



# **Audiology Services**

## **March - December 2019**

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# ***NHS Audiology Services in Bexley***

January 2020

## **Executive summary**

This report presents the views of Bexley residents using local audiology services. The consultation period ran from March 2019 to December 2019.

Healthwatch Bexley (Healthwatch) listened to over **130** people's comments on services provided by Queen Mary's Hospital Sidcup, Specsavers in Bexleyheath, Erith and Sidcup and Bexley Deaf Centre. We received **51** questionnaire responses, from residents aged from 56 years upwards. We visited **25** groups and locations throughout the London Borough of Bexley, visiting some several times. Visits included community groups, support groups, charities, libraries and shopping centres. We also listened to local residents through face to face discussions.

Healthwatch would like to thank all the service users who took the time to talk to us or completed our questionnaire. We would also like to thank all the charities, community groups, hospitals, Specsavers and Bexley Deaf Centre for allowing us to visit and for their help and cooperation with this project.

## **Key issues**

- Perception of need was a barrier preventing some residents from accessing services.
- Patients were not sure if their hearing loss was flagged on their GP records so that reasonable adjustments could be made.
- Over 30% of people with hearing loss felt isolated.
- Respondents were generally happy with audiology services but only half were happy with their hearing aids.
- Many patients had little knowledge or awareness of hearing loops and their benefit.

## **Recommendations**

- Audiology service providers could promote the use of the hearing loop setting on hearing aids and increase patients knowledge of what a hearing loop is and how it may help patients to hear more clearly. Understanding and usage of the hearing loop setting could be checked at follow up and aftercare appointments to make sure patients fully understand usage.
- Patients told us they were generally happy with audiology services, but only 50% were happy with their NHS hearing aids. Audiology service providers should collect patient experience feedback, paying particular attention to why patients may not be happy with their hearing aids. This will allow them to explore what they can do to

increase patient satisfaction and encourage continued use, so that patients get the full benefits of wearing hearing aids

- Audiologists should signpost patients to other services in the community such as Bexley Deaf Centre, who may offer help and support with living with hearing loss and learning to lip read.

## Introduction

Nationally hearing loss affects 11 million people which includes 9 million people living in England. Numbers are expected to rise in the UK to 15.6 million by 2035 as a result of the ageing population (Kunzmann, 2019). In Bexley 26,337 people aged 65+ are predicted to have some hearing loss with the number increasing to 36, 225 by the year 2035 (). According to the report; Valuing Audiology (Kunzmann, 2019) hearing loss is a large and important public health issue. Hearing loss affects people's ability to communicate with others including family and friends, can reduce people's quality of life and it is associated with an increased risk of dementia and depression (Saito et al, 2010). Moderate hearing loss increases the risk of dementia by three times, severe hearing loss by five times and for people with mild hearing loss, the risk of developing dementia is approximately doubled (Lin et al, 2011). Wearing hearing aids can improve people's ability to communicate and their quality of life (Ferguson et al, 2017) and there is evidence to suggest that wearing hearing aids may slow the rate of cognitive decline and reduce the risk of depression (Maharani et al, 2017). Hearing loss can result in social isolation as people feel excluded and unable to communicate effectively with family and friends (National Council on the Ageing, 1999). Evidence also suggests that people with hearing loss may also feel isolated and lonely at work; a study by Wicks (2018) found 65% of people with hearing loss felt isolated at work and 47% felt lonely and over half chose not to tell employers they had hearing loss.

Action for Hearing Loss (2019) suggest that many people are helped by wearing hearing aids, but that data may be incomplete, as there is often data showing how many people access audiology services but no data showing how many people are actually fitted with hearing aids and of those that are fitted with hearing aids, how many actually continue to wear them. It is important that services providing NHS hearing aids are effective, accessible to all needing them, and of good quality to ensure people benefit from the advantages of wearing hearing aids (Kunzmann, 2019).

Since the NHS was founded in 1948, hearing aids have been provided free of charge for those that need them (Action on hearing, 2015) and hearing aid services (audiology services) are commissioned and paid for by local Clinical Commissioning Groups (CCG's). NHS England (2016) and the National Institute for Health Care Excellence (NICE) (2018) have both published guidance for hearing loss and the provision of local services. Bexley CCG commissions services for those aged 50 or over with mild or moderate hearing loss across five providers; Hearbase (Albion surgery, Bexleyheath) Lewisham and Greenwich Trust (LGT) at Queen Mary's Hospital, Scrivens (Albion Surgery, Bexleyheath) Specsavers throughout the borough and the domiciliary service provided by the Outside Clinic. Specialist audiology services are provided by LGT, Guys and St Thomas and St Georges if need requires.

Access to NHS audiology services is through the GP who will first check for causes of hearing impairment such as ear infection or ear wax build up, before referring to the most appropriate audiology service. Ear wax removal is now no longer commissioned by Bexley CCG free through the NHS in Bexley Borough and residents are instructed to try home treatments or have wax removed through private providers who charge approximately £40 for one ear and £60 for wax removal from both ears (Bexley Ear Wax Clinic, 2020, Welling Ear Wax clinic, 2020).

Hearing aids are available both privately and on the NHS. The Free NHS hearing aids that are mostly commonly provided, are behind the ear aids which are fine-tuned to suit the individual's needs. Private suppliers offer a wider choice of hearing aids, but these can cost £500-£3500 per hearing aid, and may not include aftercare. (Action for Hearing Loss, 2020). Aftercare services such as re-tubing and batteries are provided for 3 years for NHS hearing aids after which a new GP referral is needed.

Between March and December 2019 Healthwatch explored the experiences and views of Bexley residents who use audiology services locally. The aim of the consultation was to understand local resident's views on the quality of audiology services including the referral process, audiology appointment and aftercare advice and services. Healthwatch were pleased to work with local service providers who helped us engage with service users to explore their views. Healthwatch listened to the general public and actively engaged with less heard groups such as those for whom English is an additional language or those with additional needs such as members of Mencap.

## Methodology

The Healthwatch Bexley engagement period ran from March to December 2019. Healthwatch Bexley worked with Bexley Deaf Centre to produce a questionnaire and a series of qualitative and quantitative questions were agreed. Qualitative methods were used alongside quantitative methods to capture resident's views, as this method is more exploratory in nature and allows participants to provide rich in-depth answers in their own words (NHS England, 2017).

Healthwatch invited residents to comment on audiology services in the following ways:

- Paper questionnaire at various locations and groups in the borough.
- Online questionnaire via the Healthwatch Bexley website and social media.
- Face to face at focus groups throughout the borough.
- Face to face at community engagement events throughout the borough
- 5 Short Case studies

Healthwatch visited community groups, charities, hospitals, libraries, local shopping centres and local community events. We tried to visit groups and events throughout the borough that may have a higher number of audiology service users such as the Pensioners Forum and groups for older adults. Completing the questionnaire was anonymous and optional. Most people who had hearing loss were happy to engage with us and many completed the questionnaire with the exception of the shopping centres and community events where some people were not interested or too busy to complete a questionnaire. However, of those who chose not to complete a questionnaire many people were happy to talk and tell us about their experiences. Their views were written down and can be found in the questionnaire results section of this report under 'Comments from the questionnaire, focus groups and community engagement'

The questionnaire could be accessed via the Healthwatch Bexley website and was also promoted on social media with a link to complete the questionnaire via our website.

The questionnaire asked local residents about general audiology services, communication and referral to audiology, their audiology appointment, aftercare and support. The questions invited respondents to comment and expand on their answers which sometimes resulted in similar comments of which only a selection are included in this report. Comments were selected based on their originality or as a representation of a commonly occurring theme, the most relevant and significant of which are shown to illustrate the statements made within the questionnaire. Feedback from focus groups and community engagement has been merged with survey comments ('Comments from the questionnaire, focus groups and community engagement' and are not represented in the graphs. Where residents were given the option to select more than one response to a question, the total number of responses may exceed 100%.

2 Focus groups were held at Alzheimer's Society Support Groups and a further focus group was held at an older person's community group, the majority of whom lived in the north of the borough and were from BAME groups. The focus groups were informal and incorporated into their normal group meetings. The reasons for conducting the focus group was introduced verbally to the whole group and discussed before residents were invited to complete the questionnaire and chat about hearing loss. Members of the groups were told taking part was optional and given the option to decline. Of those with hearing loss no one declined to take part in the discussion but some did not complete the questionnaire.

5 short case studies were chosen from people attending focus groups and engagements in the community and selected as, during our discussions they gave interesting qualitative feedback that it was felt would enhance the report. Consent was given but these have been anonymised to encourage people to be open and frank.

The data captured from the questionnaire was input throughout the engagement period and data input was complete by December 2019. The qualitative findings from the focus groups, short case studies and information from the Enter and View visits, were collated and used to write this report in January 2020 by a member of the Healthwatch Bexley team.

The people we spoke to were all Bexley residents and the following demographic data was collected for age and gender. The demographic data can be found in the appendix section of this report.

The findings from this report will be disseminated to Bexley CCG, LBB, the audiology departments at Queen Mary's hospital, Specsavers and Bexley Deaf Centre.

