

Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) Report Audiology Services in Oxfordshire February 2025	
Meeting Date	6 th March 2025
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Introduction

BOB ICB commission a community age related hearing loss service for patients who are 55 and over, registered with an Oxfordshire or Buckinghamshire GP. The service is commissioned via an Any Qualified Provider (AQP) contract with six providers. This type of contract means that a number of providers can bid to provide a service in line with the service specification. The current providers are:

Audiological Science
 Buckinghamshire Healthcare NHS Trust
 Outside Clinic Ltd
 Royal Berkshire NHS Foundation Trust
 Scrivens Ltd
 Specsavers Hearcare Group Ltd

Royal Berkshire NHSFT provide a community service from Townlands Hospital in Henley

The service was last procured in 2021 and the contracts started on 1/11/21 – the initial length of the contract is 5 years. The service is available at 53 different locations across Oxfordshire, Buckinghamshire and Berkshire.

More complex audiology needs outside of the community service are provided by the acute hospital trust at Oxford University Hospitals (OUH).

For clarity, this report provides an overview of adult audiology services in Oxfordshire and does not include the paediatric service.

1. Details of the geographical coverage of audiology services – are services accessible to patients in rural and urban areas?

Community Service

Community clinics are run across Oxfordshire in multiple locations and patients can access the service via their chosen provider and location.

	Providers		Providers
Abingdon	2	Kidlington	1
Banbury	4	Oxford	7
Bicester	2	Thame	1
Chipping Norton	2	Wantage	2
Didcot	2	Witney	3

Outside Clinic provides domiciliary services to housebound patients.

Hospital Service

OUH provides audiology services from both Oxford and Banbury - the main base is at John Radcliffe Hospital, with the secondary base at Horton Hospital.

Peripheral clinics are held at Didcot, Bicester, Witney and Chipping Norton, with plans to hold future clinics in Wantage. There are also plans for the Implant team to hold clinics in Brackley, but this is subject to approvals and funding.

Both the auditory implant service and adult audiology services offer remote appointments when clinically suitable.

The Auditory Implant Team offers remote appointments for all manufacturers of cochlear implants (CI) and are working towards remote appointments for both bone anchored hearing aid (BAHA) manufacturers. Patients now attend face to face (F2F) appointments every 2.5 years, with remote checks in between - this has reduced the requirement to attend the hospital for annual appointments.

Some home visits are provided for those individuals who cannot travel to the hospital and in need of urgent hearing assistance.

There is a postal hearing aid repair service with a 14-day turn around for non-urgent servicing/repairs.

2. Waiting periods for initial consultations, diagnostic tests, and treatment sessions; and whether there are any strategies in place to reduce these waiting times.

Community Service

There are local quality requirements in the contract for this service. Assessments must be completed within 16 working days following receipt of the referral and hearing aids must be fitted 20 working days following assessment. This means the longest anyone should have to wait from referral to fitting is 7 working weeks, but waiting times are often shorter.

Hospital Service

There are capacity pressures in all areas of the audiology services at OUH.

Waiting times as at 2/2/2025 are:

- New adult referrals: 33 weeks
- Simple hearing aid fittings: 1 week, Complex fittings 14 weeks

- Hearing therapy new: 1 year
- Vestibular assessment (diagnostics) long and short: 1 year
- Hearing aid reassessments simple: 1 week, complex 31 weeks
- CI Assessments: 24 weeks.
- BAHA Assessments: 1 year

OUH are developing strategies to reduce these long waits and these include:

- Insourcing adult audiology appointments from an external company to run weekend clinics (Oct 24 – Mar 25)
- Developing a business case to replace this insourcing activity with a more sustainable solution (i.e. more substantive staff)
- Working with commissioners to develop an enhanced community pathway to support a specific cohort of patients. The pathway is for patients with stable and previously investigated asymmetric hearing loss (who do not meet existing AQP criteria) to be seen by community providers after completion of an assessment with OUH.
- Liaising with the Community Diagnostic Centre (CDC) in Oxford on future provision of adult audiology services
- Carrying out CI and BAHA assessment weeks to screen patients in and out of criteria, using a shorter appointment, bringing back those in criteria to complete their assessment

3. How easy is it for patients to book, reschedule, or cancel appointments? What technological solutions are being utilized to streamline this process?

Community Service

Patients can access the community audiology service via self-referral or they can be referred by their GP. Details of self-referral are available via the webpage: [Audiology \(hearing loss\) - Stay Well](#). Patients can contact their provider via a number of communication channels (telephone, email, walk in) to book, rearrange and cancel.

Hospital Service

Access to audiology services at OUH is via referral from a healthcare professional - this will usually be a patient's GP or from the Ear, Nose and Throat (ENT) Department

Appointments are booked by phone, letter or email and patients can use any of these methods to rearrange appointments.

It is acknowledged that there can be frustrations with getting through on the phone or waiting for email responses as the OUH administration team is very small for the size of the service that it supports. A request has been made within the OUH Trust for an additional administrator to support the adult patient pathway.

