



Enter and View Report

Audiology Clinic at Queen Mary's Hospital, Sidcup.

December 2019

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Enter and View report

Audiology Clinic at Queen Mary's Hospital, Sidcup.

December 2019

About this report

This report will present information collected from our Enter and View visit to the audiology clinic at Queen Mary's Hospital (QMH), Sidcup. Information was collected using observations of the clinic and a questionnaire asking patients about their audiology visit and the service provided by QMH.

Acknowledgements

Healthwatch Bexley (Healthwatch) would like to thank the the Audiology clinic at Queen Mary's Hospital, Sidcup, including their patients and staff, for their valuable contribution and for participating in this survey.

Please note that this report relates to findings, observations and data gathered through one Enter & View visit to the Audiology clinic at Queen Mary's Hospital (QMH) on December 16th 2019. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed during this visit.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries and audiology services.

Enter and View visits can happen if people tell us there is a problem with a service. Equally, they can occur when services have a good reputation so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. These Enter and View visits help to inform a wider study of audiology services in Bexley Borough.

Enter and Views are not intended to identify specific safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that

they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

This report will be disseminated to the local Health and Wellbeing board, the Clinical Commissioning Group (CCG), the Care Quality Commission (CQC), NHS England, Healthwatch England, and audiology service providers.

Executive Summary

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). 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. It 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).

Action for Hearing Loss (Kunzmann, 2019) suggests 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). Lewisham and Greenwich Trust is commissioned to provide audiology services at Queen Mary's Hospital, Sidcup for those aged 50 or over with mild or moderate hearing loss throughout the borough. Specialist audiology services are also 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 as a free service through the NHS in Bexley Borough and residents are instructed to try home treatments or have wax removed through private providers such as Specsavers.

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.

The aim of the Enter and View was to understand local resident's views on the quality of audiology service

Key Recommendations for Queen Mary's Audiology Clinic

- Audiologists 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.
- Signage to show the hospital/clinic has a hearing loop should be more prominently displayed.
- 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.

Methodology

The information for this report was captured by visiting the Audiology clinic at Queen Mary's Hospital on December 18th 2019. During the visit, Healthwatch talked to staff, gave out a questionnaire and completed an observation sheet. Quantitative and qualitative feedback was obtained in the following ways:

- a) An observation sheets in relation to access, accessibility to a hearing loop and the written/printed information on offer.
- b) A patient questionnaire exploring the audiology patients experience with the referral process, appointment system and aftercare service.

For the patient questionnaire, generic details, such as age and the gender of participants was captured and can be found in Appendix 1. The questionnaire further assured the respondents of anonymity and that participation was voluntary. A total of 8 questionnaires were completed from the announced Enter & View visit.

Every effort to obtain a representative sample of the population in Bexley was made for this survey. The Questionnaire respondent numbers are not high as during the 3 hours we visited only 8 people consented to take part and complete the questionnaire.

N.B. All percentages stated in this report are based on the total sample that responded to each question. Some questions attracted multiple responses, which may mean all sums may not add to 100.

Observations

The Healthwatch Bexley Enter and View Team met the Audiology consultant at reception and were shown around the clinic and introduced to the receptionists and 2 audiologists. The consultant explained to their team why we were there and what we would be doing, we were made to feel welcome. The audiology clinic was busy so we were not able to spend much time with the audiology consultant or audiologists.

Access- This section covers a range of important aspects; such as car parking arrangements, ease of entry into the premises and facilities provided. Queen Mary's hospital is located in Sidcup and has good bus routes and a large car park. However, many people consider the parking to be expensive and often find it takes time to get a parking space. There is no free parking nearby. As a purpose built building access is good for wheelchair users with ramps, lifts and disabled toilets. The Audiology clinic is situated on the ground floor of the building and there are volunteers located in the main entrance of QMH, to direct people to the appropriate clinics. There are 2 cafes off the main foyer for refreshments, one of which sells magazines and newspapers.

Audiology Reception Area- the reception desk was situated away from the waiting area but signage was thought to be good by our Enter and View team. Check in was face to face as there was no electronic check in system. There was no signage to say how long the wait would be.

Waiting room / Seating Area- Waiting rooms are an essential part in the patient's experience, so the Enter and View team considered seating arrangements, from the perspective of patients. Although a small area, there was plenty of seating available on the day of our visit. Most of the audiologists were seen to come out into the waiting area and meet patients personally when their appointment was due, which established a rapport and ensured patients found their way to the correct room.

Hearing Loop- As a newly refurbished building QMH has a hearing loop fitted throughout the building. Signage to indicate there is a hearing loop was not observed in the audiology clinic. However, that does not indicate that signage is not there just that it was not seen on the day.

