

The health of children's hearing services in England

Listen Up!



February 2017
National Deaf Children's Society

**Our vision is of a
world without barriers
for every deaf child.**

Who this report is for

- Department of Health and NHS England
- Care Quality Commission
- Clinical Commissioners
- Senior Management and Audiologists in provider Trusts and services

Executive Summary

This report publishes the findings of the National Deaf Children's Society (NDCS) survey of children's hearing services.¹ The survey found that the biggest challenges for services are recruiting appropriately qualified staff, a lack of training for existing staff and funding pressures.

The Improving Quality in Physiological Services (IQIPS) accreditation programme has also had insufficient uptake to increase the quality of the majority of children's hearing services. After four years of IQIPS, only 15%² of services are accredited. 37%³ of respondents to our survey have not yet begun the process and the quality of 82% have not been independently assessed since 2012.⁴ Due to the lack of transparency in the process, this is the first time this important information is being made available to the public and families whose children depend on these vital services. Importantly, the findings from this survey show that accredited services are more likely to have a training programme, and less likely to have staffing problems, or problems with their waiting times than non-accredited services.

In addition, changes to commissioning in adult hearing services, where non-NHS providers can compete to provide this service, may be having a detrimental effect on children's hearing services. Services told us that adult services were being prioritised and staff moved from the children's service, because departments are concerned about losing the adult service.

This situation cannot be allowed to continue. We call on the Department of Health and NHS England to address the issues that have been created by the policy changes in health.

About the National Deaf Children's Society

The National Deaf Children's Society (NDCS) is the leading charity dedicated to creating a world without barriers for deaf children and young people. Set up by parents of deaf children in 1944, NDCS has been working since its formation to make sure that deaf children can access high quality public services.

There are over 35,000 deaf children living in England. Deafness is not a learning disability and deaf children demonstrate the same range of skill and abilities as other children. If deaf children are given the right support there is no reason why they should not reach the same levels of attainment as other children.

NDCS believes that one of the key elements of a deaf child's success is the early identification and accurate diagnosis of hearing loss. This needs to be followed by the provision of high quality audiological, education and family support throughout childhood, but the right support in the early years is especially important.



Introduction

NDCS last undertook a survey of audiology professionals in 2012. Since then a number of changes have taken place in the environment in which audiology services operate, including; severe funding pressures and efficiency savings across all public services and major NHS reforms as part of the Health and Social Care Act 2012.

The *Listen Up!* campaign to improve the quality of children's hearing services was launched in 2014 in reaction to the final Newborn Hearing Screening Programme Quality Assurance (NHSP QA) report, that found a third of children's hearing services were failing to meet basic government standards. As most children's hearing services have not taken part in the voluntary Improving Quality in Physiological Services (IQIPS) accreditation programme, we have no indication that the situation has changed.

This survey provides national data on children's hearing services. It allows comparisons with previous surveys, and gives an insight into the impact of the 2012 health reforms, struggling NHS finances and changes to local provision. It also shows where individual services are on the journey to becoming IQIPS accredited.



Methodology

The list of children's hearing services to survey was created through desk research, previous contacts and local intelligence. There is no definitive list although we believe there to be 134 different NHS Trusts who provide children's diagnostic and/or habilitative audiology services across many sites. Neither the Department of Health, nor NHS England, maintain details of all children's hearing services in England.⁵ As Clinical Commissioning Groups (CCGs) are able to commission services outside the NHS or from neighbouring NHS hospitals, service details are subject to regular change.

In total, 115 responses from 110 different NHS trusts are included in the analysis – duplicate and anonymous responses were removed. This represents 82% of all trusts providing children's hearing services in England.

Further details are available at www.ndcs.org.uk/listenup. Percentages have been rounded to full numbers and the numbers of respondents to each question varies throughout. Quotes are not amended, except where explanation of an acronym is required or where commercially sensitive details have been removed.



Survey results

1. Recruitment, retention and training of staff

Recruitment and retention

Respondents were asked a series of questions about staffing in 2012 and in 2016.

