

Audiology Let's Talk: Insight Report

What people think about hearing loss services in Northumberland

Executive Summary

- We were prompted to undertake this research project when 20 people told us their views on the loss of the Hear to Help service, formerly provided by Action on Hearing Loss
- 66 people responded to our audiology survey, from across the county
- 11 people fed back to us through a focus group at Bell View resource centre

Location of hearing loss services was a key area of discussion

- More than 50% of people we asked said it was easy for them to travel to an audiology clinic
- Some people were happy they did not need to travel to Newcastle
- Some people said the clinic was in a bad location with accessibility issues, seasonal transport issues, and public transport combined with limited clinic opening hours
- People who found it easy to access clinics used a range of different transport modes
- We are unlikely to have heard from the most isolated, vulnerable people in the county. People who live rurally, with mobility issues, or limited social networks, and lower incomes, are likely to find it hardest to access hearing care clinics
- Some patients were supported by a carer or friend to attend a clinic or understand their care - a gap for patients in accessing or receiving hearing care independently
- Few people told us they used patient/community transport services to access a clinic

Information about and awareness of services was another key area of discussion

- We signposted people to: transport services, audiology clinics, and voluntary groups (like Carers Northumberland), showing a lack of awareness/information availability
- Some people were aware of hearing aid/s battery locations, whilst others were not
- One patient spoke about an information form given with their hearing aid/s used to support them to live with hearing aid/s. Contrastingly, 48% of people said they had not been offered training, advice, or support for living with hearing loss
- Some people believed the onus was on the person experiencing hearing loss to ask rather than professionals to let them know what support was available
- 10 of 11 people in our focus group did not know of the hearing aid/s postal service
- Some people were not physically able to clean or retube their own hearing aid/s due to dexterity problems, vision impairment, or not feeling confident enough
- 23% of people we asked agreed they had felt isolated as a result of their hearing loss

Drop in vs appointments

- Most people preferred drop-ins to appointments, finding them easier or more convenient
- In our focus group most patients preferred appointments to drop-ins
- Many patients were satisfied with the current audiology appointment system

- Interestingly patients gave similar reasons for their preference of either appointments or drop-ins – ease of managing transport arrangements as a priority
- 42% of patients would like to be told it was their turn to be seen by someone calling out their name. Some patients liked the idea of having a board with their name on
- 62% of patients we spoke to agreed the waiting time for their appointment was reasonable
71% of people agreed their appointment gave them ‘time to talk’
- 52% of people said they had their hearing aid/s serviced at the right time for them

Regular hearing aid/s maintenance and NHS audiology services

- People were positive about the quality of care provided in audiology clinics. People praised the staff and were satisfied they got what they needed from the service
- It is advised that hearing aid/s tubing is replaced every three to six months. 42% of patients had their hearing aid/s maintained in the last six months, and 46% had not
- Many people we spoke to were able to clean and change batteries in their hearing aid/s but could not change their tubes
- Some patients said they had waited a while to receive their new hearing aids
- People told us that not all hearing aid/s batteries/tubes were available everywhere
- Some patients said they found face to face communication easiest. Many services now offer a phone appointment system, a barrier to people with hearing loss

Hear to Help service

- Hear to Help was an important service for people experiencing hearing loss
- People at the Bell View focus group said the service had helped to show them how to maintain their hearing aid/s, and given them tube cleaners

Introduction

Healthwatch Northumberland is an independent organisation which champions the views of the people of Northumberland. We are a listening organisation based across Northumberland and we act on what people are saying to create change and improvement. Our purpose is to help make care better for people in Northumberland.

Our work is steered by what people in Northumberland tell us about their experience of services. We received significant feedback from people after the charity Action on Hearing Loss was no longer able to provide a service called Hear to Help across the county. The Hear to Help service stopped on 30 April 2019.

Hear to Help was a drop-in service delivered in community locations including libraries and GP surgeries. The drop-in service provided advice and information for people experiencing hearing loss, as well as performing general hearing aid/s maintenance, such as replacing tubes and batteries.

Feedback we received suggested that some people appreciated the service and did not want it to be withdrawn. We decided to investigate the impact, if any, of the withdrawal of this service and to build a greater awareness and understanding of what people in Northumberland want and need in services to support with hearing loss.

It should be noted this work was done before the COVID-19 pandemic and the resultant change to services. However, the issues raised by respondents, particularly about communication, remain relevant now and in the future.

Aims

We undertook an investigative piece of research. This report presents this research, providing an investigation of the following questions:

1. What do people in Northumberland think of audiology services?
2. What audiology services are available for the people of Northumberland?
3. What is good about audiology services in the county?
4. What could be better about audiology services in the county?

How we collected people's views

Healthwatch Northumberland collected the views of the people of Northumberland through feedback forms, over the phone, by email, text, social media and via our website, at engagement events, and through third parties (such as people who work in services).

People shared their views on audiology services between January and September 2019, after being notified about the loss of the Hear to Help service.

We conducted a face to face survey in locations where the Hear to Help service previously operated (Appendix 1). We also attended all the audiology clinics in Northumberland run by Newcastle Hospitals Trust (Appendix 3). A list of the 'Let's Talk Audiology' events held including locations and dates can be found in Appendix 2 and 3.

We also held a focus group at the Bell View resource centre; one of the locations of the Hear to Help service. The purpose of the focus group was to talk about hearing aid/s services in and around the county.

All data has been anonymised.

Hearing loss

Hearing loss has a wide-range of potential impacts including:

- Loneliness and isolation
- Reduced quality of life
- Poor physical health – including an increased risk of cardiovascular disease
- Dementia – with those with severe hearing at five times the risk of developing dementia

- Depression and other mental health issues
(Royal Voluntary Service, 2019)

It is important to ensure the people of Northumberland feel satisfied by the hearing loss services available to them. This is particularly important as supporting people with their hearing loss also has potential to impact on other aspects of their physical and mental health.

Feedback: January - September 2019

Between January and September we heard back from people about the loss of the Hear to Help service on 20 separate occasions. People largely shared that they themselves and their communities would miss the service, or that now they would now need to travel further to access the audiology clinics.

More than half of the unprompted comments we received mentioned the difficulty of travelling to audiology clinics. People said they felt travelling further to access hearing care services would be hard for an older population. One person summarised what appeared to be a shared feeling from the group who feedback about the loss of the service:

“due to lack of rural public transport and [patients] own frailty [...] service users who come to the [Hear to Help] drop-ins would lose an invaluable asset, and they won’t attend the audiology departments because they simply cannot physically get there.” (patient and Action on Hearing Loss volunteer, Alnwick, North Northumberland)

This person went on to give an example of what this might mean for someone in their community who attended the sessions:

“In Northumberland [there] is an elderly [service] user in Bellingham (on the edge of the Northumberland National Park), where [Hear to Help] currently operates. [They will have] to make a 30 mile round trip via an infrequent bus service to Hexham (the nearest audiology department). This would involve a stressful all day trip and that distance is not uncommon.” (patient and Action on Hearing Loss volunteer, Alnwick, North Northumberland)

Across the group further concern was raised about older people being physically able to access audiology services they needed:

“I would like to say that as one gets older it has been invaluable to be able to go locally. I understand there are long waiting lists for Hexham and Corbridge and the Freeman is sometimes difficult to get to.” (patient, unknown location)

“In Alnwick the Action on Hearing Loss person used to go to various sheltered housing complexes every one to two months to provide batteries etc. for those who were housebound. These people are now going to have to pay for transport to the surgery or hospital. For those in the more rural parts of the country it will be even more difficult.” (patient, unknown location)

“It is marvellous to attend a local clinic- especially for the elderly who find getting transport difficult. If we no longer had this clinic folk would have to travel 17 miles each way to Alnwick/Berwick on buses that are not regular.” (patient, Belford, North Northumberland)

It is important that patients and carers linked their difficulty in accessing services with old age as many forms of hearing loss are associated with ageing. In 2019 Age UK stated “around 40% of people over 50 in the UK have some form of hearing loss,”. In 2017, the Office for National Statistics reported that there were 76,259 living in the county of Northumberland who were over the age of 65. With an ageing population in the UK, the number of people who use hearing loss services in the county are only going to rise, and it is important they are accessible for all, including people living in rural areas of Northumberland. In our survey¹ 89% of the people who we spoke to about their hearing loss were over 65.

