

# Time to raise the standards

 **ACTION ON  
HEARING  
LOSS**  
SCOTLAND  
A national charity since 1911

The experiences of  
NHS audiology patients  
in Scotland



Formerly  
**RNID** • )))

# Aspects of life most affected by hearing loss

As part of our research for the project covered in this short report, Action on Hearing Loss Scotland asked survey participants which aspects of their life are most affected by hearing loss. The most-popular responses are captured in the wordcloud below.



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## Foreword

In Scotland an estimated 945,000 people are deaf or have hearing loss. As our population ages, this number will only increase. So, it's more important than ever that relevant NHS departments build capacity and redesign their services to be more accessible and meet the needs of people across the country.

In 2008, NHS Audiology in Scotland showed the way for the rest of the UK when it produced national audiology standards for adult services. The standards have since been adopted by NHS Wales to monitor the quality of their audiology services. The importance of the standards can't be overestimated – they benchmark the quality of service that patients can expect.

And many people with hearing loss do value the service they receive from their NHS audiology department.

But the research we unveil in this short report also makes it clear that people being treated by Scotland's NHS audiology services are not experiencing – and don't recognise – many aspects of the national quality standards. This has to be cause for great concern and, more importantly, urgent action by those responsible for designing and delivering such potentially life-enhancing services.

As our wordcloud shows, hearing loss affects people's lives in a variety of ways – including everyday 'communication' and

'conversations'. And, like everyone else, people with hearing loss have different interests and different circumstances, so the impacts vary from person to person.

Going forward, we hope all NHS audiology services will take the necessary steps to make sure that Individual Management Plans – with person-centred solutions – are developed as a matter of course, so that individuals gain the confidence to manage hearing loss in their life.

We believe that the findings of our survey indicate that the time has come to raise the quality standards – and for Scotland's audiology services for adults to meet the challenge of ensuring that people with hearing loss, in every community, are fully supported to live the life they choose.

A handwritten signature in black ink that reads "Delia M. Henry". The signature is written in a cursive, flowing style.

**Delia Henry,**  
Director of Action on Hearing Loss Scotland



## Background of Scotland's national audiology quality standards

In January 2003, the Public Health Institute of Scotland (PHIS) published a Needs Assessment Report on NHS Audiology Services in Scotland. This identified areas where audiology services were failing to meet the standards expected by service users. It recommended that NHS QIS [Quality Improvement Services] would produce an agreed set of standards for audiology services and conduct an assessment of each service's ability to meet these standards.

These standards were developed by a multi-disciplinary project group - a sub-group of the Scottish Government's Audiology Services Advisory Group (ASAG) - which included representatives from the audiology profession, the third sector, higher education, UK health departments and senior NHS management.

In October 2008, the Scottish Government published a set of nine quality standards for adult hearing rehabilitation services and a Quality Rating Tool was developed to assess whether the services were responsive to patients' needs and made the best use of staff skills and resources.

Every year, since 2010, all NHS audiology services in Scotland are peer reviewed by the Heads of Audiology against those standards, which cover the accessibility of services, communication with patients, hearing assessments, developing and implementing individual management plans, clinical effectiveness, audiology teams' skills and expertise, collaborative working and

service improvement. But the results aren't published. So, patients remain in the dark about how their local service is performing, and there's no national picture of progress towards meeting the standards.

In summer 2014, Action on Hearing Loss Scotland talked to more than 130 NHS audiology patients about the quality standards. Were they working well? Did they cover all the necessary criteria? We held focus-group workshops with NHS hearing aid users in Dundee and Edinburgh, and conducted an online survey. Patients' detailed feedback helped us influence amendments to the standards in August 2015, but the updated standards have still not been published.

The aim of the research summarised in this report was to obtain an evidence-based review of hearing aid users' experiences of using NHS audiology services in Scotland to ascertain whether the standards are being fully implemented for all patients in every community across the country.

# People's experiences of NHS audiology services

## Survey design, method and recruitment of participants

Action on Hearing Loss's Senior Research and Policy Officers designed a survey comprising questions about each patient's age, gender, home and location, as well as their experiences of various aspects of NHS audiology services, to help identify whether national audiology standards were being met. As you read through the report, you'll see that survey respondents didn't answer every question, so we've provided specific figures for clarity.

When they signed up to take part in the survey, participants gave us their informed consent to use their data in this research project. They had the option to withdraw their responses at any time and could choose to remain anonymous. All responses were genuinely confidential and were kept in a secure location. Participants could obtain a full debrief or update on the findings at any point.

Researchers distributed the surveys at our Hear to Help drop-in sessions in Ayrshire and Arran, Tayside, and Greater Glasgow. Service users who chose to take part were free to complete the survey then and there – or to take it home to fill in and return to us in a freepost envelope.

We also encouraged the members of charities and organisations across Scotland that support people with hearing loss, and/or older citizens, to take part. And we made sure there was good regional and local media coverage throughout Scotland, so even more people could get hold of and respond to the questionnaire.

Everyone who took part received written instructions, and could have an explanatory chat, if required. We also translated the survey into British Sign Language (BSL) and all the researchers/representatives helping to 'recruit' survey respondents had, at the least, basic BSL skills and had completed Deaf Awareness Training.

We also made sure that any Hear to Help service users who needed help to complete the survey in their own homes/care home/sheltered housing got the right support. All the researchers accompanying volunteers on home visits were subject to a full PVG (Protecting Vulnerable Groups) disclosure/police check.