Key points:

- **29%**⁶ of respondents reported staffing reductions over the previous year. This compares with 16% reporting fewer staff in the 2012 survey.
- **59%**⁷ of respondents said they were aware of planned changes in staffing in the future.
- **21%**⁸ of respondents reported recruitment difficulties compared with only 1% in the 2012 survey.

The biggest difference between the 2012 and 2016 surveys was the increased number of services being unable to recruit.

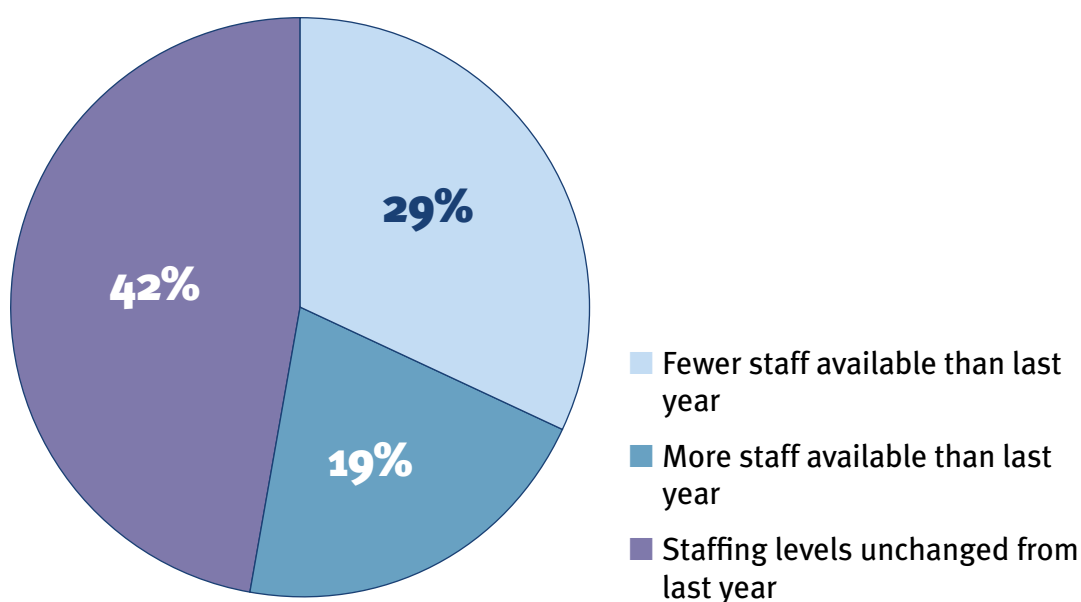


Figure 1: Availability of staffing (2016)⁹

The 29% of respondents who had experienced staff reductions were asked to give more detail on their staffing problems and could select multiple reasons.

- 66% said the problems were due to difficulties with recruitment.
- 18% mentioned losing skilled admin staff or being under pressure to transfer clerical roles to a central booking office. These services said this often leaves audiologists dealing with non-clinical matters. This is a reversal of the trend noted in the 2012 survey, where there was an increase in administrative posts or up skilling of staff to relieve pressure on audiologists.
- 33% said the problems were due to financial constraints – either posts being frozen or requiring high level approval from the Trust board before recruiting.
- 21% mentioned posts being downgraded as experienced staff leave. Reasons included decisions being made to sacrifice experienced staff for greater numbers of less experienced staff.
- Maternity leave, long term sickness and retirement were some of the other reasons mentioned for staffing changes.



Quotes from professionals

“Unable to recruit staff – 6 posts vacant – three less than last year. ”

“Reduction of band 7th and replacement with band 2(!). ”

“We have advertised for a specialist paediatric audiologist x5 times but have yet to attract any suitable candidates. ”

“Unsuccessful recruitment of a band 6 post and on reducing to a band 5, this was equally unsuccessful. Uncertain if there are any available Audiologists. ”

“An erroneous service review decided we had too many and too highly qualified staff and so posts were frozen and then removed. KPIs became much worse and we are undergoing a further service review to address the problems. ”