## Results:-Audiology Questionnaire, Community and Focus Groups

More than **130** local residents engaged with us overall.

**51** local people completed either the paper questionnaire or visited our website to complete the questions online.

**25** community groups and locations visited in total, some visited more than once.

**27** local residents shared their views face to face in 3 focus groups.

**5** short case studies.

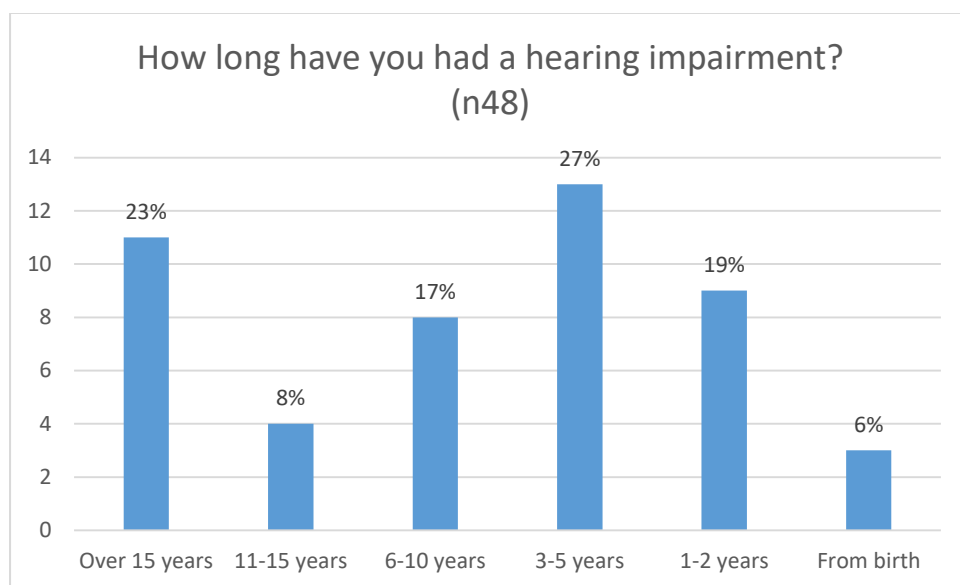
### What you told us

This section of the report shows the results from the questionnaire. Qualitative feedback from the community and focus groups, is represented in the 'Comments from the questionnaire, focus groups and engagement' sections.

We asked:

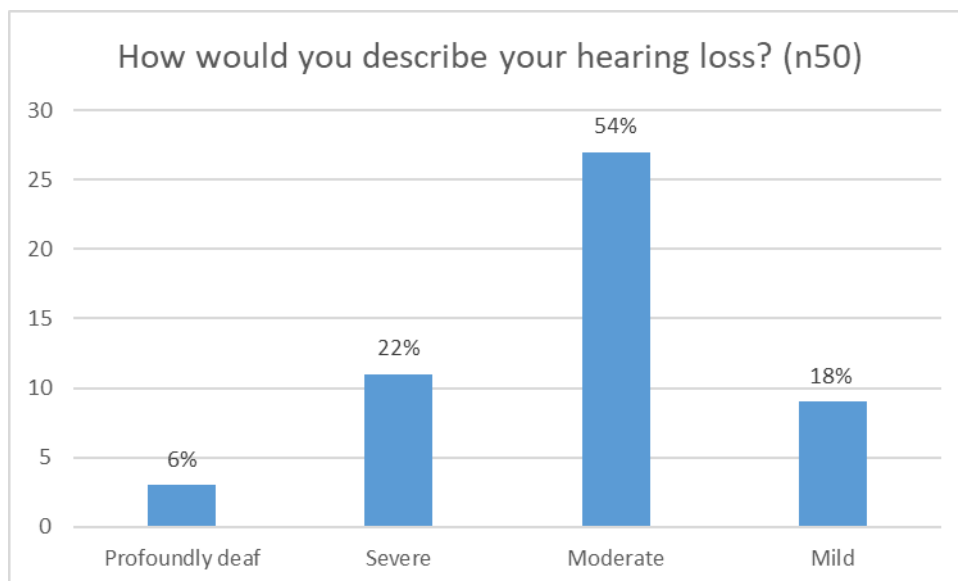
### **General Audiology, Communication and the Referral Process**

**How long have you had a hearing impairment? (n48)**



When asked how long those we engaged with had lived with a hearing impairment 23% told us over 15 years, 26% between 10-15 years and 46% had lived with hearing loss within the last 5 years.

### How would you describe your hearing loss? (n50)



The questionnaire asked how people would describe their hearing loss, 54% described their hearing loss as moderate, 18% mild, 22% severe and 6% described themselves as profoundly deaf.

### Comments from the questionnaire, focus group and engagements

In the focus groups and the community, we explored perceptions of hearing loss severity and the barriers to having hearing checked. In one focus group several people admitted that they or loved ones, experience problems hearing but had not had their hearing checked, explaining:

*'I can cope'*

*'It isn't bad enough yet so I will wait until it gets worse before I go...no point in going too soon, I don't want to have to wear hearing aids'.*

One lady asked us to talk to her husband (in the same group) of whom she said:

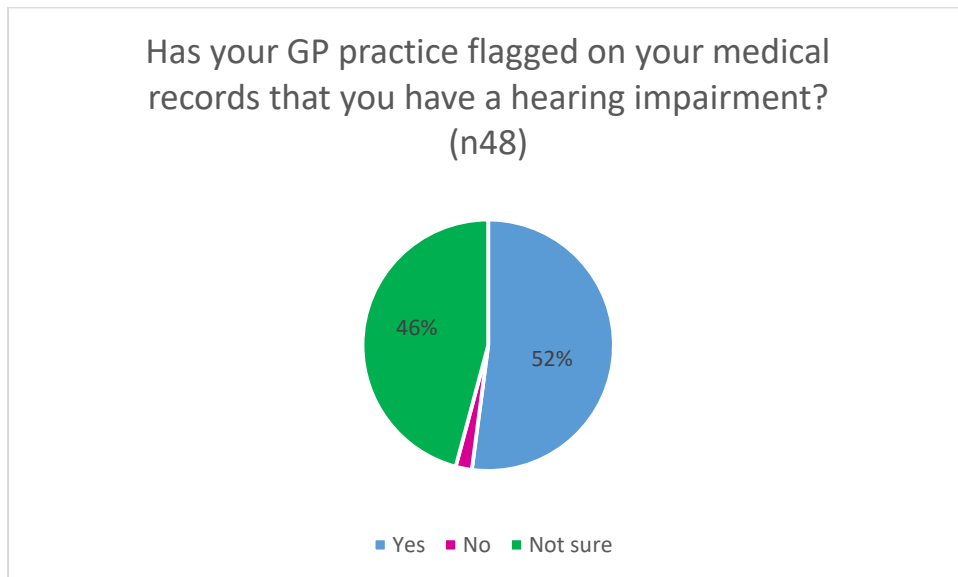
*'He can't hear but refuses to go to the doctors as he thinks he can manage well enough'.*

She explained that although he felt he could manage without a hearing aid, communicating with him was frustrating, sometimes difficult and that his denial of hearing loss was affecting her as he constantly had the TV volume at a level that was uncomfortable for her. She felt her hearing may be affected by listening to the 'loud' TV and that she would end up having to get hearing aids herself:

*'I will end up going deaf and having to wear hearing aids, the TV is so loud it's going to damage my hearing'*



### Has your GP practice flagged on your medical records that you have a hearing loss? (n48)



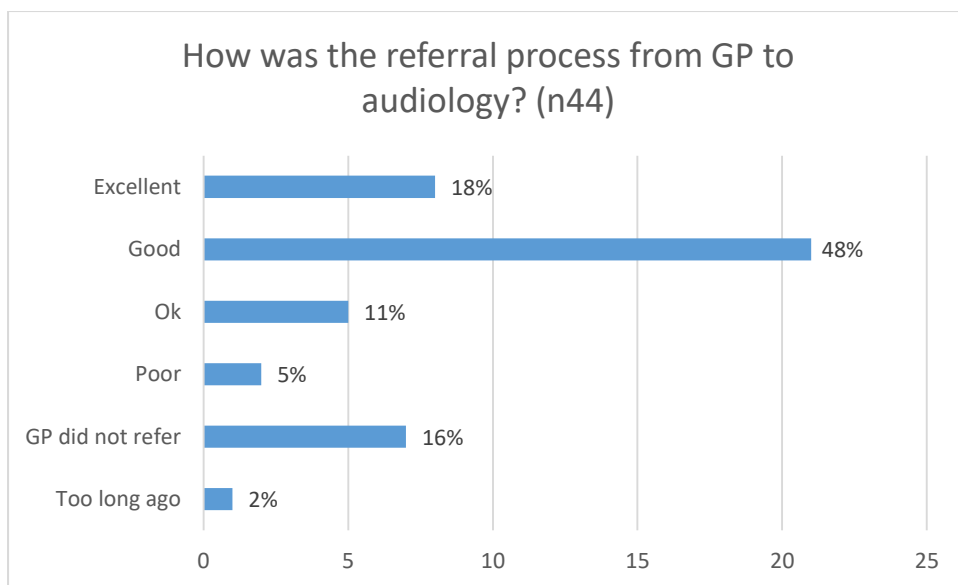
Over half of those who completed our questionnaire 52%, thought their GP practice was aware of their hearing loss and that it was flagged on their medical records. 46% were not sure if their GP practice was aware of their hearing impairment and were unaware if this was flagged on their records.