Shortly after the closing date, our researcher coded all paper copies of the survey using the relevant NHS health board and entered the responses, in electronic form, via SurveyMonkey. Data cleaning was carried out using Microsoft Excel and basic data analysis (descriptive statistics) was performed using Windows-based software SPSS. Visual representations of the data were created using SPSS and SurveyMonkey analysis functions.

## Age range, gender and residency

A total of 1,084 people who are deaf or have hearing loss were recruited to take Action on Hearing Loss Scotland's survey, via opportunity and volunteer sampling, between November 2015 and February 2016.

Table 1, right, breaks down all respondents by their NHS health-board area. We received survey responses from people living in all of Scotland's 14 health board areas.

A significant volume (67%) of respondents came from: Ayrshire and Arran (30%), Tayside (20%) and Greater Glasgow (17%), where we run community-based Hear to Help hearing aid support services and had the greatest access to people who use NHS audiology services.

Of the participants that responded, 54% are female and 46% are male.

There were no age requirements for participants and, if required, parents/guardians or carers were permitted to complete the survey on behalf of the person with hearing loss. Figures 1 to 4, overleaf, show the age ranges. The vast majority (75%) are aged 65 or over. Indeed, 65-74 is the mean age range for all the survey respondents throughout Scotland and in each of the Ayrshire and Arran, Tayside, and Greater Glasgow areas where most of the respondents reside.

As 70% of people aged over 70 have some kind of hearing loss and 79-80 is the average age of Action on Hearing Loss Scotland's Hear to Help service users, it's not surprising that 65-74 is the mean.

**Table 1.** Breakdown of survey respondents by NHS health board

NHS health board	Total number of respondents
Ayrshire and Arran	321
Tayside	215
Greater Glasgow and Clyde	186
Lothian	68
Grampian	56
Highland	43
Forth Valley	41
Fife	40
Borders	35
Lanarkshire	24
Orkney	24
Dumfries and Galloway	12
Shetland	9
Western Isles	1
Uncategorised	9
<b>Total</b>	<b>1,084</b>

But many of those in their later years – for example, people over 80 who are supported at home and may have other conditions such as blindness or dementia – will have had less opportunity to access the survey: our staff and volunteers prioritised supplying it to people attending Hear to Help drop-in sessions, in community venues such as local libraries.

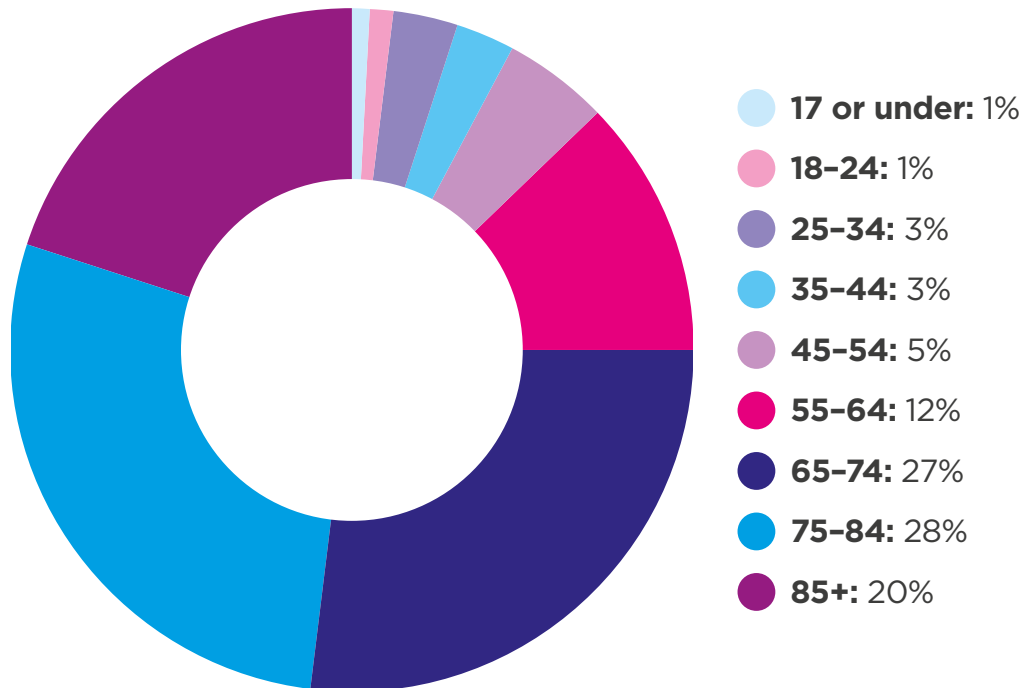
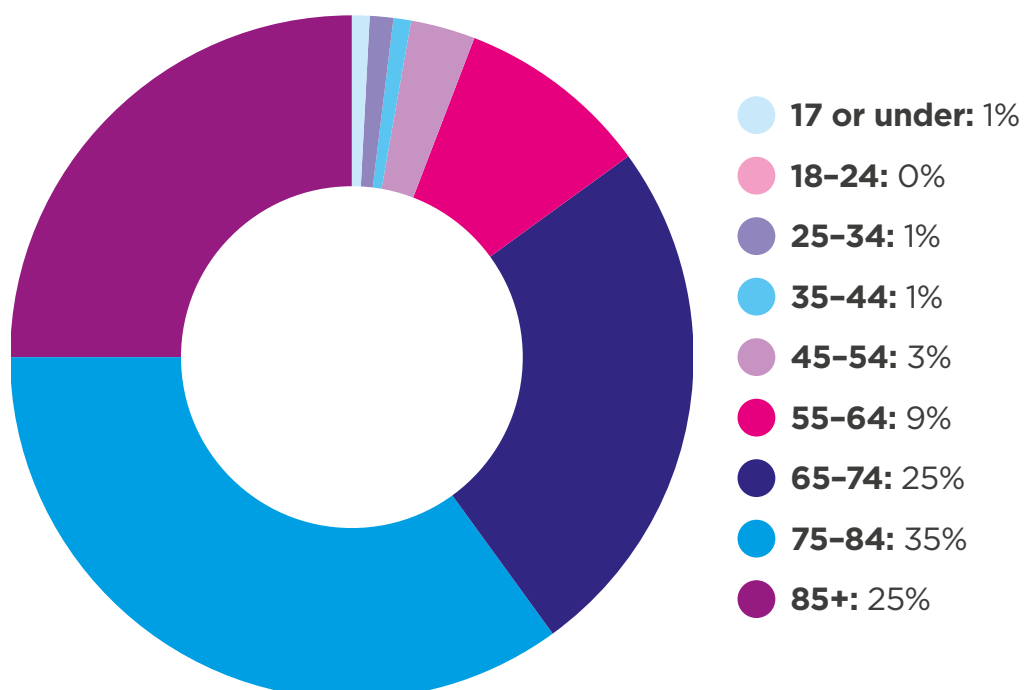
**Figure 1. Respondents across Scotland (by age)****Figure 2. Ayrshire and Arran respondents (by age)**



