

**Freedom of Information Request: 0043 2019/20**

**Paediatric audiology services: 2019/20**

University Hospital Birmingham NHS Foundation Trust

**Questions for paediatric audiology services: 2019/20**

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**Please only complete this survey if your audiology service provides diagnostic hearing assessments AND hearing aid provision for children.** This may be hospital or community based. It is not necessary to complete this survey if your audiology service only provides hearing screening or assessments (such as primary tier, second tier or community services) and refers children on to other services for hearing aid provision when necessary.

Please base your answers on the support available as of 31 March 2019.

**Section 1: Your service**

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**Please answer the questions below based on the situation as of 31 March 2019.**

1. Please provide the following information:

Your name:	Eleanor Cadman
Your role:	Clinical Lead, Paediatric Audiology
Your email address:	<a href="mailto:Eleanor.cadman@heartofengland.nhs.uk">Eleanor.cadman@heartofengland.nhs.uk</a>
Your telephone number:	0121 424 3067

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:**

University Hospitals Birmingham NHS Foundation Trust

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 x

If you selected Yes, we understand that your responses to the questions below may differ for each Trust.

2. We have included below, the locations where previously you, or a CCG 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	Funding CCGs	Is your service jointly delivered with an adult service? (for example does the service share clinical staff/a reception or waiting area/share a budget?) Y/N	Is this information correct? Please (✓) or cross (×).
University Hospitals Birmingham NHS Foundation Trust	Heartlands Hearing Centre	Heartlands Hospital, Bordesley Green East, Birmingham	B9 5SS	NHS Birmingham and Solihull	Y	✓

University Hospitals Birmingham NHS Foundation Trust	Solihull Hospital	Solihull Hospital, Lode Lane, Solihull	B91 2JL	NHS Birmingham and Solihull	Y	✓
University Hospitals Birmingham NHS Foundation Trust	Good Hope Hospital (ENT only for paediatric patients)	Good Hope Hospital, Rectory Road, Sutton Coldfield, Birmingham	B75 7RR	NHS Birmingham and Solihull	Y	✓

## Section 2: Waiting times

3. On average, in the last quarter, (1 January – 31 March 2019) how many days did patients wait for the following?  
If you are not sure please estimate.

	<b>Referral to first assessment – KPI NH1</b> (newborn hearing screening pathway)	<b>Referral to first assessment</b> (older children post-newborn hearing screening)	<b>Decision to fit hearing aids to time fitted for PCHI</b> (both newborn hearing screening pathway and older children referred from other routes)	<b>Routine follow-up hearing aid review for existing PCHI not including glue ear</b>  (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)	<b>New earmoulds</b>  (working days from time notified of need)	<b>Hearing aid repairs</b>  (working days from time notified of need)	<b>Routine follow-up hearing tests for children with glue ear</b>  (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)	<b>Grommet surgery for glue ear</b>  (RTT pathway)
<b>Number of days</b>	1499 / 1511 were seen by 28 days  Plus another 11 were screened by 12 weeks	3-4 weeks  (estimate)	Approx. 6 weeks  (estimate)	Under 5's – 60 days  Over 5's – approx. 7 months  (estimate from waiting list figures)	1-2 days  (estimate)	1-2 days  (estimate)	Approximately 60 days  (estimate from waiting list figures)	100 days  Estimate based on last years figures

	90% of all BSS patients were seen completely as inpatients so a very high proportion would have received screening by 5 days.							
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### Section 3: Your policies

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Please answer the questions in this section based on the situation as of 31 March 2019. Please put a cross next to the relevant answer/s.

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

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

Other, please specify:

5. Are there any groups of children that you don't currently provide hearing instruments for? Select all that apply:

Temporary conductive loss	
Unilateral loss	
Mild loss	
Moderate loss	
Auditory Neuropathy Spectrum Disorder (ANSO)	
Not applicable – we provide hearing instruments for all children	✓

Other, please specify:

If you have selected any groups of children above, please explain why you don't provide hearing instruments for those groups.

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

No, never	
Yes, always	✓

Yes, with limitations – please specify:

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

No, never	
Yes, always	✓

Yes, with limitations – please specify:

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8. What types of 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)	✓
We offer Saturday appointments	
We deliver some services in schools	✓
we offer telephone or video appointments eg. Skype	

## Section 4: Your caseload

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### 9. How many deaf children were on your case load?

