

Date: 25/11/2016

FREEDOM OF INFORMATION REQUEST FOI/013136 - Audiology services

The purpose of this survey is to provide a snapshot of audiology provision for deaf children in England. A summary report of the findings will be published later in 2016.

Thank you in advance for taking the time to complete this survey.

1. Your service

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1. Thinking about the 2015/16 financial year, did your service experience longer waiting times for? [please tick all that apply]

hearing aid repairs

new earmoulds

hearing tests

first assessments

If you have ticked any of the above, please state by how much waiting times increased and the reasons for the increase.

2. Were there any changes in policy or practice in what your audiology service provided in 2015/16? [please tick all that apply]

For children with temporary conductive hearing loss V

For children with mild hearing loss V

For children with unilateral hearing loss √

Relating to how regularly children are reassessed

Relating to batteries for hearing aids

Relating to coloured moulds / hearing aids

Relating to lost hearing aidsV

Relating to appointment times

Relating to the printing of information/reports for patients

Other (please state)

3. If you have ticked yes to any of the above, please tell us what has changed and the reasons for the Change

Temporary conductive hearing loss – commissioners agreed to fund softband bone conduction hearing aids. Mild and unilateral loss – intervention offered much earlier due to evidence regarding neural development. Lost aids – now liable to a charge in line with Trust Lost Aid Policy

4. At what age does your service transfer deaf young people to adult services?

16

18

21

Flexible around the needs and wishes of the patient

Other (please specify) 19

5. Were there any changes to how your audiology service for deaf children is commissioned in 2015/16 (e.g. competitive tendering, any qualified provider, etc.)?

No v

Yes - please outline below what these changes are and any impact this has had on the service:

2. Staff and training

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6. Were there any changes in the number and skill-mix of full time equivalent (fte) staff in your team, including administrative staff, in 2015/16?

[please tick all that apply]

No √

Yes - there are more staff available than last year

Yes - there are fewer staff available than last year because we have been unable to recruit to posts

Yes - there are fewer staff available than last year because posts have been frozen

Yes - there are fewer staff available than last year because posts have been deleted because of financial constraints

Yes - there are fewer staff posts in the service now than last year because we no longer require them (e.g. end of waiting list

initiatives)

Yes - Other (please state)

7. If you have ticked yes to any of the above, please describe in more detail what has changed (including the number of staff reductions, if any) and the reasons for the change.

8. Was there a training programme in place for audiologists in your service in 2015/16?

Yes √

No

If yes, please tell us what changed (eg. changes to the training budget or changes to the types/numbers of staff able to access

training) and the reasons for the change:

9. If yes, were there any changes to the availability of training in 2015/16?

Yes - an increase √

Yes – a decrease

No

If you have ticked yes to any of the above, please outline below what these changes are, the reasons for the change and what assessment, if any, has been carried out on the impact of these proposed changes:

Two audiologists were funded for the Effective Amplification for Infants and Children course.

10. Looking ahead to the 2016/17 financial year, are you aware of any planned changes to any of the below?

[please tick all that apply]

Policy or practice in what your audiology service provides

Number or skill-mix of full time equivalent staff in your team

Availability of training V Training budget has decreased

Informal family support services such as parent coffee mornings, playgroups, use of voluntary sector etc.

The way the service is commissioned

Provision of assistive learning devices or services to ensure they work effectively with the child's personal amplification

3. Working with others

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11. Did your service provide informal family support services such as parent coffee mornings, playgroups, use of voluntary sector, etc. in 2015/16?

Yes v

No

12. If yes, were there any reductions in informal family support services in 2015/16?

No √

Yes

If yes, please tell us what changed and the reasons for the change:

13. Is anyone from the audiology team involved in the development of Education Health and Care plans?

Yes √

No

14. Have you faced any barriers to being involved in developing Education Health and Care plans?

Yes

No √

15. If yes, what were the barriers? Never been asked to be involved Not told when the meetings are

No funding for non-clinical work Other (please specify)

4. Technology

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16. Did your service provide any assistive listening devices or take any action to ensure they work effectively with the child's personal amplification in 2015/16?

[please tick all that apply]

We provided FM systems when hearing aids are not appropriate

We provided hearing aids with integrated FM receivers when appropriate

We provided FM shoes for the child's hearing aids V

We balanced personal FM systems that were provided by the local specialist education service for deaf children

We provided and paired Bluetooth streamers free-of-charge when appropriate

We provided and paired Bluetooth streamers which the family paid for

We paired Bluetooth streamers which had been purchased elsewhere

Other devices or services – please state

17. If you have ticked any of the above, were there any reductions in the provision of assistive learning devices or services to ensure they work effectively with the child's personal amplification in 2015/16?

No √

Yes - please tell us what changed and the reasons for the change:

5. IQIPS accreditation

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18. Has your service gained accreditation with (Improving Quality in Physiological Diagnostic Services) IQIPS?

Yes

No, we had an onsite assessment but did not reach the required standard

No, we've not had an onsite assessment V

19. Has your service registered for the IQIPS process?

Yes v

No

If yes, date you expressed an interest: 12/2012

20. Has your service started using the Self-Assessment and Improvement Tool (SAIT)?

Yes √

No

If yes, date you begun to use the SAIT: 04/2013

21. Has your service applied to UKAS to begin the accreditation peer review process?

Yes √

No

If yes, date your service signed the agreement: not yet signed

22. Has your service booked or completed its onsite assessment with UKAS?

Yes

Noν

If yes, date of your onsite assessment: MM/YYYY

23. If you have not registered with the SAIT for IQIPS, what are your reasons for not doing so?

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

Senior Commissioners won't fund it

Senior Management haven't prioritised it

It is not mandatory

Other (please specify)

24. What are the most successful aspects of your audiology service at the moment?

We have audited our paediatric service against the NDCS standards and have met these standards.

25. What are main challenges or problems facing your audiology service at the moment?

Budgetary constraints.

26. Is there anything else you would like to tell us about the audiology service and any future plans?

6. Please tell us about yourself and the service

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* 27. Your name: Tina Harris

* 28. Your role Audiology Team Leader

* 29. Name of audiology service (please don't use abbreviations): The Dudley Group Audiology Service

st 30. Name of Trust that provides the paediatric audiology service (please don't use abbreviations): **The Dudley**

Group NHS Foundation Trust

* 31. Sites where paediatric audiology is delivered by your service (please don't use abbreviations): **Brierley Hill**

Health & Social Care Centre, Russells Hall Hospital and Stourbridge Health & Social Care Centre.

* 32. CCG area(s) covered (please don't use abbreviations): Dudley CCG

* 33. Email address: audiology.referrals@nhs.net

34. Telephone number: 01384 321266

35. Finally, we would welcome any feedback on the survey questions or on the ease of completing the survey. Please describe below any feedback you might have.

Had problems with filling in the survey, printed a copy of completed survey so it could be scanned and sent to you

(only way we could send you the survey) but some of the answers were blank even though they had been filled in.