#### Comments

One gentleman described not being able to hear well when using the telephone. As a result his GP practice have arranged, with his consent to speak to his wife if he needs to call to book appointments or get test results.

### How was the referral process from the GP to audiology services? (n46)

48% told us the referral process from the GP to their audiologist was good, with a further 18% describing it as excellent. 5% described the process as poor and 11% ok.



### Comments from the questionnaire, focus groups and the community

*'Went to A&E as GP would not refer'*

*'Cannot return to audiology without a GP referral which is time consuming'*

*'Don't understand why I keep having to be referred...'*

*'Went to Specsavers but didn't like it, stuck something in my ear, didn't ask if comfy, so now go to hospital'*

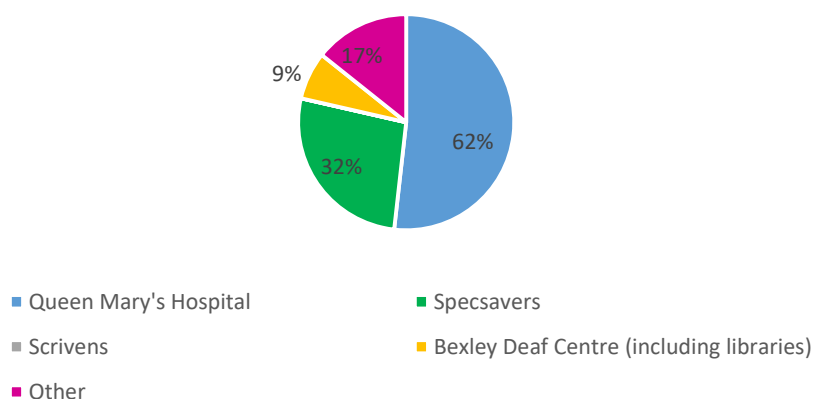
*'Referred to Specsavers...refused hearing aid due to wax....syringe punctured eardrum (no comment to where syringing took place), then referred to ENT clinic at Lewisham then QMH'*

*'Have to go back to GP to get re referred after 3 years...waste of my time and doctors, hearing is not going to get better, the problem is not going away so why do I have to go back? Complete waste of time'*

### Where do you go for audiology service ie Hearing tests?

The majority of people who completed our questionnaire, 62% attended Queen Mary's hospital for hearing tests and aftercare, with 32% receiving this service from Specsavers. 9% told us they received aftercare from Bexley Deaf centre, either at Bexley Deaf Centre or in one of the clinics the Deaf Centre regularly holds at libraries throughout the borough. Some people we spoke to were unaware that the library clinics were run by Bexley Deaf Centre.

### Where do you go for audiology service ie hearing tests ? (n52)



*'I wasn't given a choice. I used to go to Queen Mary's and my last appointment made through the GP came from Specsavers.'*

*'For some years I attended Queen Mary's but about 4 years ago my GP changed me to Specsavers but I was never told why.'*

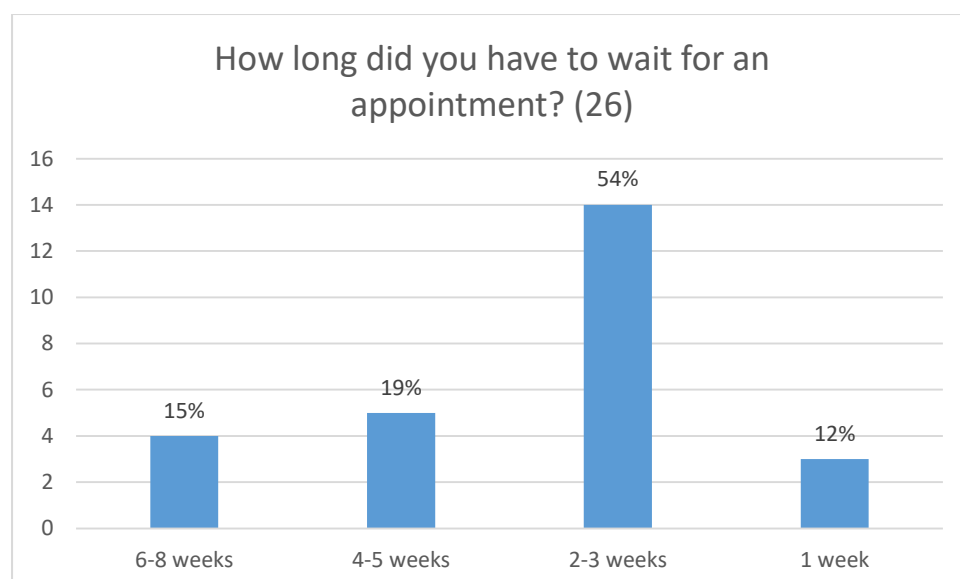
*'Queen Mary's ...just once as I don't wear them, they were too uncomfortable.'*

## **At your audiology appointment**

### **Do you need an interpreter?**

None of the questionnaire respondents reported needing an interpreter to be present at their audiology appointments.

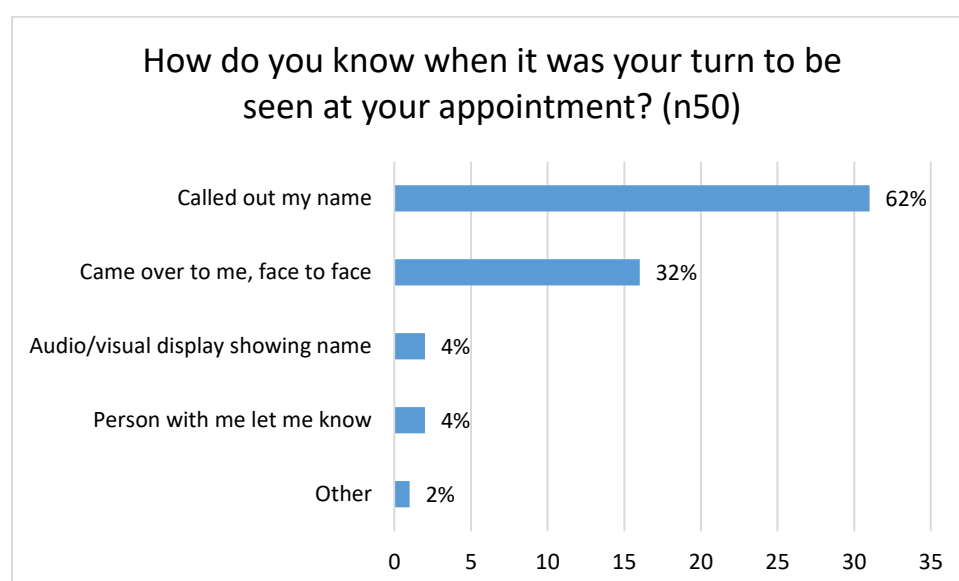
### **How long did you have to wait for an appointment?**



Over half of the questionnaire respondents reported waiting between 2-3 weeks for an appointment, 19% waited 4-5 weeks and 15% 6-8 weeks. 12% only waited a week for an appointment. The reason for the wait was not explored, appointments may be booked based on the availability of appointments but also sometimes at the convenience of the patient.

### How do you know when it was your turn to be seen at your appointment?

Over half of questionnaire respondents, 62% knew it was time to go in for their appointment as the audiologist or receptionist called out their name. 32% were collected from the waiting area, being approached and told face to face by either by the receptionist or audiologist that it was time to be seen. 4% relied on the person attending the appointment with them to tell them the audiologist was ready for them and a further 4% reported seeing an audio visual display.



### Have you ever missed an appointment due to your hearing impairment?

98% of those completing the questionnaire said they had never missed an appointment due to not hearing their name being called. However, in the focus groups and chatting to people in the community, several people had experienced not being able to hear their name called, missing appointment slots or being seen later than their appointment time.

