

Prudent healthcare in practice: integration of audiology services into primary care

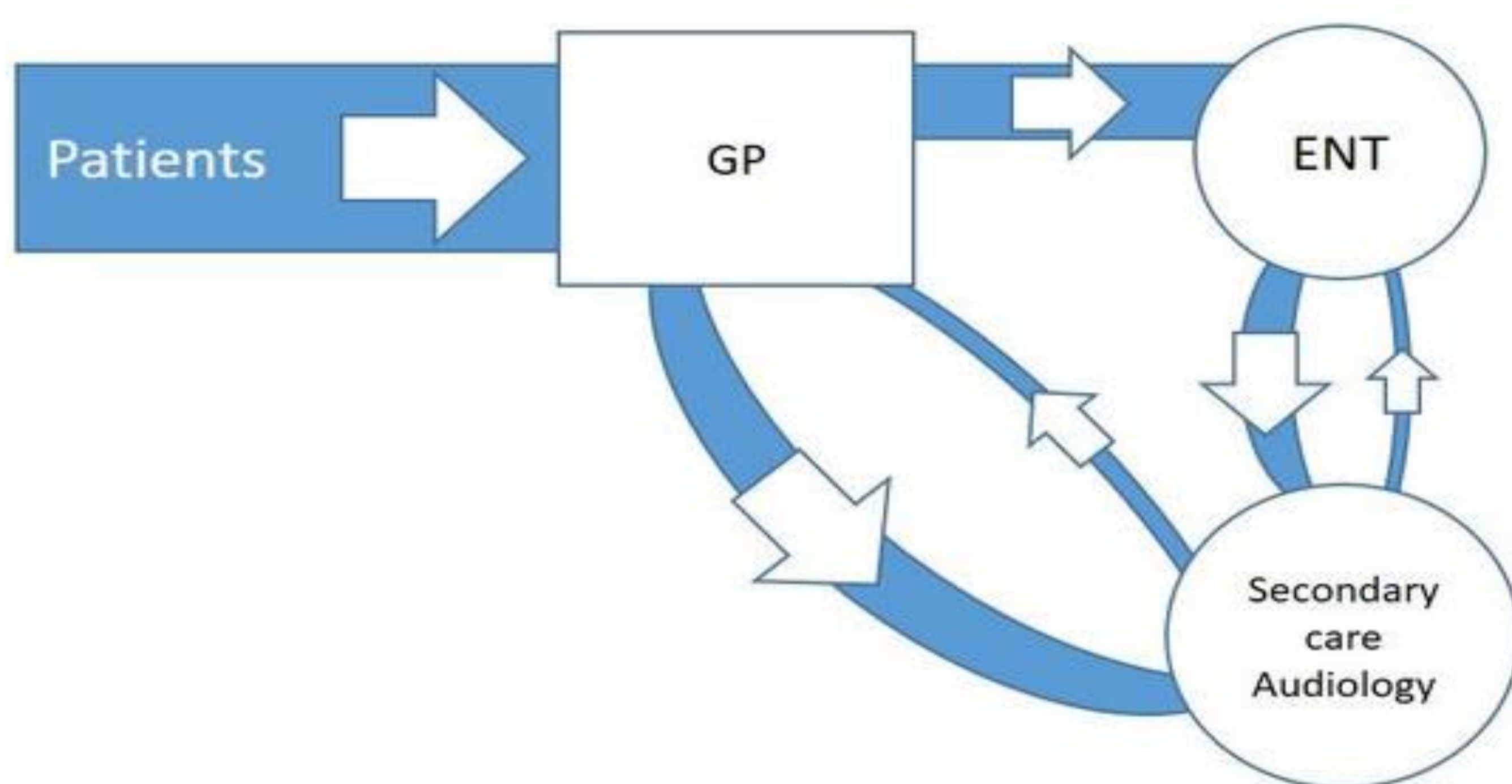
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Introduction

The way National Health Service (NHS) Wales services are provided is changing ^{1, 2}. Primary care (PC) services are in the process of being transformed to integrate services historically considered secondary care into community settings through the formation of multidisciplinary team (MDT) PC clusters.³ Trials to provide audiology services in PC settings have taken place throughout Wales.⁴ This poster outlines the approach taken by Swansea Bay University Health Board to implement PC audiology services.

The Swansea Bay PC audiology model replaces the general practitioner (GP) with an advanced audiology practitioner (AAP) as the first point of contact for patients with concerns about hearing, tinnitus or wax (figure 1). With routine wax removal being the most common request, these patients are triaged to an associate audiologist who works in parallel with an AAP. This parallel working model allows audiology to deliver a first contact hearing and tinnitus service alongside an efficient and modern integrated wax removal pathway (Figure 1).

