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# Reporting Diagnostics Activity and Waiting Times (DM01) to NHS England for Audiology

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The attached guidance explains how activity and waiting times data relating to audiology services should be reported to NHS England as part of the DM01 collection. It explains how the standard rules of DM01 reporting should be applied in any audiology service.

This supplementary guidance has been developed in response to significant inconsistency in how audiology services are reporting activity and waiting times into DM01. The guidance has been developed by a national working group, including audiology subject matter experts and discussed with a broad range of audiology departments prior to sign off in NHS England. This guide should be used in conjunction with the current NHS England **DM01 Guidance** and **FAQ**.

We encourage all heads of service to work with their business intelligence teams to ensure all relevant activity and waiting times for audiology assessments are captured and reported accurately.

## Audiology Assessments

The DM01 collection records 2 sets of data:

1. Diagnostic activity – how many tests have been delivered for all patients during the month of review?
2. Waiting times – how long are patients waiting for their test on the last day of the month of review?

### **Activity and waiting times for audiology assessments must be submitted for adult and paediatric patients into the return.**

All the NHS-funded audiology assessments listed below must be included in the monthly return irrespective of referral route (GP referral,; a hospital-based clinician referral, including ENT; or a direct referral where patients self-refer for an assessment) and setting in which they are carried out (for example, outpatient clinic, inpatient ward, primary care one-stop centre, community providers of Audiology services, community diagnostic centre). This includes assessments of NHS patients performed by the independent sector.

1. Adult hearing assessments and paediatric hearing assessments:
  - a. new patients (including complex needs patients) requiring assessment for a hearing aid
  - b. hearing assessments for adults
  - c. re-referral for a hearing assessment (including complex needs patients)
  - d. hearing assessment reviews for patients
  - e. hearing assessment for bone conduction hearing device (BCHD)
  - f. referral for cochlear implant (CI) candidacy assessment
  - g. hearing assessment for audio-vestibular patients
  - h. tinnitus assessments
  - i. Behavioural Tests – Visual Reinforcement Audiometry / Performance/ Play Audiometry / Speech Testing
  - j. Any hearing assessment for patients referred from the newborn screening programme.
2. Adult balance assessments and paediatric balance assessments
3. Adult electrophysiology (EP) assessments and paediatric EP assessments:
  - a. EP for patients referred from Newborn Hearing Screening Programme (NHSP)
  - b. EP for patients with complex needs

- c. EP assessment for Bone Conduction Hearing Devices (BCHD)
- d. EP for CI candidacy assessment
- e. EP for audio-vestibular patients

## Activity

Audiology assessments are made up of multiple individual tests to assess and diagnose a patient. These assessments can be broadly split into three groups, assessments of hearing, assessments of balance and electrophysiology assessments. It is not uncommon for patients to require more than one type of Audiology assessment to provide a diagnosis. If multiple assessments are performed at the same appointment, then this will mean possibly two or three units of activity. For example, if a patient attends a provider for an appointment and performs tests that make up a hearing assessment and tests for a balance assessment this would be two units of activity, if an electrophysiology assessment is performed or subsequently needed then this would be an additional unit of activity.

Often hearing assessments are performed with balance assessments – if these assessments are performed together this would be two units of activity. If a patient is referred for a hearing assessment and a balance assessment is subsequently needed and booked for another day, the hearing assessment will be 1 unit of activity and the subsequent balance assessment will be 1 unit of activity. If the hearing assessment is repeated at the time of the balance assessment, this will be 2 units of activity.

Tables 1 and 2 at the end of this annex give the complete list of adult and paediatric audiology tests and show how to count activity.

## Capturing activity using treatment function codes and OPCS codes

The treatment function code for audiology assessments is:

- audiology (840)

The OPCS codes that further categorise the assessments are as follows:

- hearing assessment:
  - U241 – pure tone audiometry
  - U243 – hearing assessment
- balance assessment:
  - U242 – balance assessment
- electrophysiology:
  - A844 – evoked potential recording

Audiology assessments may be recorded under clinics other than audiology clinics. Diagnostic activity and waiting times for these assessments should be submitted if they are performed under the following treatment function codes:

- audio-vestibular medicine (310)
- paediatric audio-vestibular medicine (254)
- ear, nose and throat service (120)
- paediatric ear, nose, and throat service (215)

Where the audiologist has assessed a patient and either established them on therapy after making a diagnosis or made the decision to 'watch and wait,' the patient will be offered a PIFU care plan. With this the patient can contact the service for further support when they need this and are not routinely booked in for a reassessment.