### Comments from the questionnaire, focus groups and the community

*'I can't hear when my GP calls me, there is no screen'*

*'My daughter indicates that it is my turn be seen, this is an area that needs to be addressed in all departments (not just audiology), it is never very clear.'*

*'The wife tells me when it's my turn at appointments'*

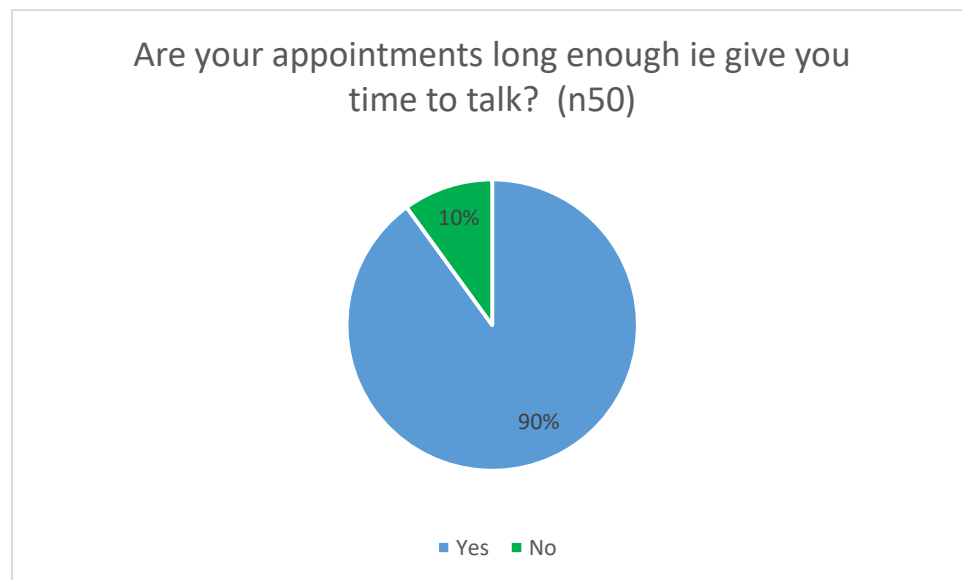
*'I've not heard my name being called lots of times, it's frustrating, I normally get seen in the end by not always at my appointment time'*

### Are your appointments long enough ie not rushed/give you time to talk and ask questions?

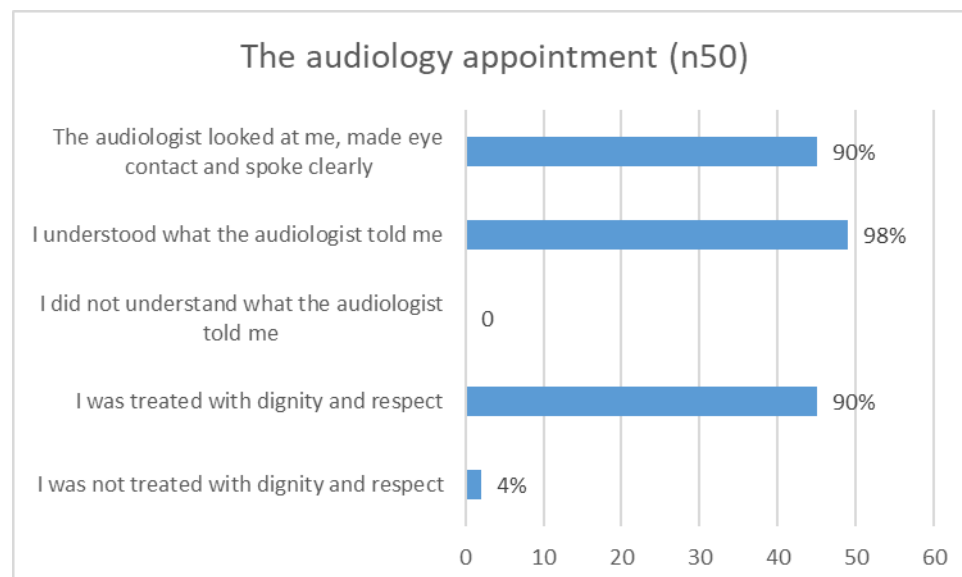
90% of respondents told us that they felt their appointment time was long enough and that there was time to talk and ask questions.

*'Lovely caring people who listen, go the extra mile" (QMH and Bexley Deaf Centre)'*

*'ENT doctor was rushed, didn't seem that interested, just told me I had wax and nothing he could do'*

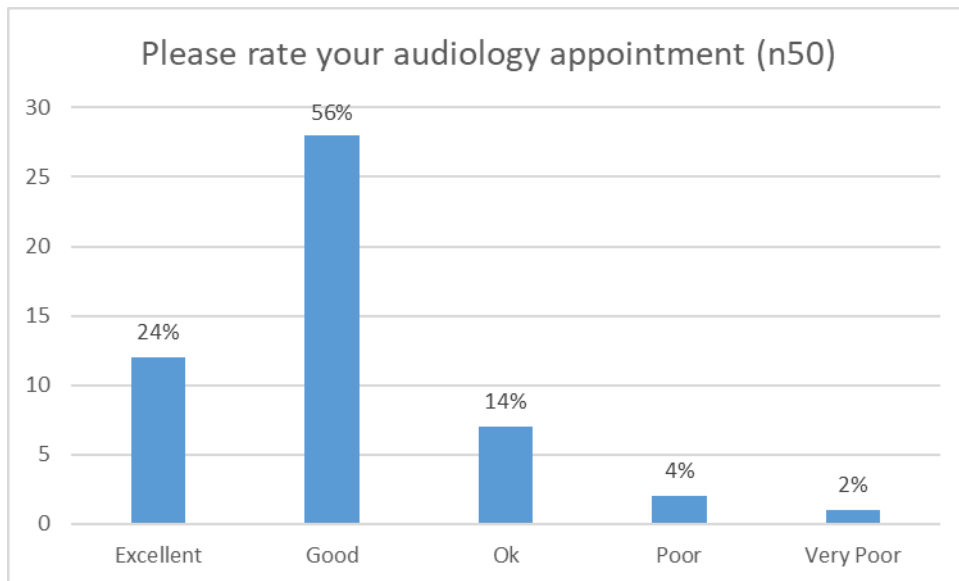


### At your audiology appointment



Of those who completed the questionnaire 90% or over told us that the audiologist looked at them, made eye contact and spoke clearly, understanding what they were being told and being treated with dignity and respect.

### Please rate your audiology appointment?



The majority completing the questionnaire rated their audiology appointment as good (56%) or excellent (24%). 14% expressed that it was ok, with 4% and 2% rating the appointment as poor or very poor.

### Comments from the questionnaire, focus groups and the community

*'Sometimes treat me like a child and I'm not'*

*'Both audiologists were patient, listened and tried to understand my poor speech, I had an excellent result'*

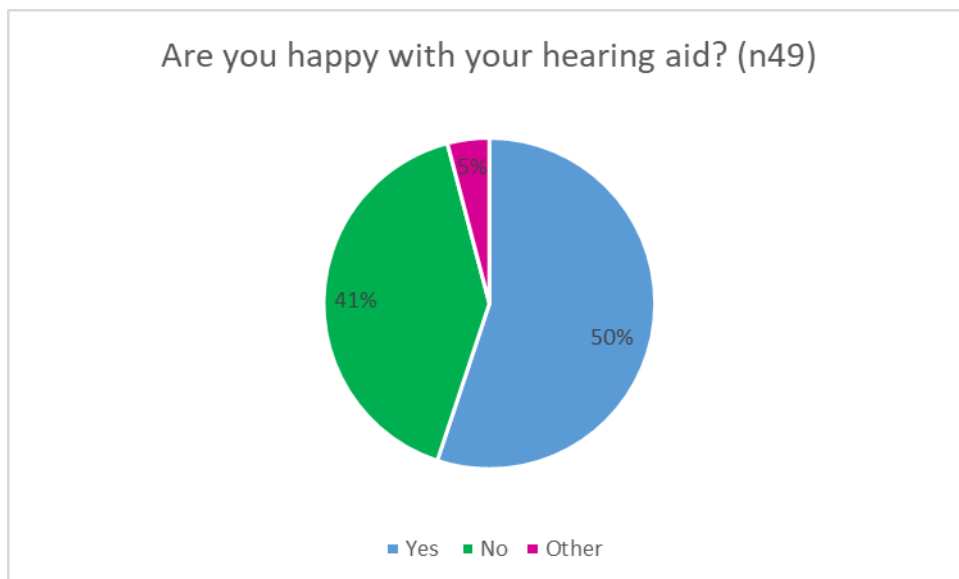
*'Had to ask for things to be repeated'*

*'Excellent both Queen Mary's and more recently Specsavers'*

*'Very good but I would have preferred to go to Queen Mary's'*

### Are you happy with your hearing aid?

Only 50% of questionnaire respondents told us they were happy with their hearing aid, with 41% being unhappy with it.



**Comments from the questionnaire, focus groups and community.**

*'Not happy with hearing aids, when in large groups it gets noisy (back ground noise). Clinic said there is nothing they can do.'*

*'Yes he has a learning disability so a lot of his communication problems are due to that, but his hearing aid has made a great difference'*

*'Couldn't be without (hearing aids) best thing offered by NHS'*

Three members of a focus group had hearing aids but were not wearing them, one because:

*'It is uncomfortable and difficult to put in'*

The second because it was broken and he had not found the time to get it mended:

*'It broke a while ago and I just haven't got round to getting it mended I must try to go in'*

The third, a lady, had them in her bag but did not like their appearance so was not using them:

*'I wear hearing aids, I've not got them in now though, (giggles) I've got them with me in my bag, I take them everywhere but don't wear them they are uncomfortable and don't look nice for a lady' My hair doesn't cover them.*

Other people we spoke to told us they did not wear their hearing aids as they either did not know or found it difficult to put them in without help:

**Do you own an NHS and privately purchased hearing aid?**

Only 6% of questionnaire respondents told us that they owned an NHS and privately purchased hearing aid. However, several people we spoke to who did not complete the questionnaire told us that they had purchased a hearing aid privately.