Permanent Childhood Hearing Impairment (PCHI) should include:

- All children who have a unilateral or bilateral sensori-neural or permanent conductive deafness, 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. It also includes 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.
- BUT NOT children known to have Auditory Neuropathy Spectrum Disorder (ANSD) as we are asking for those numbers separately.

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.

	<b>On 31 March 2019</b>
<b>Number of births per annum your service covers</b>	Approx. 9,000
<b>Age group your service covers (e.g. 0 – 18 years)</b>	0-18 years
<b>Total number of children with PCHI</b>	306
<b>Total number of children with temporary deafness (and fitted with hearing aids)</b>	111
<b>Total number of children with ANSD</b>	13



10. How many of the children on your caseload were referred to your service from the Newborn Hearing Screen?

**151**

## Section 5: Quality improvement

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

11. Have you registered for (Improving Quality in Physiological Services) IQIPS this year? Please select one answer:

No	
Yes for adults audiology services	
Yes for children's audiology services	
Yes for both adults and children's audiology	✓

12. Which of the below best describes your current status with regard to IQIPS for **children's services**? Please select one answer:

Registered for the IQIPS process but dropped out after March 2018 ( <i>go to question 13</i> )	
Never registered for the IQIPS process ( <i>go to question 13</i> )	
Registered for the IQIPS process but have not had an onsite assessment ( <i>go to question 14</i> )	✓
Registered for the IQIPS process, had an onsite assessment but did not reach the required standard ( <i>go to question 14</i> )	
Gained accreditation with IQIPS - at least one site that sees children ( <i>go to next section 6: Staffing and training</i> )	

13. If you are not registered with IQIPS, what is the **main** reason? Please select **one** answer:

Lack of capacity (staffing)	
Think we won't reach the required standard	
No budget for it	
It's a tick box exercise	
It's too complicated	
Commissioners won't fund it	
Commissioners don't require it	
Trust Management haven't prioritised it	
It is not mandatory	

Other (please specify)

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**Please move to section 6: Staffing and training.**

14. If you are registered with IQIPS but have not progressed in the last year, what is the **main** reason? **Please select one answer:**

Lack of capacity (staffing)	
Think we won't reach the required standard	
No budget for it	
It's a tick box exercise	
It's too complicated	
Commissioners won't fund it	
Commissioners don't require it	
Trust Management haven't prioritised it	
It is not mandatory	
Not applicable – we have made progress with accreditation in the last year	✓

Other (please specify)

<b>We have made some progress and are being supported by the west midlands GMC Diagnostic Services Accreditation Led</b>
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15. Has your service booked its onsite assessment with UKAS? Please select one answer:

No ( <b><i>go to question 16</i></b> )	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>

If yes, what is the date of your onsite assessment:

MM/YYYY

**Please move to section 6: Staffing and training.**

16. What colour are you currently at on the UKAS traffic light system?

Please put a cross next to the relevant answer.

Red	<input type="checkbox"/>
Amber	<input checked="" type="checkbox"/>
Green	<input type="checkbox"/>
Not using it	<input type="checkbox"/>

## Section 6: Staffing and training

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17. How many full time equivalent staff does your **children's** audiology service have at the following levels as on 31 March 2019?

Please express part-time roles as a fraction of a full time role eg. 1 full time role and a part time role of 3 days would be 1.6 FTE.

	31 March 2019				
Level	Permanent posts	Locum/ temporary posts	Vacant posts	Frozen posts	Apprentices
Band 1	0	0	0	0	0
Band 2	0	0	0	0	0
Band 3	0	0	0	0	0
Band 4	1.65	0	0	0	0
Band 5	1.3	0	0	0	0
Band 6	5.4	0	0	0	0
Band 7	1	0	0	0	0
Band 8 a	1	0	0	0	0
Band 8b	0	0	0	0	0

<b>Band 8 c</b>	0	0	0	0	0
<b>Band 8 d</b>	0	0	0	0	0
<b>Band 9</b>	0	0	0	0	0
<b>Doctor specialising in audiology (paediatrician, audiovestibular physician etc)</b>	0	0	0	0	0
<b>Other staff eg. volunteers and students</b>	0	0	0	0	0

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

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

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

Other, please detail:

**We have had several members of staff on longterm sick which has impacted on what the rest of the department can then cover. During January to March 2019, we had a vacant band 6 post (filled in April) and two band 4 assistants on long-term sick. The 8a post was vacant and then filled in September 2018, and the band 7 post had been vacant and filled in august 2018.**

19. Are you aware of any planned changes to staffing in 2019/20?

- No
- Yes, please detail: ✓

**Will be recruiting for the band 7 post due to staff resignation, I do not anticipate any problems in being able to advertise the post but may have difficulty recruiting to the post.**

20. Thinking about permanent posts in the service as of 31 March 2019, what was the split of clinical and non-clinical sessions for audiology staff?

