain why here: **We do not analyse our activity in this way. The above data is a rough calculation. Direct Access Audiology is low as we only provide this service to Leicestershire and Northamptonshire GPs at our Rugby site. For Coventry & Rugby DAA is provided by the Community Hearing Services providers. We are a complex only service so most new patients to our service come through ENT with current complex hearing aid users able to self refer.**

FREEDOM OF INFORMATION REQUEST – PROVIDERS 2018

- b) what proportion (%) of all DAA pathways in 2017/18 resulted in
- assessment only – i.e. no treatment and discharged 5 %
 - hearing aid(s) fitted and no referral required – i.e. managed by audiology 74.5 %
 - other outcomes 20.5 % **Please state what the most common 'other outcomes' are here: Declined intervention for hearing loss 9.5%: Unable to complete assessment e.g. wax: 8.8%: Refer to ENT: 2.2%**

If the above do not add up to 100% please explain why here:

- c) what proportion (%) of all DAA pathways in 2017/18 resulted in
- referral back to a GP 8.8 %
 - referral to ENT/Audiovestibular physician 2.2 %

4) About adult hearing loss and adult hearing aid fits

- a) what proportion (%) of all adults that you fitted with hearing aids in 2017/18
- had age-related hearing loss **Unknown** %
 - had noise-induced hearing loss **Unknown** %
 - had a different cause of hearing loss **Unknown** %

estimate if specific data not recorded.

- b) what was the average (mean) age of the adults you fitted with hearing aids in 2017/18

69 average (mean) age

*[Optional: if you have additional data, then please also provide the
mode
range (min-max)*

Other]

- c) what proportion (%) of adults that you fitted with hearing aids were provided with two hearing aids?

70.6% (this is all suitable adults are offered two aids!)% adults fitted with two hearing aids

Please do **not** state all suitable adults are offered two aids. If the proportion is not known provide an estimated bilateral fitting rate above. If not known or cannot estimate local fitting rate, tick here

5) About payment and coding (you may require finance department support for this section)

FREEDOM OF INFORMATION REQUEST – PROVIDERS 2018

We do not require any commercially sensitive information, only high level data – i.e. this question is not exempt from an FoI request

a) **This is only about consultant-led clinics.** When an audiologist **supports a consultant led clinic**, are the cost allocated to the consultant led (e.g. ENT) clinic?

Yes the costs are allocated to the consultant led clinic, and therefore funded by the NHS via consultant led clinic budgets/tariffs

No the costs are not allocated to the consultant led clinic, and therefore funded by the NHS via audiology or other contracts

None of the above, please explain here how costs are allocated and then billed to the NHS ()

b) **This is only about your audiology, non-consultant led, clinics.** Tick all funding models that applied in 2017/18

Please tick **ALL** that apply

Block Contract

National tariffs for audiology led services - e.g. diagnostic tests etc.

Non-mandated national tariff for adult hearing services

AQP tariff for adult hearing services

AQP tariff for other services – NOT including adult hearing services

Cost per case

Other (if ticked please specify here: ())

c) Do you assign the code CA37A to hearing assessments performed in the DAA clinic?

Yes

No. If no how do you record assessments done in the DAA clinic **If assessment only then CA37A used, if full pathway then pathway tariff is assigned at point of fitting.**

d) Who is responsible for assigning the codes AS05 and AS06 at your organisation?

Please tick **ALL** that apply

Coding department/finance team – i.e. non clinical

Audiology – i.e. clinical

Both of the above

Other (if ticked please specify here: **Data is checked for validity by information department reports with any errors corrected by clinicians.**)

e) How is the adult hearing service – hearing assessment, hearing aid fits, ongoing care etc. – commissioned?

Please tick **which option applies at your organisation**

FREEDOM OF INFORMATION REQUEST – PROVIDERS 2018

- We do not have an AQP contract for adult hearing services (proceed to part 6)
- We have an AQP and non-AQP contracts for adult hearing services (please answer f below)
- We only have an AQP contract for adult hearing services (please answer f below)
- Other (if ticked please specify here:) (please answer f below)

f) Please provide the process for coding AS05 and AS06 at your organisation?

For example please provide any and all copies of instructions given to staff to code adults as being eligible/ineligible for any local AQP adult hearing contract.

6) About material changes during the 2018/19 financial year?

The questions above related to the 2017/18 financial year only. Have there been any material – i.e. significant – changes to your local audiology services in the 2018/19 financial year so far?

- Yes, if yes please explain here GP's can refer patients who require audiology who are not suitable for AQP provided in community direct to our service previously these patients were referred via ENT to our service**
- No