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# Barriers and facilitators to conducting tinnitus trials in the UK audiology departments: an example of the HUSH trial

# Magdalena Sereda<sup>1,2</sup>, Kathryn Fackrell<sup>1,2,3</sup>

<sup>1</sup>NIHR Nottingham Biomedical Research Centre; <sup>2</sup>Hearing Sciences, Division of Clinical Neuroscience, School of Medicine, University of Nottingham; <sup>3</sup> NIHR Evaluation, Trials and Studies Coordinating Centre, School of Healthcare, Enterprise and innovation, University of Southampton

**Evidencing clinical practice** 

"our perspective it was really important

to back up that what we do now is the

right thing". C9

"[...] certainly around tinnitus patients it

would be useful to have that evidence to

Maintaining funding *"I think as we are in the NHS and we* are having to prove that what we do works to continually get funding and treatment for people [...] C3"

# Introduction

- As yet, there have been relatively few large-scale randomised control trails (RCTs) engaging UK audiology clinics, resulting in a gap in research capacity within NHS hearing services.
- In order to build capacity within the NHS hearing services to support research and RCTs, it is important to understand what are the barriers and facilitators to conducting these trials in the UK.
- The HUSH trial aim was to determine the feasibility of conducting a definitive randomised controlled trial (RCT) of the effectiveness and cost-effectiveness of hearing aids for adults with tinnitus and hearing loss.
- A nested interview study conducted alongside the feasibility trial <sup>[1]</sup> investigated the feasibility and acceptability of trial processes from the perspective of clinical staff.

Secondary data analysis of these interviews was carried out to explore barriers and facilitators to conducting trials of tinnitus interventions in the UK audiology setting

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**Motivations to take** part in the trial

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back the service up really so when we say we need to be fitting hearing aids to tinnitus patients we have actually got that evidence to back that up. "C8

"[...] we know CCG's are always trying to save money so I think anything that .. [...] really improves practice shall we say is a good thing to do anything that makes sure that funding doesn't get cut for it is good as well [...] C4"



## **Clinicians' mindset** regarding intervention outcomes

Lack of equipoise *"Just because if the persons sat there and they want to know would a* hearing aid help me it's very hard to remain [...]... we had to remain neutral it's very hard to sit and try and say oh I don't know, I do know, I do know, I do know hearing aids would help you. We didn't find it as easy as we thought we were going to find it to be honest". C4

**Adjusting clinical** processes

"[...] we did try and do phone assessments so we did ring them once they had had their letter at home to say you were sent this leaflet with regards to the trial from Nottingham were you interested so we could try and allocate them into a trial slot". C4

**Pre-screening** 

#### Longer appointments

"The difference is that they have an extra hour tagged on to the beginning of their first appointment for trial paperwork and documentation". C7

#### **Accelerated intervention**

"[...] one issue we had to fit the hearing aids within three weeks, four weeks our normal waiting time for fitting hearing aids is a little bit longer than that we had to make a little bit of extra effort [...] the normal waiting time is about 8 to 10 weeks for a hearing aid ". C1

Longer waiting times

# Methods

- After trial recruitment activities have ceased, ten clinical staff from five trial sites were interviewed to review their experience of the trial.
- Those included Principal Investigators at trial sites and staff conducting the trial (audiologists, research support staff).



- Secondary analysis of the interview data was conducted, utilising a Framework approach <sup>[2,3]</sup>.
- The data was mapped to two analytic matrices: (1) Challenges ulletand barriers and (2) Facilitators.



Impact on usual clinical pathway

"If a trial can fit in to what you normally do in a clinic it works better but if you change things for the purpose of the trial the waiting list starts creeping up and that becomes a problem from a service point of view or if the trial doesn't fit in with how your clinic runs then the trial becomes a problem." C1



# Infrastructure and workforce

**ENT-audiology communication** *"I think getting ENT on board getting them"* aware that the trial is happening and getting them better informed about some of the processes on how you refer into the *clinic* [...]. C9

### **Additional workforce**

*"I'd need an audiologist. Having really good clinical skills so it would* need to be someone who is really experienced, an experienced audiologist". C9

*"I think erm again it's the admin, it really was the admin side of it more* than anything else [...]". C4

### More effective data sharing

"There were some things where you know where things had to be duplicated all the time, you know if you want a copy of the hearing aid settings couldn't we for instance we've got the hearing aid software programing software couldn't we just print that out and send it to you". C4

Figure 1. Themes and sub-themes with example quotes.

# Conclusions

- Work still needs to be undertaken to help embed high quality trials alongside clinical practice.
- Clinicians are motivated to take part in trials and want build research experience, an evidence base for devices and maintain funding.

# Results

- Preliminary data analysis identified five main themes that reflect the barriers and facilitators (Figure 1).
- There was large variability of usual clinical pathways between and within different audiology departments.
- This variability influenced the experiences of the trial by clinical staff and the identified themes.
- Having a dedicated clinical time and staff, building communications across departments and making data sharing more efficient and effective was seen as key to reducing barriers to conducting trials.

## References

1) Haines et al. Pilot Feasibility Stud. 2020;6:41. 2) Gale et al. BMC Med Res Methodol. 3) Ritchie.1994. In: Analyzing Qualitative Data. (Bryman A, Burgess R, eds.),1994.

# Magdalena Sereda <u>Magdalena.Sereda@nottingham.ac.uk</u>

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