Level	Number of clinical sessions per week	Number of non-clinical sessions per week
Band 5	13	0
Band 6	40	4
Band 7	8	2
Band 8 a	5	5
Band 8 b	0	0
Band 8 c	0	0
Band 8 d	0	0
Band 9	0	0
Doctor specialising in audiology (paediatrician, audiovestibular physician etc)	0	0

21. Are all staff able to access the CPD necessary for their roles? Select all that apply:

Yes	✓
No – because of financial constraints	
No – because training expenses are not covered eg. travel to training	
No – because there isn't cover for clinical duties	

No – other [please detail]

**We have monthly staff meetings and training opportunities.**



## Section 7: Children's Hearing Services Working Groups

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Please answer the questions in this section based on the situation as of 31 March 2019. Please put a cross next to the relevant answer/s.

22. Does the Children's Hearing Services Working Group (CHSWG) in your area include at least one parent representative? Please select one answer:

Yes	✓
No	
Don't know	
We don't have a CHSWG ( <i>go to the Section 8: Technology</i> )	

23. Does the CHSWG in your area produce a publically available annual report? Please select one answer:

Yes	
No	
Don't know	✓

## Section 8: Technology

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24. As of 31 March 2019 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
Radio aids	✓			
Remote microphones	✓			
Streamers	✓			

25. As of 31 March 2019 do you balance or pair streamers purchased by:

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

	The local authority	Parents of the deaf child	We don't balance or pair devices unless we've provided them	Not provided
FM systems		✓		
Streamers		✓		

26. Are there any plans to stop the provision of hearing equipment or accessories for hearing equipment in 2019/20? Please select one answer:

- No ✓
- Yes – please tell us which equipment and why:

## Section 9: Patient engagement

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Please answer the questions in this section based on the situation as of 31 March 2019. Please put a cross next to the relevant answer/s.

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

Provide information on the adult service for young people	<input checked="" type="checkbox"/>
Offer an appointment with the adult service before being discharged from the children's service	<input checked="" type="checkbox"/>
Hold joint appointments with both paediatric and adult audiologist present	<input checked="" type="checkbox"/>
Visit local schools to offer sessions to share information with young people about deafness, independence and transition etc.	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

Other please state:

**Occasionally invited by sensory support team**

28. What was your service's most recent score in the family and friends test?

**N/A**

Date the score was recorded: MM/YYYY

29. What was your average 'Was not Brought (WNB)' or 'Did Not Attend (DNA)' rate across all appointment types for children for the 2018/19 financial year in percent?

**Approx. 28.5%**

### Section 10: Funding and commissioning

30. What was the annual budget for your paediatric hearing aid service for the 2018/19 financial year, from the organisations below?

Complete all that apply:

- NHS England

- The CCG(s)

- Other

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

31. How is your funding provided? Please select all that apply.

As a block contract within ENT services? ( <i>go to question 33</i> )	
As a block contract within wider children's services? ( <i>go to question 33</i> )	
As a block contract for all children's audiology services? ( <i>go to question 33</i> )	
As a block contract for both child and adult audiology services? ( <i>go to question 33</i> )	✓ For community screening services
As an individual tariff per child? ( <i>go to question 32</i> )	✓ For BHH patients

Other, please specify:

32. If you selected tariff per child, how much money do you receive for each service below?

The £33.37 is per contact, but the appointment itself could have several parts that each qualify for another £33.37

e.g. Hearing aid fitting – contact £33.37, hearing assessment £33.37 and then hearing aid fitting £33.37, would be £100.11

Complete all that apply:

- Initial hearing assessment/diagnosis

**£33.37**

- Follow up assessment/review appointment

**£33.37**

- Hearing aid fitting (cost of attendance and device)

**£33.37**

- After care (repairs, earmoulds etc.)

**£33.37**

33. Before now, were you aware that there is a national tariff for children's hearing assessments (aged 0-18)?

Yes	x
No	
Don't know	

34. 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	✓
Our service is joint and budgets are not shared	
Our service is paediatric only	

35. Was your audiology service for deaf children commissioned differently in the 2018/19 financial year when compared to the 2017/18 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:

36. Is your audiology service being commissioned differently or reviewed in 2019/20? (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:

**Many thanks for your time.**