

Ref: FOI/GS/ID 5182

**Please reply to:**  
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Trust Management  
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01 July 2019

## **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Adult hearing services.

*You asked:*

- 1. Your details*
  - a. State your organisations official name here*
  - b. Please list all sites where you provide audiology services*
- 2. About adult audiology services*
  - a. At what age can people access your Direct Access Audiology (DAA) service?*
  - b. Please provide the clinical criteria used to determine who is eligible for your DAA service.*
  - c. Please provide the clinical criteria used to decide which DAA service patients require onward referral to ENT, Audiovestibular physicians or other consultant led service.*
  - d. Please provide the clinical criteria used to decide which patients accessing the DAA service require referral back to their GP.*
  - e. Do you have an audiologist led clinic – i.e. non-consultant led – to manage tinnitus that falls outside of the DAA service above?*
  - f. Please provide details of the service.*
  - g. Do you have an audiologist led clinic – i.e. non-consultant led – to manage asymmetric hearing loss that falls outside of the DAA service above?*
  - h. Please provide details of the service including:*
    - i. Does your audiology clinic manage earwax?*
- 3. About how audiology services work with GP's, ENT and other services.*
  - a. What proportion (%) of all adult hearing assessments that you did in 2017/18 were*
    - referred by ENT/Audiovestibular physicians*
    - referred by GP's (i.e. Direct Access Audiology)*
    - self-referred/patient initiated*

- other route(s)
- b. What proportion (%) of all DAA pathways in 2017/18 resulted in
  - assessment only
  - Hearing aids fitted and no referral required
  - other outcomes
- c. What proportion (%) of all DAA pathways in 2017/18 resulted in
  - referral back to GP
  - referral to ENT/Audiovestibular physician
- 4. About adult hearing loss and adult hearing aid fits
  - a. What proportion (%) of all adults that you fitted with hearing aids in 2017/18
    - had age-related hearing loss
    - had noise-induced hearing loss
    - had a different cause of hearing loss
  - b. What was the average (mean) age of the adults you fitted with hearing aids in 2017/18
  - c. What proportion (%) of adults that you fitted with hearing aids were provided with two hearing aids?
- 5. About payment and coding
  - a. This is only consultant-led clinics. When an audiologist supports a consultant-led clinic are the costs allocated to the consultant-led clinic?
    - Yes
    - No
    - None of the above
  - b. This is only about your audiology, non-consultant led clinics. Tick all funding models that applied in 2017/18
  - c. Do you assign the code CA37A to hearing assessments performed in the DAA clinic?
    - Yes
    - No
  - d. Who is responsible for assigning the codes AS05 and AS06 at your organisation?
    - Tick all that apply.
  - e. How is the adult hearing service – hearing assessment, hearing aid fits, ongoing care etc. – commissioned?
    - Please tick which option applies at your organisation.
  - f. Please provide the process for coding AS05 and AS06 at your organisation?
- 6. About material changes during the 2018/19 financial year?
  - Have there been any material changes to your local audiology services in the 2018/19 financial year so far?
    - Yes
    - No

Trust response:

Please see the following.

1.
  - a. MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST
  - b.
    - PEMBURY HOSPITAL, TN2 4Q, Yes
    - MAIDSTONE HOSPITAL, ME16 9QQ, Yes

SEVENOAKS HOSPITAL, TN13 3PG, Yes

2.

a. 16

b.

-SYMMETRICAL LOSS.

-SYMMETRICAL TINNITUS WITH LOSS.

-TRANSFER FROM PAEDIATRIC TO ADULT SERVICE AT AGE 16.

-TRANSFER OF CARE FROM OTHER HEARING AID SERVICE.

-FURTHER REFERRAL FROM GP FOR A PATIENT WITH AN EXISTING AID.

-REFERRAL FROM AN ENT CONSULTANT FOR DIAGNOSTIC TESTS.

c.

-UNILATERAL SYMPTOMS.

-ASSYMETRICAL LOSS (20DB OR GREATER DIFFERENCE AT TWO OR MORE OF THE FREQUENCIES 500,1000,2000,4000HZ).

-UNILATERAL/PULSATILE/TROUBLESOME TINNITUS.

-PERSISTENT OTALGIA LASTING MORE THAN 7 DAYS IN THE PAST 90 DAYS.

-OTORRHEA WITHIN THE LAST 90 DAYS.

-RAPID LOSS/DETERIORATION OF HEARING IN THE PAST 90 DAYS.

-VERTIGO.

-CONDUCTIVE HEARING LOSS 25DB OR MORE AIR-BONE GAP AT TWO OR MORE OF THE FREQUENCIES 500,1000,2000,4000HZ.

-ABNORMAL DIFFICULTY HEARING IN BACKGROUND NOISE/AUDITORY PERCEPTIONS.

-SIGNIFICANT DETERIORATION IN HEARING (15DB OR MORE IN THE PAST 24 MONTHS AT TWO OF THE FREQUENCIES:

500,1000,2000,4000HZ).

d.

ANYTHING FALLING OUTSIDE OF SECTION 2C ABOVE WHICH PRECLUDES A HEARING TEST OR HEARINGS AIDS BEING FITTED WHERE THE SYMPTOMS CAN BE MANAGED BY THE GP UNTIL RESOLVED I.E EAR INFECTION, WAX MANAGEMENT/REMOVAL.

e. Yes

f.

-SINGLE HEARING THERAPIST OPERATING FROM MAIDSTONE HOSPITAL FOR 2.5 DAYS PER WEEK.

-DEALS WITH TINNITUS, ABNORMAL SENSITIVITY TO NORMAL SOUND (RECRUITMENT), DIFFICULTY UNDERSTANDING SPEECH WITH A NORMAL HEARING TEST.

-PROVIDES CBT THERAPY TO HELP COPE WITH TININTUS SYMPTOMS.

-PROVIDES LISTENING STRATEGIES.

g. No

h. Not applicable

i. No

3.

a.

- 14%

- 56%

- 30%

- Not applicable

b.

- 4%

- 78%

- 18%

DID NOT ATTEND, HAD WAX, REFERRED TO ENT, REFERRED TO HEARING THERAPY

c.

- 6%

- 8%

4.

a.

- 60%

- 20%

- 10%

b. 74

c. 93% adults fitted with two hearing aids

5.

a. No

b. Block contract

c. No, u24.3

d. Both of the above

e. We do not have an AQP contract for adult hearing services (proceed to part 6)

f. Not applicable

6. No