REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC):

Audiology Services in Oxfordshire

Report by: Dr Omid Nouri, Health Scrutiny Officer, Oxfordshire County Council

Report to:

- Matthew Tait (Chief Delivery Officer-Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board).
- Neil Flint (Associate Director of Planned Care-Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board).
- Phil Gomersall (Clinical Lead, Oxford University Hospitals NHS Foundation Trust).

INTRODUCTION AND OVERVIEW

1. The Joint Health and Overview Scrutiny Committee considered a report providing an update on the current state of Audiology Services in Oxfordshire during its public meeting on 06 March 2025.

2. The Committee would like to thank Matthew Tait (Chief Delivery Officer, Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board [BOB ICB]); Neil Flint (Associate Director of Planned Care, BOB ICB); and Phil Gomersall (Clinical Lead, Oxford University Hospitals NHS Foundation Trust [OUH]); for attending the meeting on 06 March and for answering questions from the Committee in relation to Audiology services in Oxfordshire.

3. The Committee had received reports of some of the challenges experienced by patients with audiology services, and urges NHS partners to work closely toward improving these services. The Committee was also keen to gain insights into the different types of audiology services provided in both hospital as well as in the community.

4. This item was scrutinised by HOSC given that it has a constitutional remit over health and healthcare services as a whole, and this includes the initiatives taken by commissioners and providers to improve audiology services, particularly against a backdrop of general increases in demand for health services. When commissioning the report for this item, some of the insights that the Committee sought to receive were as follows:

    - Details of the geographical coverage of audiology services. Were services accessible to patients in rural and urban areas?

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

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

- How was patient satisfaction measured? What mechanisms were in place to collect and analyse patient satisfaction data, and how this feedback was used to improve audiology services?

- Details of the protocols and technologies used in diagnostics, and whether they were up-to-date and reliable.

- Details of the variety of treatments offered, and the extent to which treatment plans were comprehensive and personalised.

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

- Whether there was effective follow-up care, and what protocols were in place for monitoring patient progress post-treatment?

- Whether there were adequate resources (including funding, staffing levels, equipment, and facilities) to meet patient needs.

- The level of collaboration between audiology and other medical departments, including how well they coordinated to provide holistic care for patients with comorbid conditions?

- The extent to which audiology services were coproduced?

SUMMARY

5. During the 06 March 2025 meeting, the ICB's Associate Director for Performance & Delivery of Planned Care discussed service commissioning in Oxfordshire and Buckinghamshire, which aimed to improve accessibility through the "any qualified provider" model with 26 community locations. He noted that there had been minimal complaints and positive patient feedback. The OUH Clinical Lead described the adult audiology team, differentiating between community services for age-related hearing loss and hospital services for complex needs, including Ear, Nose and Throat (ENT) diagnostics, specialist testing, balance assessments, and rehabilitation for non-age-related conditions.

6. A key aspect discussed revolved around the broader engagement process related to the commissioning of audiology contracts, beyond the market engagement mentioned in the report. The Associate Director and the Adult

Audiology Team Leader explained that this process involved collaboration with communications leads to promote public involvement, although no members of the public attended the sessions. The team also reviewed historical complaints and feedback to address issues within the new service model.

7. The Committee inquired about how the long waiting lists for more complex audiology services compared to the situation before the contract and the current scenario. Officers clarified that the waiting lists for these specialised audiology services had deteriorated since the pre-contract period. This was primarily due to the impact of COVID-19, which increased waiting times because of the close contact nature of audiology assessments. Additionally, there were national challenges concerning ear, nose, and throat services. Efforts were underway to enhance community providers to help ease some of the burden on secondary care.

8. The discussion also examined the decision-making process for prioritising areas and determining which patients received services at the community diagnostic centres. Officers clarified that this process was directed by a national programme from NHS England. This programme outlined key diagnostic tests that centres had to offer to achieve accreditation. Initially, the centres focused on tests such as MRIs, X-rays, and ultrasounds, and later expanded to include audiology. The process involved submitting bids for additional funding to support these services. Access to the centres was managed through hospital pathways and self-referrals.

9. The Committee raised concerns about the lack of demographic forecasting data for hearing assessments. They sought to understand plans for future demand, noting that one in six individuals might need such services. Officers acknowledged that while the current service was flexible to meet demand, there was no specific data on the proportion of self-referrals or the exact future demand. It was noted that the service had stabilised and was meeting current needs, but future planning would involve a population health needs assessment.

10. The Committee inquired about national evidence indicating a gap between those who need audiology treatment and those who receive it, and whether communications about the service were effectively reaching the public to address this gap. Officers acknowledged the national evidence indicating this gap, mentioning that communications regarding the service had improved, with efforts made to market the service and inform primary care colleagues.