When the patient contacts their audiology service and they are booked to have another audiology assessment, they should be recorded on the waiting list for the monthly return for DM01. Once the assessment has been completed this will be recorded as waiting list activity for DM01 on the month it was completed.

Whilst the DM01 return is focussed on activity and waiting times for diagnostic audiology assessments it is important to ensure there is capacity within services that can facilitate the commencement of therapy (for example hearing aids) in a timely manner. It is well recognised that Audiologists not only perform and report the diagnostic assessments, but they also will fit hearing aid therapy devices and maintain them. Patients are referred to services not just to be diagnosed but also treated effectively, attention to the whole patient pathway needs to be considered and resources provided so that patients are not waiting beyond 18 weeks for commencement of hearing aid therapy and patients requiring first time or surveillance diagnostics can access these assessments on time.

Fine tuning of hearing aids does not constitute diagnostic activity. However, if the audiologist believes there has been a significant change in the hearing needs of their patient that warrants further assessment, then this diagnostic activity would be captured in the DM01 return. Assessments of therapy may be conducted on a periodic basis (Adult patients issued a hearing aid device should be advised to have a reassessment of their hearing; common practice is every 3-5 years) and this activity should be captured in the DM01 return. The timeframe for a patient on a PIFU pathway may fall either side of this recommendation, but as described above the patient should still have their waiting time or waiting list activity recorded where appropriate on the DM01 return.

While candidacy assessments for a cochlear implant (CI) and bone conduction hearing device (BCHD) are included in the monthly return under audiology assessments, any other assessments following implantation, such as speech assessment, are not. Hearing

assessments post implantation to assessment of the effectiveness of therapy should be included.

## Waiting List Activity

Waiting List activity refers to any audiology assessment performed for a patient who has waited on a waiting list. The activity is reported for the month in which it took place through the monthly DM01 submission.

### Waiting list activity examples

1. A new patient self-refers to a provider for a hearing assessment and is put on a waiting list. Once their diagnostic assessment has been completed, this is waiting list activity.
2. A patient is seen in the ear, nose, and throat (ENT) clinic and needs an urgent hearing assessment in the audiology clinic. The audiology clinic performs an audiogram. This is audiology waiting list activity (not unscheduled) as the patient has waited 0 days.
3. A patient is on a PIFU care plan. They contact the service 6 months after starting therapy because they feel their hearing needs have changed. The service conducts a hearing assessment. Because the patient required an assessment sooner than would be usual on a reassessment care plan (3–5 years) the patient will be on a waiting list. Once the assessment has been completed, this is waiting list activity.
4. A patient who is established on therapy is placed on a care plan that requires a routine reassessment of their hearing (after 3–5 years for adult patients and 1 year for paediatric patients) and a hearing assessment is conducted.
5. Following a hearing assessment the patient is referred for a balance assessment and the balance assessment is conducted in the month of review. This is waiting list activity.
6. The audiologist completes a hearing assessment and decides to perform a balance assessment. Both assessments are completed on the same day and both are waiting list activity (the balance assessment wait was 0 days).
7. A patient is required to have a planned wait of 6 months before a repeat balance assessment. However, they must wait 9 months for this (3 months longer than the planned wait). Once the planned wait time is surpassed, the patient goes on an active waiting list and if the assessment is performed in the month of review, this is waiting list activity.
8. A child with permanent hearing loss is required to have a repeat assessment within 3 months. However, they must wait 4 months for this (1 month longer than the planned wait). Once the planned wait time is surpassed, the patient goes on an active waiting list and if the assessment is performed in the month of review, this is waiting list activity.