Figure 3. Greater Glasgow respondents (by age)

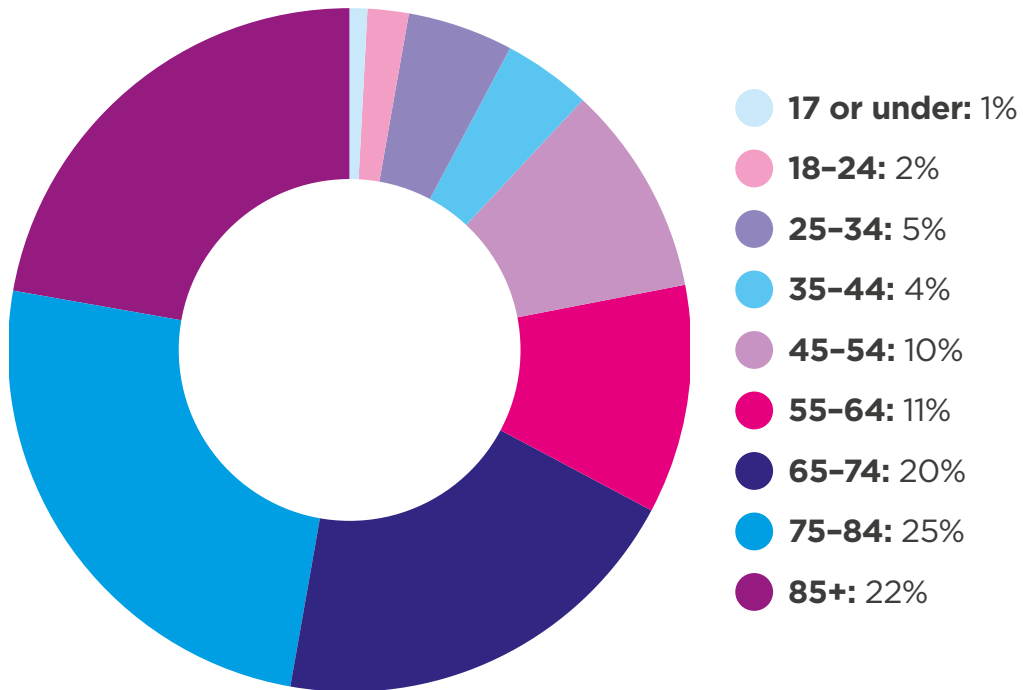
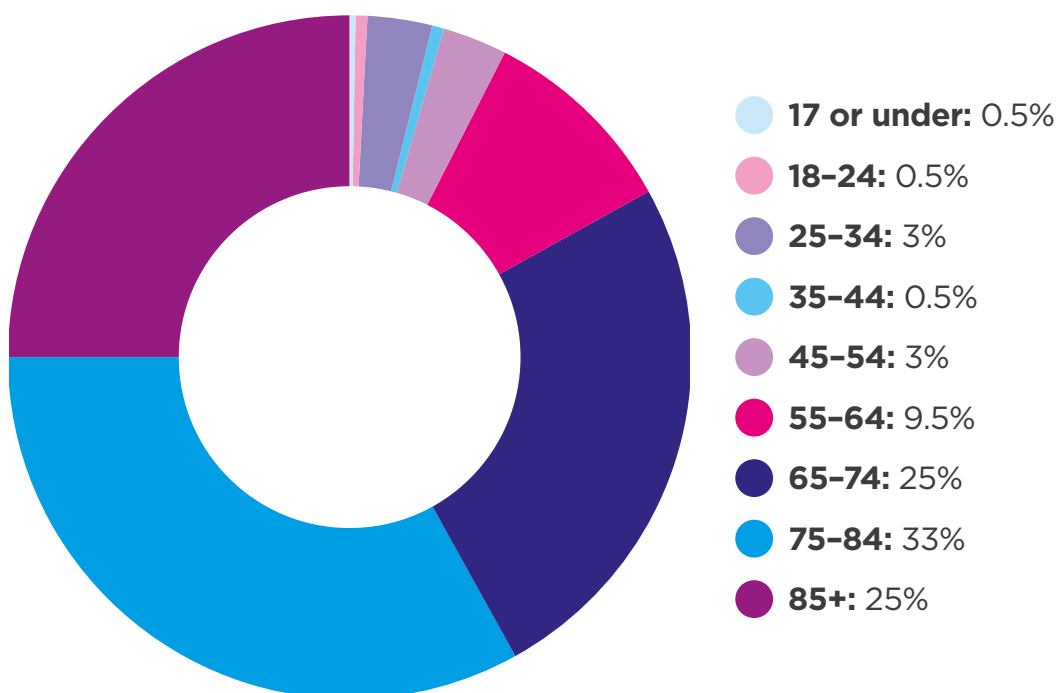
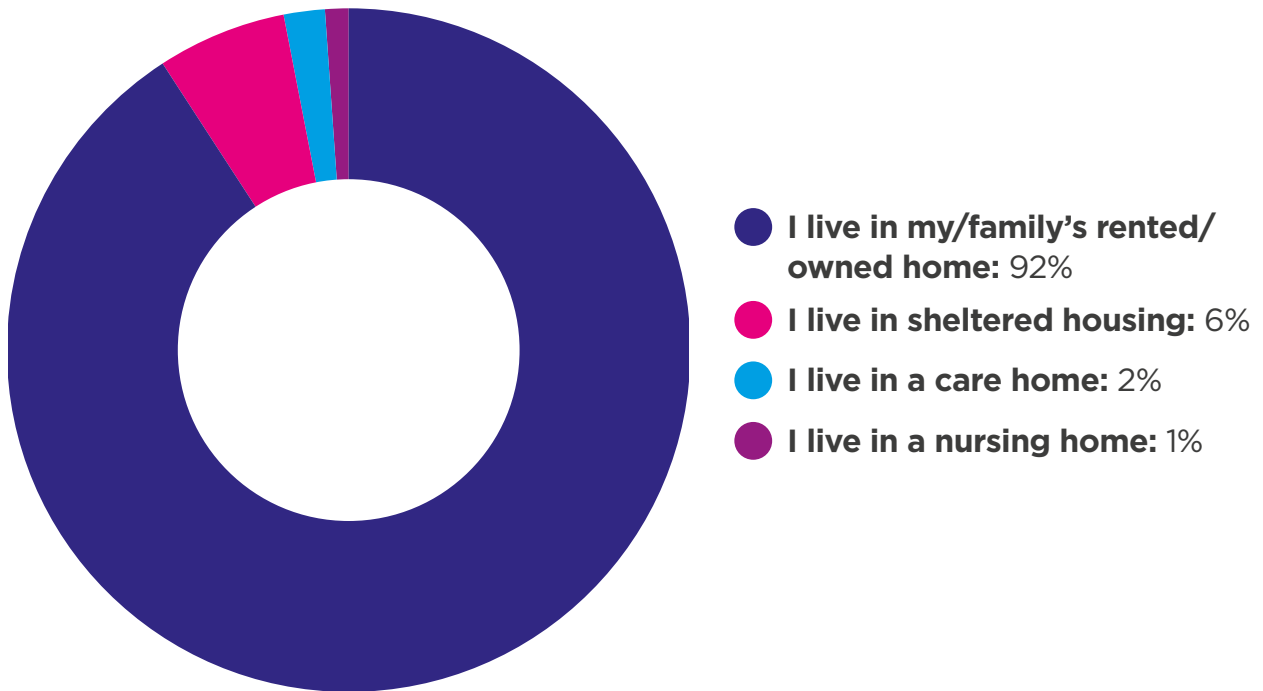