A) Traditional ear / hearing pathway



B) Swansea Bay Primary Care audiology pathway

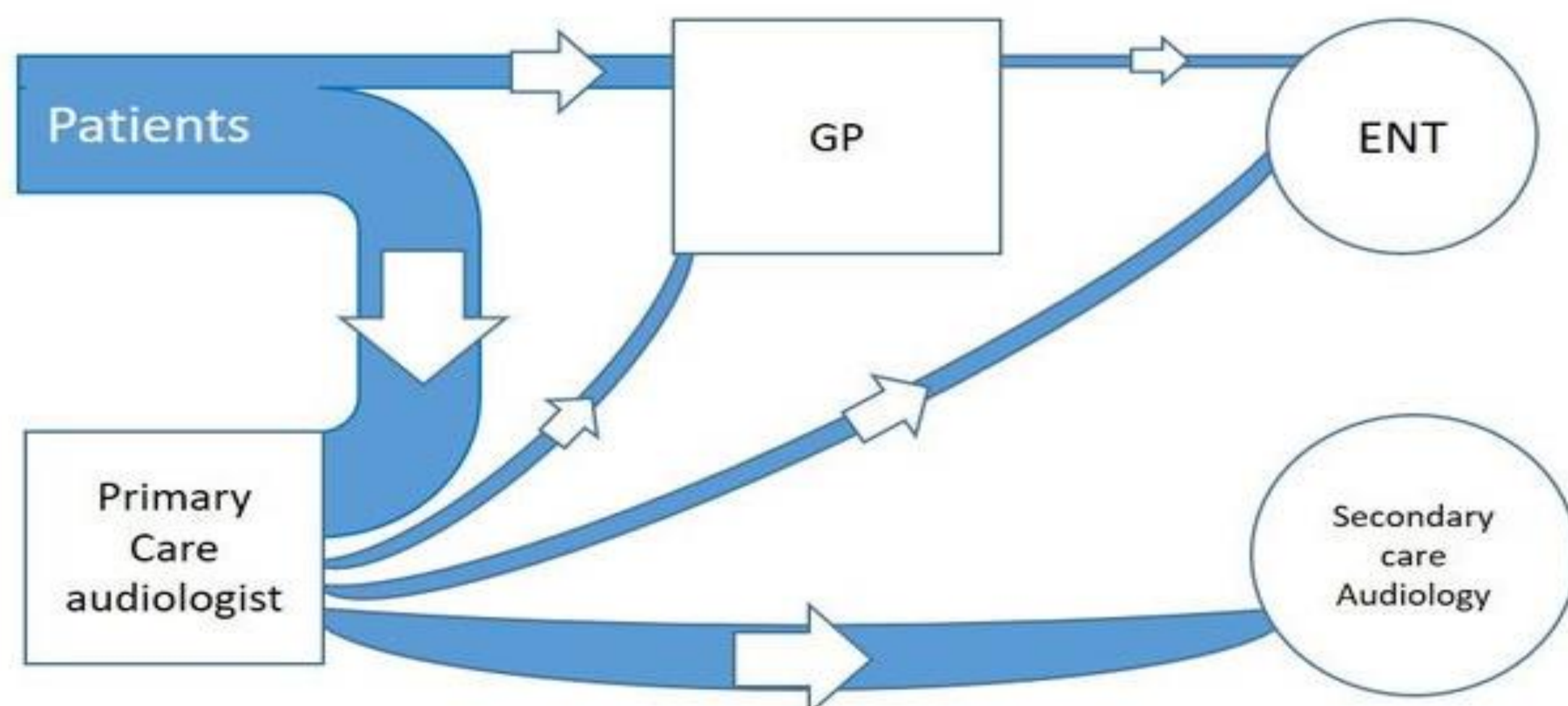


Figure 1. Comparison of the former Swansea Bay University Health Board adult hearing loss pathway with the primary care audiology pathway.

Clinical outcomes of care

Analysis of patient outcomes in 2021 revealed;

- 87% of cases seen through the Swansea Bay PC audiology pathway were managed by the audiology department
- 5% of patients required a consultation with the GP
- 3% generated an ENT referral.

These statistics remained consistent over time with little variation compared with pre-pandemic patient outcomes (Figure 2).