*"I didn't know I could get hearing aids on the NHS. I don't wear mine it doesn't fit with my glasses. I'm thinking about getting one that fits into my ear"*

## If you have an NHS and privately purchased hearing aid, why did you choose to buy a second hearing aid?

### Comments from the questionnaire, focus groups and the community

*'Hearing aids came from QMs. Have them in both ears, too bulky, find them uncomfortable as wear glasses. Daughter taking me for a private appointment to see if I can get smaller ones'*

*'Did use to have a private one but no better than the NHS one'*

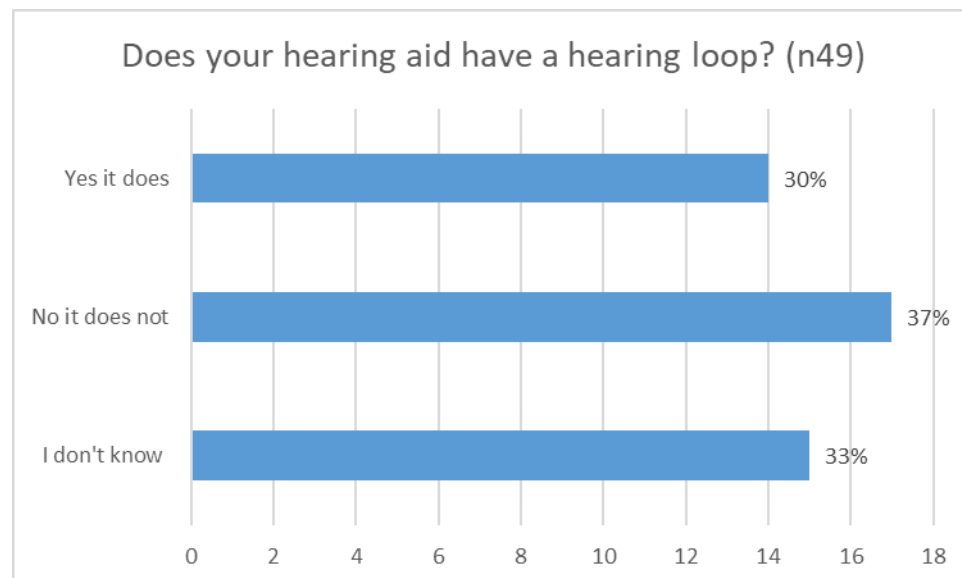
*'Comfort'*

*'Private one smaller so can't be seen'*

*'NHS hearing aid too big and bulky'*

*'Private one better, more choice'*

## Does your hearing aid have a hearing loop facility?



Only 30% of respondents thought their hearing aid had a hearing loop, 37% told us it didn't and 33% did not know what a hearing loop was or if their hearing aid had a hearing loop facility.

### Comments from the questionnaire, focus groups and the community

*'I didn't want one (hearing loop facility)'*

*'I wasn't offered it (hearing loop facility)'*

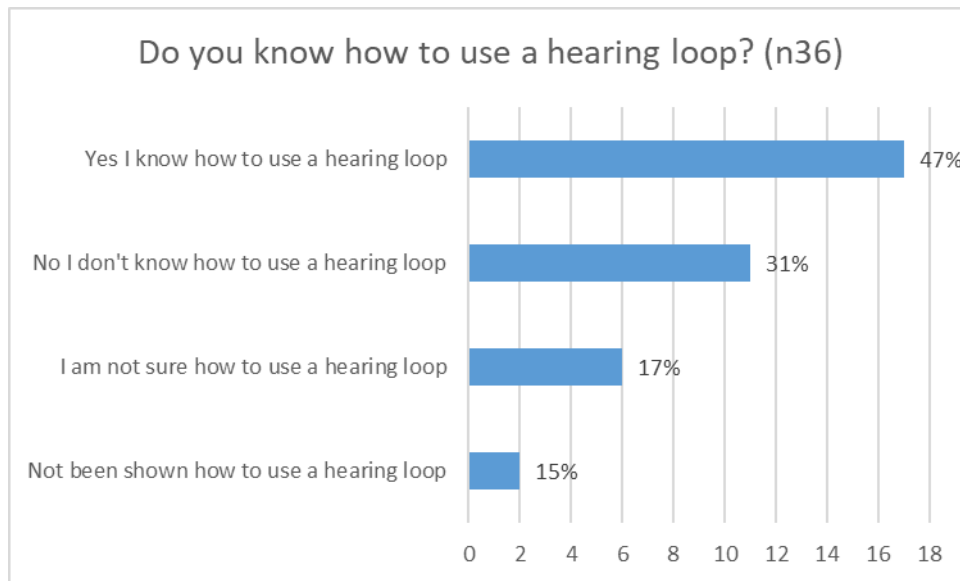
*'I don't know if I've got one (hearing loop facility) and if I have I don't know how to use it'*

*'Don't really know anything about hearing loops or if I have one, assume not or I would have been told about it'*

*'Hearing aid bit smaller without one so didn't have it'*



### Do you know how to use the hearing loop?

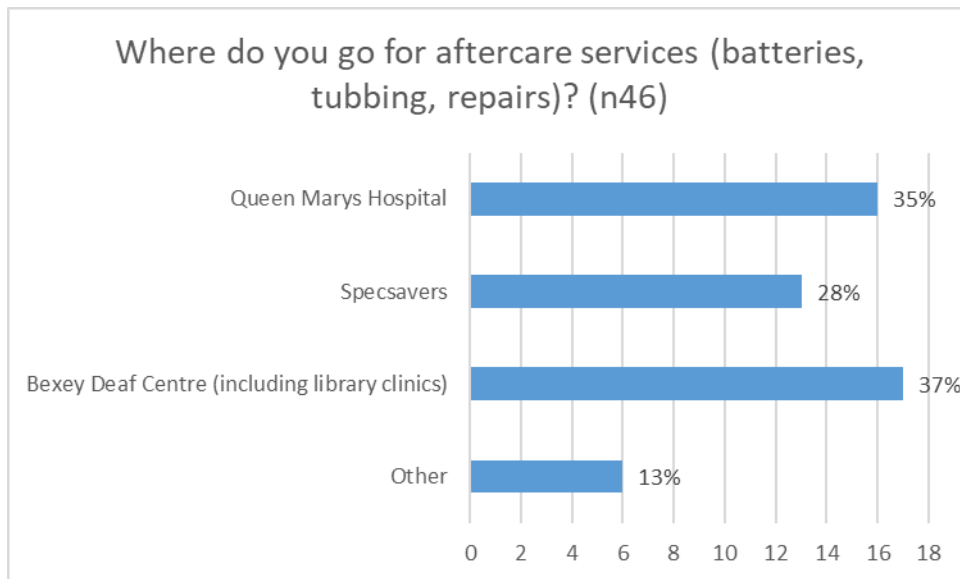


Several people did not answer this question as they did not know what a hearing loop is. Of those that responded only 47% knew how to use a hearing loop, with 17% and 31% being unsure or not knowing how to use this facility. 15% said they had not been shown how to use a hearing loop.

## **Aftercare and Support**

### **Where do you go for your hearing aid aftercare services and why (batteries/repairs/tubing etc)?**

Free aftercare services are provided by the organisation that conducted the hearing tests and provided the hearing aids. 37% of respondents visited Bexley Deaf Centre or one of the aftercare clinics they hold on a regular basis throughout the borough in libraries, this service is only available for those who have previously accessed audiology services at Queen Mary's Hospital, 35% visit Queen Mary's hospital for aftercare and 28% visit Specsavers. 13% reported using other sources for aftercare such as batteries, tubing and repairs.



### Comments from the questionnaire, focus groups and the community

*'GP told me to go to Poundland as NHS not providing but I go to hospital and get'*

*'Go local as they advertise they do aftercare'*

*'Aftercare at Specsavers .....very poor'*

*'Only problem with them was getting batteries. Had to wait over 15 mins so we walked out and went to Queen Mary's. Got them straight away there'*

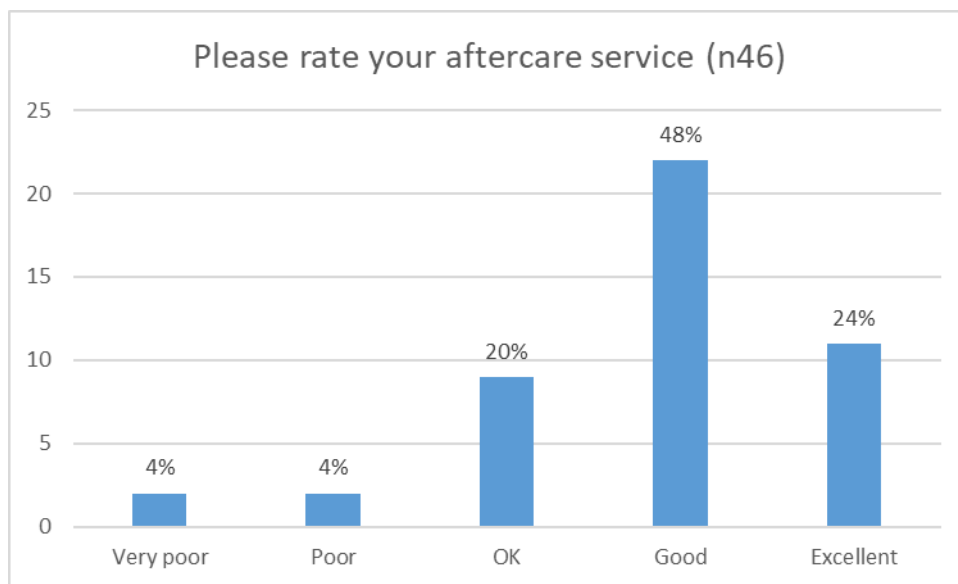
*'I re-tube myself and often do running repairs as well as collecting batteries from the library and fitting them. The pop-in provided a good service but it closed and transferred services to Townley Road'*

