

## **Report of Select Committee No. 4 – Health**

**Audiology: Loss of hearing and its social and physical impact on the wellbeing of those residents affected by loss or limited hearing.**

**Issued May 2007**

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## Foreword

This is the third report of the Health Scrutiny Select Committee and outlines our investigation into the services provided in the Wigan Borough for those that are or have experienced limited or loss of hearing. It sets out recommendations for improvements to the service.

We have focused on the long waiting times that residents are experiencing before they are fitted with hearing devices and the impact on their quality of life whilst they are experiencing that wait.

We would like to emphasise that although the NHS were aware there were long waits it was only when we requested the true data that they realised how bad the situation was in Wigan. It is pleasing for the Committee that we can see real impact in ensuring the NHS co-operates with us to improve services for our residents.

Following our work on this review, new methods and approaches have enabled changes already such as the increase in the number of technicians and the introduction of a new style of fitting which has resulted in reduced waiting times. This is down to the hard work, commitment and collaborative working between the Trust, ourselves and the PPI Forum to improve health services for local people.

Health Scrutiny is a challenging area of the Patient and Public Involvement agenda and we are committed to playing our full part. The aim of Health Scrutiny is to make recommendations that lead to improvements in the health and well being of local people.

I would like to add my personal thanks to the members of the Committee, and everyone else that gave evidence – written or verbal or took part in consultations. I would also like

to thank the PPI Forum WWL Trust for their input and report on facilities at the Leigh clinic.

I do hope we can continue to work in this highly successful and productive way.

**Cllr John O'Brien**

**Chairman Health Scrutiny Select Committee**

**March 2006**

# Executive Summary and Recommendations

## Introduction

1. We have undertaken this review in our responsibility to scrutinise health services as part of our wider role in health improvement in our area.
2. This report describes our third review, which began in October 2006. The aim of the review was to understand the social and physical impact on those patients waiting for treatment for loss or limited hearing. And to investigate methods for decreasing those waiting times leading to improvements to the whole patient experience. And it was only when we requested the true data that the Trust realised how bad the situation was in Wigan. It is pleasing for the Committee that we can see real impact in ensuring the NHS co-operates with us to improve services for our residents
3. To explore the issue fully we developed a terms of reference. It comprised of a number of tasks:
  - To understand the process that residents go through when accessing services for hearing difficulties
  - To identify waiting lists and timescales for both adult and paediatrics provision.
  - To identify gaps in provision
  - To understand the impact that loss of hearing might have on our residents.
  - To explore good practise nationally and regionally
4. A number of methods were chosen to investigate the review's objectives – they are summarised below.
  - Baseline research to find out the current position

- Consultation with those already receiving the service. We sought the Acute Trust's assistance in this. They undertook on our behalf a video diary session and distributed a number of questionnaires to patients both at Wigan and Leigh hospitals.
  - Witness hearings, these are formal meetings where key people are interviewed by the Select Committee. This involved officers from the Primary Care Trust and the Acute Trust.
  - Review of national research on good practice in addressing waiting lists for hearing services and the interventions seen to be most effective.
  - Review of local and regional plans to address waiting lists for hearing services.
5. Nationally another increase has been reported in the time people in England have to wait to get a hearing aid fitted on the NHS, and across the UK more than a third of all hospitals reported increased waiting times. Across the UK, patients will have to wait on average between 60 and 64 weeks to have their analogue hearing aid replaced, compared with an average UK wait for a first hearing aid of 45 weeks. And a wait of between 68 and 72 weeks for a digital instrument.
6. In Wigan a wait on average of 63 weeks is experienced through the current pathway of care.
7. Feedback from consultation confirms these long waits, although patient experience is not highlighted as poor. There are however issues with accommodation at the Leigh Clinic which are highlighted in the report.
8. Recommendations
- We have summarised our recommendations under 2 areas. These are improvements to the patient pathway and improvements to facilities and whole patient experience.

## **Introduction**

### **What is health scrutiny?**

In January 2003, Wigan Council was given new responsibilities to scrutinise health services as part of our wider role in health improvement and in reducing health inequalities in our area. This function is delegated to the Overview and Scrutiny Committee who have established a dedicated Health Select Committee to undertake this new and challenging role.

This new power will enable Committees to take a strategic view of health needs within the area and to scrutinise priority issues. These priorities may be thematic on issues of a public health nature, such as homelessness or services for older people or a specific service oriented priority such as the provision of and access to chiropody services.

A number of duties are placed upon NHS bodies in relation to the overview and scrutiny committees. These range from providing information to overview and scrutiny committees to consulting on substantial developments or variations in service.

The outcomes and recommendations of health scrutiny are intended to contribute to policy development on matters affecting the health and well being of communities.

The Health Select Committee was established in May 2002. This year it had 7 members and was chaired by Cllr J O'Brien. Membership included; Cllr C Rigby, Cllr J Hurst, Cllr I Franzen, Cllr B Splaine, Cllr, G Bretherton and co opted member Cllr. M Winstanley. The committee was supported by Diane Taylor and Nicola Payne who provide policy support. This committee undertakes formal scrutiny reviews; hears progress reports from health and social care services and is formally consulted on major service

developments. All reports are submitted to the Overview and Scrutiny Committee for ratification.

