

Listen Up!

The state of children's audiology in 2018



Summary

Good audiology services make a critical difference to deaf children. They support deaf children to have the same opportunities as other children, to make friends, have fun and make the most of their chances to learn. They test hearing and balance, fit and maintain hearing aids and provide other support. Without the right assessment and advice from audiology services deaf children can struggle to communicate with their friends and family, become isolated, and fall behind at school.

We want every deaf child to get high quality support from their audiology service and for their families to know how well their local audiology service is doing. Until recently parents haven't been able to find out this information. It's been impossible to understand what's working well and what needs to be improved.

Even more worryingly, Clinical Commissioning Groups (CCGs), which are responsible for planning and commissioning children's audiology services, have not had the right data to help them plan services and make improvements.

To help plug this gap, we surveyed all children's audiology services in England in May 2018.

The survey revealed that:

- › more than half of services couldn't provide information on how many deaf children they see, raising questions about how they can plan and meet needs
- › children are waiting far too long for essential support, with more than half of services missing the government target for hearing aid repairs
- › where there had been reductions in staff, the reason most often cited was problems with recruitment
- › there are dramatic differences in how much children's audiology services are paid for delivering services, with a £553 difference between the highest and lowest funded hearing aid providers
- › too many deaf children are missing vital audiology appointments, with 69% of services with 'Did Not Attend' (DNA) rates above the NHS average of 9%.

What needs to change?

- › NHS England must set out basic standards for collecting data on numbers of deaf children seen by audiology services.
- › Children's audiology services, commissioners and NHS England all need to take action when there are problems with waiting times.
- › The Department of Health should commit to auditing the children's audiology workforce. Trusts must make a commitment to maintain staff hours, recruiting extra staff if needed.
- › NHS England and local commissioners should identify the actual costs of providing children's audiology services and ensure services are adequately funded.
- › Children's audiology services should publish their DNA rates and CCGs should question those that are higher than the NHS outpatient average.

How many deaf children are being seen by audiology services?

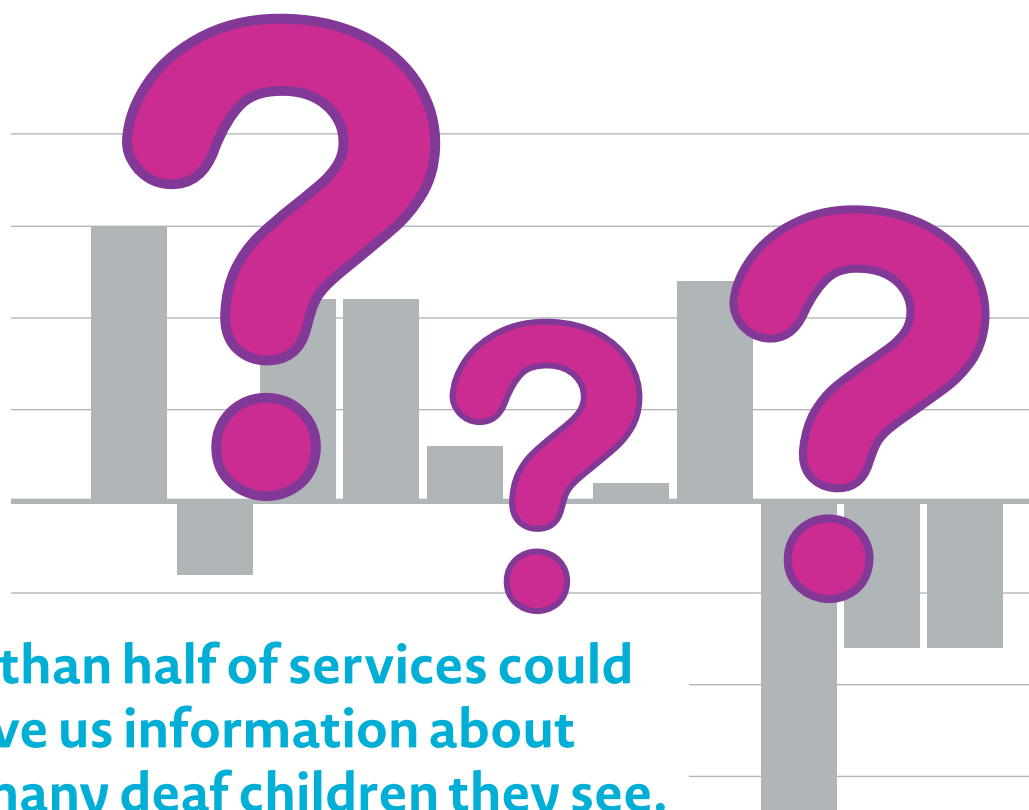
This should be a straightforward question but more than half of services could not give us information about how many deaf children they see.

