Guidance for Primary Care:

Direct Referral of Adults with Hearing Difficulty to Audiology Services

Produced by: Service Quality Committee of the British Academy of Audiology

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Introduction

This document is intended to guide the practice of those who make direct referral of adults with routine or complex hearing difficulties to Audiology services in the UK, primarily GPs.

Along with "Guidelines for Audiologists: Onward Referral of Adults with Hearing Difficulty Directly Referred to Audiology Services (2016)[1]", this document replaces the earlier guidelines (BAA 2009[2], TTSA 1989[3,4]) and has been approved by the Board of the British Academy of Audiology.

This document comprises a set of criteria which are contraindications for direct referral of adults with hearing difficulties to Audiology services for hearing assessment and rehabilitative treatment, either from Primary Care or via other intra-hospital Consultant pathways. Audiology services are expected to make reasonable efforts to make local GPs aware of this guidance and support their understanding of its application. The criteria have been written for all adults (age 18+), but local specifications regarding age range for direct referral should be adhered to.

A simple checklist has been included as an appendix, to summarise the criteria detailed in this document.

Background

In the past, direct referral guidelines were written to provide a simple pathway to hearing aid provision for older adults (age 60+) with routine hearing loss. The age range for direct referrals now varies between services. Some Audiology services are now taking direct referrals from age 16[2], but most take referrals from age 18 or age 50.

The criteria in this document are well accepted both in the UK and internationally [5,6,7]. Where no published evidence is available, the criteria have been based on clinical consensus and agreed by the appropriate professional organisations. We recommend further research to provide a robust evidence base to support future guidance.

Regional Variation

Local arrangements may be in place for the direct referral of other conditions to Audiology, such as tinnitus, balance problems and auditory processing difficulties. Practitioners are encouraged to make use of specialist pathways which may be more appropriate, or can be used as an alternative to ENT referral. These referral routes are outside the scope of this document, but referrers should ensure they follow the appropriate regional policies.

Local guidelines for referral into some pathways may include specific criteria in addition to those included in this document.

Some Audiology services accept self-referrals from adults with hearing difficulties.

Notes on the referral of adults to ENT and Audiology services

Existing hearing aid users may be referred to ENT on the basis of the criteria in this document.

If referring an existing hearing aid user to Audiology, this should be made clear in the referral. Hearing aid users do not usually require a new referral in order to access an Audiology service which has provided them with a hearing aid within the last three years.

Referrals to Audiology should include, where appropriate, information regarding:

- Previously investigated ear conditions
- Neurological or psychological disorders which impact on communication
- Impaired vision
- Poor manual dexterity
- Learning disabilities
- Memory problems or dementia

Such conditions do not exclude adults from referral to Audiology services[8].

Notes on the onward referral of adults by an Audiologist

If any exclusion criteria become evident on assessment in Audiology, a specialist opinion will be sought. Depending on local protocol, this referral will be to an Ear, Nose and Throat (ENT) department, Audiovestibular Medicine, a specialist Audiology practitioner or the GP. The referral will be made only after obtaining informed consent.

All findings and advice given will be recorded and the patient's GP informed of the outcome. This includes any onward referrals which have been made, or that the patient did not consent to a referral.

In some services (primarily in private practice) it is not possible for the Audiologist to refer directly to ENT. In this instance, a copy of the findings and the reason(s) onward referral is indicated should be issued to the patient and to their GP, with the patient's consent. The GP should then refer to ENT, including the information provided by the Audiologist.

Referral of patient to Audiology: Exclusion Criteria

If any of the following criteria are evident at the time of referral, the patient should be referred to the Ear, Nose and Throat (ENT) department or other local specialist pathways, and not to Audiology.

History:

Sudden loss or sudden deterioration of hearing (sudden = within 72 hours), unilateral or bilateral, should be sent to A&E or Urgent Care ENT clinic within 24 hours. Due to the variety of causes of sudden hearing loss, the treatment timescale should be decided locally by the medical team. Prompt treatment may increase the likelihood of recovery[9,10,11].

Altered sensation or numbness in the face or observed facial droop[12].

Persistent pain affecting either ear, which is intrusive and which has not resolved as a result of prescribed treatment. (As a general guideline, this includes pain in or around the ear, lasting a week or more in recent months).

History of discharge (other than wax) from either ear within the last 90 days, which has not resolved or responded to prescribed treatment, or which is recurrent.

Rapid loss or rapid deterioration of hearing (rapid = 90 days or less)[13].

Fluctuating hearing loss, other than associated with colds.

Tinnitus, which is persistent and which:

- is unilateral
- is pulsatile
- has significantly changed in nature

(Adults with other types of tinnitus may be directly referred to Audiology, where they can be assessed and referred on if appropriate. For further guidance on the referral of adults with tinnitus, please see related evidence[14,15,16]).

Vertigo which has not fully resolved or which is recurrent. (Vertigo is classically described as a hallucination of movement, but here includes any dizziness or imbalance that may indicate otological, neurological or medical conditions[17]).

Ear examination:

Complete or partial obstruction of the external auditory canal preventing full examination of the eardrum. If any wax is obscuring the view of the eardrum, the GP surgery should either arrange wax removal before making a referral to Audiology, or refer to an Audiology service which offers wax removal.

Abnormal appearance of the outer ear and/or the eardrum (Examples include[18]: inflammation of the external auditory canal, perforated eardrum, active discharge, eardrum retraction, abnormal bony or skin growths, swelling of the outer ear or blood in the ear canal).

Other findings:

Any other unusual presenting features at the discretion of the referrer, or according to the requirements of the service to which the adult is being referred.

Conclusion

This document has listed the criteria to consider when adults with hearing difficulties are directly referred to Audiology services from Primary Care or via other intra-hospital Consultant pathways. This should ensure that adults receive the most appropriate appointment and assessment with the correct professionals.

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Appendix – Exclusion Criteria for Referral to Audiology (summary)

History	
Sudden loss or sudden deterioration of hearing (sudden = within 72 hours)	Send to A&E or Urgent Care ENT clinic
Altered sensation or numbness in the face, or facial droop	Yes / No
Persistent pain affecting either ear (defined as pain in or around the ear lasting more than a week in the past 90 days)	Yes / No
History of discharge, other than wax, from either ear within the last 90 days	Yes / No
Rapid loss or rapid deterioration of hearing (rapid = 90 days or less)	Yes / No
Fluctuating hearing loss, other than associated with colds	Yes / No
Tinnitus which • is unilateral, • is pulsatile • has significantly changed in nature	Yes / No
Vertigo which has not fully resolved or which is recurrent. • hallucination of movement; spinning, swaying or floating • any dizziness or imbalance that may indicate otological, neurological or medical conditions • headaches with associated dizziness • veering to the side when walking	Yes / No
Ear examination	
Complete or partial obstruction of the external auditory canal preventing full examination of the eardrum.	Yes / No
Abnormal appearance of the outer ear and/or the eardrum. This includes inflammation of the external auditory canal, perforated eardrum, active discharge, eardrum retraction, abnormal bony or skin growths, swelling of the outer ear or blood in the ear canal.	Yes / No

Other unusual presenting features	Yes / No