A Forward Plan of areas to be scrutinised is produced annually by the Health Select Committee in consultation with elected members, local people, health and social care agencies, council officers. This sets out a work programme but is flexible and can be amended to respond to new and emerging priority issues. The current plan is available from Diane Taylor, Principal Policy and Performance Improvement Officer, Chief Executives Department, Town Hall, Wigan, telephone 01942 827135.

## **Our third health scrutiny review- Audiology**

### **Terms of Reference**

#### **Aim of Review**

To identify the impact that the service provided by health professionals to address loss of hearing has on the residents of the borough both physically and socially.

#### **Scope**

- To understand the process that residents go through when accessing services for hearing difficulties
- To identify waiting lists and timescales for both adult and paediatrics provision.
- To identify gaps in provision
- To understand the impact that loss of hearing might have on our residents.
- To explore good practise nationally and regionally

A number of methods were chosen to investigate the review's objectives – they are summarised below.

- Baseline research to find out the current position
- Consultation with those already receiving the service. We sought the Acute Trust's assistance in this. The Patient and Public Involvement (PPI) Team undertook on our behalf two video diary sessions and distributed a number of questionnaires to patients both at the Thomas Linacre Out Patient Centre in Wigan and at Leigh hospital out patient department.
- Witness hearings, these are formal meetings where key people are interviewed by the Select Committee. This involved officers from the Primary Care Trust and the Acute Trust.
- Review of national research on good practice in addressing waiting lists for hearing services and the interventions seen to be most effective.
- Review of local and regional plans to address waiting lists for hearing services.

## **Background**

The Audit Commission says nearly 20% of people between the ages of 51 and 60; 36% of people between the ages of 61 and 70; 80% of people between 71 and 80 and 92% of those aged over 81 need a hearing aid. They also report that between five and six million people in the UK would benefit from having a hearing aid, but only 2 million people actually have one.

The Department of Health says there are four times as many people over the age of 65 with a hearing aid that those under 65. Given that the largest section of the community with hearing difficulties are those over 70 years of age, it is possible that some people on the waiting list may not live long enough to have a hearing aid fitted.

In September 2005, the British Society of Hearing Aid Audiologists reported that people with hearing loss across the UK still have to wait up to three years to get a hearing aid fitted on the NHS. They reported increases in waiting lists across the country and that

despite various initiatives to cut waiting times, patients have to wait seven weeks longer than they did in 2004 – an average of 47 weeks. The report highlighted a shortage of audiologists and higher demand for services since the introduction of the digital hearing aids as a contributory factor in these waiting times.

A further report in September 2006 reported yet another increase in the time people in England have to wait to get a hearing aid on the NHS, and across the UK.

### **Why we chose this area for review**

Members are constantly receiving comments and complaints about services provided in the borough as part of their involvement in the community with residents. We have evidence of continued feedback from members who were hearing of dissatisfaction from the public about the time they had to wait for assessment and fitting of hearing aid products. The issue however wasn't simply the time a patient might wait. It was the impact that lack or limited hearing had on their social life. And because this wasn't dealt with in an acceptable time limited the impact became more and more apparent.

### **Social and physical impact**

As we get older, we naturally begin to find that our hearing gets worse, because the nerves that carry sounds from the ears to the brain die and are not replaced. Hearing loss in old age is usually gradual, and often begins with being unable to hear the most high-pitches sounds. Other social factors can be:

- Difficulty hearing people from a distance
- Difficulty in identifying sounds if there is a high level of background noise
- If more than one person talking at the same time sound becomes indistinct babble

- Being told to speak up and stop mumbling
- Effects on work-life depending on the job you do, which could lead to safety issues.

## **Findings**

### **What is happening nationally?**

Across the UK, patients will have to wait on average between 60 and 64 weeks to have their analogue hearing aid replaced, compared with an average UK wait for a first hearing aid of 45 weeks. However in England, analogue hearing aid users have to wait between 68 and 72 weeks for a digital instrument. In Wales, patients can expect to wait 45 weeks, and in Northern Ireland, between 36 and 44 weeks.

In some hospitals the process can take up to four years, and surveys show that in many areas waiting lists are rising significantly following the introduction of digital hearing aids as part of the Government's Modernisation of Hearing Aid Services in September 2000.

A report, published in the BSHAA News, shows that on average across the UK people seeking their first hearing aid wait between 42 and 45 weeks for a hearing test, and subsequent fitting of a hearing instrument compared with 43 to 47 weeks a year ago.

But in England the average waiting time has risen for the third successive year to between 45 and 48 weeks. There have been improvements in Scotland, Wales and Northern Ireland. Where the waiting times are now below the UK average.

