Middlesbrough Council

Middlesbrough moving forward

AGENDA ITEM: 6

HEALTH SCRUTINY PANEL

18 JUNE 2008

HEALTH SCRUTINY PANEL: A REVIEW INTO AUDIOLOGY SERVICES DRAFT FINAL REPORT

BACKGROUND

1. The Panel noted that over the 2007/8 Christmas & New Year period, there was news coverage around the topic of audiology services and the associated waiting times. The Royal National Institute for the Deaf (RNID) conducted a research project whereby it asked 152 PCTs to supply information. It asked the current average time it takes a new adult patient to receive a hearing aid from the time of referral by a GP, amongst other questions.

2. According to the RNID, the research conducted found that 39% of new patients in England wait more than a year to have hearing aids fitted. The Department of Health has a target of 18 weeks for the procedure to be completed.

3. On a local basis and according to the RNID research, South Tees Hospitals NHS Trust (which runs James Cook University Hospital) has average waiting times of over a year (54 weeks), along with 9 other NHS Trusts.

4. This information was presented to the Panel at a meeting in January 2008 and the Panel was asked whether it would like to explore the matter and investigate the local picture. The Panel decided it was a matter that warranted further consideration and as such asked the Chair and support officer to consider how sufficient evidence may be gathered.

REMIT

5. The Panel, following consideration of publicity around the issue agreed to investigate local audiology services. The Panel did not prepare terms of reference as such, but undertook to investigate the current picture around local audiology services, ahead of investigating what will be done to develop the service into the near future.

MEMBERSHIP OF THE PANEL

6. Cllr Eddie Dryden (Chair), Cllrs Biswas, Carter, Cole, Elder, Lancaster, Pearson, P Rogers and Rooney

METHODS OF INVESTIGATION

7. The Panel has gathered its evidence through visits to James Cook University Hospital's Audiology Department, in addition to visits to speak with groups at Middlesbrough Deaf Centre. The Panel also held one conventional meeting, whereby it received a quantity of written and verbal evidence.

EVIDENCE GATHERED BY THE PANEL

8. Following the decision by the Panel to investigate local audiology services, It was felt that an appropriate first step would be to visit the Middlesbrough Deaf Centre. The purpose of this visit was to establish the views of people using the Deaf Centre and therefore those highly likely to have used audiology services at James Cook University Hospital. As a result the Chair, with appropriate support staff, attended a meeting of the profoundly deaf group and the hard of hearing group to discuss what Health Scrutiny was doing and to garner the views of people attending those groups on audiology services.

9. The Chair firstly attended the profoundly deaf group, which meets on a Wednesday afternoon at Middlesbrough Deaf Centre. The Chair spoke at length to the group and took on board all comments made, with the assistance of a sign interpreter. By way of introduction, the legislative basis for Health Scrutiny was explained, who sits on the Health Scrutiny Panel and the group also heard about the previous work of Health Scrutiny, the topics it had covered and the impact it had had.

10. The meeting covered a number of themes raised by deaf people in attendance. The first point emphasised that high quality communication with deaf people is absolutely crucial, especially in an audiology section. The view was put forward that without timely and effective communication, deaf people were always going to receive a less effective and inclusive service than those people who were hard of hearing. It was felt that the potential inequality that this presents for different patients, is not acceptable.

11. The group described a number of personal experiences where staff within the audiology section, were not able to communicate with profoundly deaf people when they visited the section on a drop in basis, in line with the drop in service that the Audiology unit offers. It was pointed out that this was felt to be quite surprising, given the discussion was focussing on an audiology section at a

major hospital, which places great store in the fact that patients are always welcome to attend drop in clinics should they be encountering problems. The group suggested that given profoundly deaf people represent a significant section of the Audiology section's 'customer base', it was surprising that the unit did not have signing expertise within its staff cohort. This is especially so when the unit offers such a comprehensive drop in service. The group felt that greater deaf awareness could also be on display at the audiology unit.

12. In terms of attending appointments at the unit (as opposed to using the drop in facility), the group said that there is an opportunity to book interpreters to accompany people into appointments at the audiology unit. It was felt that the availability of interpreters is an area of concern as interpreters have to be booked quite a while in advance to attend appointments, which may mean people have to wait longer for appointments. Whilst Members of the patient's family may be able to attend and interpret, it places an unfair burden on family members. Panel representatives were also told that interpreters were not booked at the same time as an appointment, which brings about the possibility of appointments having to be rearranged, which was felt to be unacceptable. Also, the group felt that it places an unreasonable barrier to services for deaf people that is not there for other sections of society.

