

To: FOI officers via email

16 May 2022

Paediatric audiology services survey 2022

Milton Keynes University Hospital NHS Foundation Trust

This is a request for information under the Freedom of Information Act. Please confirm that you have received this request.

The National Deaf Children's Society works with public services to ensure deaf children get the support they need to thrive.

The information requested may relate to services which you commission from private companies or are held in more than one department e.g. ENT services. **As you remain legally accountable for these services, we still expect you to collate the information, rather than referring us on.**

This is part of a nationwide request, using a standardised format to ensure consistency. Please do not alter this form. Please use the box at the end of this survey to provide any context or background to any of your answers.

If the information cannot be provided in whole or in part, please justify all omissions by reference to the specific exemptions of the Act. We look forward to your response promptly but no later than 20 working days. Please email to campaigns@ndcs.org.uk.

Questions for paediatric audiology services: 2022

Please only complete this survey if your service provides audiological services to children and young people. This may include diagnostic hearing assessments and monitoring of hearing, hearing aid provision, and ongoing audiological management of deaf children, (*and may include assessment and management of other audiological conditions*). This may be hospital or community based.

It is not necessary to complete this survey if your audiology service **only** provides hearing *screening*, e.g. newborn hearing screening or school screening, and refers children on to other services for full assessment and hearing aid provision when necessary. Please base your answers on the service provided **as of 31 March 2022**.

Section 1: About your service

Please answer the questions below based on the situation as of 31 March 2022.

Please provide the following information:

Name of person completing survey:	Mrs J F Grant
Your role:	Head of Audiology Services
Your email address:	jane.grant@mkuh.nhs.uk
Your telephone number:	01908 995325

Please give the name of your audiology service/s. If you provide services on behalf of another Trust/s please provide details of all the Trusts that you provide services for below. **Please write names in full and expand acronyms:**

<p>Audiology Services</p> <p>Milton Keynes University NHS Foundation Trust</p>
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If you provide the services for another Trust/s, do these include diagnostic hearing assessments and hearing aid provision for children in any of these locations? Please put a cross next to the relevant answer.

- Yes
- No (go to question 2)

If you selected Yes, we understand that your responses to the questions below may differ for each Trust. Please contact us on campaigns@ndcs.org.uk for an additional form/s.

We have included below, the locations where previously you, or a commissioner for your area, have told us that paediatric audiology services are provided. Please complete the table by:

- Putting a tick (✓) or cross (×) in the final column to let us know if the information is correct;
- Please strike through information that is incorrect and add in any corrections in the relevant boxes;
- Please add missing location details at the end of the table adding extra rows if necessary

Name of NHS Trust or Provider	Hospital or Clinic or site name	Address	Postcode	Service commissioners	Is your service jointly delivered with an adult service? (for example, does the service share clinical staff/a reception/ waiting area/share a budget/ other?) Please state which:	Is this information correct? Please (✓) or cross (×).
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes University Hospital	Standing Way, Eaglestone, Milton Keynes	MK6 5LD		Yes to all	

Section 2: Your caseload

1. How many deaf children are there within your case load?

	On 31 March 2022
Number of births per annum your service covers	This information is not in our data warehouse
Age group your service covers (e.g. 0 – 18 years)	All age service (adults and children)
Number of children with permanent deafness (PCHI) on your caseload as of 31/3/22 - see definition below *	333
Number of children with glue ear likely to be persistent and require ongoing management**	156 includes children at risk of glue ear (e.g. down syndrome, cleft palate) and those fitted with hearing aids for glue ear (61)
Number of children with PCHI referred to your service from the Newborn Hearing Screen from 1/4/21- 31/3/22	10
Number of children assessed in your service and subsequently referred for CIs 1/4/21- 31/3/22	5
Total number of children with temporary deafness *** on your caseload as of 31/3/22 who are fitted with hearing aids	61
Total number of children with ANSD	7

* Permanent Childhood Hearing Impairment (PCHI) should include:

- All children who have a **permanent** sensorineural or permanent conductive deafness (unilateral or bilateral), at all levels from mild to profound, using BSA/BATOD descriptors.

- Those with permanent conductive deafness to include those children with a syndrome known to include permanent conductive deafness, microtia/atresia, middle ear malformation, or those who have had middle ear surgery such as mastoidectomy.
- **Please do NOT include children known to have Auditory Neuropathy Spectrum Disorder (ANSO) here, as we are asking for those numbers separately.**

** Children with glue ear likely to be persistent and require ongoing management should include:

- Those children with glue ear who are not expected to 'grow out' of the condition before the age of 10 years, such as those born with a cleft palate, Down's syndrome, cystic fibrosis, or primary ciliary dyskinesia.