**Table 1 Waiting times in the UK.** Source: British Society of Hearing Aid Audiologists (BSHAA)

UK average waiting times for exchanging an analogue hearing aid for digital				
Region	Average total minimum wait in weeks	Average total maximum wait in weeks	Hospitals with longest lists, weeks	
East	54	56	182	Kettering General Hospital
East Midlands	85	85	85	Derby Royal Infirmary
London	45	48	104	The Royal London Hospital, Whitechapel and Kings College Hospital
North	100	121	260	Beverley Westwood Hospital, Beverley, Huddersfield Royal Infirmary and Hull Royal Infirmary
North East	69	74	104	The Freeman Hospital, Newcastle upon Tyne
North West	64	66	260	Victoria Hospital, Blackpool
South	65	66	156	St Richard's Hospital, Chichester
South East	81	91	156	Medway Maritime Hospital, Gillingham
South West	66	69	156	Derriford Hospital, Plymouth
West	75	80	130	Cheltenham General Hospital
West Midlands	81	81	260	University Hospitals, Stoke on Trent
England	68	72	260	Five Hospitals, see above
Wales	45	45	104	Mynydd Mawr Hospital, Tumble, Carmathenshire
Scotland	27	29	104	Royal Infirmary, Edinburgh
Northern Ireland	36	44	104	Mater Infirmorum Hospital, Belfast
UK as a whole	60	64	260	Five hospitals, see above

**Table 1** shows, waiting lists are high and the introduction of digital aids has contributed to this growth. Waiting times are longer that they have been at any time in the last twenty years, staff are having to cope with high demand, not just from the new lists but from existing patients who now want digital aids.

Region	2006 (2005 in brackets)			
	Average weeks to first appointment	Average weeks first appointment to fitting	Average total minimum wait in weeks	Average total maximum wait in weeks
East	28 – 30 (22 – 23)	21 – 24 (14 – 16)	43 (38)	48 (42)
East Midlands	15 (20 – 21)	7 (12)	16 (31)	16 (31)
London	12 – 15 (17 – 19)	20 – 24 (21)	33 (33)	40 (36)
North	24 – 25 (23 – 27)	17 – 19 (13 – 14)	42 (35)	44 (38)
North East	15 – 16 (17 – 19)	43 – 44 (25)	58 (46)	60 (48)
North West	17 – 19 (23 – 24)	10 – 11 (14 – 15)	27 (36)	31 (38)
South	38 – 39 (39 – 40)	13 – 15 (16 – 18)	52 (55)	54 (59)
South East	22 – 24 (29 – 30)	50 – 51 (55)	73 (81)	74 (81)
South West	37 – 39 (29 – 31)	18 – 21 (16 – 18)	58 (45)	62 (49)
West	43 – 46 (42)	6 (8 – 9)	53 (48)	59 (50)
West Midlands	34 – 35 (35 – 38)	30 – 31 (25 – 26)	70 (61)	71 (65)
England	25 – 26 (27 – 29)	20 – 22 (18 – 19)	45 (43)	48 (47)
Wales	20 – 21 (27 – 31)	14 – 15 (19 – 20)	32 (44)	35 (50)
Scotland	18 – 20 (28 – 31)	10 – 11 (14 – 15)	29 (41)	31 (47)
Northern Ireland	26 – 30 (41 – 44)	5 – 7 (7 – 9)	36 (44)	40 (48)
<b>UK as a whole</b>	<b>24 – 26 (28 – 30)</b>	<b>18 – 19 (17 – 18)</b>	<b>42 (43)</b>	<b>45 (47)</b>

**Table 2 Average Waiting Times Across the UK (first time patients)**

**Table 2** shows that on average across the UK people seeking their first hearing aid wait between 42 and 45 weeks for hearing test, and subsequent fitting of a hearing instrument compared with 43 to 47 weeks a year ago.

## What's happening locally?

Below is a copy of information from the health survey of 2001 which reports that of those responding 13% wear a hearing aid for more than three hours a day.



Wigan and Bolton Health Authority - Health Survey 2001

### It is important to consider the special health needs of those people with hearing and visual problems.

With this in mind, respondents were asked if they have difficulty hearing someone talking in a quiet room or difficulty following conversation if there is a background noise. In a separate question they were asked if they wore a hearing aid and if so for how long. The first column combines those who said they wear a hearing aid or were experiencing difficulties with their hearing. Just under one in five adults in Wigan reported having a hearing problem and this group is predominantly elderly. There is a large variation with the lowest rate seen in Langtree (14.5%) and the highest in Ince (30.1%).

The proportion of those with hearing problems that wear a hearing aid for more than three hours a day is shown in the map opposite. Only 13.0% of those with a hearing problem wear a hearing aid for three or more hours per day. Some of those wards with a higher proportion with hearing problems had the lowest proportions that wear their hearing aid for three or more hours per day.

People in the more deprived wards are more likely to suffer with tinnitus with wards such as Atherton (14.2%), Whalley (12.9%), and Ince (12.7%) having much higher levels than Swinley (5.1%).

Almost four in ten people had not had an eyesight test in the previous two years with areas such as Ince (47.8%), Norley (45.1%) and Hindley Green (44.4%) scoring particularly poorly. Men in the 18-44 age group showed the highest rate with 56.5% not being tested in the last two years. A quarter of people aged 65 and over have not had an eyesight test in the last two years. Glaucoma is more of a risk to this age group and this condition can be picked up during an eyesight test.

