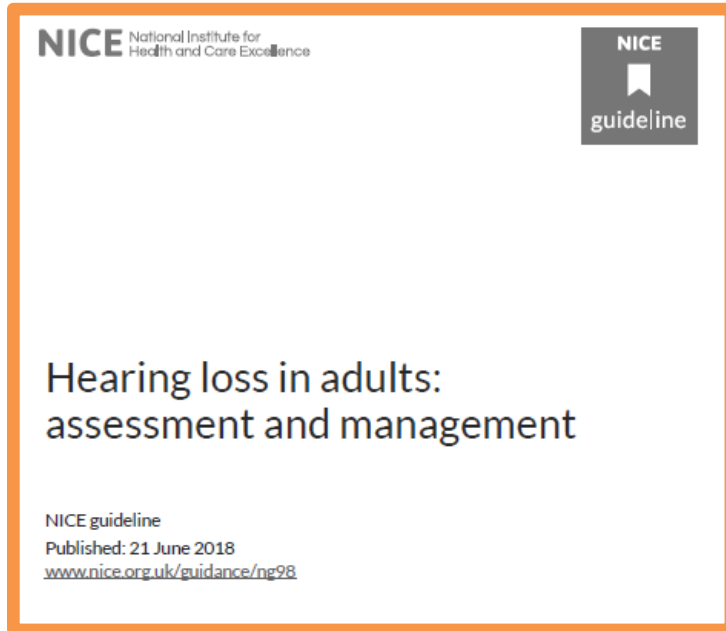


# Follow-up and monitoring of new users of NHS hearing aids (**FAMOUS**): A national study

Kevin J Munro

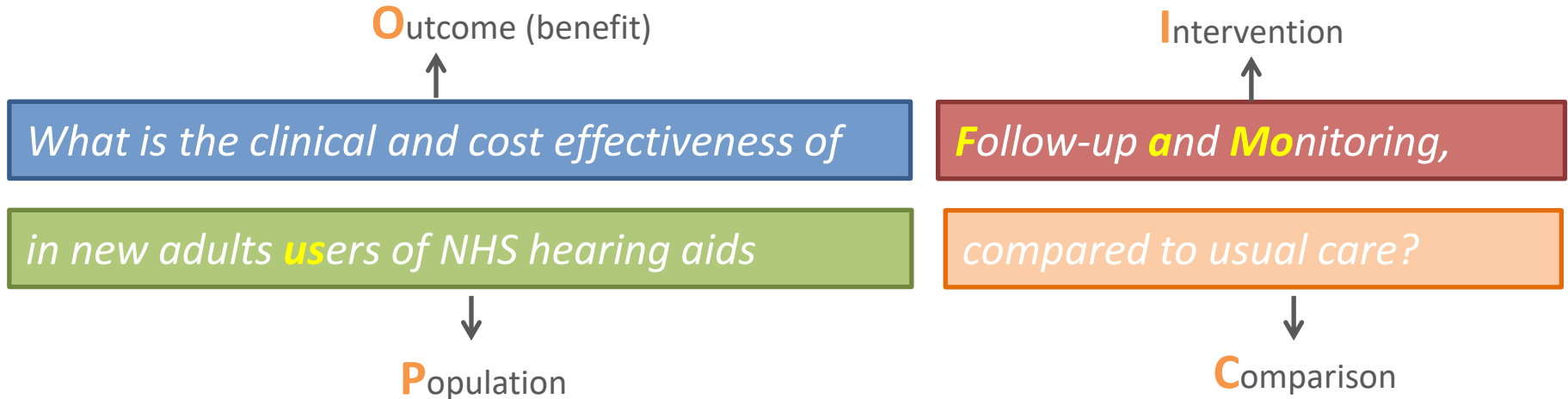
On behalf of the **FAMOUS** team and BRC partners

# What does NICE say?




- Effectiveness of monitoring and follow-up **important to stakeholders**
- Current regimes vary, ill-defined, **non-evidence based**
- High priority **research recommendation**
- Research commissioned by NIHR Health Technology Assessment programme

# A cluster randomised controlled trial



# Involvement of NHS

- **Clinic partners:** 36 adult NHS hearing aid services (6,000 participants)
- Randomise clinics: **usual care** (must inc follow up) or **usual care** 
- Recruit participants for a 12 week period during 2023
- **Provide patient with letter at 12 weeks** inviting them to consent to participant and send completed outcome data to the research team

# Intervention Phase

## Usual Care or Usual Care<sup>+</sup>

- +** ASSESSMENT: identify listening situations where hearing difficulty
- +** FITTING: personalised action plan
- +** 1-WEEK: early monitoring of use/difficulties diary and self-monitoring checklist
- +**
  - 6-WEEK: review action plan and, if necessary, provide coping plan

# PICO: Intervention = Usual Care+

## Example: 7-day monitoring and accelerated follow-up

- Use: daily hours; times when not worn; compared to your plan
- Do you have difficulty adjusting any controls?
- Do your hearing aids whistle when in your ear?
- Do the hearing aids fit comfortably in your ear?
- Do the hearing aids make sounds uncomfortable?
- How would you describe the sound quality
- Does your own voice sound hollow or echoing?

# PICO: Outcomes

- I. Impact on **patient**
  - Self-reported hours of use, non-use, IOI-HA, HHIE
- II. Impact on **family**
  - IOI-HA-Significant Other
- III. Impact/costs to **NHS and Society**
  - HUI3 and modified Client Service Resource Inventory
- IV. Experiences and acceptability to **patients and staff**
  - Process evaluation

# Outcome Phase

Researchers collect remote/mail to avoid additional appointments

## 12 weeks

- i. Self-reported hours of use
- ii. IOI-HA
- iii. IOI-HA-SO
- iv. HHIE

## 12 months

- i. Self-reported hours of use
- ii. IOI-HA
- iii. IOI-HA-SO
- iv. HHIE
- v. HUI3
- vi. Modified CSRI



# Trial designed for ease of running within busy NHS department

- **Short** recruitment window
- **Cluster randomisation** (all patients in clinic get same intervention)
- **Run alongside usual care** and current appointment times
  - e.g., you don't need to take consent

# FUNDING FOR CLINIC

## FROM RESEARCH GRANT (£3,515)

- e.g., staff training, sending de-identified clinical data to the research team

## SERVICE SUPPORT FROM CRN (£2,214)

- e.g., id who to send questionnaires, tel to alert to complete questionnaires
- Support from CRN Research Delivery Manager and Audiology Champion
- We will put you in contact and provide a template to request support

## EXCESS COSTS FOR ENHANCED CARE (£9 pp)

- This covers the additional activities at assessment, fitting and follow-up (accelerated and routine)

# Expressions of interest

- So far, 27 clinics expressed interest
  - England, Scotland and Wales
  - I have list if you want to check
- Send email saying you might be interested to FAMOUS:
- Speak with me today over lunch



**FAMOUS@nottingham.ac.uk**

# Take home message

- Hearing loss on national research “radar”
- The scale and scope of FAMOUS unparalleled in UK audiology
- Success (and continued funding) depends on collaboration with adult hearing aid services