Screening tests are not captured in the DM01 return. However, a child may be referred for further assessment if they do not pass the screen, a waiting time clock will then start and once the child's assessment has been completed, this will be waiting list activity.

## Planned Activity

Planned activity refers to any audiology assessment performed for a patient following a planned period. The activity is reported for the month in which it took place through the monthly DM01 submission.

However, if the planned waiting interval is surpassed, then the patient should be managed on an active waiting list. Once the audiology assessment has been completed, this will be waiting list activity.

### Planned activity examples

1. A patient is seen for a hearing assessment and a decision made to repeat the assessment in 3 months. The patient returns for a repeat assessment 2.5 months later.
2. An adult or paediatric patient diagnosed with non-permanent hearing loss has a hearing assessment at 3-month intervals as part of a 'watch and wait' care plan. If these assessments are performed on time, this is planned activity.
3. A patient is planned for chemotherapy treatment that may have the side effect of tinnitus. The patient has a baseline assessment before starting treatment and then at regular intervals throughout the treatment and for a period after it ends. If these assessments are performed on time, this is planned activity.
4. A paediatric patient diagnosed with a hearing impairment is seen within the planned wait period for their review.

## Unplanned Activity

Unplanned activity refers to any audiology assessment performed for a patient who attends A&E or while they are an inpatient.

### Unplanned activity examples

1. A patient attends A&E with sudden hearing loss and an urgent hearing assessment is requested.
2. A patient is admitted to a ward after a fall. A balance impairment is suspected to be reason they fell, and a balance assessment is performed while the patient is in hospital.

## Waiting times

A waiting time clock for a patient usually starts when the service receives a request for an audiology assessment. After the initial assessment services may need to complete further assessments on a patient, such as a hearing assessment and then on review a balance assessment. This will not affect the waiting time clock but will need to be recorded as 2 units of activity.

Alternatively, the referral might already indicate a patient needs both a hearing and balance assessment to yield a diagnosis. The return for the patient's waiting time should be completed as follows:

1. For a patient waiting for multiple assessments – for example, a hearing assessment and a balance assessment – from a service that commonly provides and books these on the same day, this will be 1 waiting time clock.
2. For a patient waiting for multiple assessments from a service that commonly provides these on separate days, this will also be 1 waiting time clock.
3. If a patient is waiting for a hearing assessment, balance assessment and electrophysiology assessment and the service commonly provides these at separate appointments on separate days, the waiting time clock will be added to the assessment that is planned to be last in the schedule of investigations.
4. If a patient has a hearing assessment and an electrophysiology assessment is required from **another provider**, the organisation that retains overall clinical responsibility for the patient will hold the waiting time clock for the electrophysiology assessment.
5. If a patient is being referred to **another provider** for diagnostic assessment and that organisation will take over responsibility for the patient, then this will trigger a new waiting time clock with the new organisation.

The waiting time clock generally stops when the assessment has been completed. The British Academy of Audiology (BAA) [Quality standards in paediatric audiology](#) (July 2022) states reports should be written within 2 weeks of the appointment or peer review.

There are circumstances where delay to an assessment is beyond a patient's control. For example, they may have an ear infection that needs to resolve before the assessment can be conducted. Where this is the case, the clock would continue and should this mean the 6-week threshold is breached, this would be within an acceptable tolerance.

Where a patient has a build-up of excessive ear wax that needs to be removed before a hearing assessment, wax removal should be performed prior to the referral being accepted by



the Audiology department so not to cause unnecessary delay to the patient receiving their assessment. If a patient self-refers directly and attends a hearing assessment that cannot be performed due to excessive ear wax, it is understood some providers have been pausing the waiting time clock and referring these patients back to primary care to complete the wax removal process. This practice can only continue temporarily whilst appropriate access to ear wax services are developed. Integrated care systems should ensure there is adequate access to de-waxing services for their population.

There may also be circumstances where a patient no longer requires the assessment and can be removed from the waiting list.

We acknowledge that some paediatric patients will require repeat diagnostic assessments to validate the results. Where they do, we would expect the clock to stop at the initial assessment and recommend the validation assessment is conducted as soon as possible.