13. Mention was also made of the significant waiting times that local people have had to encounter. The group made specific reference to those people wishing to upgrade from an analogue hearing aid to a digital hearing aid. The group reported waiting times of around a year to have that upgrade performed. The group also reported that when queried, they have been informed by the audiology section that providing children with digital hearing aids, before adults, is the department's priority.

14. The Health Scrutiny Panel representatives were also told that problems have been experienced around diagnosis and specifically the programming of hearing aids. It was said that hearing aids do not always seem to reflect people's hearing loss. Upon airing these concerns, the group said that the audiology unit was not willing to reprogramme or test the hearing aids after complaints from the user around volume, general comfort or when the user was reporting headaches or problems with balance. On the topic of complaints, the Panel representatives also heard that when complaints have been made, no reply has ever been received. In addition, patients of the audiology section are unaware of the services available to them.

15. The point was also made that deaf and hard of hearing people often find it difficult to make appointments are the audiology section, given their limited ability to hear, if they use a telephone. Mention was made of the possibility of communicating by mobile phone text message or textphone, which is something that the group felt could be explored.

16. At the conclusion of the meeting with the groups, the Chair undertook to take forward their concerns in a meeting with representatives from Middlesbrough Primary Care Trust and representatives from the Audiology section at James Cook University Hospital.

Health Scrutiny Panel 3 April 2008

17. At a meeting of the Health Scrutiny Panel on 3 April 2008, the Panel met with commissioning staff from MPCT and representatives of the audiology section at James Cook University Hospital. The hard of hearing group from Middlesbrough Deaf Centre was also represented at the meeting. The Chair opened the meeting by explaining that the panel was looking into Audiology Services, following the publication of waiting times that ranked South Tees as one of the longest waits in the country[1].

18. As a matter of context, the Panel heard that Payment by results was becoming more and more important, which resulted into providers of healthcare only being paid for services they provided, as opposed to the traditional block contract, where a large chunk of money was paid for a year's activity.

19. It was also explained that recent years have seen significant developments in the technology used in hearing aids, with a shift from analogue to digital technology. The associated coverage of such developments has increased demand and audiology services have had difficulty in responding to that demand. As a result, the unit has two streams of patients to work with. Firstly, existing patients requiring an upgrade and secondly new referrals.

20. It was confirmed that James Cook provides Audiology services for the people of Middlesbrough, Redcar & Cleveland and Stockton.

21. The Panel was interested in hearing some of the local history of the issue and particularly how waiting times reached the point they did and when concerted action started. The Panel heard that in November 2006, it was identified that there were unacceptable waiting times for audiology at JCUH and a decision was taken that extra resources were required to address the waiting times. As a result, the Panel heard that there was significant additional PCT investment in Audiology services during 2007/8 and planned for 2008/9.

22. The Panel heard that as a result of that extra investment, waiting times were falling and were now significantly lower than their 'high water mark' of 54 weeks. Further, the number of people (from Middlesbrough) who were waiting for a hearing aid had fallen from 467 to 425 patients. Nonetheless, it was accepted that this was still not good enough. It was stated that measures had been put in place to ensure that by the end of December 2008, no audiology patient would be waiting more than the Department of Health standard of 18 weeks, following a referral from a GP. It was stated that this was a matter that the Panel would look into in January 2009, to ensure this target was hit. It was emphasised that JCUH had every interest in ensuring such a target was met, as with the Payment with Results model, James Cook would not be paid for work it had not done. In turn, it was highlighted that such an implication for Trust income was quite an incentive to ensure that the target was hit. It was noted by

[1] The press release detailing this can be accessed at http://www.rnid.org.uk/mediacentre/press/2007/hearing_aid_waits_two_and_a_half_years.htm

the panel, however that this target does not pertain to those waiting for an upgrade to a digital hearing aid, only those being referred by a GP and having their first hearing aid fitted.