Figure 4. Tayside respondents (by age)



There is strong evidence to support the assumption that the survey was taken, mostly, by people who enjoy a high level of independent living: only 9% of the 1,050 respondents across Scotland live in sheltered housing (6%), a care home (2%) or a nursing home (1%). At the time of the survey, the vast majority (92%) lived in their or their family's rented or owned home.

**Figure 5. Respondents across Scotland (by type of home)**



**Figure 6. Ayrshire and Arran respondents (by type of home)**

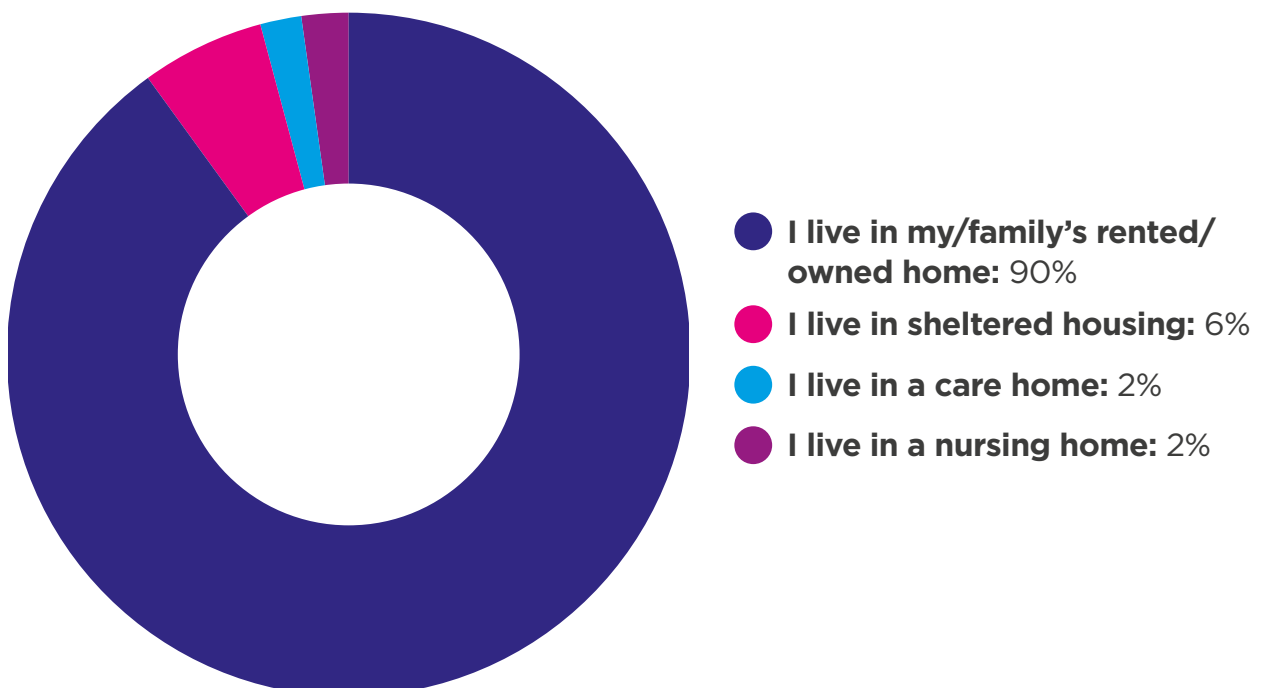


Figure 7. Greater Glasgow respondents (by type of home)

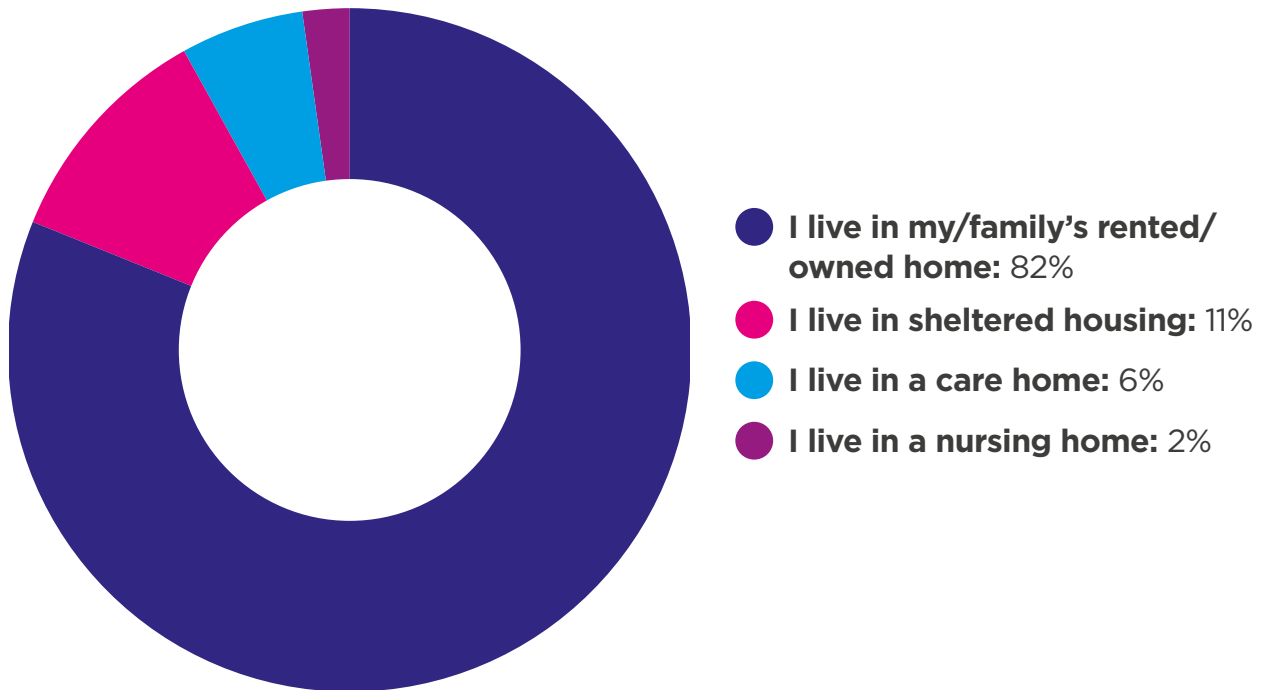
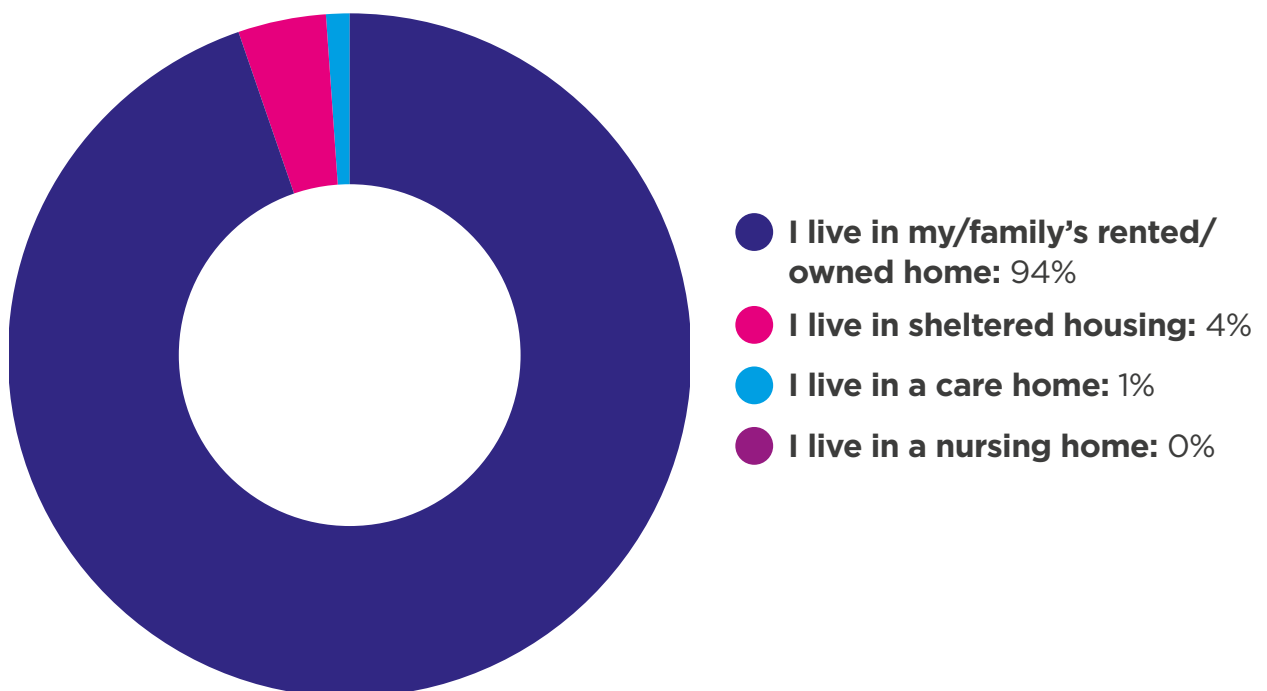