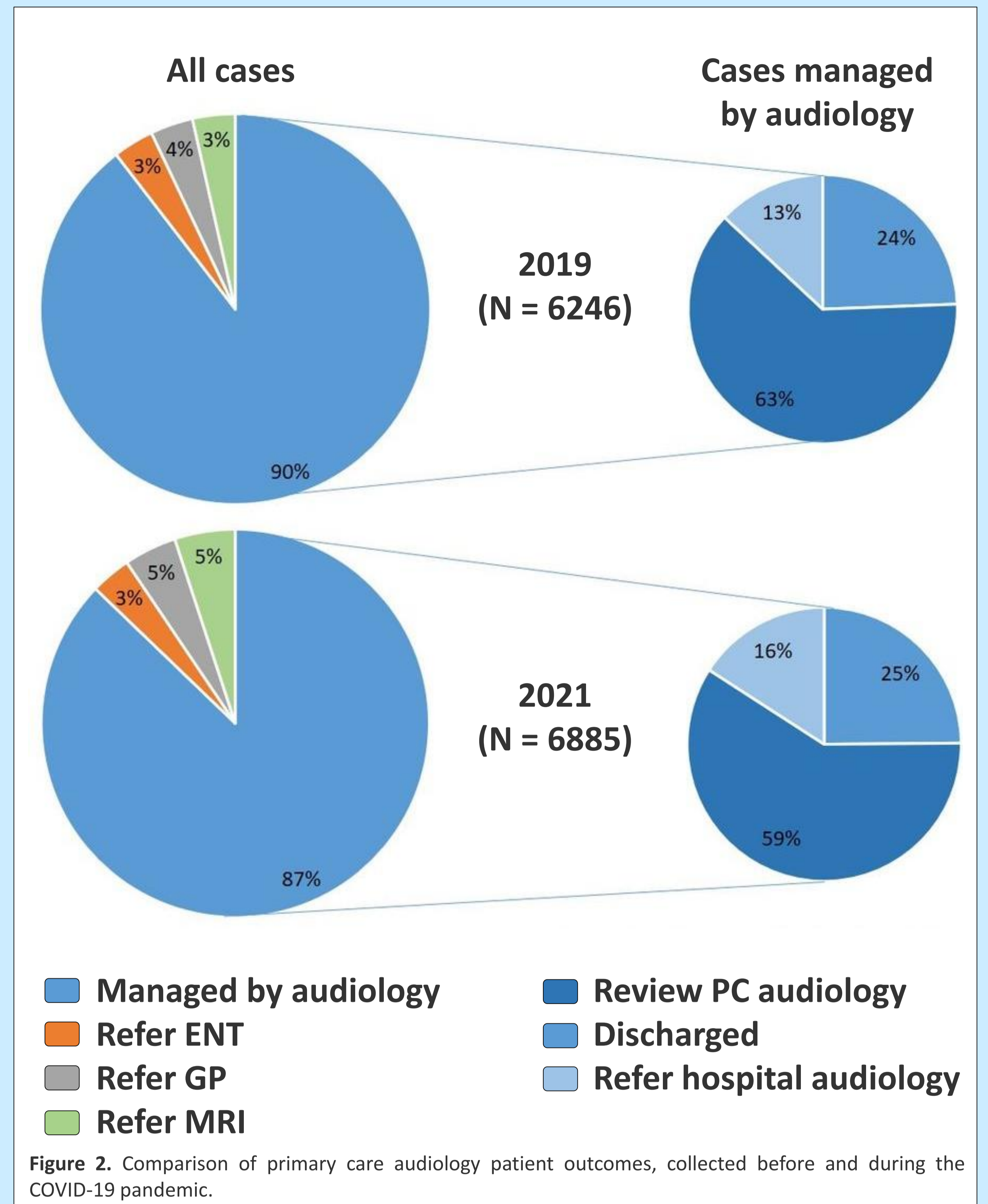


Figure 2. Comparison of primary care audiology patient outcomes, collected before and during the COVID-19 pandemic.

Future developments

PC audiology services have scope to increase the services that can be offered and further reduce demand on GPs and ENT departments as the role of the healthcare scientist develops and expands. For example;

- Benign paroxysmal positional vertigo diagnosis and treatment
- Prescribing topical antibiotics for ear infections
- Complex wax removal

Limitations

There are currently no validated Patient-reported outcome measures (PROMs) for PC audiology services. Having a validated PROM for PC audiology services would enable patients to participate in the evaluation of this service in line with value-based healthcare principles.⁵

Discussion

The Swansea Bay PC audiology pathway has been shown to improve patient accessibility to audiology services whilst simultaneously reducing demand on GPs, practice nurses and ENT consultants. This increases GP and ENT consultant availability enabling them to see patients with more complex health conditions. With continued development of the AAP role, the percentage of patients requiring GP or ENT referral will likely decrease further.

References

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