23. The Panel was interested to hear some practical examples of measures taken by the PCT to ensure the people it represented were receiving the services they require. The Panel heard that the PCT had commissioned further capacity from 'Specsavers', the high street optician, to assist in addressing the waiting times. It was confirmed to the Panel that payment for this service was on a case by case basis. It was confirmed that this was being used by local people. It was unclear (and it was not clarified) to the Panel as to whether Specsavers have been commissioned on the basis of providing additional capacity to address a (hopefully) temporary problem, or whether they will remain on the commissioning landscape, to provide competition to JCUH. This is a matter that the panel would like to continue to monitor.

24. On a matter of clarification, the Panel wanted to explore further at what point the excessive waiting times were identified and who decided that action should be taken. It was confirmed to the Panel that around the autumn of 2006, the PCT became increasingly concerned about the waiting list and began investigations. Particularly, the PCT was concerned around the expectations of the 18 weeks national target and the fact that the local health economy was not going to hit the target. As a result, the Panel heard the PCT decided to invest in greater capacity in an attempt to tackle the excessive waiting list. The Panel heard that the service had probably been in need of additional investment for some time, although the waiting list issue appears to have brought about the additional investment. The Panel felt that this raises another question. The Panel would hope that the local health economy's intelligence function would be aware of problems such as excessive waiting times as they occurred, and would be able to inform the relevant agencies as soon as possible. The Panel is alarmed that the local health system did not seem to arrest the waiting time problems, until it reached around 54 weeks. It may be that the advent of Local Involvement Networks (LINks), may improve the quality of patient experience information being relayed to PCTs. This would be something that the Panel would be interested to observe.

25. Following one of the themes mentioned by people at the Deaf Centre, the Panel enquired about whether users of the audiology service were invited for intermittent re-tests, in a similar fashion to the way people are invited for optician appointments.

26. The Panel heard that this was not a practice currently employed, as there are around 40,000 patients 'on the books' who would require seeing every two years. At a cost of around £50 per patient, such an approach would require the PCT to find a further £1m per annum to pay for such check-ups. The Panel heard that a great number of those people would not be having any problems with their hearing aids, or require reassessment, and as a result a large quantity of that hypothetical £1m per annum could be better spent. The Panel heard that the local NHS preferred a model whereby the Audiology Dept at JCUH operated an open door policy. When people who were experiencing technical

problems with hearing aids or felt that their hearing capacity warranted re-assessment, they could simply drop in during business hours Monday to Friday. The Panel heard that this service was certainly well used. The Panel noted that whilst such access was a positive, it remained unconvinced that putting the onus on patients to seek advice or intervention was always a good thing. Nonetheless, the Panel heard from expert witnesses that people do tend to know what is normal for them and would, therefore, know when something is wrong and would be in need of attention at the audiological facility.

27. At this juncture, the Panel raised the point highlighted at the Deaf Centre around hearing aid users experiencing headaches or balance problems. The Panel heard that whilst the audiology unit would always investigate the audiological dimensions of such complaints, it was stressed to the Panel that is also crucial that patients with such concerns visit their GPs as soon as possible. Complaints such as persistent headaches and balance problems could be nothing to do with audiology, but symptoms of something else.

28. In so far as check ups are concerned, the Panel heard that the PCT would be interested in commissioning more of this sort of activity in the future, in line with the wider preventative agenda, from a range of providers. It was accepted that this was aspirational, due to the tackling of the waiting list taking priority and a lack of capacity in the current system. Nonetheless, the Panel would be interested in exploring how such a system may run in the future, alongside the PCT and interested potential providers.

29. Given the national climate of patient choice and plurality of providers for services, the Panel was also interested to hear more detail about the arrangement that Middlesbrough PCT has with Specsavers. The Panel heard that the arrangement with Specsavers was a pilot, to be reviewed after 6 to 9 months. The Panel heard that, at the time of discussion, there had been 402 referrals involving Specsavers, with an average wait time from GP referral to hearing aid fitting of 7 weeks. The Panel heard that the arrangement is on a cost per case basis.

30. Whilst the Panel was impressed with such waiting statistics, it was felt important to point out that it would not be fair to make a ‘like for like’ comparison with the service at James Cook University Hospital. JCUH would be working with a much bigger number of referrals in any given period. Nonetheless, the Panel heard that the Specsavers referrals equated to around 10%-20% of JCUH’s typical annual business. Whilst such figures indicated that the vast majority of people are still using JCUH for such referrals, the Panel felt that a significant number were now using an alternative provider, which would presumably have a material impact on income streams for audiology services at JCUH. The Panel was reminded that around 18,000 people a year attend JCUH on an ad hoc basis for repair of hearing aids. It was, therefore, important to realise that JCUH does not ‘just’ deal with GP referrals and ‘new’ patients, but also a substantial number of patients requiring running repairs.