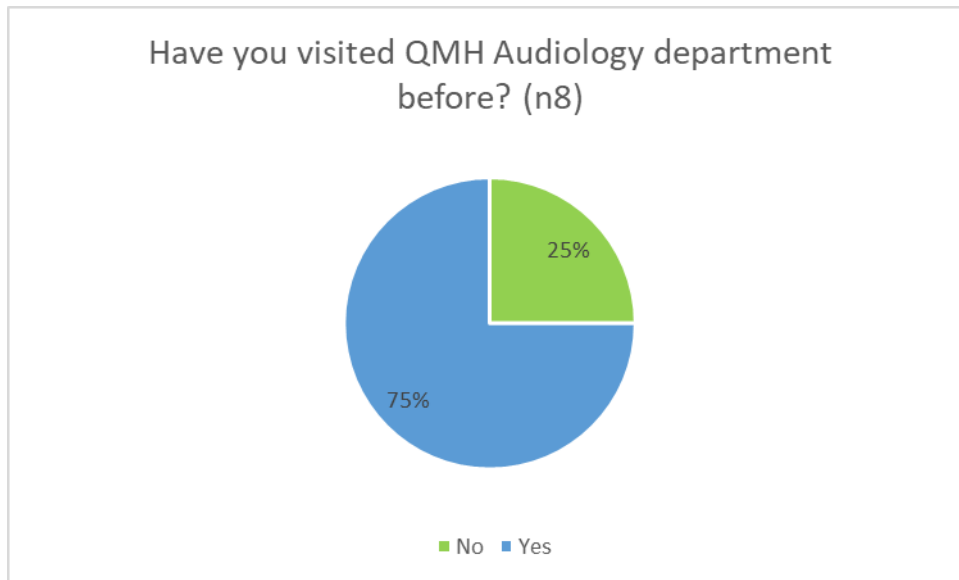
Overall observations- On the whole, our Enter and View team found QMH audiology clinic to be clean, free from obstructions and to have good lighting and reasonable noise levels, although the small waiting area.

Queen Mary's Hospital Audiology Clinic, Sidcup.	
What conditions does the clinic treat?	Hearing impairment, Vestibular disorders, Tinnitus, Hyperacusis, auditory processing disorder, Misophonia.
Who is the clinic for?	Anyone over 50 years of age. Vestibular and tinnitus services are for people referred by ENT department at Lewisham Hospital.
How many reception desks are there?	1 located around the corner from the reception desk
How many staff on reception?	2
Is the reception desk area easy to find?	Reception is not near the waiting area but it is sign posted and easy to find
Is there sufficient seating area for patients?	Possibly not at busy times
Are the seating areas separated for optician appointments and ENT appointments?	No
Are patients directed to the seating area by the receptionist?	Yes
Is there an electronic check in system?	No
Is there a call system for appointments?	No
How are patients called for their appointments?	Collected from seating area by audiologist
Is the reception area noisy?	No not when we visited
Is there an indicator showing how long patients will have to wait?	No- appointments were generally running to time on the day we visited
Are there posters on the walls advertising hearing aids?	None observed
Are their sufficient leaflets/magazines to help distract patients whilst they are waiting?	There is a TV showing the news channel with subtitles
Are there signs indicating there is an induction loop for people with hearing aids?	Not observed in the reception area or waiting area
How is the interaction between staff and patients?	Interaction between staff and patients was polite and friendly
Is there a long wait for patients with appointments?	Generally not. One patient waited 30 minutes but was slightly early for her appointment.
Are any staff BSL trained or have had Deaf awareness training?	No- BSL BSL speakers can be booked in advance if needed but are not available for the drop-in aftercare service unless booked in advance
Is there an interpreter service?	Hospital has interpreter service that has to be pre-booked in advance. No service for those using the drop-in aftercare service.
How are appointments booked (telephone, letter, email, face to face, GP or online)?	Telephone, online, email, face to face and via GP. Appointment not needed for drop in aftercare clinic
Clinic times/days	Clinics running 5 days a week
General comments	

Service user feedback

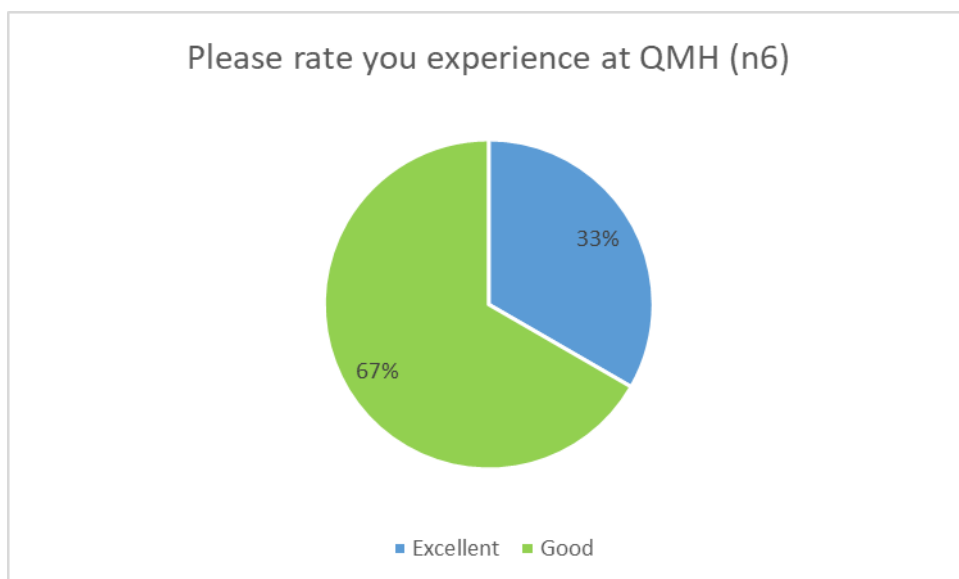
Have you visited QMH audiology services before (n8)?