11. The discussion also addressed the issues with the audiology patient management system, particularly its separation from the OUH electronic patient record system. Officers acknowledged that the separation was identified as an issue. It was mentioned that, despite a unified referral system, patient information continued to be managed locally by each provider.

KEY POINTS OF OBSERVATION & RECOMMENDATIONS:

12. This section highlights three key observations and points that the Committee has in relation to audiology services in Oxfordshire. These three key points of observation have been used to determine the recommendations being made by the Committee which are outlined below. The Trust may be implementing the substance of the recommendations being issued by the Committee to some degree already, although the Committee did not receive sufficient information as to determine the extent to which this is the case. The Trust will be provided with an opportunity to respond to these recommendations with further evidence as to how they are being implemented:

Level of need for audiology services: Hearing impairments can affect individuals of all ages, but the prevalence tends to increase with age. In the general population, hearing loss is a common condition that can lead to a variety of symptoms and challenges. In a 2022 study published in the *Journal of General Internal Medicine*, it was found that hearing loss could lead to communication difficulties, social isolation, and an overall decreased quality of life[1]. Factors such as exposure to loud noises, genetic predisposition, and certain medical conditions contribute to the need for audiology services.

The Committee acknowledges the assurances it received that the current the audiology service for Oxfordshire was flexible to meet demand. However, it remains slightly concerned that there is no specific data on the proportion of self-referrals or the exact future demand. Whilst precise data on future demand may be problematic to determine, it is crucial that likely demand is forecasted, and for this to be incorporated into future planning. It is also likely that future planning would require a population health needs assessment, and this could perhaps be incorporated into the work around the Health and Wellbeing Strategy for Oxfordshire.

Amongst children, the capacity for audiology services to meet demand is particularly crucial. According to a 2021 study in the *International Journal of Paediatric Otorhinolaryngology,* early detection and intervention are essential for addressing hearing impairments in children, as untreated hearing loss can adversely impact language development, academic performance, and social interactions[2]. Common causes of hearing loss in children include congenital conditions, infections, and exposure to ototoxic medications. A 2019 study in the Journal of *Ear and Hearing* found that regular hearing screenings in infants and school-aged children are vital for identifying issues promptly and providing appropriate treatment[3].

[1] The Impact of Hearing Loss and Its Treatment on Health-Related Quality of Life Utility: a Systematic Review with Meta-analysis | Journal of General Internal Medicine
[2] Therapeutic approaches to early intervention in audiology: A systematic review - ScienceDirect
[3] Ear and Hearing

The Committee is pleased to hear that complex audiology needs (including children-related ones) are determined through established guidance and criteria set by professional bodies. Although, such guidance and criteria should be clearly defined and understood by hospital as well as community providers in Oxfordshire. Given that specialist equipment and training are required for children's cases, the Committee firmly believes that paediatric audiology services should remain managed by the hospital. This emphasis is made given that the Committee was informed that this may be readjusted in future. However, if paediatric audiology is to continue to be managed by the hospital, then efforts should be made to ensure that hospital audiology services are adequately resourced for this. In other words, utilising community audiology services for children should not be resorted to as a means of simply coping with any increased demand for paediatric audiology services.

Furthermore, the Committee is concerned to hear about the workforce issues in audiology, particularly in recruitment and retention. Challenges with recruitment and retention could indeed be attributable to competition with the private sector, which offers more attractive salaries and benefits to audiology staff. The Committee also understands that the training environment had also evolved, with fewer programmes being available and a shift to an apprenticeship model, resulting in a delay in qualified professionals entering the field in Oxfordshire. The Committee is therefore recommending that efforts are made to address this, including through the ICB working with NHS England or NHS South East Region to explore avenues through which to secure further support/funding. The Committee understands that there are commitments to explore in-sourcing staff from outside Oxfordshire to help address shortages, but urges that clear plans are developed promptly to work toward this, including how to attract and incentivise staff from outside Oxfordshire. Given the importance of local Community Diagnostic Centres being able to provide timely diagnosis and treatment at the neighbourhood level, it is vital that there is adequate resource (including funding and workforce) to support this.