31. The Panel also wanted to explore with NHS Professionals another theme raised by people at the Deaf Centre, namely the signage and running of the

audiology department. Specifically, concerns were raised around the deaf awareness of staff and the ability, or not, of audiology staff to sign.

32. The Panel heard that the audiology unit had a member of staff that could sign, at an intermediate level and all staff attended deaf awareness courses, including a complex course of advanced deaf awareness for all audiologists. The Panel heard that whilst the Trust felt that the unit was configured in such a way as to not disadvantage deaf people, in was of great concern to the Trust that such views had been put forward. Further, the Panel was told that the Trust is particularly concerned that people feel as though they are experiencing problems or difficulties and they are not being addressed. The Panel heard that the Trust would implore people experiencing difficulties to contact them, in an attempt to address those matters.

33. The importance of people making complaints was emphasised by the Panel, as a key method of improving services. Subsequent investigation of audiology complaints at JCUH, from 1 April 2007 to 31 March 2008, would indicate that there were 5 complaints around hearing aid waiting times and no other types of complaints. Further, records show that there were 11 enquiries to the PALS service around hearing aid waits and 8 other types of enquiry.

34. This would indicate that if people are experiencing problems with the audiology section, particularly around the layout and running of the department, the Trust is not receiving any complaints around that topic. Whilst the Trust should do all it can to ensure that there are no barriers to complaints being made, the Panel can understand why the Trust feels there are no significant changes needing to be made to the unit's operation.

35. Nonetheless, the Chair did receive significant representations from people at the Deaf Centre that problems accessing the audiology service at JCUH do exist. On this point, the Panel would suggest that the audiology section could look to improve the visibility of its PALS and Complaints literature. Further, it may be that the JCUH representatives would wish to meet with representatives at the Deaf Centre, as the Panel has come across quite a divergence between what people at the Deaf Centre say and what the audiology department says.

Visit to Audiology Department 15 May 2008

36. Following the Health Scrutiny Panel on 3 April, the Chair accepted an invite to visit the Audiology department at JCUH, so all prior comments heard about its layout, could be put into context. That visit was also used to follow up a number of themes that were raised throughout the review.

37. On entering the Department, it was felt that signage could be improved. At the time of the visit it was by no means certain which desk someone would present at for audiological services, as it seems to share an entrance with the Ear, Nose and Throat (ENT) section. In addition, there are not a great deal of seats in the audiology waiting area, which explains why some people may go and sit in the ENT waiting area. Whilst this may seem rather minor, people at the Deaf Centre were quite clear that they have missed appointments, because no-one had

come to notify them that their appointment was due. Having had the opportunity of walking around, it is understandable as to how some people may find themselves sitting away from the audiology waiting area. At this juncture, it was suggested that buzzers could be given to patients when arriving and registering for their appointment. Those buzzers could then be programmed to go off when someone's appointment is due. This seems to work perfectly well in restaurants and could go along way to addressing the fears and concerns outlined to the Panel by people at the Deaf Centre, at a fairly insignificant cost implication.

38. In reference to a point raised in the previous meeting, it was confirmed to the Panel that sign interpreters are booked at the same time as appointments, where appropriate. On the topic of waiting times, it was confirmed to the Panel that waiting times have been an issue of volume for the service to deal with, and the recent increased investment from Commissioners was critical in ensuring that waiting times were addressed.

39. It was confirmed to the Panel that the audiology unit is open from 9am until 4.30pm, Monday to Friday and is an 'open house' for people to drop in, should they be suffering problems or wish to air concerns with staff. The Panel learned that the audiology section also provides an appropriately qualified audiologist for placing in the Town Centre Life Store, two days a week. The Panel heard that this facility is particularly popular for people with hearing aid problems. People are able to combine a visit to the Life Store with a shopping visit and the town centre is easy to reach on public transport. In lots of ways, the town centre is also less intimidating than having to visit a large hospital for something which can be fairly minor running repair issues.