75% of those we listened to had used QMH Audiology services previously, for 25% it was their first visit.



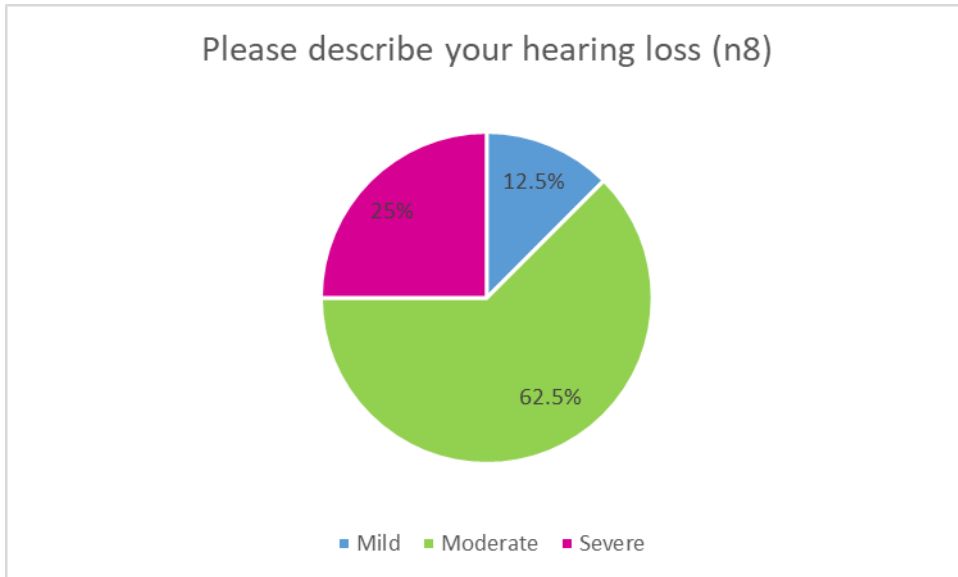
Please rate your overall experience (n6)

33% rated their experience of using QMH Audiology services as excellent, 67% described the service as good. No body described the service as ok, poor or very poor. Two people declined to answer this question as it was their first visit.



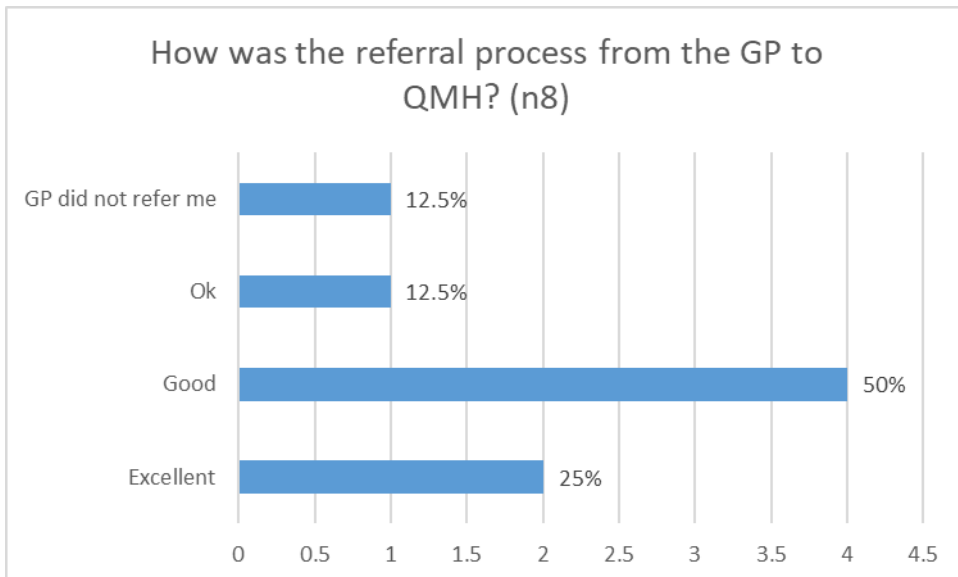
Please describe your hearing loss (n8)

The majority of people told us they experienced moderate hearing loss 62.5% or mild hearing loss 12.5%, 25% described their hearing loss as severe.