It is surprising and disappointing that so many services don't seem to have reliable data. How can they be sure they're planning effectively and meeting the needs of deaf children if they don't know how many they see?

Sixty-five percent of services that had been inspected and accredited by the Improving Quality in Physiological Services (IQIPS) scheme could provide the data we asked for on numbers of deaf children. Although all healthcare providers are inspected by the Care Quality Commission (CQC), services that aren't IQIPS accredited are unlikely to be inspected in depth by an independent body.

What needs to change?

- › NHS England must set out basic standards for collecting data on numbers of deaf children seen by audiology services.
- › Clinical Commissioning Groups should only commission children's audiology services that are IQIPS accredited or working towards accreditation.



Source: Survey of Paediatric Audiology provision in England 2018. 107 of 135 NHS Trusts and providers in England responded to this survey and 84 children's audiology services provided some data on the numbers of deaf children they see.

How long are children waiting?

Many services are missing government waiting time targets for children's audiology services. As children grow, their hearing aids need to be regularly adjusted to keep pace with their development. If appointments are delayed or hearing aids not repaired quickly, children will struggle to communicate with friends and family and miss crucial parts of their education. Every week without hearing aids working at their best, is a week of missed communication with friends and family, and missed opportunities to learn.

Only one service missed the target for initial appointments after screening, the only nationally collected Key Performance Indicator for children's audiology. This suggests that services are more likely to prioritise nationally monitored data.

Hearing aid repairs

More than half of services are missing the target of a 24 hour repair. Most services should be able to programme a replacement hearing aid on the same day. The longest wait for hearing aid repairs was seven days over the target.



More than half of children's audiology services are missing the government target for hearing aid repairs

Source: *Survey of Paediatric Audiology provision in England 2018*. 107 of 135 NHS Trusts and providers in England responded to the survey and 101 children's audiology services responded to this question.

Grommet surgery (treatment for glue ear)

One in ten were missing the 126 day target, and those that were missing the target missed it by a long way. Children were waiting for grommet surgery for a full year – 364 days in total – at the worst performing service.

Routine follow up

Deaf children need regular appointments to have their hearing aids re-fitted and re-programmed to take account of their growth and development. Without this, hearing aids will provide fewer benefits than they should. Follow up appointments are decided by the audiologist and based on the needs of the child. More than half of children's audiology services reported children with permanent and temporary deafness were waiting longer than clinically appropriate for a follow up appointment.

What needs to change?

- › Trusts with waiting time problems should investigate why this is, and create a costed action plan to address their specific issues.
- › Commissioners should monitor waiting times in the services they fund and ensure they have the resources needed to bring waiting times down.
- › NHS England should contact all children's audiology services where there are concerns with waiting times and ask how they plan to address the problems.

How many staff are there?

Children’s audiology services reported that they had lost around seven permanent full-time children’s audiology posts between 2017 and 2018. Of the remaining full-time permanent posts, around 51 were reported as vacant. Between 2017 and 2018, vacant posts increased by 15. There was an increase in temporary posts to try to plug this gap, but for deaf children and their families building up trust with an audiologist is vital, and more temporary staff means that this consistency is lost.

The rise in temporary posts meant there was a slight overall increase of around four posts across England, but there were significant regional variations. Thirty-three percent of services saw an overall decrease in staff, while 28% saw an increase. London, the West Midlands, the North West, the South West and the North East saw a decrease in posts.

Where there had been reductions in staff, 59% said the reason was related to problems with recruitment and 44% said that staff hours had been reduced, voluntarily or otherwise.

Table 1: Reasons for reduction in staff

	We have been unable to recruit staff at higher bands – Band 6 and above	We have been unable to recruit staff at lower bands – Band 5 and below	Posts have been frozen	Posts have been deleted	Staff hours have been reduced – voluntarily or otherwise
Number of services	10	13	5	5	17
Percentage of services	26%	33%	13%	13%	44%

Source: Survey of Paediatric Audiology provision in England 2018. 107 of 135 NHS Trusts and providers in England responded to the survey and 39 services responded to this question. Services could select multiple responses.

What needs to change?

