

BAA President Blog – 7th August 2023

BAA Heads of Service meeting

I think it's essential that as your professional body, we try to keep members as informed as possible. We want members to be aware of the big picture issues likely to affect you, but also of what we at BAA are doing.

Last week, BAA held a Heads of Service meeting aiming to update HoS about issues likely to affect their services. The full webinar, for those members who wish to view it, is available in the Knowledge Hub section of the members' area.

It is worth a watch particularly to hear the presentations from Laura Turton, Head of Audiology at NHS Tayside who talked about *Getting out of the starting blocks of quality*, and Dr Ruth Vickerstaff, from NHS England, explaining *how to get the best out of the NHS Futures platform*.

My own update was about the work BAA has been involved in over the last 12 months. A large amount of our time and resources have centred around the National Review in Scotland and our involvement in the Chief Scientific Officer's Work to Improve the Quality of Paediatric Audiology, as both are likely to significantly shape NHS audiology going forwards.

Scottish Audiology Update

You will be aware of the issues identified at NHS Lothian in Scotland. One particular family whose child had a very late diagnosis at NHS Lothian took their case to the Scottish Ombudsman, who recommended an external review of the service. BAA were invited to do this. You will have seen the report and its findings. After this, the then Cabinet Secretary for Health, Hamza Yousaf was asked for assurance that this wasn't happening in other services in Scotland. Mr Yousaf commissioned a review of all Audiology services in Scotland, with an independent chair appointed - Professor Jackie Taylor, a gerontologist. As a stakeholder, BAA was invited to join the Steering group for the work.

I represented the National Deaf Children's Society on the Steering group. On the main Steering group, our past president represented BAA, Kath Lewis. Other board directors sat on the working groups. There was total transparency about any overlap, and many people had roles that crossed over. We all had the same goal – to examine hearing services provided to children and adults in Health Boards across Scotland, and to make recommendations on possible improvements to services.

As well as the Steering group which had oversight, there were separate work groups looking at how quality was assured in Scotland, the audiology workforce, and how services were structured and led. There was also a reference group to ensure input from service users.

On the quality group, a range of methods were employed, including questionnaires to Health Boards, assessment of key performance indicators (KPIs) and patient-level sampling.

The workforce group considered education, CPD, advanced practice and schemes for competency assessment. The structure and leadership group reviewed how services were structured and lines of reporting and gathered the views of the HoS.

BAA did ask for more audiologists' voices to be included in the review, as it was difficult for the audiology colleagues on the review to represent all their colleagues. Prof Taylor was keen for BAA to do this

independently, and you will have seen that we did an online survey and a number of closed workshops focussing on themes from the survey.

We did a systematic review of the survey responses and workshop transcripts, and reported on the themes highlighted by the audiologists. We have published this, and it makes for slightly depressing reading, but it supports the findings of all the other groups. What is clear is that there is a dedicated caring workforce in Scotland, but there are themes of concern.

The reference group was to ensure that views outside the system were properly considered during the Review; and that the recommendations captured the lived experience of service users and other professionals.

Issues identified across the whole system included a lack of specific national oversight and planning for audiology, concerns about quality assurance, including audit, peer review, external review of services, Workforce shortages, and training needs.

The aim of the review was to “learn, rather than apportion blame”. BAA were invited to represent the profession, and we have worked relentlessly to ensure that this review and its recommendations were as useful as could be.

A draft report has been submitted to the Scottish Government, and it is hoped that publication will be at the end of August. Multiple systemic issues were identified, which affect the quality of audiology services in Scotland. Some themes identified echo those in the NHS Lothian report, and those identified in services currently in England.

A number of recommendations were made, which if implemented well, should facilitate sustained improvement in the quality of audiology service provision, but also lead to improvements for the audiology profession - such as support for training, workforce planning and leadership opportunities. We await publication and news on how recommendations will be implemented.

What next?

It is hoped the Scottish Government will establish an Implementation Board, with expertise from the professions and service user involvement.

In the meantime, we are encouraging Scottish members to engage with us and represent their profession. We have a Scottish regional meeting on August 24th in Edinburgh.