*** Temporary conductive deafness should include:

- children with glue ear who may have been fitted with hearing aids as an alternative to grommet surgery but who are expected to 'grow out' of the condition before the age of 10 years.

Section 3: What services do you provide?

Please answer the questions in this section based on the situation as of 31 March 2022. Please put a cross next to the relevant answer/s.

2. What options do you have for assessing the hearing of complex/difficult to test children? Select all that apply:

Specific clinics e.g. with longer clinic times/more experienced staff	X
Use of non-calibrated stimuli (e.g. non-calibrated, but band-pass filtered music)	X
Sedated ABR	X
ABR under anaesthetic	X
Other	

Other, please specify:

3. What options are included in the current management pathway in your service for temporary conductive hearing loss? Select all that apply:

Air conduction hearing aids	X
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Bone conduction hearing aids	X
'Watch and wait'	X
Grommets	X
Otovent	X

Other, please specify:

4. Are there any groups of children that you don't currently provide hearing aids for? Select all that apply and, where applicable, explain why hearing aids are not provided to this group:

Group of children	Does your service provide hearing instruments to this group? Please indicate Y or N	If no, please explain why hearing instruments are not provided to this group, or whether only provided in certain circumstances (for example: only moderate UHL; bilateral ANSD...)
Temporary conductive loss		
Unilateral loss		
Mild loss		
Moderate loss		
Auditory Neuropathy Spectrum Disorder (ANSD)		
Not applicable – we provide hearing instruments for all children	Y	

Other, please specify and explain why hearing instruments not provided:

5. Do you currently provide free batteries for children's hearing aids? Please select one answer:

No, never	<input type="checkbox"/>
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Yes, always	Y
Yes, with limitations	

If you have said Yes, with limitations, please specify what these limitations are:

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6. Do you currently provide a choice of coloured or patterned moulds to children at no extra charge? Please select one answer:

No, never	
Yes, always	Y
Yes, with limitations	

If you have said Yes, with limitations, please specify what these limitations are:

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7. What additional/non-“standard” paediatric services do you offer? If you have indicated no, please specify if your service refers children elsewhere for this.

Additional practice	Does your service offer this? Please indicate Y or N	If not, please indicate if children are referred elsewhere and where they are referred to (i.e. type and name of service)
Wax removal performed by audiologists	N	ENT or community ENT or back to GP
Tinnitus assessment/ management	Y	
Hyperacusis assessment/ management	Y	
Implantable devices (not C.I.s)	N	Oxford auditory implant team
Paediatric vestibular service	N	
Assessment/management of listening difficulties in the absence of peripheral hearing loss/APD	N	Back to GP to refer to specialist service.

Other		
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If you have said Other, please specify:

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8. **What flexibility for appointments do you offer?** Please select all that apply:

We offer extra appointments in school holidays	
We offer extended opening times (before 9 am and/or after 5pm)	Y
We offer Saturday appointments	
We deliver some services in schools	
We deliver some services in other community venues	
We offer telephone or video appointments	Y
Other	

If you have said Other, please specify:

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9. **Which of the following forms of communication are available to patients for making bookings and enquiries?** Please select all that apply:

	Please indicate Y or N	Service response time
Email	Y	Within 2 working days
Text message		
Web form		
Online diary/booking system		
Telephone	Y	At time of call or if message left, within 2 working days

None of the above		
Other		

If you have said Other, please specify:

Section 4: Waiting times

10. In the last quarter, (1 January – 31 March 2022) how many days on average did patients wait for the following? If you are not sure please estimate.

We understand that the waiting time data provided in this section will have been affected by both the NHS response to the pandemic and high levels of staff sickness/isolation.

We hope that by asking for data just from the last quarter that responses will be more consistent with the service's normal activity. However, we understand there may still be more variation than normal due to other new factors such as guidance on surgical priorities, waiting lists from periods when services were reduced, or family circumstances preventing them from attending etc. Data provided will be analysed with these considerations in mind and will help us to understand where services may be struggling.