Ward	% with hearing problems	% of those with hearing problems who wear a hearing aid for 3+ hours a day*	% with tinnitus	% not had an eyesight test in last 2 years
Abram	22.1	8.8	12.2	43.1
Ashton-Golborne	17.8	9.9	5.9	38.0
Aspull-Standish	17.9	10.5	6.5	37.1
Atherton	22.1	10.0	14.2	39.6
Bedford-Astley	18.5	12.3	5.6	41.0
Beech Hill	19.4	13.4	6.8	35.8
Bryn	18.5	14.3	6.6	38.5
Hindley	20.0	18.4	8.2	37.1
Hindley Green	17.3	9.9	6.9	44.4
Hindsford	20.0	16.5	8.3	38.3
Hope Carr	17.4	18.7	5.8	37.4
Ince	30.1	8.4	12.7	47.8
Langtree	14.5	11.6	5.8	38.8
Leigh Central	22.2	15.8	9.8	40.3
Leigh East	19.3	18.2	8.2	38.5
Lightshaw	19.0	14.0	7.4	30.8
Newtown	20.5	8.1	7.7	41.0
Norley	20.2	8.3	6.4	45.1
Orrell	18.4	13.6	9.8	37.2
Swinley	18.1	10.0	5.1	35.6
Tyldesley East	15.5	16.9	7.0	36.0
Whalley	27.5	14.6	12.9	34.1
Winstanley	15.6	12.2	5.5	39.4
Worsley Mesnes	20.1	13.3	5.4	36.9
<b>WIGAN</b>	<b>19.3</b>	<b>13.0</b>	<b>7.8</b>	<b>38.6</b>
Data based on survey question	Q 12/24	Q 12/24	Q12	Q23

\* not weighted

## Service Provision

The Audiology department at W, W&L NHS Trust provides a comprehensive diagnostic and rehabilitative service for hearing impaired patients.

There are two departments; one is a modern purpose build suite within the Thomas Linacre Centre providing excellent facilities in a comfortable environment. The second, at Leigh Infirmary, poorly designed and not fit for purpose. This situation is currently under review by the PPI forum and senior managers within the W, W& L Trust are currently seeking a solution. Feedback from the PPI Forums is included within this report.

The majority of workload is made up of hearing aid patients, however support is also provided for Audiological cover for nine E.N.T. clinics per week, tinnitus rehabilitation and counselling, vestibular diagnostic work, domiciliary visits and clinical placements for BSc/MSc students from Manchester University.

If a patient requires a hearing aid there are two ways they can access the service.

- 1- If the patient is over 50 years of age and has no Audiological symptoms, other than a hearing impairment, the GP can refer them directly to Audiology, for a thorough assessment lasting one hour. This is referred to as a **Direct Referral** appointment.
- 2- If they are under 50 years of age or have symptoms such a unilateral hearing loss or hearing loss which is sudden in onset the GP will refer them to an ENT consultant. Once their investigations are complete the consultant will refer them onto Audiology if necessary. The patient will then be listed and invited to an appointment any additional information will be obtained to successfully issue a hearing aid. This is referred to as an **Impression & Questionnaire** appointment.

At both of the above appointments an aural impression will be taken of the patients ear(s). This is sent away to be processed and on its return (once they reach the top of the waiting list) the patient is invited to come and have their hearing aid(s) issued, (a **First Digital issue**). This is a very technical and lengthy process, which lasts one hour.

Since the roll out of MHAS (Modernisation of Hearing Aid Services) in the UK all NHS departments now issue digital hearing aids.

As a consequence of this, the demand for digital hearing aids has soared, a trend that has been reflected nationwide. More new patients are requesting a hearing aid for the first time, while analogue patients want an opportunity to try the latest technology.

The time taken to assess patients and issue a hearing aid has doubled from 30 to 60 minutes for both appointment types.

Once a patient has been diagnosed with a hearing impairment and issued with a hearing aid(s) they are never discharged from care. Follow up services, repair services and reassess and change hearing aid provision are offered as necessary.

In summary, the provision of digital hearing aids has had a hugely positive impact on the quality of service that is offered and subsequently patients' quality of life. However, it has generated a surge in demand.

### **Review of waiting times for hearing aids in Wigan**

When we originally requested waiting lists and patient pathways for this service, the figures supplied did not highlight a true picture for us. Further investigation took place and we undertook the following study.

We suggested that by using Clinical Governance the patient's whole cycle could be tracked back to date of G.P. requesting referral. Once all this information was verified the Trust accepted the problems with the systems and our investigation highlighted how much of a delay there was in the system. (The acute trust, agree that now that the health scrutiny committee has highlight the extent of this problem, they have released extra resources during the course of the review to bring to the fore the introduction of a new style of hearing aid which does not require a moulding thus removing the delay. Appendix one shows the old style hearing aid.