How was the referral process from your GP to QMH (n8)?

50% told us the referral process was good, 25% described it as excellent and a further 12.5% told us the GP had not referred them and 12.5% described their referral as ok.



Comments

'Long wait for Ear Nose and Throat specialist re Tinnitus, then acceptable wait once signposted to audiology'

'After repeat syringes which made little difference the referral took a month. Syringing may have caused the damage'

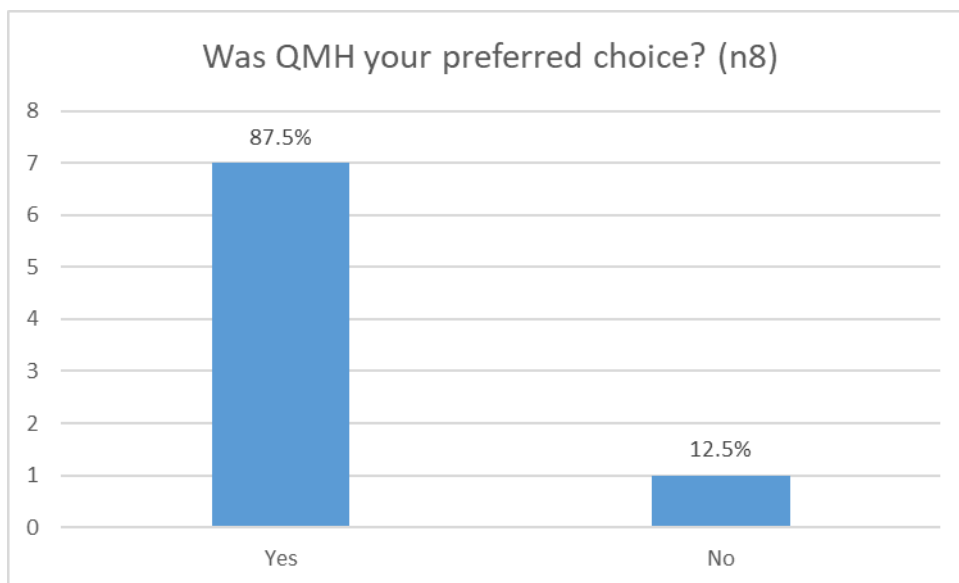
'Darent Valley Hospital referred me to QM. I would have preferred to go to Queen Elizabeth but was told they didn't have the facilities'

'Only had to wait 4-6 weeks for the appointment to come through so was very happy with this'

'Just found out today that you can drop in for repairs. Previously went through GP for this every time'

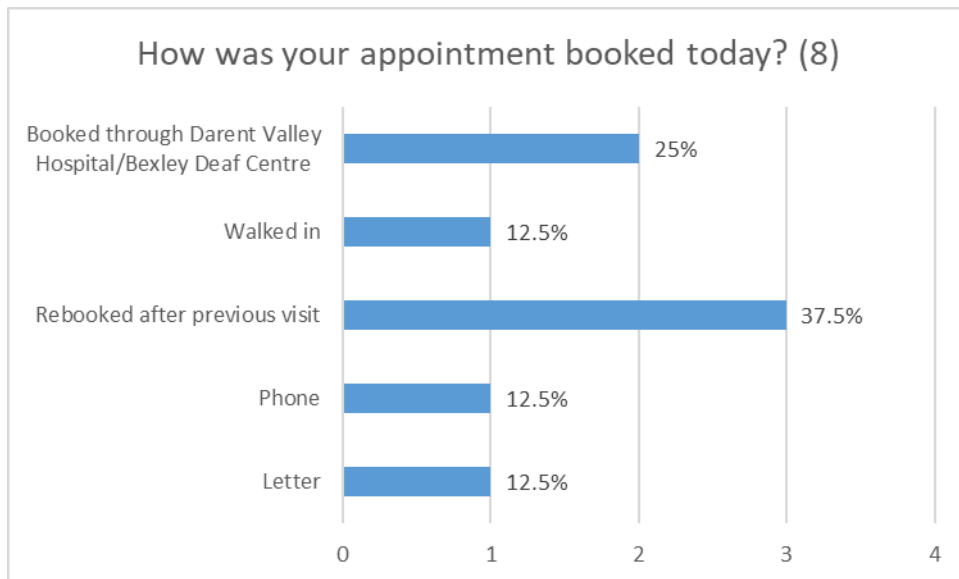
Was QMH your preferred choice (n8)?

For 87.5% QMH was their preferred choice of audiology service, 12.5% would have chosen to go elsewhere but did not state where.



How was your appointment booked for you today (n8)?

37.5% told us they had rebooked an appointment after a previous visit, 25% had been booked an appointment via another service, i.e. Bexley Deaf Centre. Other methods included receiving a letter, telephone call or not booking an appointment but using the aftercare walk-in service.



