



## **HEALTH SCRUTINY PANEL**

### **FINAL REPORT INTO AUDIOLOGY SERVICES**

**JUNE 2008**

#### **EXECUTIVE SUMMARY**

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.

#### **Conclusions**

5. 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.

6. 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.
7. 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.
8. 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.
9. 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 recommends that

10. The PCT and South Tees Trust prepare a report for the Health Scrutiny Panel at the end of 2008, highlighting how many, if any, people are waiting outside 18 weeks for a hearing aid following GP referral.
11. The South Tees Trust and PCT deliver a more substantial town centre presence for audiology services, to reduce the amount of people having to travel to James Cook University Hospital, for what can be very minor matters.
12. The South Tees Trust invests in handheld alert devices for use in the reception at Audiology Services in James Cook University Hospital, aimed at ensuring people know when their appointment is due. The Panel feels this would be beneficial for service users' peace of mind, following representations the Panel has received around people missing appointments.
13. That the South Tees Trust improves the visibility and accessibility of information in the Audiology section around how to make complaints and raise concerns. The Panel would like to know how this is done.
14. That the South Tees Trust engages on a regular basis with Middlesbrough Deaf Centre, aimed at improving communication, solving problems early and building a better relationship. The PCT, as Commissioner, should be kept aware of the outcome of these debates.