40. The Panel heard that the audiology unit at James Cook would be very keen to expand its town centre presence and move away from people having to attend JCUH to have minor problems addressed. It was felt that an increased town centre presence for audiology may be something worth considering, as it should be remembered that the audiology unit serves people from outside Middlesbrough, with the town centre a lot easier to reach on public transport than JCUH. Further, there may even be economic benefits for the town, in redirecting a proportion of people attending JCUH into a town centre facility.

41. The Panel was also interested in briefly exploring the concept of independent sector involvement with audiology services and whether it is currently providing spare capacity, or whether independent sector involvement is here to stay. The Panel heard that high street hearing aid providers often only employ hearing aid audiologists, whereas the audiology unit at JCUH is also expert in balance problems emanating from the ears. The Panel felt it important to highlight this distinction, as it is not fair to compare the services provided at somewhere like JCUH, compared to an independent sector outlet. In addition, the Panel heard that a further point to bear in mind is that all hearing aids ordered and produced at JCUH are bespoke and built to measure the individual's ear. Further, the Panel was told that hearing aids purchased on the high street can be very expensive and are often 'off the shelf '.

42. It was also felt to be advantageous that the audiology department at JCUH has access to an onsite workshop, where repairs or amendments could be made very swiftly, without units having to be sent away, which the Panel understands is the norm. The fact that a workshop is located on the JCUH site was felt to be a fact worth highlighting, as it is quite exceptional.

Conclusions

43. Waiting times do seem to be under more control than they were and it would appear that the number of people waiting, together with the length of their waits, continues to be reduced so the national waiting target of 18 weeks will be achieved by December 2008. It is also clear that this is a result of additional capacity being commissioned and hard work from South Tees Hospitals NHS Trust. The emerging role of the independent sector and the accompanying policy climate, also needs to be acknowledged as a genuine player/operator in providing such services, which the PCT is able to commission. It could be argued that it provides a challenge to the established order, but it does also seem to provide opportunities for service development. The most important issues to bear in mind, however, is the quality of services provided for people. The Panel would put forward the view that most local people are not particularly concerned who provides a service, only that it is provided in an effective and efficient manner.

44. Whilst the Panel is satisfied that appropriate action is now being taken to address the waiting times, the Panel has not been able to establish exactly what went wrong in the local healthcare system, to allow waiting times to reach 54 weeks. Whether the PCT, as a Commissioner, was not investing sufficiently, or there were systematic problems with the provider South Tees Hospitals NHS Trust, is not clear. Nonetheless, the Panel is of the view that local health intelligence systems seem to have been found wanting to some extent in that waiting times were allowed to reach a just over a year, before appropriate plans seemed to have an impact on bringing those waits down.

45. The Panel would like to highlight the views of people at the Deaf Centre. When the Chair went to speak to groups at the Deaf Centre, there was a significant amount of criticism of audiology services at James Cook University Hospital. In subsequent meetings, it would seem that most of these concerns have been rebutted, although the Panel feels that this in itself is worthy of note. A question remains, therefore, as to why such a difference of view exists. The Panel wishes to highlight this matter, as the local NHS may be able to meet with people at the Deaf Centre to hear these concerns first hand to improve services where necessary and allay fears where necessary.

46. The Panel would also like to raise the topic of check ups for people who are patients of the audiology services. The Panel is conscious of the debate around the spending commitment required for such a move, although the Panel has come across people who are not aware that it is their responsibility to engage with Audiology Services should they be experiencing problems, or feel they need a retest. If the local NHS is not going to invest in regular check ups for

established audiology patients, the local NHS should be more explicit in explaining that it is the responsibility of the patient to engage with services.

47. The Panel understands that the opportunity for people to use the drop in facility for audiology services is very well used, particularly so when the service is available at the Life Store in the town centre. It strikes the Panel that more people may be willing to use the drop in facility, should the service have a more frequently available base in the town centre. This is especially so given that people from outside Middlesbrough also use the facility and may rely on public transport. This may increase the amount of people using the drop in facility who may, at present, be put off going to a large hospital and may also have an economic benefit for the town centre.

RECOMMENDATIONS

The Panel is asked to consider whether it would like to make any recommendations and if so, the direction that those recommendations should take.

BACKGROUND PAPERS

Please see the RNID Press Release at
http://www.rnid.org.uk/mediacentre/press/2007/hearing_aid_waits_two_and_a_half_years.htm

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