		Number of days
Referral to first assessment (KPI NH2 newborn hearing screening pathway)		Less than 30
Urgent new referrals for diagnostic hearing assessment (those not referred from newborn hearing screen)		None received
Routine new referrals for first assessment (those not referred from newborn hearing screen)	Face to face	161
	Virtual if offered first	n/a
Decision to fit hearing aids to time fitted for PCHI		14
Routine follow-up hearing aid review (wait beyond expected date, i.e. a child seen for their 3/12 follow up at 3 months would be 0 days, a child seen at 4 months for a 3/12 follow up would be 30 calendar days)		161
New earmoulds (working days from time notified of need) *		Unknown
Hearing aid repairs (working days from time notified of need) *		Less than 5

<p>Routine follow-up hearing tests for children who are <i>not</i> aided (including watchful waits for glue ear, and those who require regular review)</p> <p>(wait beyond expected date, i.e. a child seen for their 3/12 follow up at 3 months would be 0 days, a child seen at 4 months for a 3/12 follow up would be 30 calendar days)</p>	161
<p>For referrals from your service to be seen <i>initially</i> by ENT**</p>	This information is not in our data warehouse
<p>For Grommet surgery for glue ear ** (RTT pathway)</p>	This information is not in our data warehouse

* We acknowledge parents may not take the first appointment offered and that this will reflect patient choice as well as availability

** It is recognised that ENT waits are outside the remit of audiology services, but we are grateful for your help collecting this useful information
If you would like to add any information about your service and the data provided on waiting times, please use the free text box below.

Section 5: Quality assurance and improvement

Please put a cross next to the relevant answer/s.

11. Has your service gained Improving Quality in Physiological Services (IQIPS) accreditation this year? Please select one answer:

No and never registered	X
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No, but had been previously accredited	
No, but registered and planning an application this year	
Yes- we are a paediatric only service	
Yes, for whole service covering both adults and children's audiology	
Yes, for only children's audiology services only (not for adult part of service)	
Yes, but for adult audiology only (not for children's part of service)	
Other	

If you have said Other, please specify:

12. What methods do you use for quality assurance and improvement in addition to/ or as an alternative to IQIPS? Please select all that apply.

A local programme of audit against national quality standards	
Internal peer review (ABR)	X
Internal peer review (behavioural testing)	
Internal peer review (HA fitting)	
External peer review (ABR)	X
External peer review (other)	
Case studies/ journal clubs	X
Regional network to share best practice	X
Reporting all PCHIs on SMART 4 Hearing	X

Other	
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Other (please specify)

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Band 6									
Band 7									
Band 8a									
Band 8b									
Band 8c									
Band 8d									
Band 9									
Doctor (e.g. paediatrician, AVP)									

14. If there has been a reduction in the number or skill level of staff compared to last year, what are the reasons for this?
Please select all that apply.

We have been unable to recruit staff at higher bands – level 6 and above	X
We have been unable to recruit staff at lower bands – level 5 and below	X
Posts have been frozen	
Posts have been deleted	
Staff hours have been reduced – voluntarily or otherwise	

Other, please detail:

15. What steps have you taken to address any staffing issues? Please describe briefly:

Repeated, but unsuccessful attempts at recruitment - both permanent and locum.
Retired staff returning on bank.

16. Were all staff able to access the CPD required to meet their personal development needs in the last year?

	Yes	No
Mandatory training	X	
Internal CPD	X	
External courses/other CPD	X	

17. What are the reasons if staff were not able to access external CPD?

Staff were all able to access external CPD	
Not accessed because of financial constraints- e.g. no training budget	
Not accessed because there wasn't sufficient cover for clinical duties	
Other (please detail)	

Section 7: Collaboration Section

Please answer the questions in this section based on the situation as of 31 March 2022.

21. Which children do you refer to the local specialist education service for deaf children in your area? (Please put a cross next to all that are applicable)

	Yes, we refer these	All referrals from audiology are accepted
Children with a severe/profound hearing loss	X	X
Children with a moderate sensorineural hearing loss	X	X
Children with a mild sensorineural hearing loss	X	X
Children with permanent or long-term conductive hearing loss	X	X
Children with temporary/fluctuating conductive hearing loss	X	X
Children with a hearing loss but who are <i>unaided</i>	X	X
Unilateral hearing loss	X	X
Auditory Neuropathy	X	X
Other		
Don't know		

We recognise that education referral criteria are outside the remit of audiology services, but we are grateful for your help collecting this useful information

If Other, please state which children are referred?

22. Are you able to routinely refer directly to the following non-audiology/ external professionals?

	Yes	Referrals not accepted from audiology- e.g. referrals via GP, or consultant only	Service not available	Don't know
Speech and language therapy	x			
ENT	x			
Family support/MAST/Social services				
Safeguarding	x			
Clinical psychology/CAMHS				
Deaf CAMHS				
Paediatrician/developmental assessment service	x			

Are there any other services you refer to/ struggle to refer to? Please comment

23. Does the Children's Hearing Services Working Group (CHSWG) in your area include a representative from the following groups?

	Yes	No	Don't know
Parent representative(s)			
Young deaf person			
Adult audiology service/ transition team			
Speech and language therapy			
Specialist education service			
ENT			
Social services			
Trust senior management team			
Commissioner			
Other – please state			
We don't have a CHSWG (<i>go to the Section 8: Technology</i>)	x		

Section 8: Assistive technology

24. As of 31 March 2022, which organisation provides the following technology?

Please put a cross in the relevant boxes to select your answers.