The Audiology Patient Management System (Auditbase) is separate to the main OUH electronic patient records system. The Trust has offered only limited support to integrate these systems, which limits the opportunities for patients to book/reschedule/cancel

Audiology appointments in the way that they can do for other Trust outpatient appointments (e.g. via “DrDoctor”). Audiology appointments are not visible to patients in the NHS app.

4. How is patient satisfaction measured? What mechanisms are in place to collect and analyse patient satisfaction data? How is this feedback used to improve audiology services?

Community Service

Five audiology specific outcomes are included in the contract:

- Outcome 1: Improvement in service user disability, and/or difficulty in communication (reduced communication difficulties)
- Outcome 2: Improvement in service user reported quality of life
- Outcome 3: Percentage of service users reporting continued use of their choice of hearing aid and or other intervention(s).
- Outcome 4: Percentage of service users reporting benefits from their choice of intervention
- Outcome 5: Percentage of service users reporting satisfaction with their choice of intervention

There is also a requirement that 100% of service users are offered a patient experience survey to complete. The percentage of patients responding is variable across providers.

A review of patient feedback, patient satisfaction and outcome measures is being carried out by the ICB Quality & Patient Experience Senior Manager – Elective Care. Meetings are just starting with the community providers and it is anticipated that it will take a few months to complete. Findings and improvement measures can be fed back in due course.

Hospital Service

Friends and Family Test data is collected at OUH.

There is also learning from PALS concerns, formal complaints and informal patient feedback – a record of “You said, We did” is maintained.

The above feedback is reviewed in Adult team meetings and whole service clinical governance meetings and actions put in place to improve the service where possible.

The Auditory Implant Team collects 1 year outcome data from CI patients and it is reviewed annually.

5. Details of the protocols and technologies used in diagnostics. Are they up-to-date and reliable?

Community Service

There is a requirement in the provider contract that all audiometric equipment should be regularly calibrated and checked against relevant national guidelines and should comply with the relevant NHS England recommendations. Providers are required to be accredited to IQIPS: [Improving Quality in Physiological Services \(IQIPS\)](#)

Provider protocols and policies are required as part of the NHS standard contract documentation.

Hospital Service

All staff operating diagnostic equipment are qualified and registered audiologists, unless they are in training, in which case they work under the supervision of a registered audiologist. All equipment is calibrated on an annual basis and is repaired as required.

Many of the OUH adult audiology protocols are up to date, but some require updating (for example to reflect latest versions of professional body guidance) and this is in progress.

6. Details of the variety of treatments offered. Are treatment plans comprehensive, and to what extent are they personalised?

There is no 'one size fits all' policy in audiology so treatments are always personalised.

Community Service

The community service provides a variety of services and treatments and every patient has a personalised care plan (the threshold for this requirement is 100%). The services include:

- pre-assessment questionnaire which does not disadvantage any community or condition, to be undertaken to confirm suitability for the audiology service
- rapid triage of the pre-assessment questionnaire to ensure the referral is suitable for the service
- hearing needs assessment
- direct referral to secondary care for urgent and red flag conditions
- advice on self-management of ear wax and ear wax removal where necessary prior to assessment that complements primary care guidance on self-management of ear wax
- provision and fitting of hearing aid(s), where clinically appropriate and agreed with the service user
- appropriate hearing rehabilitation, for example service user information, hearing therapy
- information on and signposting to any relevant communication/social support services
- follow-up appointment to assess whether needs have been met
- discharge from hearing assessment and fitting pathway
- aftercare services for the duration of the patient pathway (where hearing needs remain unchanged), including advice, maintenance and repairs or replacements of hearing aids
- battery, tips, domes, wax filters and tube replacement service
- assessment of usage of hearing aid and appropriate action if the patient is not coping with them
- re-assessment of patient needs after three years with annual aftercare until hearing needs change

Hospital Service

All adults have individual management plans. These may include the following:

- advice
- fitting of devices

- management of tinnitus and hyperacusis
- communication advice
- onward referral to other services such as ENT
- onward referral (via ENT) for MRI scan, where indicated
- onward referral for assessment for implantable devices
- signposting for provision of Assistive Listening Devices

7. Information on any new advanced technologies being utilised including modern hearing aids, implants, and other assistive devices.

Community Service

The community service is commissioned to provide NHS funded hearing aids which will be of a minimum technical specification as designated by the NHS – more complex devices are provided through the Adult Audiology Service at OUH.

Every effort must be made to address the needs of the patient from within the NHS funded service but community providers can apply to commissioners for funding for different models of hearing aid by exception if there is a functional requirement.

Hospital Service

OUH fits the latest hearing aid devices offered by manufacturers, or transitions patients to the latest devices. All hearing aids have connectivity to smartphone apps for controls. All hearing aids can be used to stream calls and audio from Apple devices, and some hearing aids can stream calls and audio from any Bluetooth device.

CI technologies have allowed the development of remote programming so patients can be seen quickly by video call for troubleshooting. Remote assessments are also available if a baseline has been established shortly after a F2F review of a patient. The baseline can then be used for comparison for change in performance, check wound concerns, check impedances following head injuries etc.