Comments

‘Darent Valley booked the appointment for me’

‘Follow up appointment after previous appointment’

‘I am here for maintenance so I am a walk-in patient’

Is this your preferred method of booking (n6)?

83% preferred the method of booking they had used but 17% told us they would prefer to use another method such as booking by telephone or face to face. However, it was pointed out that it is difficult to book by telephone when your hearing aid is broken.

How did you check in to your appointment today (n7)?

All we listened too had checked in face to face with reception. There is no automated check in at QMH.

How were you alerted that it was time to go in to see the audiologist (n7)?

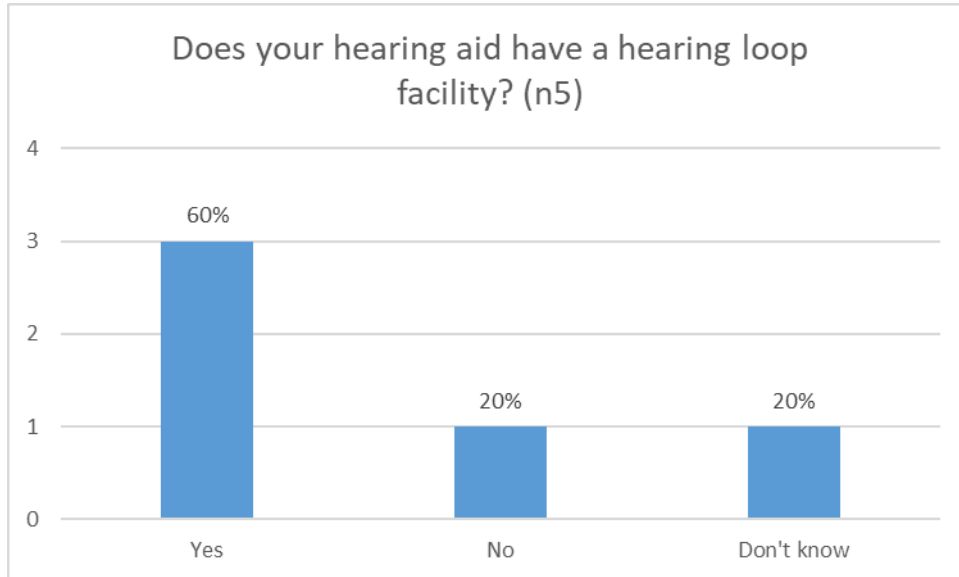
100% were alerted that it was time to go in for their appointment as the audiologist came out and collected them from the waiting area and took them to the audiology room.

Are you happy with your hearing aids (n5)?

100% reported that they were happy with their hearing aids.

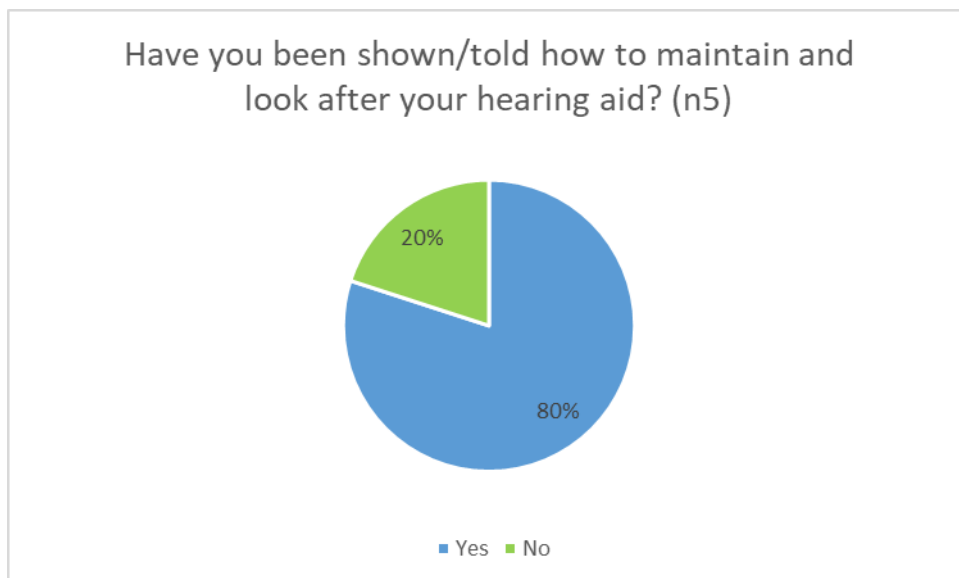
Does your hearing aid have a hearing loop facility (n5)?

20% did not think their hearing aid had a hearing loop facility, 20% told us they had a hearing loop facility and 60% were not sure if they had this or not.



Have you been shown/told how to maintain and look after your hearing aid (n5)?