*'I am not happy about their aftercare of the actual aids but they do send by post a good supply of batteries (Specsavers)'*

### Do you have to book an appointment for aftercare and maintenance?

Queen Mary's Hospital and Specsavers offer a drop-in service for aftercare and Bexley Deaf Centre provide regular drop-in sessions in local libraries. 72% of respondents were able to drop-in to their

### Please rate the aftercare service



Over half of respondents were happy with the aftercare service they receive rating it as good 48% or excellent 24%, 20% described it as ok and a 4% were unhappy describing it as poor or very poor.

### Comments from the questionnaire, focus groups and the community

*'Very good at drop in clinics (Library)'*

*'Very good at drop in (library), only there a few seconds'*

*'Left to do things yourself'*

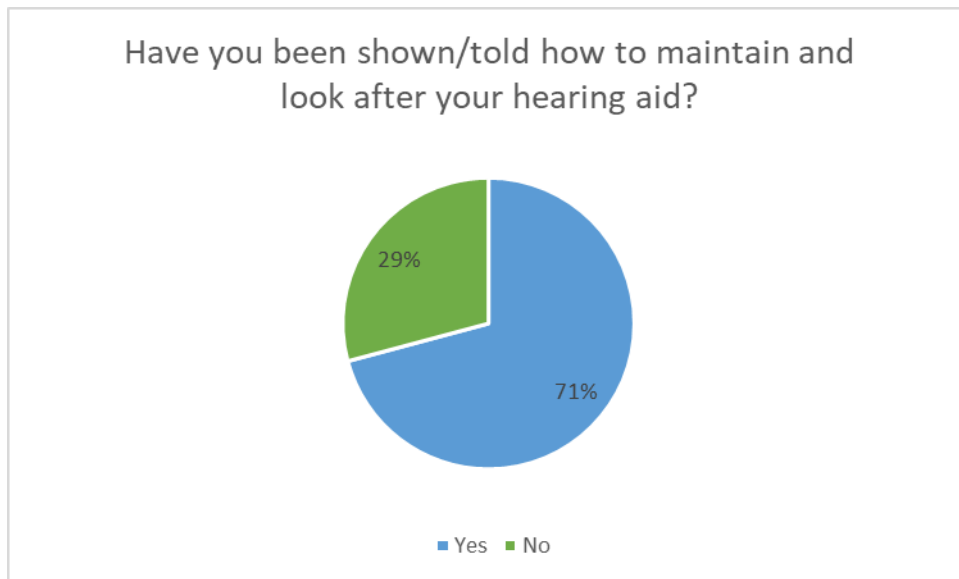
*'They (reception) ask if I am private or NHS, what difference should that make (Specsavers)'*

### Do you have to book an appointment for aftercare and maintenance?

Queen Mary's Hospital and Specsavers offer a drop-in service for aftercare and Bexley Deaf Centre provide regular drop-in sessions in local libraries. 72% of respondents were able to drop-in to their aftercare provider. Alternatively 28% told us they needed to make an appointment for aftercare.

### Have you been shown/ told how to maintain and look after your hearing aid?

71% of respondents had been shown how to maintain and look after their hearing aids but this included just being given a leaflet on how to do this, 29% told us they had not been shown this or given a leaflet.



#### Comments from the questionnaire, focus groups and the community

*'I am registered partially sighted, thus things such as cleaning the aids and lip reading are problematic'*

*'No instructions had to download own manual'*

*'Read the leaflet'*

*'This is quite difficult for me. I can change the battery but dad keeps it clean for me'*

*'Not told just have to get on with it'*

*'They sat with me for a long time'*

*'I have bought a cleaning kit from a high street hearing aid shop'*

*'Given a leaflet by hospital'*

#### Do you need help putting your hearing aid in, if yes who helps you?

6% (n48) need help putting their hearing aid in and family and friends help with this.

#### Do you know how to comment/make a complaint about the audiology service you use?

76% are not aware of how to comment or make a complaint about the audiology services they use.

## Help and support

Help and support		Yes	No
Have you ever been offered the opportunity to:	Learn to lip read	14%	86%
	Learn British Sign Language (BSL)	7.5%	92.5%
Would you be interested in:	Learning to lip read	20.5%	79.5%
	Learning BSL	17%	83%
Have you ever been offered training/advice/support re living with hearing loss?		16%	84%

The majority of respondents (92.5%) had not been offered the chance to learn BSL or to lip read (86%) and would not be interested in learning. 84% had not been offered training/advice/support to help them live with hearing loss.

## Comments from the questionnaire, focus groups and the community

*'I'm too old to learn things like that (lip reading/BSL) there's no point'*

*'Never really thought about learning it, I'm probably too old'*

*'Not at my stage in life'*

*'Didn't know you could get any help like that' (support to live with hearing loss).*

*'The living with hearing loss course is great but not really promoted and people don't really know what it is or how much it can help'*

*'Sounds interesting never knew or heard of it before. I would probably do it if it was free' (Living with hearing loss).*

*'Looked at it (BSL) but it was too expensive, I muddle through'*

*'Might try lip reading if it was free, can't afford to pay for it though'*

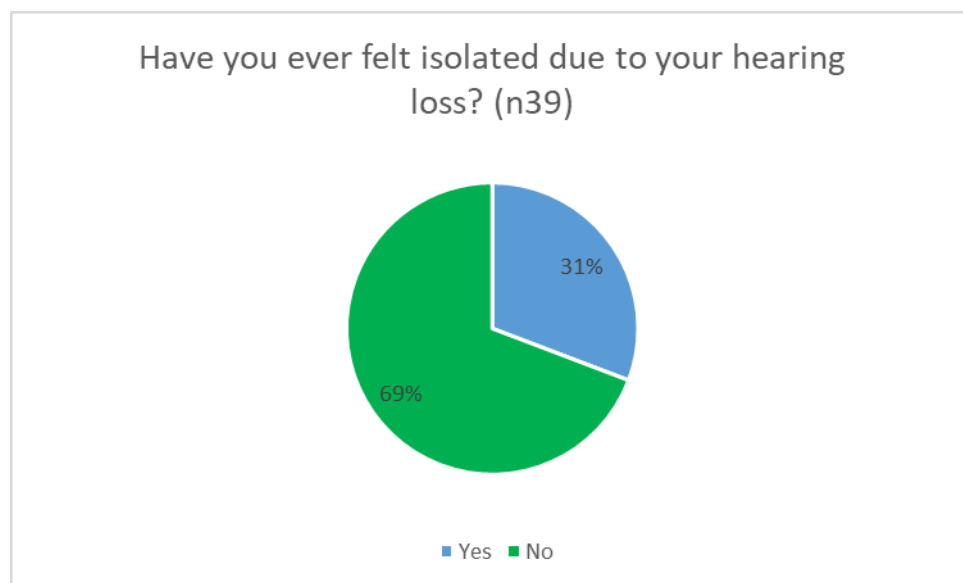
Ms F told us she joined a lip reading class at Adult Education years ago and this was well attended and the group progressed well. It was not only lip reading as the majority of the class were widows or widowers and it became a support mechanism too. However, the class closed as it was not considered financially viable. The group paid a small amount to belong to the class but it was not subsidised as there was no exam at the end of the term. Ms F explained that as the group had bonded and become friends they continued to meet regularly in a local café but could not always sit together due to space restrictions. Other visitors also complained about the noise as they tended to speak loudly as a result of being deaf. Ms F's daughter took up the issue of class closure by contacting Action for Hearing loss and the local MP (at the time) both of whom were very supportive. A lip reading class was reinstated but unfortunately was it is located in Slade Green and was not accessible by many of the group. The group eventually moved to a pop in parlour in Bexleyheath and continued meeting there once a month with the original lip reading tutor. As the

pop in parlour has closed, a 99 year old lady member of the group offered to hold sessions at her house. Ms F told us:

*“We are not particularly affluent people and the cost of courses can eat into one’s pensions. We have to make choices as well as consider priorities. Classes for sign language are considerably costly and for something that is of benefit to one section of the community who do not choose to be deaf or have hearing loss, seems rather unfair.”*

Ms F continues to say that she hoped that any future sign language or lip reading classes would not be offered at a high cost and suggested that it would be beneficial if families could attend courses.

