



Debbie Rose

NCA North East Sector Audiology Service

- Bury, Rochdale, Oldham
- Community Service with support into ENT for outpatient diagnostics
- Hub in each borough. 11 outreach clinics and domiciliary service.
- All age service
- Host Newborn Hearing Screening Program

Immediate Response of Lockdown

- Twice daily full staff conference calls
- Closed all hearing aid drop in sites
 - Telephone advice
 - Click and post service (Batteries, tubes, domes etc)
 - Drop off repair service
 - Continued all follow up appointments by telephone.
- Stopped all face to face appointments apart from:
 - Diagnostic ABR following Newborn hearing screening (Initially bilateral only but then extended to all referrals)
 - Issue of hearing aids to babies from NHSP that had moderate or worse sensorineural hearing loss
 - Tinnitus and Vestibular appointments cancelled by clinicians with signposting advice.
- NHSP Service maintained:

NHSP Service

- Throughout kept abreast of technical guidance
- 7am-7pm daily screening
- Outreach face to face clinics , however reduced to 1 session per week alternating between HMR and Oldham.
- Set up a weekly Skype Call with other managers in North West for peer support
- Audiologist did Screening Training to redeploy as required into service

- This enabled less babies to be referred for diagnostic testing.
- Now only 4 outstanding babies to test who have chosen not to be screened
- Started recovery phase and returning to 7am-5pm days.

- Current problems are re social distancing now back to compressed hours

Stage One Recovery

- Doubled click and post service. (708 per month).
- Introduced AccuRx video consultation for simple repairs.
- Introduced AccuRx tinnitus consultations
- Offered and implemented Accurx hearing aid fittings for new fitting patients and change overs on patients that consented to utilising the technology.
- AccuRx consultations for hearing aided children to offer support and reprioritise waiting lists ready for recovery stage. AccuRx issue and change overs where possible. Digital earmould processed for larger fit.

Stage Two Recovery

- Face to face issues on less vulnerable patients who could not access video fitting.
- Issue of hearing aids on all babies referred from NHSP who have permanent sensorineural hearing loss according to national protocol.
- Face to face assessments and hearing aid fittings/adjustments on children with permanent childhood hearing loss that are under 4 years.
- Face to face assessments on priority least vulnerable children and adults.
- Implement AccuRx consultations for Dizzy Patients
- Implement AccuRx consultations for Auditory Rehabilitation Patients

Under 4 years and Priority HI Children Appointments

Process prior to appointment

- Reviewed total waiting list to determine which patients were preschool age or priority older children that required being assessed.
- Clerical team rang patients and offered them a choice of video or telephone assessment. Booked appointment.
- Clinician performed video/ tel appointment. TOHI and interpreter also invited onto video call.
 - Patients asked if any problems
 - Advised of repair and click and post service
 - If video in place we checked aid and mould fitting. Send for larger digital scanned mould.
 - If suitable for face to face appointment, and accepted then full history taken and PEACH undertaken where appropriate. Appointment booked with advise of social distancing, one parent only and not to arrive early, PPE worn by staff, contact department to cancel if COVID symptoms in household.
 - If not able to or declined attend clinic a report with information and guidance is sent to parents, GP and TOHI etc. Add back to waiting list

Clinic Appointment

- Same appointment time however procedures limited to ensure minimal face to face contact, no cross over of patients in waiting area and time to clean clinical area and PPE.
- All face to face staff in aprons, gloves, masks and visors who are working within 2 metres.
- History previously taken therefore asked if any changes.
- Telephone interpreter used as required.
- Otoscopy and tympanometry only undertaken if outcome would impact on current management.
- Undertake hearing test (Insert VRA / PTA), McCormick etc
- Aids reprogrammed using previous or predicted RECD measurements.
- If digital mould not suitable then impressions are taken.
- Aided testing only if concerns.
- Management plan given to parents
- Report posted to parent, GP, TOHI etc

AccuRx Outcomes

- 34 AccuRx Consultations completed on pre school hearing aided children, 12 accepted face to face appointments, 7 refused due to Covid 19 and worry over PPE and 15 were added back to waiting list with no problems and future review.
- 4 preschool children DNA'd AccuRx appointment. Small number refused and had telephone assessment instead.
- 32 AccuRx consultations on older complex hearing aided children, 30 required support call only and added to waiting list in 3 months, 2 accepted face to face appointments. 1 patient DNAd call.
- All patients that used AccuRx were very happy and consultations went well. Those that refused face to face assessment still found value from the consultation as they had been updated on current service situation, had any queries answered and the opportunity to learn more re repair service and order extra supplies.