Some comments people made about the difficulties of travelling to audiology services were more closely related to the rurality of Northumberland. Disconnected or expensive transport links in rural locations appeared to make accessing services difficult for some:

“The caller is concerned that she now has a 25 mile round trip. She drives at present but not sure how long this will continue. She lives in a rural area with limited public transport and she lives two miles from bus stop.” (Reported by our Engagement Officer about patient, unknown location)

“Worried people may not be able to travel and will be cutting people off [...] People will have to travel further.” (patient, Hexham, Tynedale)

“A [...] service user aged over 80 said she would now need to travel to the audiology clinic twice a year which would involve two buses and a taxi” (Reported by Engagement Officer about patient, Ponteland, Castle Morpeth)

The comments patients and carers made about transport shows that accessibility is not only a problem related to old age, but also the rurality of the Northumberland county.

Some people fed back that they would generally miss the Hear to Help service:

“I would like to protest about the NHS taking away the Action on Hearing Loss team in Northumberland. Those with hearing aids must now go to their hospitals or surgeries to renew their batteries.” (patient, Newbrough, Tynedale)

The closure of the Hear to Help service appeared to be an emotive issue for some, with one person describing it as “a terrible blow to many old people” (patient, unknown location), and another sharing they “Feel that a valuable service is being cut [...] without repairs effects quality of life.” (patient, Hexham, Tynedale). Other people were less bothered by the closure of the service, with another person sharing that they prefer the audiology clinics to the Hear to Help drop-in service: “[woman] praised the clinic system for maintaining the hearing aids. She prefers the new

¹ The audiology survey results are shared from page 6 of this report onwards

appointment system to a drop in as it is more efficient and gives her a choice about which clinic to attend” (Reported by Engagement Officer about patient, unknown location). This difference in comments, with some people preferring appointments and some preferring drop-in is also something that emerged from the survey responses, which are discussed in the next section of the report.

Audiology Focus Group

A total of 11 people came to talk to us at Bell View resource centre, from locations including Alnwick, Belford, Seahouses and Wooler.

In the discussion we explained that we were working on an audiology services project because of the recent closure of the Hear to Help service, provided by Action on Hearing Loss (the Bell View resource centre was one community location where the Hear to Help service was present). We told people it was a chance for them to feedback about services.

In the session we provided information about what services are available for hearing aid/s maintenance. We also shared advice from Action on Hearing Loss on replacing and cleaning tubing.

People had discussions around what services they have used, what services they now use and what services people know about. Results of the focus group have been included alongside results of the survey as similar themes came out from both research methods.

Audiology Services Survey results

We had a total of 66 respondents to our audiology survey (the questions of which can be seen in Appendix 4). Respondents came from a mix of areas across Northumberland including: North Northumberland, Tynedale, Castle Morpeth, Ashington and Blyth, and Cramlington and Bedlington (please see Appendix 2 and 3 for a full list). A mix of rural and urban locations were visited.

The Newcastle Upon Tyne Hospitals NHS Foundation Trust audiology service² for Northumberland has received many positive comments from people we surveyed. We hope that by sharing positive feedback good practice can be identified. These positive comments ranged from people being happy with the service because of staff and technicians who had helped them, to people feeling they had got what they needed from the service. Patients also shared that they were generally happy with the service stating “[I am] very satisfied” (patient, Throckley, Newcastle Upon Tyne³) and “It’s good. I was surprised” (patient, Alnwick, North Northumberland).

Where patients shared that they felt the staff and technicians had helped to provide a good quality of care, people described staff as “lovely”, “helpful”, and “kind”. Patients identified being treat with

² Referred to throughout this report as ‘audiology clinics’

³ We did not seek to gather the views of people who do not live in Northumberland, but two people living in Throckley responded to our survey via post (our surveys were made freely available with in all audiology clinics across Northumberland.) We have included these responses as they are about services in Northumberland and they also show the reach of our engagement work.

compassion, which is an important part of providing person-centred care (Lieshout et al, 2015).
Comments include:

“The staff are lovely” (patient, Hexham, Tynedale)

“The people who helped me at Hexham were very good and really helpful” (patient, Sinderhope, Tynedale)

“I have found all the technicians that I have dealt with either face to face or on the phone helpful, knowledgeable, kind and responsive. They do a very good job and I am so grateful to have had my hearing improved. I can hear the birds again! Thank you all” (patient, Belford, North Northumberland)

“Excellent service from Freeman Audiology staff at Union Brae” (patient, Bowsdon, North Northumberland)

Patients and carers described the service as not only having “kind” and “helpful” staff, but also as ensuring patients and carers got what they needed from the service. Patients shared they had been supported by the service with comments including “I use the services sparingly but when I have [they were] satisfactory” (patient, Castle Morpeth) and “I am happy with the services provided and have always been satisfied with all aspects of care” (patient, Throckley).

Hearing Loss Services Case Study:

While conducting the survey we identified a case study of someone who needs additional support for their hearing loss. We felt this person had experienced most of the main themes which emerged as a result of the audiology services survey. We would urge service providers and commissioners to make any improvements to services, with this patient, and those who shared their views with us in mind:

Gerald⁴ is a 92-year-old man who lives in Ponteland. He is a carer for his wife, Nora⁵, since she had a stroke some years ago and doesn’t want to leave her alone for long. Both Gerald and Nora have mobility problems and Nora requires the use of a rollator to move about the house.

Neither Gerald nor Nora use patient transport as they are not sure whether they meet the criteria to use it. Gerald is able to drive a short distance but is becoming less confident on the road and finds the drive to the Freeman to be too difficult. Gerald shared that for him, “[the] distance for services is hardly brilliant.” Instead he chooses to use public transport, but to travel there and back to the Freeman takes five hours. Consequently, he most often uses taxis both ways and considers the cost to be expensive just to have retubing of his hearing aids carried out. The two-hourly bus service to the fixed-appointment clinic at Corbridge is just not feasible.

⁴ Name changed for anonymity. Where this respondent has fed back to us through our survey, and his responses are relevant to discussion, they have still been included in the report. This false name has been attached to all of his comments throughout the report to improve data transparency

⁵ Name changed for anonymity

Gerald has serious hearing loss and without hearing aids he would feel very isolated. The loss has made him depressed and he misses his former social life.

The Hear to Help service used to operate in Ponteland but ceased due to lack of funding. However, Gerald was unable to attend due to clashing with his sole social event of the month. He would have liked to attend the session otherwise and find out more about aids and maintenance.