Recommendation 1: *For further information to be provided around the level of need for audiology services (including amongst children), and on supply at the local and acute levels. It is recommended that further resourcing is sought to tackle waiting lists and prioritisation, particularly around Community Diagnostic Centres.*

Raising awareness of available support: Audiology services play a crucial role in providing support to individuals with hearing impairments, yet awareness of these services remains limited among the wider public. This was indicated by national evidence from a 2019 survey conducted by the Royal National Institute for the Deaf, which found that fewer than 1 in 5 (19%) of people with hearing loss have actually accessed an NHS audiology service in the past 3 years in England[4]. To bridge this gap and

[4] 9 out of 10 CCGs in England don't hold basic information needed to provide good hearing aid services - RNID

ensure that those in need can access the available support, it is essential to improve communication strategies around the audiology services available in Oxfordshire and the support that patients can expect to receive. The Committee is concerned that this gap could widen, particularly given the rise in ageing and vulnerable population groups throughout the county (and specifically those in rural areas).

Effective communication with the public should start with an assessment of the current methods used to disseminate information about audiology services in Oxfordshire. Traditional methods, such as brochures and pamphlets should be maximised. It is also vital that such written communications are available in multiple languages as well as in large fonts for those for whom English is not a first language and for those with visual difficulties respectively. The Committee is not aware of this being the case, and such written information should be developed and disseminated as a priority if not. Additionally, it is also crucial that there are community outreach programs to target populations and neighbourhoods in local communities. This would be particularly crucial for rural areas in Oxfordshire, where residents may not be aware of the community audiology services available to them or how to make a referral for themselves. It is also encouraged that work is undertaken to reach out to voluntary sector organisations with grassroots in local communities throughout the county to provide those with comorbidities or with hearing impairments with communications regarding the services and support available.

However, it is also the case that the aforementioned methods may not reach a broader audience, even in today's digital age. Several challenges could hinder effective communication with the wider public around the availability and support provided around audiology, including:

- Lack of visibility: Audiology services are often not prominently featured in some of the public health campaigns organised and run by the local NHS or even the County Council. In fact, there is also a point about the imperative for the Health and Wellbeing Strategy to examine audiology as part of the Start Well, Live Well, and Age Well aspects of the strategy (given that audiology can affect Oxfordshire's residents of all ages).

- Information overload: It could very well be the case that communications around audiology services are in abundance, although it is worth noting that if residents are inundated with vast amounts of information relating to health and wellbeing, it could become difficult to highlight the importance of audiology services or for residents to be able to navigate this.

- Accessibility: Information may not be readily accessible to individuals with hearing impairments (be this written or digital). This could be due to a variety of factors including elderly residents living in a state of isolation or being technologically illiterate, or the

fact that some residents with hearing impairments suffer from other comorbidities which make it complex to access information on audiology services.

One way in which to increase awareness of audiology services and support amongst Oxfordshire residents could be through harnessing digital media platforms as much as possible. Notwithstanding challenges associated with digital illiteracy outlined above, such platforms can offer a powerful tool for reaching a larger audience, many of whom are able to access information on services on digital platforms. Social media campaigns and informative websites can provide valuable information about audiology services. There are two ways this could be achieved. Firstly, social media engagement is one useful avenue to raise awareness, and the Committee is not aware of any detailed social media campaigns being adopted to reach out to Oxfordshire's residents in relation to audiology services. Creating engaging content and interactive posts on platforms such as Facebook, Twitter, and Instagram could help engage residents who use these platforms. Secondly, websites should be as informative as possible in helping residents navigate information on hearing and associated services. Websites providing information on local audiology services should contain as much comprehensive information about these services, including contact information and Frequently Asked Questions (FAQs).

Furthermore, community organisations can serve as a bridge to connect audiology services with the wider public. A key example is the initiative launched by Surrey County Council and its local NHS partners since 2022 to develop partnerships with schools, senior centres, and local health clinics to facilitate the dissemination of information on audiology services available for Surrey's residents since 2022. Some key actions that could be undertaken by system partners in Oxfordshire in this regard could include conducting workshops at community centres to educate the public about hearing health and available services; participating in local health fairs to provide information and free hearing screenings; and implementing hearing health programs in schools to raise awareness among students and parents.

Moreover, to ensure that information about audiology services is accessible to everyone, including those with hearing impairments, it is vital to adopt inclusive communication practices. The Committee has not received much information on any initiatives taken in this regard, and therefore suggests that the following steps, as emphasised by a 2022 study in the *Journal of Health Communication*[5], are taken:

- *Closed Captioning*: Providing closed captioning for video content to make it accessible to individuals with hearing loss.

[5] Access to Effective Communication Aids and Services among American Sign Language Users across North Carolina: Disparities and Strategies to Address Them: Health Communication: Vol 37, No 8

- *Sign Language Interpretation*: Offering sign language interpretation for live events and webinars.

- *Accessible Formats*: Ensuring that printed materials are available in large print and braille.