Paediatric Audiology in England

Following the BAA report in Scotland, and calls for assurance of diagnostic testing in England, the Newborn Hearing Screening Programme (NSHP) in England undertook a data review of their data. This work identified some services with a lower than expected “yield” of PCHIs, and then audited a sample of their early diagnostic Automated Brainstem Responses (ABRs). Issues have been identified with the quality of testing and interpreting the ABR, including misinterpretation, which led to incorrect management of PCHI. But the work also identified other issues in the services...

The CSO England Steering group was set up as a response to concerns and the situation clearly becoming critical. This is a high-level oversight group that reports up to a high level at NHSE.

It is neither possible nor desirable to talk about who the services are and the number of children affected, but we all need to be aware that some issues are systemic in our profession. We all need to take a long hard look at our own services and what we are doing to assure quality and competency. There is no doubt in the minds of the England CSO and her team that our profession is at least, in part, responsible for some failings...

It appears on the surface that the CSOs review may be similar Scottish review, but it is an entirely different thing in the way it is working. The Overarching aim is to oversee and review the quality of paediatric audiology services for babies referred from the NHS newborn screening programme. However, the scope has spread to consider paediatric diagnostic work more generally, workforce and training.

NHS England is extremely complex, and processes are cumbersome. There is a natural reticence to share information that could damage audiology services and also cause unnecessary concern for families of children seen in English audiology services. This has led to speculation and misunderstanding about what has occurred. Therefore, I wanted to give at least some background about the work.

There are several working groups (Quality assurance, Workforce, Commissioning, Live Issues and Comms) and BAA has two representatives on most groups. But the groups are large, and initial progress has been slow. Recently, we met with Professor Sir Stephen Powis, National Medical Director of NHS England, and shared our concerns about the progress of the work...

However, we feel that the issues identified are similar to some of those found in Scotland, e.g. lack of external peer review, inadequate training and workforce issues. The CSO England's office has made some progress, and some recommendations have been made about quality assurance. However, one of our major concerns and an issue we now understand better is that NHS E itself cannot make things mandatory - they cannot publish mandated guidance, unlike the other home nations, and the responsibility for how services are commissioned, assured etc lies with the regional ICS. Thus, whatever the recommendations are, they might not be implemented, and there is scope for each ICS to interpret differently.

However, NHSE are planning to make strong recommendations to ICS, so our first recommendation to you is to be prepared to engage with your ICS, especially the quality leads. And there will be regional quality groups expected to be answerable around the quality of services.

NHSE are still adamant that all physiological services must be IQIPs accredited eventually, and we have fed back clearly about all the barriers you have told us about. But if this truly becomes an expectation, it needs to be supported at a trust level and resourced properly.

NHSE are aiming to produce a support package for paediatric services, which includes resources like QS, self-audit tools and well-being tools, but I cannot tell you much more currently.

What have BAA been doing?

The answer is working like crazy on top of our day jobs.

- Representation on all CSO working groups
- Working in sub groups to produce resources and proposals
- Attending meetings for individual struggling services to offer support
- Reviewing services using methodology based on the Lothian review with an aim to rolling out for wider use
- Sharing resources and expertise
- Planning how to support audiologists struggling in services directly affected by the review work

As well as all the input to the workgroups, sometimes it seems like we are the only ones who understand the audiology issues in a crowd of opinionated NHSE leaders. However, we have been vocal and central to the work. But as I said, NHSE is large, there are hierarchies, slow processes, and various work streams that overlap. So nothing will change overnight.

In the immediate future, we have identified that the audiologists from the services identified are under enormous pressure, and the support and information they receive at a local level is extremely variable. So BAA will provide facilitated virtual Restorative Clinical Supervision to Audiologists to all the audiologists in the services affected by the National Children Hearing Services Review. The approach will be dynamic and

evolving, dependent on the individual and group's needs. The aim is to discover and amplify the strengths of the services, focusing on the people within the service and what they bring and give to the patients and services everyday... we will be liaising directly with specific heads of service to ensure this reaches the right audiologists. We hope that the learning from this will enable us to use similar approaches to support audiologists in the future.