Gerald feels very isolated and shared this is the result of his hearing loss as well as being a carer. He will still attend an audiology clinic at the Freeman but due to the above constraints this will be less frequent than the recommended six-monthly visits.

Location of Hearing Loss services

Location was one of the most discussed themes, with people sharing their experiences of using transport and how they get around, and their preferred location for accessing services. People we talked to generally felt the audiology clinics⁶ were in a good location for them with 56% of people we asked answering 'yes' to the question 'Was it easy for you to travel to the audiology clinic today? What was easy/hard?'. Supporting this, 57% of people who we surveyed, felt they had been able to have their hearing aid/s serviced or repaired at the right location for them. Some people enthusiastically shared their satisfaction with the service; "Excellent location" (patient, Hipsburn, North Northumberland). People said they were glad it was in Northumberland rather than Newcastle, commenting "much easier than the Freeman" (patient, Hadston, North Northumberland) and "important it's in Northumberland. Better than going to Newcastle." (patient, Hedley on Hill, Tynedale). Others linked their positivity about the location of audiology clinics directly to where they live:

"Clinic near bus station good [...] good bus service every hour to [clinic]" (patient, Newbrough, Tynedale)

"I personally have no problem in attending the [clinic] as I live in Hexham." (patient, Hexham, Tynedale)

Most people we talked to had used an audiology clinic at Hexham General Hospital (17 people), Alnwick Infirmary (15 people), or Corbridge Health Centre (12 people), with most people saying they would continue to use the same service in the future. People we spoke to at Alnwick Infirmary had an average round car trip to the service of 30 miles, whilst at Hexham General Hospital this was 21 miles, and in Cramlington (Manor Walks) this was 16 miles. Everyone who visited our drop-in events were from within the postcode area of the event, as well as attendees to Union Brae Surgery in Berwick. We did not talk to enough people from the other locations we visited to find out about the distance they had travelled. As well as this a total of 35 people returned their survey without travelling anywhere, by sending us it in the post. In terms of distance, from the people we talked to, people in Alnwick had to travel the furthest to access hearing aid/s services.

⁶ Throughout this report audiology clinics refer to the Newcastle Hospitals NHS Foundation Trust provided audiology clinics in Northumberland.

Some people did not feel the audiology clinics were a good location for them. One person shared “[I] Don't like it here - don't like the location” (patient, Berwick, North Northumberland), and they went on to share that they “feel this part of North Northumberland is forgotten about.” (patient, Berwick, North Northumberland). Gerald⁴, whose story has been told in the case study similarly said: “Hexham is not easy to get to,” (patient, Ponteland, Castle Morpeth; see page 7 for case study).

In the Bell View focus group, people said that there were difficulties with access at the Berwick audiology clinic, with reasons including the steep hill, difficulty parking, bad traffic and difficult access for wheelchairs. The group raised the need for local services for hearing aid/s maintenance. People also talked about the seasonal difficulties in travelling between rural areas and Alnwick and Berwick clinics. In the winter people said ice and snow was an issue, but in the summer people said traffic was busy due to tourism. Limited public transport and limited opening hours for clinics were also stated as issues to do with the location of hearing loss services.

These differences in satisfaction levels reinforce feedback we frequently receive about health and social care services. Whether people are happy with services can often depend on the location in which people live and how far they have to travel to access them.

Another factor in service satisfaction levels might be the level of vulnerability and isolation of patients. Some of the feedback we have received consists of people being concerned for the healthcare of others' who are more vulnerable than themselves. Some comments suggested that we might not be hearing from the most isolated people who will miss the Hear to Help service the most:

“For those who live, for example, in Wooler or Allendale, who may have difficulties with disabilities or transport may have problems in attending the alternative clinics in either Hexham General Hospital or the Freeman Hospital, Newcastle. The cessation of the schedule provided by "Action on Hearing Loss" across the county is a serious loss of a health care service.” (patient, Hexham, Tynedale)

“The Hear to Help service will be missed in the long-term from people in remote areas.” (patient, unknown location)

Another patient shared their transport plans for accessing services:

“Wheelchair taxi from home [and] back £20 plus” (patient, Hexham, Tynedale)

This shows that it is costing some people a substantial amount of money to get to and from hearing loss services. This is likely to affect people who live more rurally, with physical disabilities, and lower incomes the most. The convenience of drop-in sessions was echoed by the person from our case study, Gerald, who due to their responsibilities as a carer did not want to leave their house and travel for a long time.

Some people said that they had difficulty using transport to get to the hearing loss service, or that they found an element of getting to the clinic hard. We heard from people who found it difficult to get out and about but were able to attend the surgery without support including “Can only drive locally or patient transport” (patient, Widdrington Station, Castle Morpeth), and “7.30am leave

home, no transport” (patient, Gunnerton, Tynedale). A number of people mentioned the difficulty they had parking when attending the clinics with others saying that a prior knowledge of parking facilities would help them plan their journey; “Need to know parking available if I do come to Morpeth” (patient, Widdrington Station, Castle Morpeth). The lack of buses was mentioned as a difficulty for others: “No bus on a Monday to get to Hexham.” (patient, Gunnerton, Tynedale) and “but no buses” (patient, Hedley on Hill, Tynedale). Others compared their previous journeys to what their journey would be since the change in services:

- “I used the Wansbeck Hospital drop-in but since it closed, I must travel to the Freeman Hospital” (patient, Morpeth, Castle Morpeth)
- “I can travel with own transport and it will be inconvenient.” (patient, unknown location)

Location did appear to be a key issue for patients and carers, with many people sharing their experiences of travelling to services. Another group of people told us that family and friends had supported them to access the audiology service:

- “Daughter provides transport” (patient, Allendale, Tynedale)
- “Easy as I got a lift with my daughter” (patient, Ovingham, Tynedale)
- “Family bring me” (patient, Tweedmouth, North Northumberland)
- “Neighbour brought me - good” (patient, Alnwick, North Northumberland)
- “Lives sheltered housing, no transport to clinic from there. Relies daughters in Haltwhistle and Morpeth to take to appointments.” (Reported by Engagement Officer about patient living in Allendale, Tynedale)

For those who have restricted mobility and limited family or social networks to support them, the patient and community transport services are available. Unfortunately, not everyone will be able to access these services. This is particularly important for patients, such as this one living in the Belford area with no transport, who stated that their attendance depends on this support: “Maybe use Alnwick Infirmary in the future if I get help to get there.” (patient, Belford, North Northumberland). We observed one patient being supported with their mobility by audiology clinic staff to attend their appointment, which is positive.

A few patients shared that they had accessed a patient transport service to help them get to their appointment. Gerald⁴, the patient who told their story in the case study, enquired about “services and transport” available via the “dial-a-ride” service (patient, Ponteland, Castle Morpeth; see page 7 for case study). This shows that it is not widely known what the criteria are for different patient transport⁷ options to audiology services. Others shared that they had been supported to attend the appointment, but didn’t say who had helped them:

- “Someone goes to appointment with me” (patient, Newbrough, Tynedale)
- “Need someone to assist to get here” (patient, Allendale, Tynedale)

This shows that there is an interest in and a need for additional support which could help patients to engage with and physically get to audiology services. This could be achieved through raising

⁷ Here, patient transport refers to all services supporting the transportation of patients. This includes the North East Ambulance Service’s Patient Transport Service, Adapt (NE services, and any other patient transport services not mentioned.

awareness and sharing information of patient and community transport options, audiology outreach services, and/or audiology postal services.