“Supporting overbooked ENT [Ear Nose and Throat] clinics often alongside AVM [audiovestibular medicine] clinics, recruiting experienced paediatric audiologists when posts arise. The first fitting activity has increased from past levels of under 100 patients per year to 140 + per year which appears to be a sustained increase. ”

“We have staff turnover and problems recruiting Band 5 audiologists. ”

“The number of babies diagnosed with hearing loss is increased in the last 2 years and this means more demands vs capacity. ”

“Not being able to recruit staff to the area and there being a national shortage of audiologist particularly those wanting to work in the public sector and paediatrics. I believe that this should be considered at a higher level, new graduates are being snapped up by private companies that can offer a more attractive package than the NHS. ”

“We are significantly short in the number of staff to population ratio. Recruitment has proved to be difficult due to the unavailability of audiologists. Funding for paediatric audio-vestibular physician is also inadequate. ”

Training

The results also showed that the provision of training is reducing, with more services saying they had no training programme in place in 2016 compared to in 2012. Just over one quarter of respondents in 2016 had no training programme in place for staff and 12% saw the amount of training on offer reduced.¹¹ Research and developments in audiology are fast moving and it is extremely important that staff can access the latest skills, knowledge and technology.

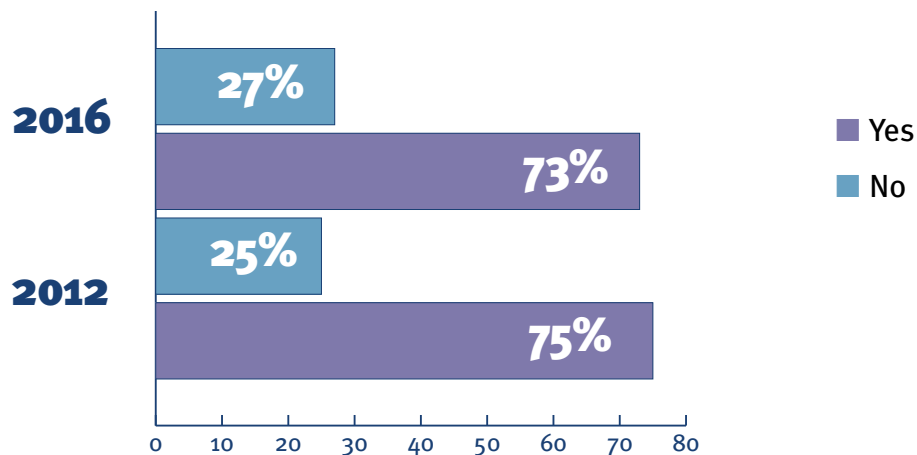


Figure 2: Availability of training programmes (2012) and (2016)

Respondents that did have a training programme were asked to give more details:

- 8%¹² said that budgets were tighter and therefore funding for training was restricted. In some cases there wasn't staff capacity to attend training and take audiologists away from their clinical duties. Some mentioned a reduction in the ability to take students due to a lack of staff able to supervise them.
- 4 respondents said that new types of clinical work, e.g. greater use of bone conduction hearing implants, meant that additional training was needed.
- 2 respondents said that with fewer staff, the training budget could be shared across a smaller number of people.

These training problems will be compounding the problem of recruiting new staff as development opportunities are likely to be important to new staff, especially recent graduates.

2. Lack of information about the quality of children's hearing services

The report from the fourth and final round of the Newborn Hearing Screening Quality Assurance Programme in 2013 highlighted that one third of children's hearing services were failing to meet basic standards.¹³ This quality assurance programme ended and was not replaced by any mandatory programme.

The voluntary IQIPS accreditation programme was launched for children's hearing services in late 2012. By the end of 2016, only 20 out of 134 children's hearing services have achieved accreditation. 82% of respondents to our survey have not been independently assessed since 2012.¹⁴ Therefore the vast majority of deaf children and their families in England do not have any information about the quality of their child's service.