Figure 8. Tayside respondents (by type of home)



## Respondents' satisfaction with their local NHS audiology service

Although the main aim of our research was to gauge whether patients were experiencing a service in line with the requirements of Scotland's national quality standards for audiology, we also gave participants the opportunity to rate whether the clinical service they'd been experiencing was satisfactory.

Seventy-one per cent of 988 respondents across Scotland said they are 'very' or 'quite' satisfied with the service they receive. Satisfaction levels in Ayrshire & Arran (80% of 290 respondents) and Tayside (75% of 188 respondents) were above the national ratio but the satisfaction rate in Greater Glasgow (64% of 170 respondents) was lower.

**71%**  
are 'very' or  
'quite' satisfied  
with their local  
NHS audiology  
service

### Overall, how satisfied are you with the service you receive from the NHS audiology service you use?

- Very satisfied
- Quite satisfied
- Neither satisfied nor dissatisfied
- Quite dissatisfied
- Very dissatisfied

**Figure 9.** Satisfaction with local audiology service (across Scotland)



**Figure 10.** Satisfaction with local audiology service (Ayrshire and Arran)



**Figure 11.** Satisfaction with local audiology service (Greater Glasgow)



**Figure 12.** Satisfaction with local audiology service (Tayside)



## Developing and implementing Individual Management Plans

Scotland's quality standards for audiology state that all patients should have an individually developed plan for the management of their needs – which is initially based on information gathered at the assessment phase – and that this plan should be agreed in conjunction with the patient and updated on an ongoing basis.

For an Individual Management Plan (IMP) to be effective, it should detail specific actions, associated with agreed goals that take into account a person's social, communication and listening needs in addition to their level of hearing loss and any other limitations – for example, the needs of someone living alone may well differ from those of someone living with their family, while someone living in sheltered housing will have different needs. The standards also highlight the clear evidence that hearing aids are most effective when their performance is carefully matched to a person's individual requirements.

The standards also state that, once an IMP has been implemented, there should be ongoing support and maintenance – including routine audiological reviews which could prompt an update in line with an individual's changing rehabilitation needs.

To help participants unfamiliar with IMP terminology, we included the following question, “Has your audiologist involved you in planning how you can be supported to manage your hearing loss in ways that meet your individual needs? (They might call it your ‘Individual Management Plan’.)”

Eighty-five per cent of 932 survey respondents across the country said they do not have an Individual Management Plan. The ratio of the 321 respondents in Ayrshire and Arran was in line with the national

**85%**  
**of respondents**  
**do not have**  
**an Individual**  
**Management**  
**Plan**

picture; it was slightly higher in Greater Glasgow (87% of 159 respondents) and slightly lower in Tayside (82% of 186 respondents).

Furthermore, only one in two (49%) of 949 respondents from across Scotland said they'd been asked, when their hearing was tested, how their hearing loss affects their life – for example, at work, at home or with friends and family. In Ayrshire and Arran the figure was larger (57% of 282 respondents), but that's still around two-fifths of patients not being asked for this vital information. The figures were lower in Greater Glasgow (45% of 169 respondents) and Tayside (44% of 175 respondents).

These findings, illustrated in the Figures below, demonstrate clearly that survey respondents are not being asked questions to contextualise how hearing loss is affecting their life or being offered an agreed, planned series of support interventions to provide personally tailored solutions to minimise the impact of their deafness.