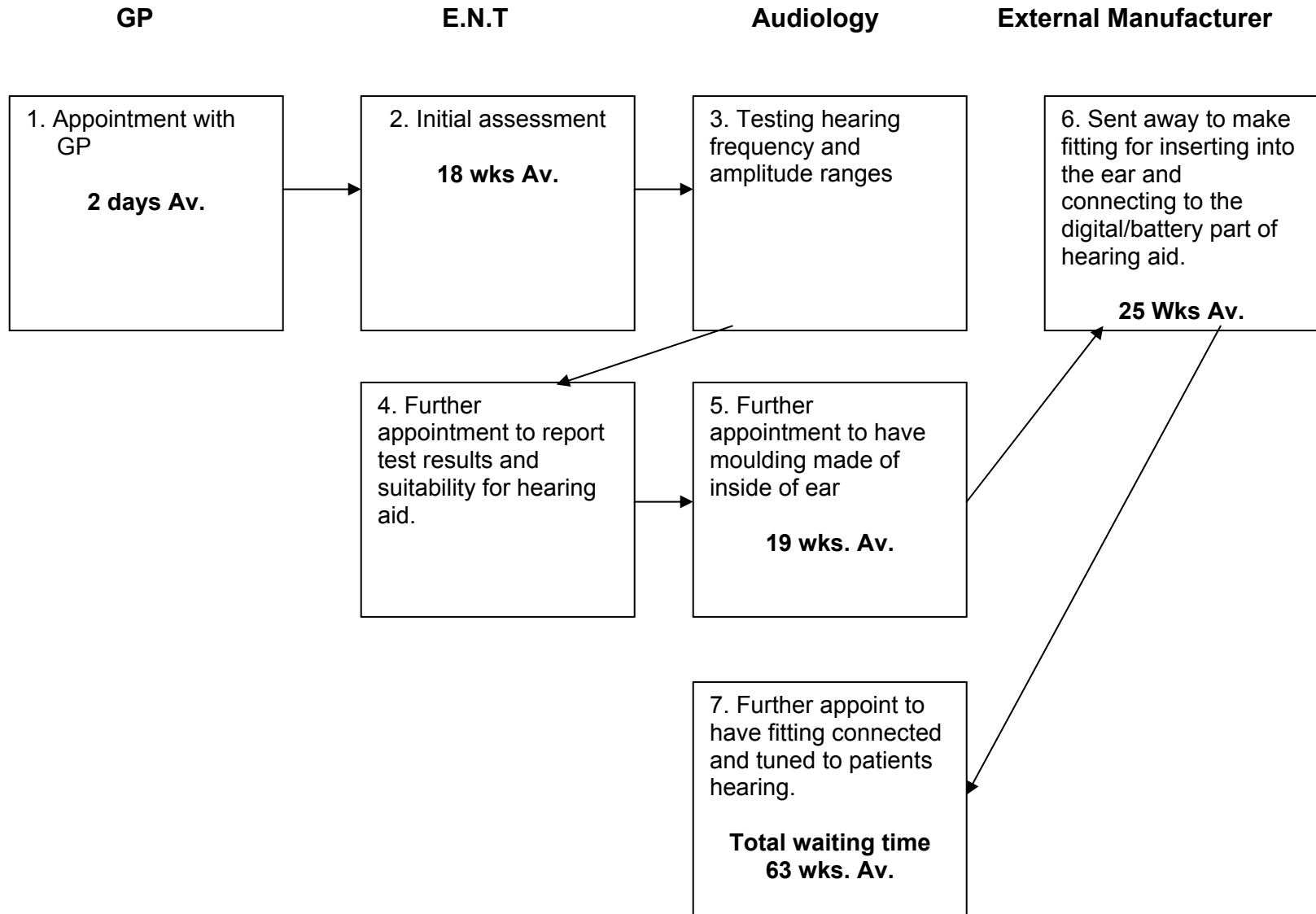
A sample of 50 patients were tracked through their care pathway to establish a true average waiting time. This identified an average total wait of **63 weeks** from referral date to actual issue of the hearing aid. (See Appendix Two)

Delays in the system were made worse by the following factors:

- Several visits were required.
- Shortage of technicians and Manager in the Audiology department.

The pathway to treatment is shown below:

**Pathway to treatment before our review. Timings are from our sample of 50 patients.**



## **What do patients feel about the whole experience?**

We feel it important that we understand the patients view when experiencing this level of wait for a service. Particularly a service that has such an impact on their social and physical well being.

### **Video Diary**

With assistance from the Patient and Public Involvement Team at the Trust, a video diary was produced. It consisted of eleven patients of mixed gender - most being older patients. We asked them three questions:

1. What was the visit to audiology like for you?
2. Is there anything that you would change or we could do better?
3. How has your hearing impairment affected you and has the hearing aid fitted improved your lifestyle?

### **Audiology Department, Video Diary, March 2007**

It should be noted that the majority of those taking part in the video diary session were retired.

Participants were asked **what it was like to attend the audiology clinic**, the main themes that came from this question were:

- The limited opening time of the clinic
- Time waiting to be seen could vary from 5 minutes up to 3 hours depending on how busy the clinic was

- The time waiting for appointments both initial and follow-up could vary. Sometimes patients were sent their follow-up appointment through post and at other times this would be made while they were at the clinic.

Participants were asked **was it easy to get to the clinic / easy to find**. All patients participating said that it was easy to find and one commented that it was much better than when the clinic was at Wigan Infirmary.

Those participating were asked **was there anything that the department could do better**. The main themes from responses to this question were:

- Shorter waiting times
- Longer opening hours
- More staff
- Have the facility for staff to know what's needed
- More modern reading material in the waiting room
- Sending out hearing aid batteries by post instead of having to come to the clinic and pay for parking (£1.70)
- Some patients commented that they were completely happy with the service and could not suggest anything to improve the service they received.

Participants were asked **what they thought of staff**. The general response to this question was that staff were polite and pleasant.

Participants were asked **what type of hearing aid they had**. The majority of those responding had analogue aids and were currently on the waiting list for a digital aid. The time waiting for a digital aid varied, from 5 months to 12 months.