Some people found it easy to access the audiology clinics, for example one patient shared “Yes, easy. No trouble. Only three or four miles away.” (patient, Hipsburn, North Northumberland). Where people had found it easy to access services, they often mentioned which method of transport they used. This was wide-ranging, from patient transport (“used Patient Transport – easy”; patient, Belford, North Northumberland) to walking (“Yeah, just walked”; patient, Berwick, North Northumberland), to travelling by car (“Easy by car”; patient, Sinderhope, Tynedale). This shows people accessed the audiology clinics using a range of different modes of transport. Transport could also be a limiting factor, even if it was available, due to hidden factors such as mental health, as detailed by this patient: “My mother is housebound and finds it traumatic using patient transport.” (carer, Berwick, North Northumberland).

Information and awareness

Part of the work Healthwatch Northumberland does is providing information and signposting patients, carers, and families to services and organisations which can support them. As part of the audiology study we gave service users information on relevant services.

Much of the signposting we did was related to transport services including Patient Transport Services, Dial-a-ride, Getabout, as well as Blue Badge applications for those who needed to park close to the services. Some patients shared inaccurate information with us, with one saying: “[I] have to now go to Freeman so haven't made appointment.” (patient, Ashington, Ashington and Blyth)

We informed several patients that they did not need to attend the Freeman Hospital but that they would need to phone the Freeman to get an appointment at their local clinic. We also informed patients of where their nearest clinic was located and informed some patients of the audiology postal service. One patient in turn told us:

“I've told lady next door, who usually goes to Freeman. [I've] given Healthwatch Northumberland useful contact card to few neighbours.” (patient, Newbrough, Tynedale)

We also signposted patients and carers to more specific support groups including Northumberland County Blind Association (for patient in Gunnerton, Tynedale) and Choppington Disability Group (for patient in Stakeford, Castle Morpeth).

We also signposted people in the Bell View focus group to services. We gave people a list of the NHS audiology clinics and gave out the Freeman Hospital number so somebody could get advice on their hearing aid/s. We also encouraged and advised a patient, who was having trouble with ear irritation and therefore was not using their hearing aid/s, to make an appointment at their nearest clinic.

When asked ‘What differences, if any, have you noticed between the drop-in and appointment-based system?’ one patient responded “too early to tell” which is worth considering with reference

to our methods section, and is discussed later in the report.

Patients shared a range of awareness of what hearing loss services were available to them. Some patients showed an awareness of where they could collect hearing aid/s batteries, including “Allendale GP” (patient, Gunnerton, Tynedale) and “Hexham hospital” (patient, Newbrough, Tynedale).

Gerald⁴, the person who shared their story with us in a case study said, “I can change hearing aid batteries myself.” (patient, Ponteland, Castle Morpeth; see page 7 for case study). However, he also suggested that despite this information being available that the onus was on the person experiencing hearing loss to ask, rather than professionals to let them know what was available:

“Asking not offering is how you find out about services.” (patient, Ponteland, Castle Morpeth)

Other patients had similar responses:

“Lots of people don't know about services and when services have been changed. I didn't know about the postal service.” (patient, Newbrough, Tynedale)

“[I've] never been told [my hearing aid/s] needed checked.” (patient, Widdrington, Castle Morpeth)

Some audiologists we spoke to provided home-based care however this was described as a rarely provided service and only available if someone was housebound and had made an appointment. We also found out that some audiologists also supported patients with their hearing aid/s through a postal service, however this was not an advertised service.

In the Bell View focus group, people said they felt sharing information about services was very important to them. One patient told us they had received tubing and batteries in the post and explained the service to the group, with 10 out of the 11 people present not having heard of this service. Some people were also unaware they could get free replacement batteries from libraries and local GP practices. One person suggested that the audiology clinics have a system, like at the dentists, where patients are reminded to have an annual check up for hearing loss.

This is interesting as another patient stated that they had been given a form with their hearing aid/s which they could use to let the service know if they need anything else to support them with hearing loss:

“Got form with my hearing aid/s which asks if I need anything else - fill in a survey. I can also complain/comment through this form. Plus, it has info/training for using hearing aid/s” (patient, Hadston, North Northumberland)

This is an example of good practice, and it would be positive to hear about this happening more often. It is interesting that only one patient told us about this form— did other patients not receive this advice alongside their hearing aid/s? A quarter of the people we talked to disagreed with the statement ‘I know how to make a comment/complaint about the hearing loss services I've used’, and 48% of people we talked to disagreed with the statement ‘I have been offered training, advice, or support for living with hearing loss’. These figures and responses suggest many patients may have not received or understood the information and advice form.

Patients told us how Hear to Help and Action on Hearing Loss staff had given them information

about hearing loss:

- “Ponteland Drop in Hear to Help gave me little blue brush, showed how to clean. Appreciated full time and attention given by Hear to Help at Ponteland. Couldn't do tubing myself.” (patient, Ponteland, Castle Morpeth)
- “Action on Hearing Loss helped on phone. Good worker, friendly.” (Gerald⁴, Ponteland, Castle Morpeth; see case study on Page 7)

Some people did have the knowledge but didn't have the dexterity to maintain their hearing aid/s themselves. When asked whether they agreed with the statement 'I am able to maintain (e.g. cleaning, maintaining, retubing) and look after my hearing aid/s myself' the patient responded "arthritis in hands- fiddly" (patient, Corbridge, Tynedale), whilst another patient shared they had arthritis and a vision impairment and that they were unable to change tubing themselves (patient, Gunnerton, Tynedale).

In the Bell View focus group, similar views were shared. People said they were unable to clean their hearing aid/s or change the tubing themselves. Examples the group gave included arthritis, visual impairment, and confidence, as limiting factors.

For other respondents family and neighbours helped to support them to deal with their hearing loss. One patient described how his family had helped him to use his hearing aids: “Youngest daughter helped fit batteries [...] Nephew found research which said once you put your batteries in you should leave them for five mins.” (patient, Hipsburn, North Northumberland). Another described how their family member had helped her to be more independent: “Ladies son had bought her a hearing loop phone” (Reported by Engagement Officer about patient in Gunnerton, Tynedale). We noted in a few other cases that the accompanying person, whether friend, neighbour, or relative, had supported the patient to complete the audiology survey, showing this support also helped people to share their views with us. Where a friend, neighbour, relative, or carer has supported a patient to access services or understand their care or treatment this illustrates a gap in services.

The service operated in sometimes rural areas and anecdotally this provided a chance for isolated people to socialise (see Appendix 1 for a comprehensive list of locations). Isolation was a continuing theme for respondents, with patients sharing they felt isolated. Of the people we asked 23% agreed or strongly agreed with the statement 'I have felt isolated as a result of my hearing loss'. One patient added that they felt particularly isolated “in crowded, noisy locations” (patient, unknown location), whilst another said they can sometimes feel isolated in crowds (patient, Alnwick, North Northumberland). A carer shared their concerns: “My mother feels isolated due to wearing two hearing aids, one of which is not working and despite a GP referral to Audiology (possibly some six weeks ago) for a home visit she is still waiting which is extremely frustrating for her and her family.” (carer, Berwick, North Northumberland).

Drop-in vs appointments

Most people shared that they preferred a drop-in service to an appointment-based service.

