



The British Academy of Audiology response to identified failings in paediatric audiology services in England

Work by the Newborn Hearing Screening Programme (NHSP) team in NHS England has identified five audiology services across England with a low rate of identification of Permanent Childhood Hearing Impairment (PCHI) in babies following referral from the newborn hearing screen. Subsequently, an audit of the diagnostic infant Auditory Brainstem Response (ABR) testing in these services has revealed issues with the quality of the performance of the test and its interpretation.

It is recommended^[i] that services performing ABR should be engaged in local peer review networks to ensure the quality of their testing, and the BSA has published guidance on ABR peer reviewing. However, from the review findings, it is apparent that this is not the case nationally. Similarly, whilst NHS England *recommends* that all NHS Audiology services are UKAS accredited, this has not been mandatory. Voluntary uptake of this quality assurance system is currently very low. Members tell us that this low uptake is often due to organisational reluctance, given the high financial cost and resources required, as well as the low prioritisation of audiology services in Trusts.

The British Academy of Audiology raised concerns with NHS England following the publication of the [Rapid Review of Paediatric Audiology \(2020\)](#)^[ii]. This review highlighted the serious risks to quality in paediatric audiology services due to a lack of national oversight, no mandatory quality assurance, and workforce issues. These issues were highlighted once again following the BAA's report into failings in paediatric audiology at NHS Lothian.

We are pleased that NHS England has now recognised the need to investigate the issues identified in sites across England. Members of the BAA Board are working with the sites involved, and we represent our members and the profession as part of the Chief Scientific Officer's (CSO) Steering Group looking at Improving Quality in Paediatric Audiology. The BAA will also continue our work to support our members through the development and provision of resources to use for quality assurance of services.

The findings from the NHSP review illustrate the potential risks to patient care if services are not routinely engaging in quality assurance and continued professional development. However, given the apparent systemic failures in children's hearing services, we are aware that issues may be wider spread across many services in the UK, and not limited to these five sites.

Failures noted include late diagnosis of children with hearing loss and concerns from parents being dismissed; poor performance and interpretation of ABRs, and little peer review. It is noted that there are many factors contributing to these, including some service managers

with no paediatric audiology experience at all, and a lack of oversight of their paediatric service; inadequate support and oversight from Trust managers; Trust's not supporting UKAS accreditation; audiology degree changes over the last decade, and NHS England not mandating quality assurance, such as UKAS accreditation.

This is not a case of blaming individual audiologists in a handful of Trusts, but BAA are calling to the whole profession, whatever area they work in, to ensure that the quality of services they provide consistently meets the BAA Paediatric Quality Standards in England, or the relevant standard for their country.

The BAA calls for NHS England to support the profession to achieve quality assured hearing services, for paediatrics and adults. The profession needs Trust level and national governance for audiology. There needs to be greater oversight to support services and a national lead championing audiology. All of these can be mandated, and resourced, by NHS England and the CSO.

Dr Samantha Lear, BAA President, said, "NHS England needs to implement the recommendations from the Rapid Review of Paediatric Audiology in 2020. This review offered NHS England and the Office of the Chief Scientific Officer the way forward to improve and ensure we are offering the necessary Paediatric Audiology Services. Three years on, there must now be action to ensure that the audiology profession can provide an optimum service for all deaf and hard of hearing children across the country. Services are at breaking point, with vacancies unfilled in many Trusts, a lack of national governance and leadership, inconsistent quality across services due to no mandated quality assurance system, and a workforce on its knees.

The BAA is working with Trusts to advise them through this challenging time. We welcome the involvement of the National Deaf Children's Society, as we all look to engage with audiologists, parents and children. BAA Board Directors are working on support packages for members to help them take the necessary steps to ensure that a quality assured service is accessible to all patients, adults, as well as paediatrics. But we need national leadership at a government level to support the profession to be the best that we know it can be."

[i] British Society of Audiology (2019), Principles of external peer review of auditory brainstem response (ABR) testing in babies. [Online]. Available from: www.thebsa.org.uk [Accessed: 1st March 2023]

[ii] British Academy of Audiology (2020), Rapid Review into Paediatric Audiology in England. [Online]. Available from www.baaudiology.org/rapid-review [Accessed 1st March 2023]