80% had been shown how to look after and maintain their hearing aid, 20% told us that they had not been shown or told how to do this. 3 were unable to comment on this question as it was their first visit.



Comments

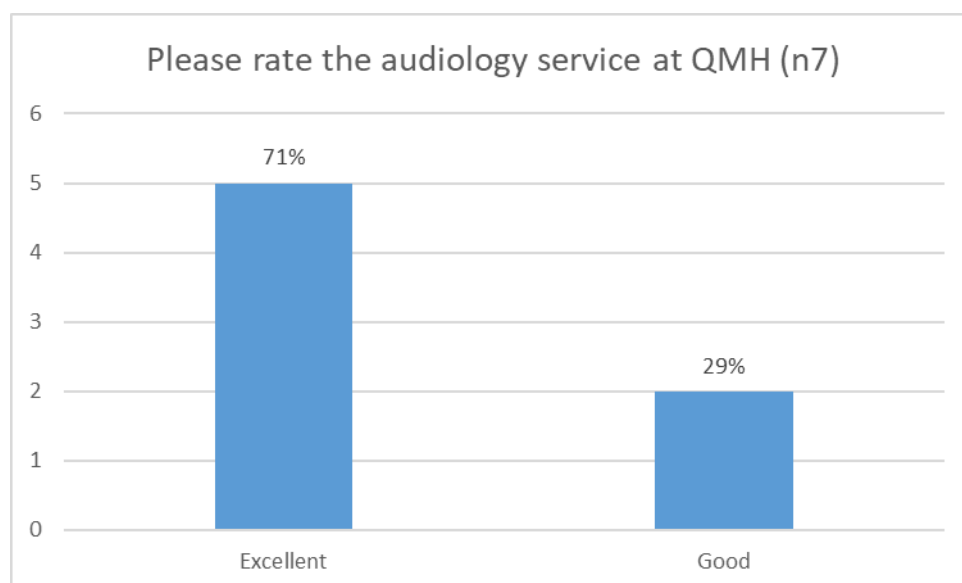
"I have a booklet but was shown at my first visit."

"I was surprised no instructions were given so I looked it up on my computer."

"I had a problem with tubing on one of my hearing aids. I was not coming to Sidcup and rather than make a special trip I visited a hearing centre in Erith. They changed the tubing for me but the aid has been very uncomfortable. I couldn't stand it any longer so came to QM as a walk-in appointment. The tube that had been fitted was far too big.....the audiologist has fixed it for me now and I have the correct tube. The aid is much more comfortable."

Please rate your audiology service (n7)

71% rated QMH Audiology service as excellent and the remaining 29% rated QMH Audiology service as good. No one rated the service as ok, poor or very poor. One person declined to answer as it was their first visit and they had not fully formed an opinion yet.



What has been good about your experience today (n7)?

"Everything was explained very well. This was my first fitting. The appointment ran to time."

"Friendly staff, everything was well explained."

"I can hear!"

"The audiologist explained a couple of things I was not sure about."

"Seen surprisingly quickly especially as it was Christmas."

“It took 5 minutes to be seen and sorted.”

Is there anything that would have improved your experience today (n7)?

100% told us that nothing could have improved their experience today

“Perfect service.”

Are you satisfied with the aftercare service (n5)?

100% told us they were happy with the aftercare service they received.

“You can just drop in at reception.”

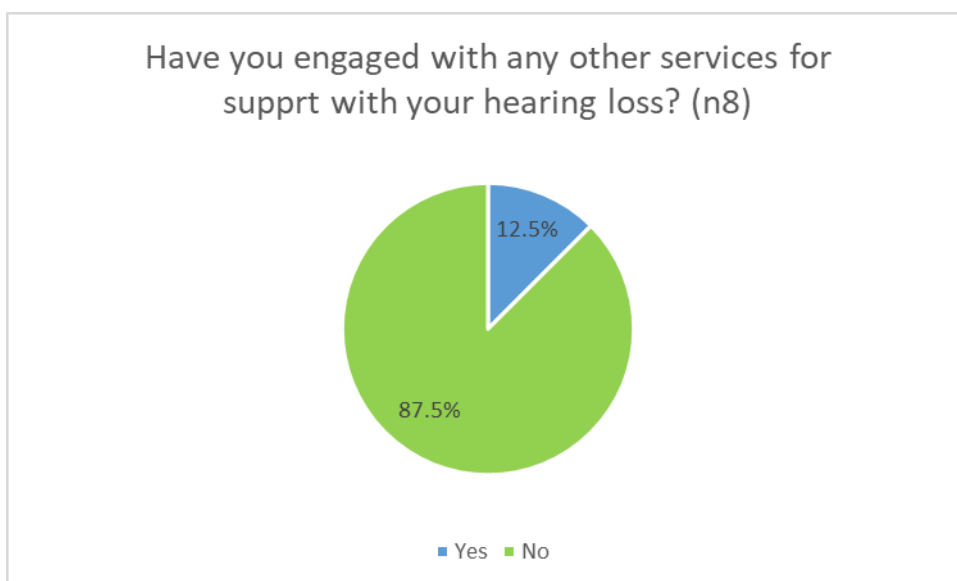
“I either go to the library (run by Bexley Deaf Centre) or straight to QMH if it is not the appropriate day for the library.”