Patients shared it was “Easier to drop in” (patient, Hexham, Tynedale), or that “Drop-in [was] more convenient” (patient, Alnwick, North Northumberland). Many people were non-specific in their responses, simply stating that they “prefer drop-in” (patient, Hexham, Tynedale), or mentioned that they “prefer drop in at Ponteland” (patient, Ponteland, Castle Morpeth) or thought “Hexham drop in [was] better” (patient, Hexham, Tynedale) without detailing why. Another shared they used to attend drop-in regularly, without sharing any further detail:

“Used to be quite regular at drop in centres.” (patient, Alnwick, North Northumberland)

Some people reported preferring drop-ins due to the wait or difficulties they had in getting an appointment:

- “Sometimes have to wait longer for an appointment” (patient, Wooler, North Northumberland)
- “I had quite a length of time before hearing aid replaced. Was told was due to ill health of staff.” (patient, Newbrough, Tynedale)
- “The wait for app so difficult” (patient, Hexham, Tynedale).
- “Takes a lot longer” (patient, Ashington, Ashington and Blyth)
- “I wanted to praise the quality of service but regret the appointment system rather than drop-in. I cannot easily make appointments due my deafness and difficulty using the phone.” (patient, Alnwick, North Northumberland)

In the Bell View focus group people said they had had difficulties booking appointments directly at Berwick audiology clinic. Despite a number of people saying they had a wait or difficulty getting an appointment 52% of people we spoke to felt that they had been able to have their hearing aid/s serviced or repaired at the right time for them.

People were generally very satisfied with the referral process from their GP to the audiology clinic, with many people sharing that it was ‘good’. A few people shared difficulties with their referral, with one person saying:

“It took a year to get appointment through GP and eventually went private to get initial consultation” (patient, Hexham, Tynedale)

Other patients detailed that drop-in sessions were more convenient for them, or that the flexibility of the sessions meant they felt less rushed:

“Drop in great. Appointment based system not convenient [...] Had to call Freeman twice. Prefer drop in.” (patient, Newbrough, Tynedale)

“Used Hear to Help - handy. Prefer drop-in. Felt rushed car park this morning.” (patient, Allendale, Tynedale)

“Awkward as you have to phone Freeman” (patient, Berwick, North Northumberland)

Interestingly, patients gave similar reasons for their preference of either appointments or drop-ins. One patient preferred drop-ins due to them allowing the patient to easily manage their transport arrangements:

“I do prefer drop-in as I can sort out how I am able to get there. I have a mobility scooter and I live not far from hospital but don't take it out in bad weather and if I have appointment and can't use scooter, I have to ring taxi.” (patient, Hexham, Tynedale)

Another patient preferred appointments over drop-in sessions for the same reason:

“Rather have appointment then can arrange patient transport.” (patient, Stakeford, Castle Morpeth)

Despite the difficulty in there no longer being a drop-in and appointment-based audiology service in Northumberland, the evidence does show that patients with opposing preferences share similar priorities. In this case it is patients being able to manage their transport arrangements in order to get their hearing aid/s maintained.

Many patients we spoke to were content with the audiology appointment system currently available to them, stating “happy with current” (patient, Hadston, North Northumberland), and “Appointments work well for me” (patient, South Tynedale, Tynedale). This extended to respondents to the question ‘How would you like to be told that it is your turn to be seen?’ sharing they liked the way things are in clinics, with 42% of people selecting ‘call out my name’. In the Bell View focus group we asked how people would prefer to be told it was their turn to be seen. Some people in the group said they would prefer a board with their name on, whilst some people preferred face to face contact.

Patients commended the timeliness of the audiology appointment system, with some patients stating they felt it was better than drop-in:

- “Quick service when there and no long wait and efficient help when there” (patient, Hexham, Tynedale)
- “Service the same except when I have an appointment, I feel the audiologist has more time for me” (patient, Throckley, Newcastle Upon Tyne)
- “In one way much better” (patient, Hexham, Tynedale)
- “provided with an appointment within a week. Good service” (patient, Berwick, North Northumberland; focus group)

In the Bell View focus group most people agreed they preferred appointments to drop-ins for hearing aid services.

We observed one patient being dropped off at the audiology clinic by Patient Transport Services one hour before their appointment. This ensured they arrived on time, but meant they waited a longer time than most other patients to be seen. Most people we spoke to were happy with the appointment waiting times, with 62% of people agreeing with the statement ‘I felt the time I had to wait for my appointment was reasonable’. Most people we spoke to also agreed that their appointment was the right length to give them ‘time to talk’ (71%).

One patient did not express any preference for appointments or drop-ins but shared that they prefer hearing aid/s maintenance performed by a professional:

“Prefer professional. Prefer maintenance carried out by professional technician.” (patient, Ponteland, Castle Morpeth)

Another patient told us that where they went depended on their support needs at the time, or the support needs of the person they were caring for:

“If I require urgent maintenance on my hearing aids, I attend Freeman Hospital. If I require routine maintenance or am taking my 94 year old mother for her hearing aid maintenance, I prefer to have an appointment at Corbridge Health Centre.” (patient, Throckley, Newcastle Upon Tyne)

Regular hearing aid/s maintenance and NHS audiology services

Healthwatch Northumberland told people that the advice from Action on Hearing Loss (2019) is to replace hearing aid tubing between every three to six months. People shared contrasting experiences with many people having had their hearing aid/s maintained within this time period, and many saying their hearing aid/s were maintained rarely. When asked ‘Have you had your hearing aid/s maintained during the last six months?’ almost half of the people we talked to said ‘yes’ (42%), and almost half said ‘no’ (46%). Interestingly, we also asked, ‘How often do you visit this audiology clinic for hearing aid/s aftercare?’ and only one quarter (26%) of respondents said they visit every six months. These responses appear to conflict with each other, unless respondents to the first question are referring to maintenance outside of the clinic setting. When people told us that they had not had their hearing aid/s maintained in the recommended time frame, we shared the recommended advice with them. Some patients were surprised, with one sharing “[I] Didn't know that I needed to get tubing replaced regularly. Had same ones for years.” (patient, Widdrington Station, Castle Morpeth).

Some people told us they last attended the audiology clinic “about a year ago, just when I need it” (patient, Tweedmouth, North Northumberland). Several other people echoed this response, saying they had had hearing aid/s maintenance when they needed it.

Interestingly, many people we spoke to were able to maintain their hearing aid/s themselves, with 38% of people agreeing with the statement “I am able to maintain (e.g. cleaning, maintenance, retubing) and look after my hearing aid/s myself”. Many people said that they were able to change their batteries and clean them but were not necessarily able to change their tubes. As mentioned earlier (see page 12), this ability to maintain one’s own hearing aid/s depends on patients having knowledge on hearing aid/s maintenance as well as physical ability.

Some patients said it had taken them a “long time” or a “while” to acquire their new hearing aids:

- “Had to wait a long time December to June to get new hearing aids” (patient, Newbrough, Tynedale)
- “Receiving new hearing aids took quite a while. Feb - hearing test and mould taken, August - appointment at Freeman to receive new aids. 16 weeks for new hearing aids.” (patient, Gunnerton, Tynedale)

Another patient shared they had difficulty collecting their new hearing aid/s sharing “Found it was difficult to pick my new one up” (patient, Hexham, Tynedale).

Some patients shared that they were not happy with hearing aid/s:

- “I don't get hearing aid after care. Not happy with hearing aids.” (Gerald⁴, Ponteland, Castle Morpeth).

- “My only difficulty is the quality of NHS 'standard' Hearing Aids” (patient, South Tynedale, Tynedale).