Participants were asked **did their hearing problem affect their everyday life**. The main themes that came out of responses to this question were:

- Difficulty hearing when in group situations
- Feelings of loneliness / isolation because of not being able to hear
- Being embarrassed because of asking people to repeat what they've said
- Reliance on lip reading
- Nuisance to others because of having TV, radio, etc. loud in order to hear
- Not being able to hear door bell / someone knocking at door
- Problems with speaking on telephone, younger respondents tended to use their mobile phones so they could use text

## Questionnaire

We also developed a questionnaire, which has been distributed to patients visiting both audiology clinics in Wigan and Leigh. This questionnaire concentrated on the various stages of the treatment and the length of time it has taken and what affect this had on the patients well being.

There were twenty four responses received.

- The first question asked respondents **to describe what sort of hearing problems they were experiencing**. Some of those responding had total or partial loss of hearing in one or both ears, loss of high frequency sounds, and/or also suffered from tinnitus.
- For two respondents it was their first appointment, whilst twenty-one of those responding said they had attended the clinic before.

- Respondents were then asked **at what stage they were in their treatment**. Many of those responding were having check-ups or undergoing re-assessments. Others needed to have new impressions made for new hearing aids; were waiting for treatment or were on waiting lists to receive new digital hearing aids.
- Those responding were then asked **how long they had to wait to reach the stage they were at**. Almost half the respondents waited between two and six months to reach the stage they were at. Some respondents were unsure how long they had waited. Other respondents had to wait from nine months up to two years. This tended to be the case for those waiting for a first or second digital hearing aid.
- Respondents were asked **if they felt they had waited a long time**. Half of those responding to the questionnaire said no, while just under half said they felt they had.
- Those saying that they felt they had waited a long time were asked **did they know of a reason why it may have taken so long**. Some of those responding said it was due to waiting lists, while others didn't know why. Other reasons given were waiting for moulds to be done and difficulty in attending clinics due to the restricted opening hours.

Respondents were asked **how does their hearing problem affect their life**.

#### **Physically:**

Responses to this question ranged from respondents experiencing difficulties in hearing the television, radio, door bell and using the telephone. One respondent had to remove their hearing aid or switch it off when at a disco or listening to bands, while other respondents experienced none.

#### **Socially:**

Many of the respondents to this question found it difficult to follow conversations particularly when there was a lot of people present or background noise, and where embarrassed to ask others to repeat what they had said. Some felt less confident in meeting new people because of difficulties. Difficulty in locating sound; and getting used to sounds from their hearing aid. While other respondents didn't feel they experienced any.

### **Visit to the audiology out patient clinic at Leigh Infirmary November 2006**

The Patient and Public Involvement Forum for WWL Trust visited the audiology department in November of last year and have shared their findings with us to include within our report.

The visit highlighted a number of concerns around the clinic accommodation clinic and diagnostic room. They reported :

- Lack of space in treatment rooms.
- Poor room layout
- Storage in hallways obstructing the fire exit.
- No wheelchair space
- Poor lighting and ventilation causing concern for both patients and staff
- Little room for offering any privacy therefore patients dignity can sometimes be ignored
- Long walk to diagnostic room
- Noisy room when air conditioning switched on- unsuitable for the type of testing that occurs

This out-patient clinic treats 60 patients per day, with over 30,000 patients being treated across the Wigan and Leigh sites. Staff are positive, and treat all their patients with a high standard of care, in what can only be described as very poor conditions.

The forum has received a number of negative comments from patients about their experience of the service and has requested that the trust put in place an action plan to improve the accommodation at this site. This has been confirmed within our recommendations.

## **How does the service compare to that provided by other trusts in the region?**

Our research told us that these delays were a national problem, but we wanted to understand if these delays were experienced regionally and what if any differences other trusts had put in place to address them.

We contacted five other trusts in the Greater Manchester area and requested information on the following:

- Service provision
- Numbers of staff in place and their role
- Service location, access and opening hours
- Service methodology
- Numbers on waiting lists and waiting times.

We received very little information. However, it did reveal that most hospitals offer outreach provision and that the referral process was the same, hence the waiting times did not differ that much. It also revealed that most hospitals offered the same opening hours of 9am to 5pm, all but one who opened in one night in the week for a two-hour slot.

## **Recommendations**

### **Improvements to patient pathway**

We suggest that the following improvements should be made and a fundamental review of pathway design should take place.

- That initial assessment, the testing of hearing frequency and altitude ranges and the results and suitability for hearing aid should be undertaken on the same day. This will remove many weeks waiting for further appointment for the hearing test.
- That the new style of aid that Gill Harris, Acting Director of Nursing and Operations, informed us of when she last attended our meeting, be introduced as soon as possible, as this device does not require a mould to be taken and therefore the whole procedure speeds up.
- That the above stage be also merged and undertaken on the same day as the further appointment with Audiology to have the moulding made of inside of the ear.
- We would like to see evidence from the trust to demonstrate waiting times have been reduced. We would like to see them reach a 18 week waiting target by May 2007.