### **Do you feel isolated as a result of your hearing impairment?**



31% of questionnaire respondents told us their hearing loss had made them feel isolated, 69% did not feel isolated.

### **Comments from the questionnaire, focus groups and the community**

*‘I can’t participate in conversations at family gatherings’*

*‘Sometimes people think I’m an idiot’*

*‘Back ground noise can be too loud, hear other people’s conversations, therefore never really wear them’*

*‘Yes, it has changed my personality, ok with a couple of people but avoid large groups now’*

*‘Of course, how is it possible to join in anything where people communicate through talking? I have not heard of deaf groups where you can go. Leaders would have to put up a screen for deaf people, same as for outings or holidays it’s just not happening’*

*‘Sometimes when there is lots of noise’*

*‘Definitely, cannot use the telephone any more, unable to hear the television, use subtitles but hard to keep up. Come to coffee club at the library but difficult to join in the conversation’*

*'I can get irritated sometimes'*

*'I would find it hard as I'm partially sighted'*

*'As a carer I don't have time to learn anything'*

*'Definitely, hearing aids do not always solve the problem. They can create back ground noise and my hearing is so bad now that the aids are not strong enough to allow me to fully engage in conversation. Also I have a serious level of tinnitus night and day constantly'*

*'Sometimes I feel a bit silly if I have to get closer to people as I can't hear'*

*'No as I have lots of help and with my new hearing aid I can hear lots better'*

*'No as I position myself so this doesn't happen'*

### **General comments from the questionnaire, focus groups and the community**

*'Would be nice to have deaf people's tea mornings, like pensioners tea mornings, instead of deaf people going to pensioners teas and sitting there looking around the room at everyone'*

*'Only issue is noise on trains/buses is far too loud, usually take them out. Can also hear myself eating which is annoying. Are there any types of hearing aid that cut out background noise?'*

*'At Specsavers it took four appointments over some five weeks to get a failed hearing aid replaced, I did get the feeling that being an NHS patient I was in the way'*

*'Aftercare at Specsavers Bexleyheath very poor'*

*'Cannot return to audiology without a referral from a GP again which is, very time consuming.'*

### **Short Case Studies**

Mrs A

Mrs A explained that she went to her GP as she was finding it harder to hear and received a referral to Specsavers. As Mrs A preferred to go to Queen Mary's Hospital, Sidcup and she asked her GP for a referral there. She commented that she did not have to wait long for her appointment at QMH and that the service and hearing aids were free of charge. After her assessment she was issued with one set of hearing aids and lots of batteries. Mrs A was shown how to put them in at the hospital however she felt this was quite rushed. Overall she was very pleased with the service and follow up care she has received.

Mr B

Mr B has Alzheimer's and shared his experience of being referred by the GP to Specsavers. Mr B told us the audiologist was very helpful. The GP referral letter did not mention that Mr B has Alzheimer's but his carer made the audiologist aware and the carer said she "could not fault the service" They did have to pay for hearing aids but they were cheaper having had a GP letter. The cost of the aids was £70 with free batteries. The carer felt the service was good if you had an advocate to help (if needed).

Mrs C

Mrs C was referred to Queen Elizabeth Hospital initially because of an ear wax problem. She described how the administration was a problem, QE could not treat her so she was re-referred to Lewisham Hospital. She describes her eventual treatment at Lewisham as excellent. She received basic hearing aids and four months' worth of batteries. Mrs C is in a wheelchair and her carer commented that it was stressful taking someone to Lewisham Hospital because the wait time for a Blue Badge parking space was long.

Mrs D

Mrs D was referred to Specsavers Sidcup. She did not have to wait long for an appointment. She was given two hearing aids and received plenty of batteries. She told us she was not told how to change the batteries in the hearing aid and would have preferred a bit more time at the initial appointment to explain how things worked properly.

Ms E

Ms E is profoundly deaf and uses BSL to communicate. She had been experiencing recurring problems with her hearing aid and Ms F (advocate and interpreter) accompanied her to her GP appointment so that she could ask for a referral to QMH audiology. At the appointment, the reasons why Ms E should go to QMH rather than Specsavers were explained; her profound hearing loss and strength of the aid needed. When Ms E received her referral letter she had been referred to Specsavers. As nothing can be done without the GPs approval both Ms E and Ms F had to visit the GP again to ensure her referral was re-directed to QMH. This took considerably more time than if the referral had been directed correctly the first time.

## Questionnaire Conclusion

One of the barriers identified in this report, to accessing audiology services was people's perception of need and feelings of being able to cope without intervention. Friends and family of those living with a person with hearing loss described the affect that relatives not seeking help, was having on them. Barriers given for not seeking help with hearing loss included fear of having to wear a bulky hearing aid, especially for ladies and those wearing glasses. Some members of the group did not realise hearing aids were available on the NHS, whilst other members said the NHS hearing aids looked 'ugly' so they did not want one, but could not afford to buy a private hearing aid so went without. Others told us they had tried hearing aids but could not get on with them so did not use them.

The majority of people who completed the questionnaire, used the audiology services at QMH and this report found that the referral process generally went well for most people. However, some people described not being given a choice between audiology service providers. Being incorrectly referred to Specsavers rather than QMH or, having been a patient at QMH for years being re-referred to Specsavers, when they wanted to continue attending QMH, with no explanation being given. This proved to be frustrating and for those incorrectly referred a waste of their time. Frustration was also expressed with the need to go back to the GP and be re-referred every 3 years. As one respondent told us 'my hearing is not going to get better so why do I have to go back to the GP, why can't Specsavers just keep seeing me. It's a waste of a doctor's appointment'.



Almost half of the people we listened to said their hearing loss was not flagged on their medical records to their knowledge and were not aware of any adjustments made for them regarding communication with their GP practice. It is important for GP practices to be aware of those with hearing loss so that any reasonable adjustments may be made if needed under the Equality Act (2017). The report Valuing Audiology, suggests that audiology data is incomplete with many Clinical Commissioning Groups knowing who is referred into audiology services but that the outcome is not recorded. For example how many people referred to NHS audiology services are fitted with hearing aids and of those fitted how many people regularly wear them or chose to purchase hearing aids through a private provider. Action for Hearing Loss suggests that without this information that it is not possible to know if resident's needs are being met (Action on Hearing Loss, 2017).

Overall, questionnaire respondents were happy with their audiology appointment and the aftercare they received. Although, several questionnaire respondents told us they were unhappy with the aftercare at Specsavers and as a result had sought aftercare elsewhere. Follow up appointments and aftercare is vital after the initial fitting of hearing aids to make sure people are happy with their hearing aids and regularly wearing them. Advice that the hearing aids may take a while to get used to and learning to deal with new sounds, are important to ensure continued use of the aids (Action for Hearing Loss, 2020). Action for Hearing Loss suggests that people may believe hearing aids are not suitable for them and give up rather than take time to adjust to the new hearing aids. Learning to look after and maintain hearing aids is important to ensure they work effectively and efficiently and most of the patients we spoke to had been told and knew how to look and maintain their hearing aids.

Despite the majority of people telling us they are happy with audiology services only half of questionnaire respondents were happy with the hearing aids they have been given. They often described problems with background noise, fit, comfort and the bulky look of their hearing aids and difficulty putting the aids in. Many of these issues could be addressed at aftercare appointments, with time given to explain that hearing aids can be adjusted and that it may take time to get used to different sounds etc (Action on Hearing Loss, (2020).

Over 30% of respondents told us they felt isolated at times due to their hearing loss. As hearing loss is linked to an increased risk of depression, dementia and social isolation it is important that those issued with hearing aids are encouraged to get used to wearing them and wear them regularly. If hearing aids are uncomfortable and not accurately adjusted people may be discouraged from wearing them and will not get the associated benefits of improved communication (Action for Herring Loss, 2017). Other support regarding living with hearing loss such as lip reading can improve communication skills and help decrease the risk of isolation. However, the majority of questionnaire respondents had not been offered any advice or support on living with hearing loss and surprisingly, most were not interested in learning new skills, stating that they were too old and it wasn't worth it. However, some appreciated the benefits of improved communication and would be interested in learning BSL or lip reading. Action for Hearing Loss (2020) describes lip reading as an essential skill to help manage hearing loss, improve communication by recognising lip shapes, gestures and facial movements.

Most NHS hearing aids have or can have a hearing loop (T setting) which can be activated by the audiologist and then switched on and off as required by the patient. The hearing loop (audio induction loop) provides a magnetic, wireless signal picked up by a hearing aid when the T-setting is switched on (Hearing Link, 2020. This allows the user to hear more clearly over background noise. Loops systems can be fitted into homes or found in public places such as banks,

hospitals and theatres. Companies are being encouraged to have hearing loop systems fitted, under the Accessible Information Standard (NHS, 2017), so that the services they offer are more accessible to those with hearing loss (Action for Hearing Loss, 2020). In 2012, the charity Hearing Link launched a campaign 'Let's loop the UK' to promote and improve hearing loop provision (Hearing Link, 2020). Patients should be made aware of the benefits of using a hearing loop, such as being able to hear more clearly over background noise and how to use a hearing loop, so that they can make an informed choice and decide if they want one or not. If patients are not sure what a hearing loop is they cannot make an informed choice. Most of the questionnaire respondents reported either not having or not knowing what a hearing loop is or how to use one. Having a hearing loop and knowing how to use it correctly may help improve the experience of wearing hearing aids and encourage regular use.