In the Bell View focus group there was discussion around different types of hearing aid batteries and tubes and their availability. People told us that not all batteries were available everywhere. After finding out about the hearing aid postal service people also made the point that currently we don't know whether all tube lengths are available via the postal service. One suggestion from the group for this was that specific types of hearing aid/s tube sizes are kept on people's record, so that the right length of tubes is delivered.

Other patients said that they found it easier to talk to someone face to face rather than on the phone, or wanted their doctor to face them when speaking with them:

- “Wish doctor, especially, would talk closer not looking away and have to ask to repeat.” (patient, Craster, North Northumberland)
- “Hard to hear on phone. Prefer face to face.” (patient, Widdrington, Castle Morpeth)

Many services now offer a phone appointment system, creating a barrier to people with hearing loss. An Action on Hearing Loss volunteer and hearing loss patient told us that face to face communication was very important to them as it helped them to lip-read more easily. They also shared that lip-reading training was available for people living in Northumberland through Northumberland County Council.

We also observed patients having difficulty communicating with receptionist at The Mount in Morpeth, due to the glass between patients and receptionist. A patient shared with us that they found hearing staff members through this screen difficult.

Hear to Help Service:

A patient and an Action on Hearing Loss volunteer shared a message that prompted the audiology services survey, that the Hear to Help sessions would be missed:

“Hear to Help was very important. I am so sorry it has gone.” (patient, unknown location)

“The Hear to Help access was brilliant with Anne Shilton coordinating this service and everyone I have spoken to (including NHS nurses) regret that this one-to-one maintenance contact is no longer funded. This would be my main concern for hearing loss users - loss of this professional service.”

(patient and Action on Hearing Loss Volunteer, Alnwick, North Northumberland)

This shows the Hear to Help service was recognised as an important and valuable service by people experiencing hearing loss.

People from the Bell View focus group told us that the Hear to Help service had helped to show them how to maintain their hearing aid/s and gave out “fantastic” tube cleaners. People from the group also told us that they thought the national charity Action on Hearing Loss shouldn't be making the decision to cut the service, and that rural areas would miss out – people felt there needed to be more consistency in charitable services which are being delivered.

Conclusions and recommendations

Healthwatch Northumberland aimed to find out ‘what do people in Northumberland think of audiology services?’. Respondents shared a wide-range of responses but three themes stood out as key areas of importance:

- To ensure the people of Northumberland have access to help and support with hearing aid/s maintenance at a convenient and regular time and location
- To ensure the people of Northumberland have information about how to live with hearing loss, maintain their hearing aid/s and what services are available
- To ensure hearing care services reach the most isolated, vulnerable people in the county. This includes people who may live rurally, be elderly, have mobility issues, have limited social networks, and/or have lower incomes.

We have produced and shared a list of services available for people experiencing hearing loss, which is available in the appendix of this report.

We have also explored what people think is good about audiology services and what could be better about audiology services in the county. This has been summarised in the conclusions and recommendations tables section of the report (see page 19), where recommendations have been formed based on these findings. We have included a section for relevant service providers and commissioners to respond to the recommendations and share what actions they plan to take to create change and improvement in these services.

We will now work with service providers and commissioners to address these issues. As a result, the output of this report will be able to be used to create change and improvement in hearing loss services.

Conclusions and Recommendations

1. General

Area of interest	What is good about this service?	What could be improved about this service?	Recommendation	Response or action from service provider/commissioner
Quality of care	Patients have been very positive about the quality of care they have received from the audiology clinics. The compassion of staff towards patients has been commended. Patients have also told us they are able to get what they need from these services.		Continue with this good practice, ensuring patients get what they need from the service and are treated with compassion.	

2. Location of audiology services

Area of interest	What is good about this service?	What could be improved about this service?	Recommendation	Response or action from service provider/commissioner
Location	Patients from Northumberland appreciate being able to attend an audiology clinic in Northumberland (as opposed to Newcastle), due to the reduced distance they need to travel.	Some patients do not like the location of their local audiology clinic. In some cases, this has been due to difficulty parking, and in other cases limited public transport has been an issue. This appears to be a more prominent issue in North Northumberland, where seasonal	Agree a recommendation with Patient and Community Transport	

		difficulties impact on patient ability to travel. People in Alnwick who we talked to have an estimated 30-mile return car journey on average.		
Transport	A range of different modes of transport have been used by people who have found audiology services easy to access. This shows the ease of access to services is not due to the chosen mode of transport, but that some patients can choose to travel to services in a way that works best for them.	In terms of physically accessing the audiology clinic there is a gap in services. This is shown by patient reliance on family and friends in supporting them to access services. Some patients have been able to use Patient Transport Services or community transport, but others are not able, or are not aware of it, or whether they meet the criteria to use these services. Some patients who have been able to access clinics independently still told us that they have felt limited.	Offer patients more information to enable them to make choices about using patient and community transport. Ensure vulnerable people and people living in rural areas, especially, are better able to learn about transport options. This will ensure greater equality for those with limited family or social networks. This will also ensure patients have more choice and will be more able to travel to services in a way that works best for them.	
Who is accessing	More than half of the people we spoke to felt audiology clinics were in a good	People we spoke to suggest the most vulnerable, isolated people,	Specifically target and be mindful of the most	

<p>services?</p>	<p>location for them.</p>	<p>and rural communities would find it hard to get to audiology clinics and would be impacted by the loss of the Hear to Help service the most. This hard to reach group appeared to be a missing voice from our survey (for example, people who find it hard to access the clinics may not have made it to the clinics to talk to us). Hearing loss is a condition with the potential to widely impact on people’s physical and mental health, partly as a result of the social isolation it can lead to.</p> <p>People with disabilities, carers, people with limited family or social networks, people who rely on limited public transport services, people on low incomes (due to cost of travel in accessing services), are also at risk of not engaging with the service.</p>	<p>vulnerable, isolated people, living in rural communities from which there is likely to be the least engagement.</p> <p>Ensure all health professionals working with people in Northumberland experiencing hearing loss have an awareness of hearing loss-related mental health, physical health, and social isolation signposts to share with patients.</p>	
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3. Information and Awareness

Area of interest	What is good about this service?	What could be improved about this service?	Recommendation	Response or action from service provider/commissioner
Awareness of local services	Some patients have an awareness of where to get batteries from locally. This shows some information is available.	<p>Some patients (living in Morpeth) believe they must go to Newcastle to get their hearing aid/s maintained. This shows some people have the wrong information.</p> <p>Many patients are not aware of audiology clinic locations or contact details, and/or the different services available (for example, the postal hearing aid/s service, the free availability of batteries and tubes in various places). This has been particularly raised as an issue in North Northumberland but has been apparent across the county.</p>	<p>Audiology clinics to raise awareness of what services are available for maintaining hearing aid/s, making appointments, drop-in sessions, postal hearing aid/s services, and where batteries and tubes are available. Ensure all patients have access to an up to date list of available services.</p> <p>Ensure communicating effectively with all patients by sharing this information on a range of platforms including through a simplified website, hard copies, and sharing any updates to services with Healthwatch Northumberland which can support in disseminating information. Share also with GPs and support workers so they are able to signpost patients.</p> <p>Action on Hearing Loss to raise awareness of the services they are</p>	