## Respondents involved in developing an IMP

**Figure 13.** People involved in developing an Individual Management Plan (Scotland-wide)



**Figure 14.** People involved in developing an Individual Management Plan (Ayrshire and Arran)



**Figure 15.** People involved in developing an Individual Management Plan (Greater Glasgow)



**Figure 16.** People involved in developing an Individual Management Plan (Tayside)



## How hearing loss affects everyday life

**Figure 17.** Did audiologist ask you how hearing loss affects everyday life? (Scotland-wide)



**Figure 18.** Did audiologist ask you how hearing loss affects everyday life? (Ayrshire and Arran)



**Figure 19.** Did audiologist ask you how hearing loss affects everyday life? (Greater Glasgow)



**Figure 20.** Did audiologist ask you how hearing loss affects everyday life? (Tayside)



## Respondents given follow-up appointment 12 weeks after hearing aid fitting

The standards state that each patient should be given a 'follow-up appointment' within 12 weeks of their hearing aid fitting. A 'follow up' is an opportunity for the audiologist to check a patient's progress with their hearing aids, solve any issues they may be having and assess whether they need any additional support to help them gain maximum benefit from their hearing aids.

Unfortunately, our survey found that this was offered to only 54% of 1,008 respondents across Scotland. In Tayside, 61% of 193 respondents were given this crucial appointment, but in Greater Glasgow this figure dropped to only 52% of 175 respondents, and 51% of 291 respondents in Ayrshire and Arran.

**Figure 21.** Follow-up appointment within 12 weeks (Scotland-wide)



**Figure 22.** Follow-up appointment within 12 weeks (Ayrshire and Arran)



**Figure 23.** Follow-up appointment within 12 weeks (Greater Glasgow)



**Figure 24.** Follow-up appointment within 12 weeks (Tayside)



## Respondents invited back for reassessment three years after hearing aid fitting

Following the fulfilment of their IMP needs, all patients should be contacted every three years to be offered a reassessment appointment. Such reassessments are important: an audiologist can detect whether your hearing has deteriorated – and implement more up-to-date technology where required. Our survey found that only

31% of 968 respondents across Scotland were invited back for a reassessment after three years. In Greater Glasgow, the figure was almost the same: 30% of 186 respondents; in Ayrshire and Arran it dropped slightly, to 29% of 290 respondents; while in Tayside only 28% of 181 respondents said they'd been invited back.

**Figure 25.** Invited back for three-year reassessment (Scotland-wide)



**Figure 26.** Invited back for three-year reassessment (Ayrshire and Arran)



**Figure 27.** Invited back for three-year reassessment (Greater Glasgow)



**Figure 28.** Invited back for three-year reassessment (Tayside)



## Communicating and consulting with patients

**The standards state that timely and relevant, two-way information can help meet the needs of patients:** we know that good communication before, during and after the fitting of hearing aids can reduce people's anxieties and concerns – and encourage the uptake of further care and self-management of hearing loss.

**The standards also require audiology services to avoid discrimination by meeting the specific communication needs** of people who have hearing loss. Audiology departments are required to write to patients, in advance of their appointment, to request advance notice if communication support is needed.

We're aware of anecdotal evidence that people who require the support of British Sign Language (BSL) interpreters during their audiology appointments aren't being provided with this 'reasonable adjustment' to meet their communication needs, despite the patients making such requests in advance.

By making sure that their reception desk and consultation rooms have induction loop systems that work – and are switched on – audiology departments will enable hearing aid users to hear speech transmitted directly into their hearing aid(s), and less background noise.

Over half (52%) of the 994 people across Scotland, who responded to our survey, said they have induction loop capability programmed on their hearing aids. The

figure was slightly higher (56%) among the 298 respondents in Ayrshire and Arran and 186 respondents in Greater Glasgow and Clyde. It was lower in Tayside (48% of 190 respondents).

Almost half (48%) of 389 survey respondents from across Scotland said that their NHS audiology department does not provide, or only sometimes provides them with appropriate communication support.

**The standards state that each audiology service should have processes in place to regularly consult with patients and stakeholders**, and that those which seek, consider and respond to views of service users will be more likely to meet the needs of their patients.

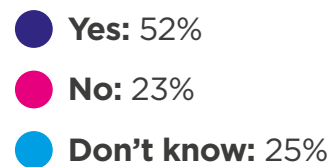
Only 11% of 996 survey respondents across Scotland have been asked by their NHS audiology department for feedback about the service they use. The ratio was higher in Ayrshire and Arran where 15% of 296 respondents said they had been consulted, but lower in Tayside and Greater Glasgow where 10% of 193 respondents and 9% of 170 respondents, respectively, were asked for feedback.

## Respondents with loop capability programmed on their hearing aids

Is your hearing aid(s) programmed with a hearing/induction loop so you can use loop systems?



**Figure 29.** Hearing aids programmed to use loops (Scotland-wide)



**Figure 30.** Hearing aids programmed to use loops (Ayrshire and Arran)







**Figure 31.** Hearing aids programmed to use loops (Greater Glasgow)

- **Yes:** 56%
- **No:** 18%
- **Don't know:** 26%

**Figure 32.** Hearing aids programmed to use loops (Tayside)

- **Yes:** 48%
- **No:** 28%
- **Don't know:** 24%



## NHS audiology provision of appropriate communication support – according to respondents with communication support needs

Does your NHS audiology service provide the appropriate communication support?