“It’s great you can just drop in.”

“Have not experienced this service yet. I have to use ear drops before coming back for a follow up appointment. I am not sure whether I will need a hearing aid or not at this point in time.”

Have you engaged with any other services for support with your hearing loss (n8)?

88% had not sought any other form of services offering support with hearing loss, 12% had visited a private provider of hearing aids and one had visited Bexley Deaf Centre.



Conclusion

On the day we visited QMH audiology clinic, the majority of the small sample of patients we engaged with, told us the audiology clinic at QMH was their preferred choice of service provider and all told us they were happy with the service, describing it as good or excellent. The majority were happy with the referral process and waiting times for an appointment. One patient with more complex needs described having to wait a long time for an appointment but did not state how long they had actually waited. A second patient described only waiting 4-6 weeks which they were pleased about. This wait is within the NHS Constitution (DHSC, 2015) which sets out a waiting time of 18 weeks for non-urgent conditions and NHS England's Commissioning Framework (2016) which suggests a wait of approximately seven week or 36 days.

All the patients we spoke to who already had NHS hearing aids fitted, were happy with them. This is important, as if patients are not happy with their hearing aids they may be discouraged from wearing them. According to Action for Hearing Loss (2020), hearing aids can improve a person's quality of life helping decrease feelings of isolation and aid with communication as well as having other benefits. However, benefits will only be achieved if people are happy with their hearing aids and wear them regularly.

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 all the patients we spoke to had been told and knew how to look and maintain their hearing aids. The flexibility of either using the QMH drop-in audiology clinic or visiting Bexley Deaf Centre community audiology aftercare drop-in sessions for batteries etc. was appreciated by the patients we spoke to.

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) When the hearing loop setting is switched on, patients will be able to hear more clearly over background noise. Hearing loops are often found in public places such as theatres, hospitals, GP Practices and other public places such as banks. 60% of patients we spoke to were unsure if their hearing aid had a hearing loop setting, 20% did not have a hearing loop setting. More 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.

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

- Audiologists 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.
- Signage to show the hospital/clinic has a hearing loop should be more prominently displayed.
- 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.