Information is only publicly available once a service has achieved accreditation.¹⁵ In all other areas, families have no idea whether their child's service isn't participating in the programme at all, or if their service is participating and currently undertaking service improvement in order to meet accreditation standards, or if their service has applied but failed to meet the standards required. We used Freedom of Information requests to get this information.¹⁶

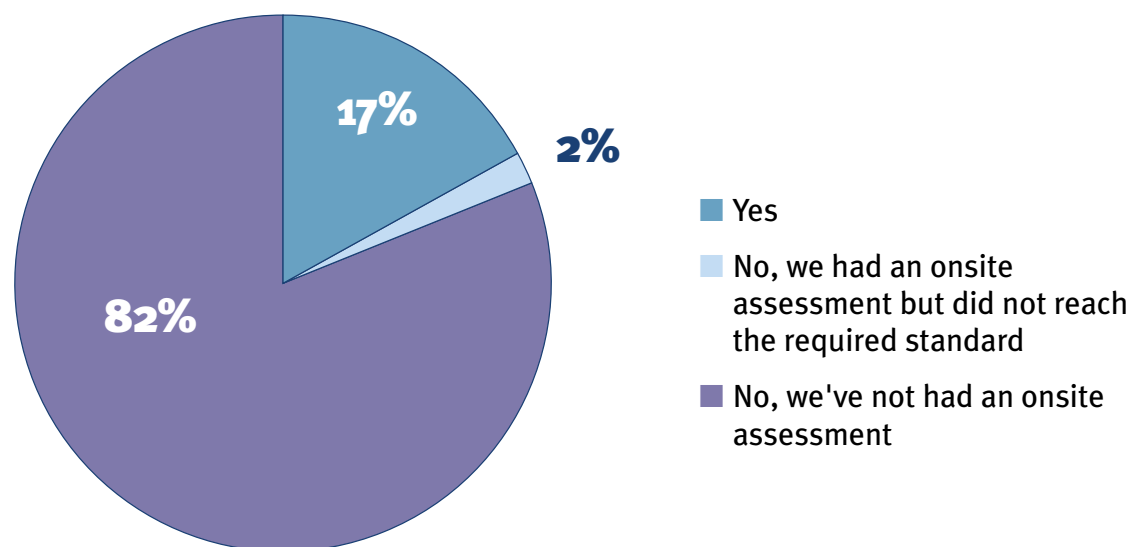


Figure 3: Has your service gained accreditation with IQIPS? (2016)

Key findings:

- **42** respondents (37%)¹⁷ are not participating in IQIPS at all.
- **47** respondents (41%)¹⁸ have registered with IQIPS and were using the Self-Assessment Improvement Tool (SAIT) to assess their performance against standards but are not yet ready for a formal assessment.
- **6** of the respondents (5%) were in the later stages of accreditation – which means they have moved on from SAIT and either booked an onsite assessment or are waiting for an assessment date.¹⁹
- **2** respondents had an onsite assessment but did not meet the standards for accreditation.
- **19** respondents (17%) have successfully achieved accreditation.

Services participating in the accreditation programme use the Self-Assessment Improvement Tool (SAIT) to assess their performance against standards. They must score at a certain level on the SAIT before they can apply to book an on-site assessment. Most services have not progressed further than this very early stage of accreditation, however most services using the SAIT did not tell us how long they had been using it. The 10 services that did tell us, had been using it for over 3 years without moving further along in the accreditation process.

Barriers to IQIPS accreditation

It was clear from responses that despite low accreditation rates, there was a high level of awareness of IQIPS amongst professionals, and a number were interested in applying but cited difficulties with capacity and finances as common barriers.

The barriers identified to starting IQIPS were primarily around a lack of staffing capacity (29% of those not registered on the programme) and a lack of budget (24% of those not registered). Other barriers included senior management not prioritising it, it not being mandatory and commissioners not funding it. Some were also concerned that their poor facilities would affect their chances of successfully achieving accreditation.

3. The impact of IQIPS accreditation

More detailed analysis of the results showed that services that were IQIPS accredited were more likely to have a training programme than those who weren't accredited. They were also less likely to have staffing problems and less likely to have problems with their waiting times than non-accredited services.