Additionally, personal stories and testimonials can be powerful tools for raising awareness amongst residents of available audiology services. This is particularly crucial as the Committee had received reports of patients not being aware of how audiology services operate as well as what they can expect to experience when trying to access these services. Sharing success stories of individuals who have benefited from audiology services can inspire others to seek support. The use of video testimonials featuring individuals sharing their positive experiences with audiology services; publishing written testimonials on websites, blogs, and social media platforms; and encouraging satisfied clients to become ambassadors and advocate for audiology services within their communities could all help toward this.

In essence, improving communication strategies to raise public awareness of audiology services in Oxfordshire is essential for ensuring that residents with hearing impairments can access the support they need. By leveraging digital media, collaborating with community organisations, enhancing accessibility, and using testimonials, audiology services can significantly increase their visibility and impact. It is through these concerted efforts that we can create a more informed and supportive environment for those in need of audiology services.

Recommendation 2: *For improvements to be made around communications with the wider public to increase awareness of available support from audiology services.*

Integrating community audiology patient record systems: Integrating community audiology patient records into acute and hospital patient record systems is a crucial step towards enhancing the continuity and quality of healthcare. Audiology is a complex and important branch of healthcare encompassing hearing, balance, and related disorders, and plays a significant role in patient well-being. By ensuring that audiology records are seamlessly integrated into broader healthcare systems, patients can receive more comprehensive and effective care from community and hospital providers.

Upon commissioning the report for this item, the Committee was keen to explore how records were maintained for audiology patients. The Committee was concerned upon hearing that electronic patient record (EPR) system utilised by community audiology services remained separate from the Oxford University Hospitals NHS Foundation Trust (OUH) patient record system. The Committee is pleased that officers acknowledged that the separation was already identified as an issue, and urges that steps are taken to integrate community audiology records into the acute Trust's broader EPR.

The integration of community audiology records into the OUH EPR could offer numerous benefits including:

- *Improved continuity of care*: Seamless access to audiology records ensures that healthcare providers have a complete picture of a patient's health history, allowing for better-informed decision-making. In a 2019 study published in the *Journal of Speech, Language, and Hearing Research,* it was found that well integrated audiology patient records helped clinicians understand the likely causes of a patient's symptoms, whilst also helping to rule out likely reasons for a patient's symptoms that they could otherwise assume to be caused by more serious conditions[6].

- *Enhanced patient outcomes*: With integrated records, clinicians can more effectively monitor and manage hearing and balance disorders, leading to improved patient outcomes. One study published in the *Journal of Perinatology* found that integrated audiology records helped with the long-term tracking and monitoring of an audiology patient's treatment journey, with clinicians being able to regularly track what has been diagnosed, what interventions have thus far been implemented, and to evaluate current treatments whilst exploring new ones[7].

- *Efficient processes*: Integration reduces redundancy and administrative burden, facilitating more efficient care delivery. Research published in the British Journal of Nursing emphasised that integrated audiology records meant that clinicians could focus more time and energy on providing personalised care as opposed to having to deal with the administrative burdens of having to explore an audiology patient's history.

- *Better coordination*: Integration would enhance coordination between audiologists and other healthcare professionals, and this could help to foster greater collaboration and holistic patient care that is multidisciplinary.

Thus, on the basis of the aforementioned reasons, the Committee strongly urges and recommends for community audiology patient records to be integrated into the OUH hospital patient record system. This would constitute a transformative and positive step in healthcare delivery not merely for audiology patients but overall. This integration would create improved continuity of care, better patient outcomes, streamlined processes, and enhanced coordination among healthcare providers or clinicians.

[6] The Circle of Care for Older Adults With Hearing Loss and Comorbidities: A Case Study of a Geriatric Audiology Clinic | Journal of Speech, Language, and Hearing Research

[7] Impact of electronic medical record integration of a handoff tool on sign-out in a newborn intensive care unit | Journal of Perinatology

Recommendation 3: *That Community Audiology is brought onto the same Electronic Patient Record system as the rest of Oxford University Hospitals NHS Foundation Trust.*

Legal Implications

13. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
    - Power to scrutinise health bodies and authorities in the local area
    - Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
    - Duty of NHS to consult scrutiny on major service changes and provide feedback n consultations.

14. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.

15. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

16. The recommendations outlined in this report were agreed by the following members of the Committee:

    Councillor Jane Hanna OBE – in the Chair
    District Councillor Katharine Keats-Rohan (Deputy Chair)
    Councillor Jenny Hannaby
    Councillor Michael O'Connor
    District Councillor Paul Barrow
    District Councillor Elizabeth Poskitt
    District Councillor Susanna Pressel
    District Councillor Dorothy Walker
    Barbara Shaw

Annex 1 – Scrutiny Response Pro Forma

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