OUH has a managed service for their largest implant provider, which allows the management of spares, repairs and basic troubleshooting to be carried out by an outsourced service - this has significantly reduced waiting times and reduced the stock requirement.

The National Hearing registry is due to launch in April 2025 following NHS approval.

Information is offered on all assistive devices compatible with hearing aids provided (e.g. TV streamers).

8. Is there effective follow-up care, and what protocols are in place for monitoring patient progress post-treatment? How are follow-up appointments managed to ensure continual care?

Community Service

Service users must be able to access aftercare services within two working days of their request. A follow up appointment is undertaken within 70 calendar days of fitting of a hearing aid to assess whether needs have been met. The contract price includes a full three years of aftercare following the fitting of a device.

Providers must carry out automatic recall to offer a review assessment to all hearing aid patients at 3 years as part of the provision of aftercare. The cost of this review is included in the original fitting tariff. The patient will then move to annual aftercare.

Outcome measures and how they are reported are currently being reviewed (see point 4 above).

Hospital Service

Adult hearing aid patients are offered follow up appointments either F2F or by telephone when clinically suitable. Due to a recent increase in assessment and treatment activity there is a waiting list for follow ups. Patients with a hearing aid can request a follow up or hearing aid repair if an urgent need arises. If the request is three-years after their previous assessment, they will be offered a reassessment (i.e. further assessment of hearing).

Implant follow-ups for CI patients have been reviewed and a protocol is in place for F2F follow-ups alongside remote appointments for those patients who can manage them. More frequent F2F follow up appointments are available for those who are unable to attend remote appointments. BAHA follow-up is currently being triaged and a similar protocol is likely to be implemented.

9. Are there adequate resources (including funding, staffing levels, equipment, and facilities) to meet patient needs?

Community Service

Providers should have an appropriate skill mix within their team in keeping with the national recommendations and guidance (listed in the contract). Assessment and treatment should always be provided by staff that are either suitably registered or are supervised by a suitably registered practitioner and who are appropriately trained, qualified and experienced.

Hearing assessments should be conducted in appropriately sound treated rooms and the provider must provide equipment and software for audiometric assessment for the fitting and evaluation of hearing aids and the recording and export of service user data.

The community service is provided by five community providers across 26 locations in Oxfordshire plus one provider covering housebound residents and Royal Berkshire NHSFT in Henley. This provides a comprehensive service across the county. The number of providers ensures there is sufficient capacity to meet patient needs and this is reflected in the short waiting times.

Hospital Service

The demand on the adult audiology service exceeds OUH capacity by about 90% and there is a need for additional staffing, equipment, facilities and estates to ensure that long waits in adult audiology don't build up. This has partly arisen with the introduction of "audiology first" pathways where audiologists see patients who were traditionally seen first by ENT. Audiologists now refer patients for an ENT opinion only if indicated.

Space is also a limiting factor for the auditory implant service. The implant team has five audiologists and just two rooms at the JR hospital. Implementation of remote telehealth has helped with this but clinical capacity could increase if more soundproof rooms were available. There is discussion underway with Brackley to set up a peripheral clinic with soundproof booth capable of speech testing which is a mandatory requirement for CI/BAHA patients.

10. What is the level of collaboration between audiology and other medical departments. How well do they coordinate to provide holistic care for patients with comorbid conditions?

Community Service

Community providers liaise with both audiology and ENT and refer onwards when appropriate. They have pathways to identify if there is a serious condition that requires referral to the local emergency department, neurology service or there is a suspected cancer. All providers of Adult Hearing Services must ensure that there are clear local pathways for referral into more specialist medical services in line with British Academy of Audiology (BAA) and British Society of Hearing Aid Audiologists (BSHAA) Onward Referral Guidance for Adult Audiology Service Users (2023).

Non urgent conditions may be referred back to the patient's GP.

Hospital Service

Adult Audiology has a close relationship with Ear, Nose and Throat and offers joint ENT / Audiology clinics. Collaboration with other departments is by onward referral (either by an audiologist or the patient's GP)

There are established links with the Trust Learning Difficulties and geratology teams to offer best care to those with learning difficulties or dementia.

There is a Multidisciplinary Balance Clinic where Audiology, ENT and Physiotherapy work together. There are also multidisciplinary clinics for patients with skull base tumours and Neurofibromatosis type 2 – this includes joint working with ENT surgeons, ENT Specialist Nurse, Audiology, Neurosurgery and Physiotherapy.

The auditory implant programme has a strong multidisciplinary team which is staffed by audiologists, ENT surgeons, ENT Specialist Nurse, and speech and language therapists with additional links with local teachers of the deaf, community paediatricians and geratology.

11. To what degree are audiology services coproduced?

Community Service

A market engagement event was held prior to going out to procurement which introduced the service specification and funding model to all interested providers. They were able to provide feedback which was incorporated into the final procurement documents.

Joint meetings were held with all the community providers and OUH during the mobilisation phase of the contract.

Hospital Service

The Adult Audiology service provided by OUH sits alongside Paediatric Audiology and many audiologists work across both services.

OUH does not have any audiology clinics that are provided jointly by other departments or by other organisations (other than the insourcing activity already mentioned).