- Of the accredited respondents, 79%²⁰ reported an increase in staff or no change to staffing numbers. This is compared to only 60%²¹ of non-accredited services.
- 94%²² of accredited respondents reported they had a training programme for audiologists and 84%²³ said that training opportunities had increased over the last year or stayed the same. This compares to 31%²⁴ of non-accredited respondents who said they had no training programme at all.
- 79%²⁵ of accredited respondents reported no increase in waiting times compared to 63%²⁶ of non-accredited services.

In addition, the Care Quality Commission now recognise IQIPS as an 'official information source' and are actively considering ways to use this information to drive up recruitment to the accreditation programme and target their resources on those services that are not participating in IQIPS.

Quotes from professionals in accredited services

“High levels of patient satisfaction and good teamwork.”

“Parents like us. Very family and child orientated.”

“We have an excellent blend of staff who work to the upper end of their skill level. We are flexible around the needs of the patients and always put them first.”

“Quality of care to patients, highly motivated and caring staff, technology available to offer to patients”

4. Challenges resulting from commissioning changes

In 2012 services expressed worries about the negative impact future commissioning changes may have on their service. In 2016 services were asked an open question about the main challenges or problems facing them. The following interrelated themes were cited in roughly equal measure:

- Pressure on children's hearing services created by changes to the way adults services are commissioned
- Staff recruitment, retention and training
- Increased demand for services and general funding concerns

The first of these needs further exploration as the commissioning landscape becomes increasingly complex. Unprompted, 18 respondents²⁷ mentioned the negative impact the introduction of Any Qualified Provider (AQP) for adult audiology services was having on children's services. It was felt that as result of AQP, adult services were being given higher priority for staff and resources.



Quotes from professionals

- “Pressure of an unrealistic AQP (Any Qualified Provider) service that has had the previous tariff reduced by nearly 50% and other providers withdraw leaving a significantly increased demand for half the income. Coupled with crippling financial pressure in the local CCG’s and poor tariff for complex adult work leave other services such as paediatrics in a vulnerable position and at risk of destabilisation. ”**
- “AQP has put excessive pressure on the adult side of the service. Resources are channelled into this otherwise the service as a whole will lose money. ”**
- “Concern changes in adult provision will impact on children’s service as joint commissioner keen to reduce spend for service overall but in particular routine adults, but doesn’t understand the integrated nature of our service. ”**
- “The adult hearing aid service in the community will be decommissioned in October. No assessment has been made on the impact of these changes on the paediatric service. ”**
- “Pressure in regard to adult waiting times, increase in demand to support more Ear Nose and Throat consultants without any extra audiology staff, general staffing levels, poor admin support, paediatric rehabilitation workload, AQP puts strain on Adult Services, which has a knock-on effect for staffing Children’s. ”**
- “Shortage of staff overall in the department resulting in members of the paediatric team being required for adult service. ”**
- “Uncertainty regarding budget/ staffing for next financial year (mainly linked to adult AQP service). ”**

Recommendations

1. The Department of Health should audit the number, skills and qualification levels of audiologists required in both adult and children's hearing services to ensure that appropriate training places exist and that vacancies can be filled. They should also investigate the pay and conditions of private sector audiology providers and compare this to the NHS. Tariffs provided for children's hearing services must be adequate to allow specialist children's audiologists to be recruited.
2. The Department of Health and NHS England must make it mandatory for all children's audiology services to sign up to the IQIPS programme and to make all assessment information publicly available. This will allow families to know where their service is on the journey to accreditation, or if they have failed to meet the standards for accreditation.
3. NHS England must produce a service specification²⁸ for all children's hearing services it is responsible for commissioning, such as for the under-fives, and give a deadline by which they must be IQIPS accredited.
4. Local commissioners and senior management in areas where services have not registered with IQIPS should urgently require the services they commission to seek accreditation. Accredited services are not only fit for purpose for children, they also have fewer staffing and recruitment issues, and are less likely to have problems with their waiting times.
5. The Care Quality Commission should target their limited resources on children's hearing services who have not registered with IQIPS.
6. NHS England must effectively disseminate the model service specification for children's hearing services which was developed for CCGs by NDCS and published in July 2016 to support improvements in the local commissioning of services.²⁹
7. NHS England must monitor compliance with this model specification to ensure that all children are receiving an equitable and good quality service wherever they live.
8. The Department of Health should investigate the impact of changes to the commissioning arrangements for adult audiology services on children's audiology services. Safeguards must be put in place to protect children's services from any unintended consequences of the changes taking place in adult's services.