			<p>providing including advice and information, support groups, and information days.</p> <p>Share information with Healthwatch Northumberland about available hearing loss services if and when they change. We will help to disseminate information to a wider group of people.</p>	
Tailored support	Audiology clinics run a domiciliary service and a postal service to support people with hearing loss at a range of support needs.	<p>Family and friends have supported some patients to maintain their hearing aids. Patients need to have both some physical ability as well as the knowledge to maintain their own hearing aid/s. This is something family and friends have also been able to support with, showing a gap in services.</p> <p>Managing transport arrangements is a priority for some patients and has been stated as a reason for people preferring drop-ins over appointments and vice versa.</p>	<p>Audiology service to promote the availability of domiciliary support, and postal support. Continue to provide support with an awareness of the range of support needs people experiencing hearing loss might have.</p> <p>Be aware that some patients will not have family and friends to support them with their hearing loss. Ensure all health care professionals have awareness of hearing loss-related social isolation and mental health.</p> <p>Promote the availability of home-based hearing care support for those who are housebound. This could be</p>	

		Nobody that we have spoken to has told us they are aware of home-based hearing care support.	promoted through care staff and care homes.	
Self-maintaining of hearing aid/s	Patients show a range of abilities in maintaining their hearing aid/s. Many patients are able to change their hearing aid/s batteries, but not the tubes.	Not all patients are aware of or have the information to know how to maintain their hearing aid/s themselves. Support needs including dexterity, disability, visual impairment can also limit patients' ability to manage or maintain hearing aid/s independently.	<p>The ability to maintain your own hearing aid/s relies on both knowledge of the hearing aid/s, as well as physical ability to perform the maintenance. This suggests tailored support could be beneficial to patients.</p> <p>Ensure health professionals do not assume people are able to clean or change tubing on their hearing aid/s themselves. Place a flag on patient records for anyone who is not able to maintain hearing aid/s themselves. Offer these people a six-monthly notification to attend, as is recommended.</p> <p>Make training available for people to be physically shown how to maintain their hearing aid/s. This is a gap in services left by the closure of the Hear to Help service provided by Action on</p>	

			Hearing Loss. The Adjusting to Your Hearing Aid/s leaflet (AOHL, 2019) will be a good signpost for some patients.	
Information form	One patient said they have been given a form with their hearing aid/s which supports them to complain or make a comment. The form also provides information and advice about living with hearing loss. This is good practice and it would be interesting to find out more. Is everybody receiving and understanding the same information?	<p>One patient has shared that they feel the onus is on the individual to find out about services rather than the service to share information with them- is this the case? Another patient has suggested a regular prompt to ensure all people with known hearing loss can attend the clinic at least once a year for an annual hearing test.</p> <p>Healthwatch Northumberland did lots of signposting throughout the audiology survey, to voluntary services including Adapt (NE) (transport), Action on Hearing Loss, Dial-a-ride, Carers Northumberland, Northumberland County Blind Association, and Choppington Disability Group. We also signposted to Patient Transport Services frequently. Patients</p>	<p>Continue with the good practice of sharing information with each new hearing aid/s user. Make sure all patients receive this information annually, in order to ensure the onus of information sharing is on the service rather than on the individual to ask. Offer an annual prompt for all patients to attend their local audiology clinic for an annual hearing test.</p> <p>Offer signposting to patients who might benefit from it. This includes signposts to statutory and to voluntary organisations, for support and information. This includes hearing loss groups, and community and patient transport groups, and hearing loss-related health groups.</p>	

		could be made more aware of these services by the audiology clinic, and in turn would be able to access further support.		
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4. Drop in vs Appointments

Area of interest	What is good about this service?	What could be improved about this service?	Recommendation	Response or action from service provider/commissioner
Patient preference	Patients are generally happy with appointments, and the way they are currently run, including the timing of them, how efficient they are, and how professional they are.	Many people we have spoken to have said it is easier and more flexible for them to drop-in rather than get an appointment. Some patients said they have had to wait to get an appointment.	Offer patients and carers choice between appointments and drop-in, ensuring they are able to do what works best for them. Reduce waiting time in getting a hearing aid/s appointment.	
Referrals	People shared they are generally happy with the referral process.	There is no reminder system for patients to let them know it is time for them to make a new audiology appointment, despite it being recommended that people get their hearing aid/s maintained every six months.	Continue this good practice of initial referrals. Send annual reminders to patients that they need to attend audiology appointments. This prompt will pick up on people who might miss it.	

5. Regular check-ups and hearing aid/s quality

Area of interest	What is good about this service?	What could be improved about this service?	Recommendation	Response or action from service provider/commissioner
Hearing aid/s quality		Some people are unhappy with the quality of their hearing aid/s as well as how long they take to arrive.	Ensure hearing aid/s are delivered to patients in a timely matter	
Communication	Some people are happy with how they are currently told it is their turn to be seen.	<p>Patients also feel face to face is an easier way for them to communicate than over the phone, suggesting needing to use the phone to make appointments could be a barrier for those with hearing loss. People also find the glass screen in The Mount, Morpeth a communication barrier.</p> <p>Some people prefer to be told it is their turn to be seen on a board in the waiting room.</p>	<p>If there are other methods of making an appointment, for example via text, then share this with patients.</p> <p>Ensure all staff are trained and aware of how to communicate with people with hearing loss. Could training in sign-language and lip-reading make things easier?</p> <p>Ensure patients are communicated with in a tailor-made way which works best for them.</p>	
Timing	Many people are satisfied that they had support for hearing loss when they		<p>Continue this good practice. Ensure patients are aware of how often they should get their hearing aid/s maintained.</p> <p>Keep up to date records of when</p>	

	needed it, despite only around half of the people we spoke to having had their hearing aid/s maintained in the last six months.		people with hearing loss have been seen. This way GPs will know when patient was last seen by a health professional, reducing isolation.	
Batteries and tubes		People told us not all batteries are available everywhere. Currently people don't know whether all tube lengths are available on the postal service.	Keep hearing aid/s specifications on patient record if not already. This will ensure correct tubes and batteries are sent out if patients are using the postal service.	

6. Hear to Help service

What was good about this service?	What could be improved about this service?	Recommendation	Response or action from service provider/commissioner
Patients recognised the Hear to Help service provided by Action on Hearing Loss as a valuable and important service by those experiencing hearing loss.	<p>Patients told us they missed the Hear to Help service, provided by Action on Hearing Loss.</p> <p>Patients will miss the Hear to Help</p>	Take learning from what people liked about the Hear to Help service. Put steps in place to ensure older people, and people living in rural areas do not become marginalised users of hearing	

	<p>service, because of the difficulty they have travelling to the audiology clinics. This has reportedly been a bigger issue for older people. It is also a big issue for people living in rural areas, with disconnected or expensive transport links. A concern raised by one patient was that the removal of the Hear to Help service would mean the most vulnerable and isolated people would no longer use any hearing care services and be further marginalised.</p> <p>This is both a physical and social issue. Physical in the sense of difficulty travelling, and social in the sense of greater likelihood of isolation. Hearing loss can impact a wide-range of health areas including: loneliness and isolation, reduced quality of life, poor physical health, dementia, and depression. If people are unable to address their hearing loss these are potential consequences.</p>	<p>aid/s services. These steps could involve monitoring this population to ensure it does not reduce. Recommendations shared in '2. Location of audiology services' (see page 19), also partly aim to support this.</p> <p>Since this issue crosses both physical and social spheres and is potentially also a mental health issue it could be instrumental to approach making changes or improvements in a holistic way.</p> <p>Ensure the closure of the Hear to Help service does not impact on people experiencing hearing loss negatively by addressing issues relating to the location of services, considering social isolation, the rurality of Northumberland and hard to reach groups.</p>	
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Responses from Northumberland Clinical Commissioning Group and The Newcastle upon Tyne Hospitals NHS Foundation Trust.