	The local authority	Your service	Jointly - the local authority and your service	Not provided by either your service or the local authority	Don't know if local authority provides these
Radio aids/FM systems	x				

Bluetooth/Integrated receiver technology		x			
Remote microphones	x				
Streamers					x

25. Are there any plans to stop or significantly reduce the provision of hearing equipment or accessories for hearing equipment in 2022/23?
Please select one answer:

No

Section 9: Patient engagement

Please answer the questions in this section based on the situation as of 31 March 2022. Please put a cross next to the relevant answer/s.

26. How do you prepare young people for transition to adult services? Please select all that apply.

Start talking about the transition process from aged 14	
Completed a trust transition assessment/ process	X
Provide information on the adult service for young people	X
Hold joint appointments with both paediatric and adult audiologist present (virtual or F2F)	
Offer an appointment with the adult service before being discharged from the children's service	
Offer young person the opportunity to come into the clinic without parent/carer if appropriate	X
Hold transition event or clinic for young people	
Visit local schools to offer sessions to share information with young people about deafness, independence and transition etc.	
None of the above	

Other please state:

As we have a joint adult and paediatric service the location and clinics rooms are the same and several of the audiologists also see the adult patients.

27. How many appointments were classed as 'Was not Brought (WNB)' or 'Did Not Attend (DNA)' in the 2021/22 financial year?

Please provide the total number of appointments offered in 2021/22 (including all appointment types for children) **and** either:

The number of appointments classed as WNB/ DNA **or** the WNB/DNA rate (%).

Total number of appointments offered in 2021/22 (all appointment types for children)	Number of appointments classed as WNB/DNA in 2021/22	OR percentage WNB/DNA If known?
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		15%
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28. What strategies are used to reduce missed appointments?

	Yes	No
Partial booking	X (not used between August 2021 and February 2022 due to staff shortage)	
Text reminders		X
Phone reminders	X	
Other	X (email if requested)	
None		

Section 10: Funding and commissioning

29. How is your funding provided? Please select all that apply. JF Grant comment Not for audiology to complete

As a block contract within ENT services?	
As a block contract within wider children's services?	
As a block contract for children's audiology services?	
As a block contract for both child and adult audiology services?	
As an individual tariff per child/ young person?	

Other, please specify:

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30. If you run a joint paediatric and adult service, are your budgets shared? Please select one answer:

Our service is joint and budgets are shared	x
Our service is joint and budgets are not shared	
Our service is paediatric only	

31. Was your audiology service for deaf children commissioned differently in the 2021/22 financial year when compared to the 2020/21 financial year? (e.g. competitive tendering, any qualified provider, etc.)

- No
- Yes - please explain the changes and the impact this has had on your service and patients:

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32. Is your audiology service being commissioned differently or reviewed in 2022/23? (e.g. competitive tendering, any qualified provider, etc.)

- No
- Yes – please explain the changes you are expecting and the impact you expect this to have on your service and patients:

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Section 11: Pandemic recovery

Question 10 has already addressed waiting lists which may reflect backlogs caused by the Covid-19 pandemic.

33. Are there any areas where there has been an increase in demand following the pandemic?

	Demand decreased	Demand remained stable	Demand increased
Routine Pre school assessments			
Routine school aged assessments			
Children requiring complex assessment techniques/multiple appointments			X
Children requiring sedated ABR/ ABR under GA			X
Children with listening difficulties in the presence of normal hearing			
Other (please state)			

34. Has your service introduced any new ways of working or changes in response to the coronavirus pandemic that you anticipate will be retained as the impact of the pandemic recedes? Please outline what these changes are (e.g. introduction of remote appointments, changes to care pathways, etc.).

First fitting reviews by phone

For aided children over the age of 12 months, previously reviewed annually, this has been extended to an 18 month review if the following conditions apply: stable hearing, good hearing aid user, able to self-report, pro-active parents.

Please use the box below to provide any context or clarification to any of your answers in this survey. Please also use this box if there is anything else you'd like to add.

Section 12: NDCS Support for services

The next questions are **optional**.

35. We are keen to promote and share good practice. Please let us know if there is any good practice or an innovative solution in your service that you would like us to be aware of.

Alternatively, please indicate if you would like us to contact you to discuss sharing your areas of good practice

36. Are there any challenges to your service now, or potential future threats which you would like to discuss with NDCS to discuss how we can support you?

Please indicate if you would like us to contact you to discuss these

Many thanks for returning this survey. We are very grateful for your time.