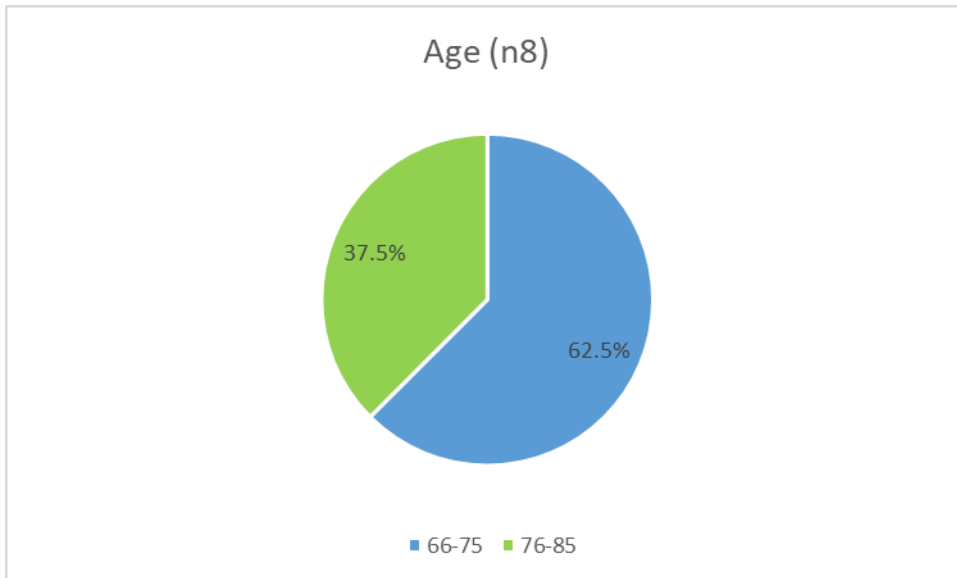
References

- NHS England (2017) Accessible information Standard Available at: <https://www.england.nhs.uk/ourwork/accessibleinfo/> (Accessed: 28/01/2020)
- Action for hearing loss (2015) Hearing Matters. Available at: <https://www.actiononhearingloss.org.uk/about-us/our-research-and-evidence/research-reports/hearing-matters-report/> (Accessed: 20/01/2020)
- Action for Hearing Loss (2020) Available at: <https://www.actiononhearingloss.org.uk/how-we-help/information-and-resources/publications/hearing-aids-and-cochlear-implants/adjusting-to-your-hearing-aids/> (Accessed: 20/01/2020)
- Action for Hearing Loss (2020) Available at: <https://www.actiononhearingloss.org.uk/how-we-help/health-and-social-care-professionals/standards-for-accessible-information-and-communication/accessible-information-standard/> (Accessed: 20/01/2020)
- Bexley Deaf Centre (2020) <https://www.bexleydeafcentre.com/> (accessed: 28/01/2020)
- Department of Health and Social Care (2015). Handbook to the NHS Constitution for England. Available at: <https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england> (Accessed: 20/01/2020).
- Hearing Link (2010). What is a hearing loop. Available at: <https://www.hearinglink.org/living/loops-equipment/hearing-loops/what-is-a-hearing-loop/>
Accessed 20/01/2020).
- Lin, FR. Metter, EJ. O'Brien, RJ. Resnick, SM. Zonderman, AB and Ferrucci, L. (2011) 'Hearing loss and incident dementia'. *Archives of neurology*, 68(2), 214-220.
- Kunzmann, P (2019). 'Valuing Audiology: NHS Hearing Aid Services in England. Available at: <https://www.actiononhearingloss.org.uk/about-us/our-research-and-evidence/research-reports/valuing-audiology/> (Accessed: 30/01/2020)
- Ferguson, MA. Kitterick, PT. Chong, LY. Edmondson-Jones, M. Barker, F and Hoare, DJ (2017). 'Hearing aids for mild to moderate hearing loss in adults'. *Cochrane Database of Systematic Reviews*, (9).
- Maharani, A. Dawes, P. Nazroo, J. Tampubolon, G. Pendleton, N. SENCE-Cog WP1 group, & Constantinidou, F. (2018) 'Longitudinal relationship between hearing aid use and cognitive function in older Americans. *Journal of the American Geriatrics Society*, 66(6), 1130-1136.
- National Council on the Ageing, (1999) 'The consequences of Untreated Hearing Loss Available at: <https://www.audiology.org/publications/guidelines-and-standards/untreated-hearing-loss-linked-depression-social-isolation> (Accessed: 28/01/2020)
- NHS England (2016) Commissioning Services for People with Hearing Loss: A Framework for clinical commissioning groups. Available at: <https://www.england.nhs.uk/publication/commissioning-hearing-loss-framework/> (Accessed: 28/01/2020)

Saito, H. Nishiwaki, Y. Michikawa, T. Kikuchi, Y. Mizutari, K. Takebayashi, T. and Ogawa, K. (2010). 'Hearing handicap predicts the development of depressive symptoms after 3 years in older community dwelling Japanese'. *Journal of the American Geriatrics Society*, 58(1), 93-97.

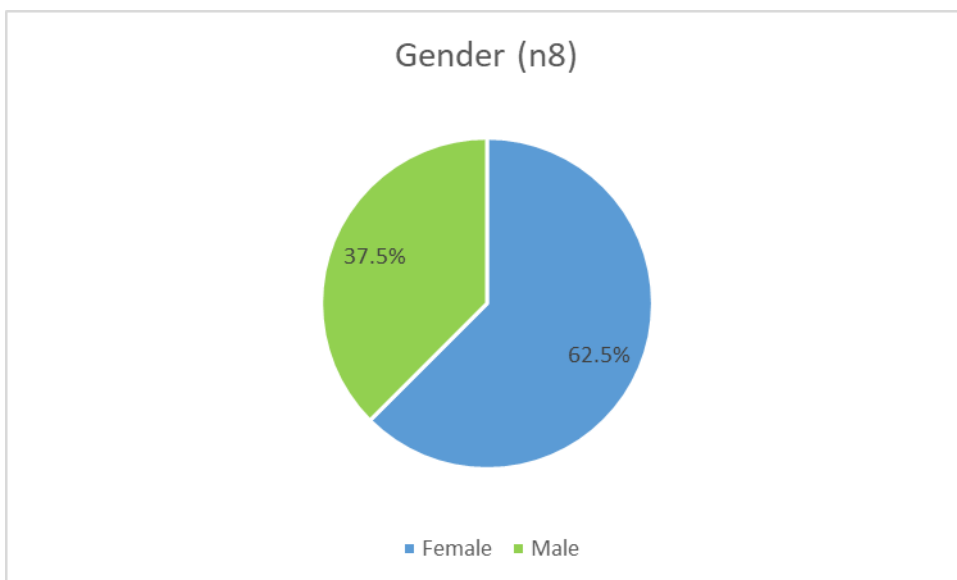
Appendix 1
Demographics (Queen Mary's Hospital Audiology)

Age



The majority of questionnaire respondents (62.5%) were aged 66-75, 37.5% were aged between 76-85 years of age.

Gender



62.5% of respondents were female and 37.5% male.

Appendix 2

Service Provider and commissioner response

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