Alongside this, we have continued to engage with those with the ability to change things. In the last few months, we have:

- Held meetings with the Director of Transformation, Nathan Hall, and the Phys Sci lead, Martin Allen, to discuss the workforce crisis
- Had meetings with the CSO and regional HCS to discuss challenges and understand the structure and work streams at NHS England
- Met with an MP interested in Audiology – Lillian Greenwood – to raise awareness of issues challenging the profession. Ms Greenwood is Chair of the All Party Parliamentary Group (APPG) on Deafness
- Meet with Sir Stephen Powis and Prof Sue Hill for a very open discussion about the progress of NHSE work
- Feedback re short time scales and lack of real engagement with the profession before releasing new guidance and initiatives, such as the Tackling Waiting List document and self-referral initiative

We have raised our workforce concerns, and issues like funding is available for AHPs and at a trust level HCS are often lumped in with AHPs, but we cannot access the funding...

There is a lack of capacity of services to train, leading to fewer trainees. BAA do not have the capacity to be responsible for competency sign off using the HTS model, and the National School needs to take this up...

At the end of the day, because we are at the table for all these discussions, we have a chance to influence some things. Although NHSE have an agenda which we can't change for a lot of stuff, we just need to make it work for us...

NHSE have told us they are planning a series of audiology improvement webinars for the autumn and would like us to collaborate with you on these. So if you think you have any case studies or evidence that fit into their themes, please let us know, particularly around

1. Workforce – case studies from those who use apprenticeships and international recruitment to address workforce shortages
2. Patient driven appointments, especially Patient Initiated Follow up – case studies from providers who have implemented this
3. Using independent sector capacity to reduce waiting lists

I finished the webinar by giving delegates a TO DO list. I asked people to:

- Engage with BAA - but in a positive way! We need to hear your issues and views - respond to our surveys, email us, and talk to regional reps and board directors at regional meetings...But please don't have unrealistic expectations of what we can do.
- Volunteer yourselves or encourage staff to volunteer for our different committees and work streams
- Attend our CPD events - regional meeting and conference and encourage your team to attend!
- Link in with your networks. Link in with your trust and regional lead HCS and tell them what challenges your service faces. The regional lead HCS are actually employed in that role by the CSO office and can feed directly back into NHSE
- Become an active member of your Physiological HCS/Diagnostic networks, so there can be shared learning and joint planning with other services
- Share resources and case studies with us, so we can support our peers and influence NHS leadership in all nations

Our job at BAA is to support the profession and be a voice for the profession, and we believe we are doing that as best as our capacity and resources allow currently.

We're meeting with the people who make the decisions, telling them about the issues you face and what needs to happen.

We will keep you as a profession updated about goings on and opportunities. We are producing resources as fast as we can - such as webinars, quality standards and the scope of practice. We are supporting services and audiologists in crisis

So my first ask is that you all join and support BAA. You all know that board volunteers are volunteers, so please have realistic expectations. We're not a mandatory body/ we're not part of the NHS or political structure, so we can try and be a national voice for you, but we can't fix all ills.

Next I ask that there is more sharing of the huge amount of knowledge, expertise and experience within our profession- we know this hasn't been shared as well as it could have been. In that respect, colleagues in the home nations are better able to work together than us in England. There are relatively few Health Boards and HoS groups or forums that include all services, so it's easier for the smaller nations to network and share knowledge.

In England, the NHS indirectly put services and trusts "in competition" with each other, which hardly sets the scene for collaborative working. And now accountability for health services has moved to Integrated Care Systems, and there is a risk of huge variability.

NHS England is recommending a Physiological Services network approach. Although at first glance, it's easy to be cynical about this and wonder how it is useful to audiology. I would urge HoS to get on this ASAP in their local region, so that the regional HCS and ICS leads are fully informed about challenges in audiology, and things like workforce planning and spreading expertise can be better supported.

Please share your thoughts at admin@baaudiology.org

Take care

Sam Lear