### **Improvements to facilities and patient experience**

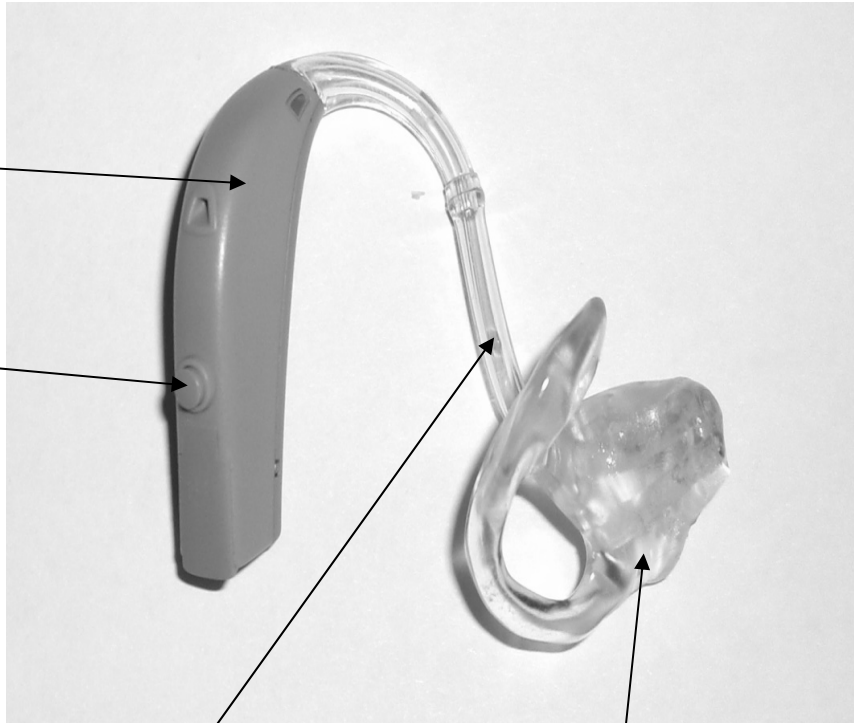
- We recommend that the report from the PPI Forum sent to the trust at the end of November last year is considered and further action put in place to improve accommodation at the Leigh site.
- Based on the consultation responses, opening hours should be considered and adapted to suit patient need where possible.

## Appendix one

This is the standard digital hearing aid fitted by the N.H.S. in Wigan area.

This piece fits behind the ear and contains the computerised / digital mechanism.

This button is pressed to change from Normal mode to Loop mode.



This is plastic tubing and carries the sound the ear and the digital mechanism.

This section is manufactures from a moulding of the patient's outer ear and serves two purposes. Firstly to locate the device and secondly to aid placement by the patient.