If a child needs a hearing/behavioural assessment but this cannot be completed at their appointment and the decision is made to bring them back for an electrophysiology assessment under sedation, then the same clock would continue. Once the electrophysiology assessment is completed under sedation, then the patient's clock would stop.

If a child needs an electrophysiology assessment but this cannot be completed at their appointment and the decision made to bring them back to try again under sedation, then the clock would not be reset. The assessment should be repeated at the earliest opportunity, but if the 6-week threshold is breached, this would be within an acceptable tolerance.

We acknowledge that tertiary services may well see a greater volume of paediatric patients requiring sedation to complete their assessments. If an assessment under sedation cannot be completed, a patient may be listed for a further attempt at the assessment after a planned period (for example, 6–12 months). The clock would stop in this scenario. If the patient waits beyond the planned waiting period, then the clock would start, once the assessment has been completed the clock will stop.

When an audiologist conducts a remote audiology assessment of a patient, the clock would only stop if a complete assessment has been performed **and** can yield a diagnosis. Where the remote assessment effectively triages the patient to expedite their audiology assessment and does not yield a diagnosis, this would not constitute a clock stop and the patient would remain on the waiting list.

If a patient cannot be booked before the last clinically acceptable date, then a waiting time clock would begin. This clock would stop when the assessment is completed. Patients who are on PIFU care plans will not have a waiting time clock.

## Counting units of activity

**Table 1: Adult audiology assessments**

Patient assessment	Assessment	Unit of activity
Adult audiology referral for hearing aid assessment (new and follow-up)	Pure tone audiometry Tympanometry and reflexes Loudness discomfort level test	1
Adult referral for complex needs hearing assessment, fitting and follow-up	Adult audiology hearing aid assessments from Group 1 Threshold auditory brainstem response (air conduction) Threshold auditory brainstem response (bone conduction) Transient evoked oto-acoustic emissions	2
Adult bone conduction hearing device (BCHD) assessment (new and follow-up)	Adult audiology hearing aid assessments Adult complex needs assessment AB words lists	2
Adult referral for cochlear implant candidacy assessment	Adult audiology hearing aid assessments Adult complex needs assessment Unaided and aided soundfield thresholds BKB sentences or other speech material	2
Adult audio-vestibular assessments	Pure tone audiometry Tympanometry and reflexes Cortical electric response audiometry (ERA) Electrocochleography Neuro-otological auditory brainstem response (air conduction)	2
Tinnitus assessment	Pure tone audiometry Tympanometry and reflexes	1
Balance assessment	Pure tone audiometry Tympanometry and reflexes Caloric irrigation tests Electronystagmography Videonystagmography Benign paroxysmal positional vertigo (BPPV) Posturography Vestibular evoked myogenic response vHIT	2
If a balance assessment is performed without a hearing assessment it is 1 unit of activity.		

**Table 2: Paediatric audiology assessments**

<b>Patient assessment</b>	<b>Assessment</b>	<b>Unit of activity</b>
Paediatric audiology following newborn hearing screening	Auditory brainstem response (ABR) Visual reinforcement audiology Pure tone audiometry	2
Preschool second tier audiology assessment	Distraction test Visual reinforcement audiology Performance test Co-operative speech test McCormick Toy Test Tympanometry and reflexes	1
School age second tier audiology assessment	McCormick Toy Test Tympanometry and reflexes Pure tone audiometry Play audiometry Manchester picture test AB words list	1
Preschool third tier audiology assessment	Distraction test Visual reinforcement audiometry Performance test McCormick Toy Test Tympanometry and reflexes Transient oto-acoustic emissions Co-operative speech test	1
School age third tier audiology assessment	Performance test Play audiometry McCormick Toy Test Manchester picture test AB words lists Transient oto-acoustic emissions Pure tone audiometry	1
Balance assessment	Pure tone audiometry Tympanometry and reflexes Caloric irrigation tests Electronystagmography Videonystagmography Benign paroxysmal positional vertigo (BPPV) Posturography Vestibular evoked myogenic response vHIT	2
If a balance assessment is performed without a hearing assessment it is 1 unit of activity.		

