

NHSP Clinical Group discussion – 14th April 2020

Clinical Group Members:

* Dr Siobhan Brennan - Audiology Lecturer (University of Manchester) and Lead Clinical Scientist (Audiology) Sheffield Teaching Hospitals

Ed Brown – Consultant Clinical Scientist, Head of Audiology, South Tyneside and Sunderland NHS Foundation Trust

* Prof. Chris Degg – Consultant Clinical Scientist, Head of Evoked Potentials and Newborn Hearing Screening, Nottingham University Hospitals NHS Trust

Donna Corrigan – Vice Chair of the British Society of Audiology

Sue Falkingham – Past President, British Academy of Audiology

* Dr John Fitzgerald – Consultant Clinical Scientist, Head of Audiology, Norfolk and Norwich University Hospitals

* Dr Michelle Foster – Head of Audiology, Leeds General Infirmary

Dr Derek Hoare – Chair of the British Society of Audiology

Sam Lear – Lead Clinical Scientist (Audiology), Sheffield Childrens Hospital

* Karen Shepherd – President of the British Academy of Audiology

* Jason Smalley – Specialist Audiologist, Nottingham University Hospitals NHS Trust

Karen Willis – Head of Paediatric Audiology, Nottingham University Hospitals NHS Trust

For Public Health England (PHE):

* Jane Hibbert – NHSP Programme Manager, PHE Screening

* Andrew Rostron – Antenatal and Newborn National Screening Programmes Lead, PHE Screening

Sally Wood – Clinical Advisor to NHSP

* Julie Tucker – Project Lead NHSP

(* indicates present on the call)

The group met today (14/4/2020):

- The technical guidance is still awaiting publication officially but the PHE team have been quoting from it and have been pointing sites to the BAA website where it is published. It is expected that the official publication will be imminent. A small change has been made as discussed at the previous meeting that if sites wish to proceed to AOAE2, they can do so.
- PHE discussed the latest figures of babies who had referred the screen in the last week. The number of babies referred has gone up whilst the number seen in audiology is down significantly.

- One member reported how their audiology service is seeing screen referral babies on the ward to avoid the need for outpatient services. This seemed to be working well and will help reduce the backlog of referrals. Innovative ways to work to deliver a service should be explored.
- The clinical group discussed the need to start to look at guidance for services once the Covid-19 situation improves. This will need to be in two forms, one for babies who have been referred from the screen but not yet seen for diagnostic and one for babies who have an incomplete screen. The approach for the babies who have missed the screen needs to be consistent across the each of the screening programmes and therefore PHE will liaise with NHS England regarding management of this group. The clinical group agreed to produce some draft guidance for both groups including risks to share with PHE to inform discussions with NHS England.- **Clinical group to produce documents, PHE team to feedback**
- The difficulties of performing AABRs on babies only a few hours old was discussed. The clinical group recognised the challenge faced by screening teams but felt that whilst it is difficult, it does complete screening for more babies and should therefore be encouraged.
- The clinical group asked if there is any PHE / NHS England central balance of risk on contracting covid-19. It was felt this could be useful for a lot of services to decide to risk assess against - **PHE team to feedback**
- There were two specific queries from others :

Could PHE advise on PPE for screeners? PHE advise that screening teams should follow their Trust guidance for PPE.

A site is worried about not being able to calibrate their equipment - PHE has spoken to the equipment suppliers and will liaise with the site directly.

Next meeting: Friday 24th April at 10am