**Appendix Two**

Patient	Referral Date	Days Wait Apt	Wks/Days wait.	Appt Date	Days Wait Test	Wks/Days wait.	Test	Days Wait Mldng	Wks/Days wait.	Mould	Days Wait fitting	Weeks/Days wait.	Issue Date	Total Days Wait	Total Wks/Days wait.
46	11/01/06	89	12 Wks 5 Days	10/04/06	0	0 Wks 0 Days	10/04/06	28	4 Wks 0 Days	08/05/06	65	9 Wks 2 Days	12/07/06	182	26 Wks 0 Days
2	24/01/06	64	9 Wks 1 Days	29/03/06	0	0 Wks 0 Days	29/03/06	50	7 Wks 1 Days	18/05/06	84	12 Wks 0 Days	10/08/06	198	28 Wks 2 Days
3	29/12/05	39	5 Wks 4 Days	06/02/06	0	0 Wks 0 Days	06/02/06	98	14 Wks 0 Days	15/05/06	87	12 Wks 3 Days	10/08/06	224	32 Wks 0 Days
4	22/12/05	47	6 Wks 5 Days	07/02/06	27	3 Wks 6 Days	06/03/06	49	7 Wks 0 Days	24/04/06	108	15 Wks 3 Days	10/08/06	231	33 Wks 0 Days
37	22/11/05	90	12 Wks 6 Days	20/02/06	0	0 Wks 0 Days	20/02/06	87	12 Wks 3 Days	18/05/06	57	8 Wks 1 Days	14/07/06	234	33 Wks 3 Days
1	14/12/05	49	7 Wks 0 Days	01/02/06	0	0 Wks 0 Days	01/02/06	92	13 Wks 1 Days	04/05/06	98	14 Wks 0 Days	10/08/06	239	34 Wks 1 Days
36	27/09/05	70	10 Wks 0 Days	06/12/05	0	0 Wks 0 Days	06/12/05	50	7 Wks 1 Days	25/01/06	175	25 Wks 0 Days	19/07/06	295	42 Wks 1 Days
18	04/10/05	69	9 Wks 6 Days	12/12/05	0	0 Wks 0 Days	12/12/05	42	6 Wks 0 Days	23/01/06	185	26 Wks 3 Days	27/07/06	296	42 Wks 2 Days
7	06/10/05	74	10 Wks 4 Days	19/12/05	0	0 Wks 0 Days	19/12/05	143	20 Wks 3 Days	11/05/06	90	12 Wks 6 Days	09/08/06	307	43 Wks 6 Days
32	30/08/05	49	7 Wks 0 Days	18/10/05	0	0 Wks 0 Days	18/10/05	99	14 Wks 1 Days	25/01/06	175	25 Wks 0 Days	19/07/06	323	46 Wks 1 Days
45	11/08/05	69	9 Wks 6 Days	19/10/05	0	0 Wks 0 Days	19/10/05	56	8 Wks 0 Days	14/12/05	211	30 Wks 1 Days	13/07/06	336	48 Wks 0 Days
6	06/09/05	84	12 Wks 0 Days	29/11/05	0	0 Wks 0 Days	29/11/05	99	14 Wks 1 Days	08/03/06	154	22 Wks 0 Days	09/08/06	337	48 Wks 1 Days
39	08/08/05	87	12 Wks 3 Days	03/11/05	0	0 Wks 0 Days	03/11/05	83	11 Wks 6 Days	25/01/06	170	24 Wks 2 Days	14/07/06	340	48 Wks 4 Days
8	02/09/05	82	11 Wks 5 Days	23/11/05	0	0 Wks 0 Days	23/11/05	105	15 Wks 0 Days	08/03/06	154	22 Wks 0 Days	09/08/06	341	48 Wks 5 Days
27	08/08/05	71	10 Wks 1 Days	18/10/05	0	0 Wks 0 Days	18/10/05	79	11 Wks 2 Days	05/01/06	201	28 Wks 5 Days	25/07/06	351	50 Wks 1 Days
33	26/07/05	101	14 Wks 3 Days	04/11/05	-15	-3 Wks 6 Days	20/10/05	111	15 Wks 6 Days	08/02/06	161	23 Wks 0 Days	19/07/06	358	51 Wks 1 Days
9	02/08/05	63	9 Wks 0 Days	04/10/05	0	0 Wks 0 Days	04/10/05	101	14 Wks 3 Days	13/01/06	202	28 Wks 6 Days	03/08/06	366	52 Wks 2 Days
49	01/07/05	446	63 Wks 5 Days	20/09/06	0	0 Wks 0 Days	20/09/06	86	12 Wks 2 Days	15/12/06	-162	-24 Wks 6 Days	06/07/06	370	52 Wks 6 Days
22	18/07/05	58	8 Wks 2 Days	14/09/05	0	0 Wks 0 Days	14/09/05	96	13 Wks 5 Days	19/12/05	219	31 Wks 2 Days	26/07/06	373	53 Wks 2 Days
42	22/06/05	83	11 Wks 6 Days	13/09/05	0	0 Wks 0 Days	13/09/05	90	12 Wks 6 Days	12/12/05	213	30 Wks 3 Days	13/07/06	386	55 Wks 1 Days
40	16/06/05	57	8 Wks 1 Days	12/08/05	5	0 Wks 5 Days	17/08/05	128	18 Wks 2 Days	23/12/05	203	29 Wks 0 Days	14/07/06	393	56 Wks 1 Days
38	15/06/05	83	11 Wks 6 Days	06/09/05	0	0 Wks 0 Days	06/09/05	114	16 Wks 2 Days	29/12/05	197	28 Wks 1 Days	14/07/06	394	56 Wks 2 Days
29	22/06/05	89	12 Wks 5 Days	19/09/05	0	0 Wks 0 Days	19/09/05	102	14 Wks 4 Days	30/12/05	207	29 Wks 4 Days	25/07/06	398	56 Wks 6 Days
17	23/06/05	61	8 Wks 5 Days	23/08/05	0	0 Wks 0 Days	23/08/05	112	16 Wks 0 Days	13/12/05	227	32 Wks 3 Days	28/07/06	400	57 Wks 1 Days
25	14/06/05	86	12 Wks 2 Days	08/09/05	0	0 Wks 0 Days	08/09/05	104	14 Wks 6 Days	21/12/05	216	30 Wks 6 Days	25/07/06	406	58 Wks 0 Days
50	16/05/05	57	8 Wks 1 Days	12/07/05	0	0 Wks 0 Days	12/07/05	149	21 Wks 2 Days	08/12/05	210	30 Wks 0 Days	06/07/06	416	59 Wks 3 Days
13	09/06/05	88	12 Wks 4 Days	05/09/05	0	0 Wks 0 Days	05/09/05	130	18 Wks 4 Days	13/01/06	201	28 Wks 5 Days	02/08/06	419	59 Wks 6 Days
11	25/05/05	-7	-1 Wks 0 Days	18/05/05	84	12 Wks 0 Days	10/08/05	173	24 Wks 5 Days	30/01/2006	185	26 Wks 3 Days	03/08/06	435	62 Wks 1 Days
44	03/05/05	63	9 Wks 0 Days	05/07/05	0	0 Wks 0 Days	05/07/05	153	21 Wks 6 Days	05/12/05	220	31 Wks 3 Days	13/07/06	436	62 Wks 2 Days
24	12/05/05	75	10 Wks 5 Days	26/07/05	0	0 Wks 0 Days	26/07/05	135	19 Wks 2 Days	08/12/05	229	32 Wks 5 Days	25/07/06	439	62 Wks 5 Days
28	29/04/05	38	5 Wks 3 Days	06/06/05	0	0 Wks 0 Days	06/06/05	364	52 Wks 0 Days	05/06/06	50	7 Wks 1 Days	25/07/06	452	64 Wks 4 Days
26	26/04/05	119	17 Wks 0 Days	23/08/05	0	0 Wks 0 Days	23/08/05	114	16 Wks 2 Days	15/12/05	222	31 Wks 5 Days	25/07/06	455	65 Wks 0 Days