- › The Department of Health should commit to auditing the number, skills and qualification levels of audiologists in both adult and children’s services. They should work with higher education institutes and professional bodies’ to develop a strategy which ensures there are enough training places and audiologists that specialise in working with children.
- › Trusts should make a commitment to ensuring that their children’s audiology service is adequately staffed in order to maintain a good quality service. Where recruitment issues are a problem they need to communicate this to NHS England and the Department of Health.

How much are services being paid?

The assessment and fitting of hearing aids for children can be complex. This means that appointment times are longer than many other audiology appointments and may involve more than one member of staff for these to be done well for every child. As a result children's services are more expensive and must be funded adequately.

Services are funded in different ways, but almost half are funded through an individual tariff per child (46 services). Of these 46 services, thirty two told us how much they are paid per child for hearing assessments, hearing aid fitting and after care. The amount each service was paid varies widely. As the average cost of the hearing aid alone is around £100, and the lowest paid provider only received £33 for an appointment to fit one, we're concerned that some services are not receiving enough money to cover the full costs of the aids, vital accessories and appointment costs.

If services are not being paid enough, where is the money coming from to make up the shortfall?

- › Initial hearing assessment – £275 difference between the lowest and highest paid provider.
- › Follow up assessment – £172 difference between the lowest and highest paid provider.
- › Hearing aid fitting – £553 difference between the lowest and highest paid provider.
- › After care – £90 difference between the lowest and highest paid provider.

Three-quarters of services are jointly funded for adult and children's hearing support. There is a risk that pressures felt in the adult service to provide hearing support at an increasingly reduced cost because of the Any Qualified Provider policy (a way of commissioning NHS services) will impact on the children's service.

Chart 2: Difference between lowest and highest paid children's audiology services for hearing aid fittings



Source: Survey of Paediatric Audiology provision in England 2018. 107 of 135 NHS Trusts and providers in England responded to the survey, and 29 services responded to this question.

What needs to change?

- › NHS England and local commissioners should identify the actual costs of providing children's audiology services and ensure services are adequately funded.
- › NHS England should ensure services become IQIPS accredited or commit to making progress with accreditation, so that there is a common standard that services are expected to adhere to.
- › The Department of Health should look into the impact of changes to commissioning of adult audiology on children's services. Safeguards must be put in place to protect children's services from any unintended consequences of the changes to commissioning taking place in adult's services.

How many appointments are missed?

The Did Not Attend (DNA) rate is used by the NHS to track where patients didn't attend appointments. As children should be brought to health appointments by their parents, high non-attendance rates can indicate safeguarding concerns, although poor multidisciplinary working or ineffective processes for engaging with families that services find hard to reach, may also be to blame. The Care Quality Commission (CQC) say that NHS services should follow up on children who miss appointments.

For outpatient services across the NHS, DNA rates were 9% between 1 January and 31 March 2018.

DNA rates varied dramatically across children's audiology services: the lowest was 2% and the highest was 33%.

Sixty-nine percent of services had DNA rates above the NHS average of 9%. Of the services with a DNA rate above the NHS average, 88% had problems with waiting times.

Chart 3: Children's audiology services above and below the NHS DNA average of 9%



Source: Survey of Paediatric Audiology provision in England 2018. 107 of 135 NHS Trusts and providers in England responded to the survey, and 93 services responded to this question.

What needs to change?

- › Children's audiology services should publish their DNA rates and commit to benchmarking themselves against similar services with lower DNA rates. CCGs should question services with a higher DNA rate than the NHS outpatient average.
- › Children's audiology services with DNA rates higher than the average, should create an action plan to address the specific issues, including reviewing local policies on managing missed appointments and families that services find hard to reach.

What will we do to improve the situation?

We will continue to monitor children's audiology services annually and where we have concerns we will challenge those responsible to make improvements.

We will contact national decision-makers, asking them to action our recommendations and ensure that services are effectively supported to meet high standards.

We will work with services to find solutions to problems, identify good practice and to understand why there is variation in quality between different children's audiology services.

We will support professionals working with deaf children, improving links across different disciplines through Children's Hearing Services Working Groups (CHSWGs) — who bring together the key professionals who support deaf children — and other local networks.

We will encourage and support CHSWGs to hold services to account more effectively, using the information that we have collected.

For more information

See: *Survey of Paediatric Audiology Provision in England 2018* at www.ndcs.org.uk/listenupsurvey.

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**We are the National Deaf Children's Society,
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