Clinic Based Appointment Observations

- Children responded well to staff wearing PPE, good results obtained
- Staff felt comfortable seeing patients however hot in PPE and lots of cleaning. Quite stressful.
- Staff felt clumsy re using equipment, changing tubing etc. Did feel this would improve with time.
- Patients and parents happy with service.

Tinnitus Pathways

- Patient telephoned to establish if video appointment is suitable. If not a telephone appointment can be arranged
- Interpreters available for both video and telephone appointments.
- Appointments booked. Appointment letter, questionnaires and leaflets sent.
- Video appointment undertaken
 - Patient Discharged
 - Patient placed for further review
 - If audio available patient offered hearing aids via video fitting
 - Noise generators supplied and fitted via video fitting.
 - Signposting to BTA, other charities, further apps and environmental aids.
 - Refer to mental health services, scans etc

Tinnitus Outcomes

- Out of 49 patients on the waiting list new, 40 tinnitus new pathways were completed (24 video appointments & 16 telephone appointment). 3 awaiting response. 5 declined tele audiology & 1 DNA

- Interpreters used in video & telephone appointments when needed.

- 8 Hearing aids & 8 Noise generators issued remotely on new pathways.

- *In addition to the 40 new patients mentioned, there have been 26 tinnitus review appointments: 20 video & 6 telephone*

- **Patient Comments:**

“I feel so much more relaxed at home” “Much prefer a video appointment” “This saves travel time, costs of parking and it reduces the pollution on the roads, much better for the environment” “I feel more comfortable not having to travel out to clinic” “ Fitted better with my work” “Will I be able to have further appointments by video?” “Very pleased with the service”

“I get nervous coming to hospital appointments, this is much better!” “Brilliant service! (delivered H160 same day and fitting appointment carried out following morning”
“Great way to do my appointment as I am my husband's carer and it is difficult to get out.”

40 Remote Tinnitus New Pathways created-

Discharged at initial appointment	7	17.5%
Waiting tinnitus video review (preferred by patient)	24	60%
Waiting tinnitus video review (no preference of video or face to face)	9	22.5%

Dizzy Clinics

- All patients contacted to offer video appointments
- Video appointment letters sent out with questionnaires and information leaflets
- Information leaflet developed and sent covering logistics and advice in preparation for appointment. Also includes need for chair, pillow and flat surface
- All completed using AccuRx

BPPV

- Full medical and dizziness history taken for all patients and assessment as follows
- Dix-Hallpike test and Epley manoeuvre - With instruction and clinician demonstrates to patient first. Patient performs on floor or bed, whichever they feel more comfortable with. Pillow support needed under shoulders so head is inclined backwards and patient holds phone to their face. Video on website - exercise 16: <https://www.pat.nhs.uk/vestibular-rehabilitation.htm> .
- Follow up appointments made and signposted to Brandt Daroff exercises if necessary.
- 6 new patients seen, feedback from 2 patients to date. 1 patient dizzy symptoms gone and 1 patient required repeat Epley.
- Review BPPV figures not included as routinely undertaken over the telephone however video call arranged if still showing systems

Vestibular Rehabilitation

Referred from ENT

- Full medical and dizziness history taken for all patients and assessment as follows
 - VRBQ questionnaire completed
 - Gaze stabilisation test - to check for subjective symptoms
 - Romberg test - in safe space with chair back, family member or other support to hold on if needed. Possible tandem Romberg for younger & more able patients
 - Exercise plan agreed and demonstrated and signposted to videos on website at <https://www.pat.nhs.uk/vestibular-rehabilitation.htm>
 - Flo testing to support compliance with exercises
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- 9 patients seen
 - 2 discharged at 1st appointment as symptoms resolved.
 - 7 completed VRBQ questionnaire, given an exercise plan and signposted to exercises on our internet page. Information leaflets with written exercises and follow up video appointment were sent to the patients. Text messaging set up via Telehealth to support exercise compliance

Next Steps

Stage 3

This stage is for all non-vulnerable patients to be face to face assessed.

- Same day assess and fit hearing aids. (AQP reinitiated, still some virtual appointments in place to support this)
- All none vulnerable children assessed and put on management plans.
- Vestibular clinics for new patients.
- All none vulnerable children's hearing aids patients.
- Enhanced direct referral assessments
- Domiciliary visits on non-vulnerable patients

Stage 4

This stage would be initiating appointments for those patients at high risk of Covid 19 or aerosol generating procedures.

- All assessments and hearing aid fitting pathways on vulnerable patients
- Suction clearance and ear care.
- Drop in repair service however this may take a different form to that prior to Covid 19.
- School screening.

Childrens Hearing Aid Video Appointment





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