The majority of patients had not engaged with any other services or accessed support for their hearing loss. Action for Hearing Loss (2020) suggests lip-reading and communication tactics are an important skill for people with hearing loss and it can improve communication and help people manage their hearing loss better. Lip-reading and living with hearing loss courses are available in the borough and support can be offered locally by Bexley Deaf Centre (Bexley Deaf Centre, 2020) and nationally through the charity Action for hearing loss.

## Recommendations

- Audiology service providers could promote the use of the hearing loop setting on hearing aids and increase patients knowledge of what a hearing loop is and how it may help patients to hear more clearly. Understanding and usage of the hearing loop setting could be checked at follow up and aftercare appointments to make sure patients fully understand usage.
- Patients told us they were generally happy with audiology services, but only 50% were happy with their NHS hearing aids. Audiology service providers should collect patient experience feedback, paying particular attention to why patients may not be happy with their hearing aids. This will allow them to explore what they can do to increase patient satisfaction and encourage continued use, so that patients get the full benefits of wearing hearing aids
- Audiologists should signpost patients to other services in the community such as Bexley Deaf Centre, who may offer help and support with living with hearing loss and learning to lip read.

## Service Provider and Commissioner Responses

### **Specsavers Bexleyheath and Erith**

*Thank you very much for providing a copy of the report.*

*I am pleased to see that you found that most people were happy with the service they received.*

*I was disappointed to hear that some found aftercare to be lacking. We are always keen to point out to patients that if they do have any difficulty with their hearing aids that they can pop in for minor repairs by shop floor staff or, if it requires adjustment or more complex repairs, that they can book an appointment with an audiologist at any time. Many of our patients do just this.*

*I will look at ways in which we can improve on this matter for our patients and will strive to make sure that our patients get the most from our hearing aids.*

*I will also be sure to discuss with my clinicians how useful it can be for patients to have access to the loop system and will ensure that all patients receive adequate instruction on how to get the most from it.*

*I share the frustrations of some with the referral process as it is still difficult for patients to gain access to services and to know what their rights are in terms of choosing their provider. It is also very difficult for us to then have to explain to patients why it is that we cannot proceed with hearing aids without first receiving a referral from their GP. I believe that a self-referral system in much the same way as the General Optical Services voucher scheme would probably be a much easier system to operate, would provide patients with a greater sense of choice and involvement in their care and would ease the burden on the already stretched primary care service provided by our GPs.*

*Thank you again for your incredible work in producing this report and for the opportunity to improve in areas that really matter to patients.*

*I look forward to continued constructive dialogue in the future.*

Stefan Carney,  
Audiology Partner, Specsavers Bexleyheath.

18 February 2020

## **Lewisham and Greenwich Trust**

*Many thanks for sending this comprehensive report. We will review the report as a service and look to act on the findings to improve where we can.*

Gareth Lewis BSc MSc CS  
Head of Audiology QMH Sidcup

## **Bexley Clinical Commissioning Group**

*Thank you for sharing the Healthwatch audiology reports with me.*

*Having read them I have the following observations:*

1) *I note about the recommendation regarding the Hearing Loop – i.e. training for patient, being asked if the patient wants it activated and checking at the aftercare appointment if the Hearing Loop is required/working etc.*

2) *Please note the following Audiology Providers for Bexley CCG:*

**Heasebase:** based in Bexley **NEW** (187 Broadway), Chislehurst, St. Marys Cray, The Albion and Home Visits

**Outside Clinic:** Home Visits Only

**Scrivens:** The Albion, 154 Rushy Green (Catford)

**Lewisham & Greenwich Trust:** Queen Mary's Sidcup

**Specsavers:** Bexley, Bromley, Eltham, Orpington, Sidcup and Erith

3) *Earwax: Housebound via District nurse team via GP referral following referral criteria/guidelines.*

4) *A new GP comms regarding the Audiology services is due to be sent to the GPs this week.*

5) *I will raise your concerns regarding aftercare with Specsavers and increase patient satisfaction/experience and will highlight the fact that the Hearing loop is not advertised in the Bexley location.*

*I hope the above is helpful.*

Susan Davis  
Project Support & System Performance Manager  
Community, Integrated Contracts and Improvement Team  
2 March 2020

## **Bexley Deaf Centre**

This shows some interesting results, particularly the comparison of people reporting how happy they are with their hearing aids.

Bexley Deaf Centre sees on average 160 patients per month for batteries, repairs and advice. 98% of these patients are from QMH. We are often approached by patients who have been supplied with hearing aids from other suppliers, both at the Deaf Centre and during our drop in clinics in Bexley libraries. We would welcome the opportunity to provide aftercare for these patients as currently we have to turn them away, this would need to be facilitated by Bexley CCG.

All in all, it's an outstanding piece of work Jayne.

Tania Bushell  
Chief Executive Officer,  
Bexley Deaf Centre

11<sup>th</sup> March 2020

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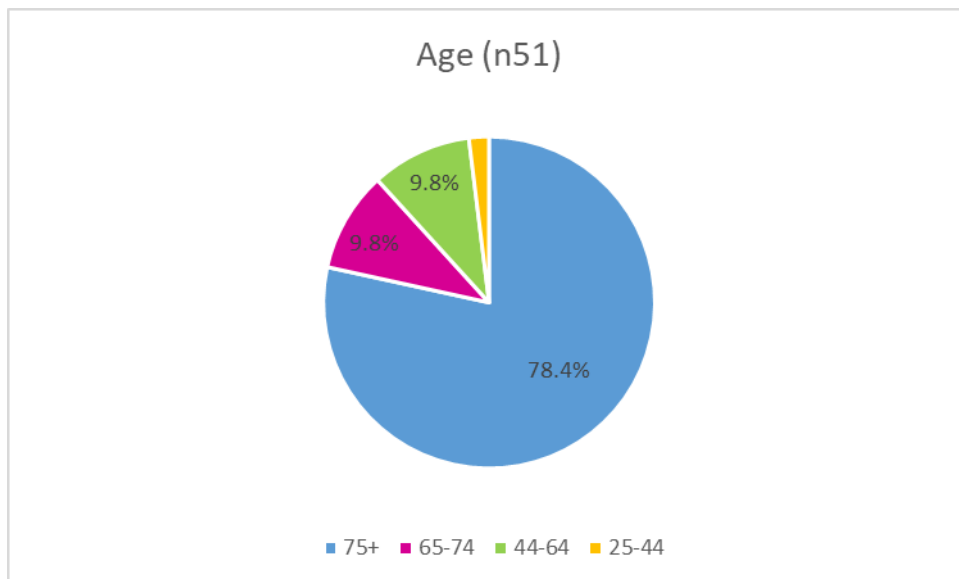
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## Appendix 1

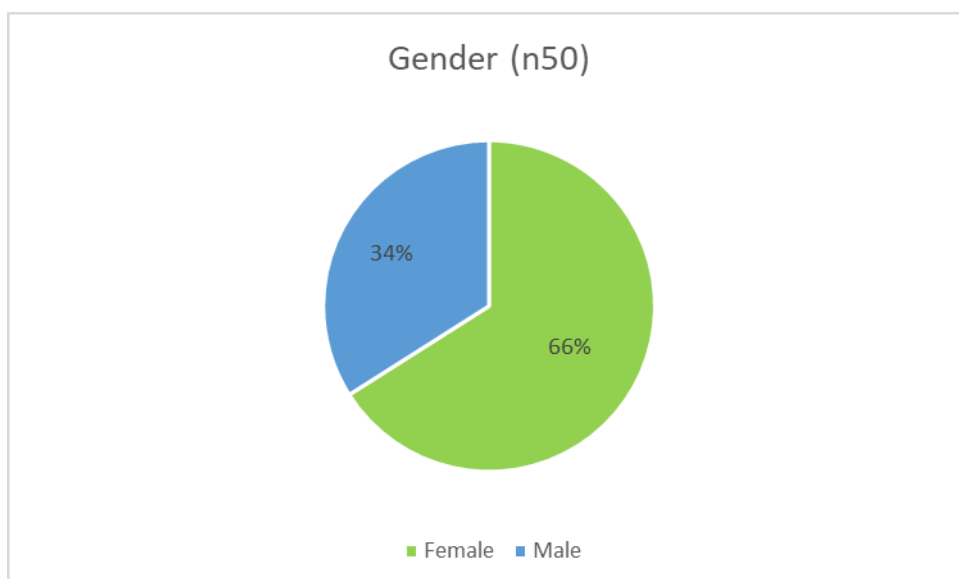
### Demographics (Questionnaire)

#### Age



The majority of questionnaire respondents (78.4%) were aged 75+, 9.8% were aged between 65-74 and 44-64 years of age.

#### Gender



66% of respondents were female and 34% male.