Conclusion

The biggest challenges for children's hearing services continue to be staffing levels, funding and service quality.

However, the big change since our 2012 survey is the number of services reporting problems with recruitment, which have no easy solution, and those reporting increased demand for services.

This is a common story throughout the NHS, however in children's hearing services there is now also a serious lack of information about the quality of services. Over the last four years, the IQIPS programme has not had sufficient uptake and there is a very pressing need for this programme to become mandatory. We now know that accredited services are more likely to have a training programme, less likely to have staffing problems and less likely to have problems with their waiting times.

It is also very concerning that some children's hearing services are now reporting that adult services are being prioritised, with staff and resources being diverted away from the children's service due to commissioning changes.

Deaf children need access to good audiology services and families need to be able to make informed choices about their child's care. The current situation cannot be allowed to continue. We call on the Department of Health and NHS England to address the issues that have been created by the policy changes in health.

Notes

- 1 Survey conducted Sep – Dec, 2016. See www.ndcs.org.uk/listenup for further details.
- 2 [http://www.ukas.com/browse-accredited-organisations/?org_cat=47&parent=Physiological%20Services%20\(IQIPS\)&type_id=9](http://www.ukas.com/browse-accredited-organisations/?org_cat=47&parent=Physiological%20Services%20(IQIPS)&type_id=9) [accessed 9 February 2017]
- 3 Based on 42 out of 115 responses. 1 service did not answer the question about IQIPS.
- 4 Hospital based audiology services may have undergone Care Quality Commission inspections during this time, however CQC inspectors rarely visit outpatient services, and we are not aware of any inspections of children's hearing services to date.
- 5 See <http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-10-07/47464/> [Site accessed 30 January 2017]
- 6 Total 114 respondents.
- 7 Total 66 respondents.
- 8 Total 114 respondents.
- 9 10% of respondents chose the option 'other'.
- 10 Staff that work in children's hearing services are recruited to the following bands: Band 1–4 – audiology assistant or administrative role, Band 5 – newly qualified audiology graduate, rising to Band 9 – consultant level audiologist.
- 11 Total 113 respondents.
- 12 Total 83 respondents.
- 13 NHS Newborn Hearing Screening Programme, *Report of the Fourth Cycle of the Newborn Hearing Screening Quality Assurance Programme (NHSP QA4) 2012 – 2013*.
- 14 Hospital based audiology services may have undergone Care Quality Commission inspections during this time, however CQC inspectors rarely visit outpatient services, and we are not aware of any inspections of children's hearing services to date.
- 15 http://www.ukas.com/list-all-organisations-category/?org_type=&org_cat=47
- 16 See www.ndcs.org.uk/listenup for further details.
- 17 Total respondents 114.
- 18 Excludes those which are accredited or have moved on from this stage in the process but includes those not meeting the standards for accreditation.
- 19 Two services told us they had an onsite assessment booked: South Warwickshire NHS Foundation Trust for February 2017 and Nottingham University Hospitals NHS Trust for July 2017.
- 20 Total respondents 19.
- 21 Total respondents 93.
- 22 Total respondents 18.
- 23 Total respondents 19.
- 24 Total respondents 93.
- 25 Total respondents 19.

26 Total respondents 94.

27 Total respondents 110.

28 Children's hearing services are commissioned by both NHS England and local CCGs; which is why service specifications for both these elements are needed. NHS England commission services for severe and profoundly deaf children and the under-fives. CCGs commission all other services for deaf children.

29 Available to download from link on p37 of <https://www.england.nhs.uk/wp-content/uploads/2016/07/HLCF.pdf>

The National Deaf Children's Society is the leading charity dedicated to creating a world without barriers for deaf children and young people.

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