



BAA HEADS OF SERVICE – essential routine services

At the first Heads of Service meeting specifically addressing Covid-19, many common themes arose and heads of service shared suggestions about how they were continuing to provide routine service provision.

Although, services have stopped seeing patients face-to-face unless considered urgent, everyone felt that maintaining access to good hearing for our patients was essential. However, at the time of the meeting, guidance from local employers was variable, particularly about the use of PPE.

Most services were continuing to provide a basic service using a skeleton staff, e.g. with a manager, one audiologist and one admin. Many staff are working at home and it was suggested that it would be useful to have a central list of potential tasks to be allocated. It was reported that some audiologists were already being redeployed. Many services are carrying out phone review/ follow ups or even video reviews wherever possible and providing a postal service for consumables and hearing aids. Some useful experience was shared:

Basic audiometry

Overall most face to face activity had stopped except for some urgent ABR referrals (eg for post meningitis or high risk NHSP referrals and urgent ENT testing. PPE was starting to be used but this was highly variable between trusts.

Hearing aid fitting

It was suggested that where audiometry had been done, hearing aids could be posted out fitted to coupler targets with fitting done by video link, although care would need to be taken which cases were considered for this, probably not open fits.

This raised a query about how tubing would be cut to the correct length, or open fits sized if sending hearing aids and moulds as a first fit.

One service was considering posting out personal listeners as a “last resort”.

Batteries

Most services were sending batteries by post, but there were questions from some about post office policy re batteries in the post.

There was a consensus that this was allowed especially if padded envelopes were used.

Impressions

There were questions about whether impressions should be taken for only “urgent” cases (eg. for a newly diagnosed baby with a profound hearing loss) or not at all. There was a general consensus that impression taking was still being done if considered urgent/ essential. However, there was some discussion about the safety of impression taking and the use of PPE, and very variable local policy at the time.

Replacement earmoulds

Some services were able to request these to be reprinted from scans by their earmould manufacturers.

For growing babies and children, it was suggested that audiologists request double-dipping and ask for 2-3% to be added on to the previous scanned impression. Alternatively, earmould manufacturers may be willing to use an existing earmould to make another one larger “double-dipped” mould for a baby or infant if the parents are willing to send in a single earmould so their baby is not without amplification.

To post out, it was suggested that registered post should be used for moulds, but standard for thin tubes (easier to replace if not delivered, but rarely an issue).

Hearing aid repairs/ postal services

Most services were offering a postal service for repairs and replacements. There were questions about whether registered post should be used, as there was concern about the potential cost of hearing aids lost in the post. Those that did use registered post found it cost effective. However, most services did not have the facility to do this and were using standard and accepting the risk. Several heads of service who have introduced postal repairs have waived the charge for lost aids. More expensive items, such as BAHAs, tended to be posted by registered post.

Currently some services were expecting staff to deliver earmoulds. One service reported that they were using the staff who normally do home visits to do doorstep drop offs.

Overall, there was a very clear message from Heads of Service attending the meeting that although routine care was severely restricted, Audiology services were still determined to provide essential services (*#StillHereForYou*), whilst adhering to local policy and guidance. More recently, in an [open letter](#), BAA has encouraged services to contact their CCG to reassure them that they are still able to provide these essential services to their patients.