**Figure 33.** Received appropriate communication support (Scotland-wide)

- **Yes, always:** 52%
- **Yes, sometimes:** 18%
- **No:** 30%



**Figure 34.** Received appropriate communication support (Ayrshire and Arran)

- **Yes, always:** 64%
- **Yes, sometimes:** 14%
- **No:** 22%



**Figure 35.** Received appropriate communication support (Greater Glasgow)

- **Yes, always:** 49%
- **Yes, sometimes:** 19%
- **No:** 32%

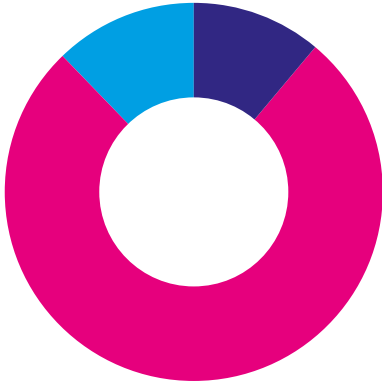


**Figure 36.** Received appropriate communication support (Tayside)

- **Yes, always:** 55%
- **Yes, sometimes:** 16%
- **No:** 29%

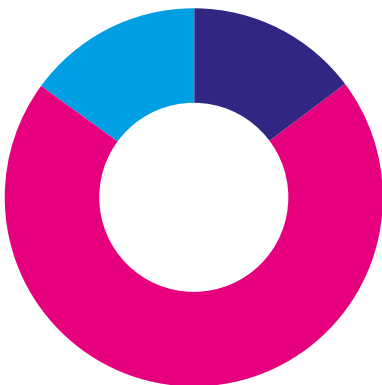
## Respondents asked by NHS audiology for feedback about their service

Did your NHS audiology service request feedback about the service they provide?



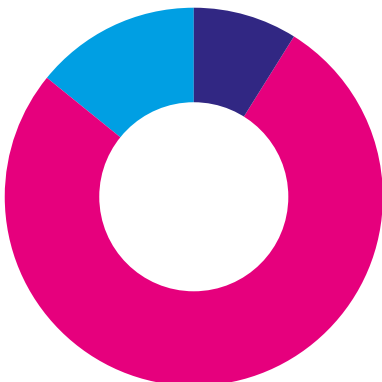
**Figure 37.** Asked by NHS for feedback about audiology services (Scotland-wide)

- **Yes:** 11%
- **No:** 76%
- **Don't know:** 12%



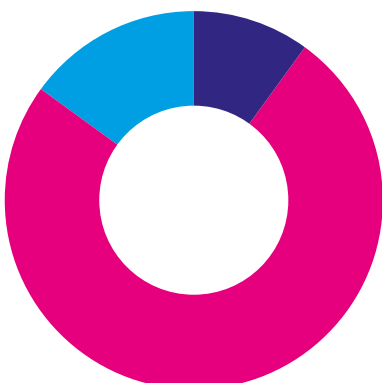
**Figure 38.** Asked by NHS for feedback about audiology services (Ayrshire and Arran)

- **Yes:** 15%
- **No:** 71%
- **Don't know:** 15%



**Figure 39.** Asked by NHS for feedback about audiology services (Greater Glasgow)

- **Yes:** 9%
- **No:** 76%
- **Don't know:** 14%



**Figure 40.** Asked by NHS for feedback about audiology services (Tayside)

- **Yes:** 10%
- **No:** 75%
- **Don't know:** 15%

## Recommendations for action

Our survey findings do paint a picture of NHS audiology departments failing to meet the requirements of several key aspects of the Scotland's national audiology standards. But, there's definitely light at the end of the tunnel – if the following, practical recommendations are implemented by April 2017, we're confident we'll see huge improvements.

### We recommend that audiology services:

- **are designed so that people can make fully informed decisions** about how they manage their hearing loss.
- **make sure there's good, two-way communication** that meets patients' individual needs. All staff – including those working at reception or replying to patient enquiries – should get deaf/sensory awareness training and ensure appropriate communication support is provided for patients.
- **take account of each person's social and occupational circumstances** when they develop and evaluate Individual Management Plans, and agree them with the patient. This should include discussing whether a loop capability should be programmed in the patient's hearing aid(s).
- **take a multi-disciplinary partnership approach** involving referrals to non-technological services (such as early intervention, as well as re-enablement support delivered by the third sector), when implementing Individual Management Plans to meet patients' needs.
- **arrange a follow-up reviews within 12 weeks** of hearing aids being fitted by using the patient's preferred method of communication e.g. face-to-face, telephone or email, etc.

- **have working loops** at all reception desks and in consultation rooms.
- **contact all hearing aid patients, every three years, to offer a re-assessment appointment.**
- **consult regularly with patients**, as part of service-quality evaluation, to help future planning and implement improvements.
- **publish and inform all patients about how the service is performing** – against the national quality standards criteria for adult services – every year.

**We recommend that the Scottish Government:**

- **immediately reconvenes its Audiology Services Advisory Group (ASAG)**, to provide strategic oversight of the quality standards for adult audiology services, being delivered by every health board. Health Improvement Scotland – the national healthcare improvement organisation for Scotland which is part of NHS Scotland – could play a vital role in supporting audiology departments to ensure outcomes are independently monitored, and met, to support continuous quality improvement.



**Action on Hearing Loss Scotland** is a charity which supports people who are Deaf, have hearing loss or tinnitus to live the life they choose by campaigning for equality, developing technology and treatments, and providing information and services which meet individual needs.

To find out more, visit **[actiononhearingloss.org.uk/scotland](http://actiononhearingloss.org.uk/scotland)**

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## Join us

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