A draft copy of this report was shared with the commissioning body and the service provider.

Northumberland Clinical Commissioning Group

We welcome the feedback from Healthwatch Northumberland following their research into audiology services provided in the county. As commissioners, we are responsible for the planning and buying of NHS healthcare and health services for local people. This feedback helps us to make sure we continue to deliver high-quality care to support hearing loss in the most efficient and sustainable way for Northumberland.

We were pleased to read that respondents felt positive about the quality of care they receive in NHS audiology clinics and noted that people valued the services provided by Hear to Help, however this charity was not funded by the Clinical Commissioning Group.

We note there was a preference for drop-ins over appointments, with people finding them easier or more convenient. The report was written before the Covid19 pandemic when drop-in clinics were possible. Since Covid-19, there is now an emphasis to reduce the number of patients attending clinical settings.

Despite the positive response in general, we recognise a number of other issues have been raised in particular, the location of hearing loss services was a key area of discussion and another surrounded the information and awareness of services.

We have discussed this feedback within our organisation and also with Newcastle upon Tyne Hospitals NHS Foundation Trust, the provider of audiology services in Northumberland. We will work with the Trust to address these issues and to build greater awareness of services available, in particular, to maximise the use of the postal service.

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Thank you for sending the above draft report to the Newcastle upon Tyne Hospitals NHS Foundation Trust. The report has been reviewed with interest by the management team within the Ear, Nose and Throat Department and our Patient Experience Team.

We are aware that the unprecedented pressure on all NHS services during this time has impacted on the patient experience. This is clear in your report which was largely written prior to the current pandemic as we are no longer in a position to offer drop-in hearing aid repair appointments. Following the Covid-19 pandemic, the Trust is now in a phase of reset and recovery with all services having to adapt and develop to new ways of working in order to keep our patients, staff and visitors safe. Within the Audiology Department, we have had to redesign our processes, for example our repair services have had to change to a predominately postal service with limited face to face contact for urgent cases only. However, responding to the new restraints has enabled some excellent examples of innovation and change. For example, the change to the postal service for hearing aids repairs has eliminated the need for patients to attend clinics and wait for their hearing aid to be repaired. The data shows that we are now doing approximately 2,500 postal repairs per

month, compared to around 1,800 per month earlier in the year. Patients report a high level of satisfaction with our postal repair service in which we use recorded delivery so we usually turn around repairs within one working day.

We are confident that the communication with patients using the Audiology service has kept them informed of the services they need and how to access them and this is demonstrated by the increased number of repairs carried out.

Please be assured that we will take on board the feedback from this Healthwatch Northumberland report as we move forward with our service developments in collaboration with the NHS Northumberland Clinical Commissioning Group.

Next steps

Healthwatch Northumberland will discuss this report with the people who gave us their views and experience. We want to know what has changed, improved or worsened due to Covid-19 and will continue to share patient experiences with NHS Northumberland Clinical commissioning Group and Newcastle upon Tyne Hospitals NHS Foundation Trust discuss the full list of recommendations.

Healthwatch Northumberland would like to thank Anne Shilton for providing information on the Hear to Help service for use in this report.

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Appendix

Appendix 1. Dates and locations of Hear to Help service (between 1 May 2018 and 30 April 2019⁸)

Hear to Help, Northumberland and North Tyneside

From 1 May 2018 - 30 April 2019.

Drop in hearing aid support open to all

Re-tubing and batteries (for NHS hearing aids), and information.

NB Not Bank Holidays.

Allendale	2 nd Thursday in Jan, Mar, May, Jul, Sept, Nov. 2.30 – 3.30 pm	Allendale Health Centre, Shilburn Rd, Allendale, Hexham NE47 9LG
Alnwick	1 st Monday monthly, 11.00 am – 12 noon (<i>not bank holidays</i>)	The Alnwick Garden (Elderberries Room), Denwick Lane, Alnwick NE66 1YU
Amble	1 st Thursday monthly, 1.30 – 3.00 pm	Amble Health Centre, Percy Drive, Amble, NE65 0HD
Bedlington	1 st Monday monthly, 2.00 – 3.00 pm (<i>not bank holidays</i>)	Bedlingtonshire Medical Group, Glebe Road, Bedlington NE22 6JX
Belford	2 nd Tuesday monthly, 2.00 – 3.00 pm	Bell View, 33 West St, Belford NE70 7QB
Bellingham (appts only; 01434 220 203)	2 nd Monday monthly, 10.15 – 11.15 am	Bellingham Medical Practice, Bellingham NE48 2HW
Choppington	1 st Friday in Feb, Apr, Jun, Aug, Oct, Dec, 10.30 – 11.30 am	Choppington Disability Grp, Stakeford & Bomarsund Welfare, Gordon Tce West, Stakeford NE62 5UD
Cramlington	2 nd Wednesday in Jan, Mar, May, Jul, Sep, Nov. 10.00 – 11.00 am	Grenville Court (Anchor Housing), Megstone Ave, Cramlington NE23 6UJ
Haltwhistle	2 nd Thursday in Jan, Mar, May, Jul, Sept, Nov. 10.00 – 11.30 am	Haltwhistle Medical Group, Greencroft Ave, Haltwhistle NE49 9AP
Haydon Bridge	2 nd Thursday in Jan, Mar, May, Jul, Sept, Nov. 12.30 – 1.30 pm	Haydon Bridge Health Centre, North Bank, Haydon Bridge NE47 6LA
Hexham	1 st Wednesday monthly, 2.30 – 3.30 pm	Burn Brae Medical Group, Hexham Primary Care Centre, Corbridge Rd, Hexham NE46 1QJ
Ponteland	2 nd Monday monthly, 2.00 – 3.30 pm	Ponteland Medical Group, Meadowfield, Ponteland NE20 9SD
Prudhoe (appts only: 01661 839 370)	2 nd Thursday in Feb, Apr, Jun, Aug, Oct, Dec. 11.00 – 12.30 pm	Prudhoe Medical Group, Dr Syntax Rd, Kepwell Bank Top, Prudhoe NE42 5PW
Rothbury	2 nd Friday monthly, 10.00 – 11.00 am	Rothbury Library, Front St, Rothbury NE65 7TZ
Seaton Delaval	1 st Tuesday monthly, 2.00 – 3.00 pm	Council Offices, 20 – 22 Astley Rd, Seaton Delaval NE25 0DG
Wallsend (finishing	Last Tuesday monthly (<i>not Dec</i>),	Wallsend Customer First Centre (library), 16 The

⁸ The Hear to Help service ran for seven years. These dates simply refer to the most recent programme of drop-in sessions that Action on Hearing Loss delivered as part of the project.

30th June 2018)	12.30 – 1.30 pm	Forum, Wallsend NE28 8GR
Whitley Bay (finishing 30th June 2018)	Last Tuesday monthly (not Dec), 10.30 – 11.30 am	Whitley Bay Customer First Centre (library), York Road, Whitley Bay NE26 1AB
Wooler	1 st Friday monthly, 1.30 – 2.30 pm	Cheviot Primary Care Centre, Padgepool Place, Wooler NE71 6BL

Further information on 01670 513606 or 07425 627821 or at heartohelp.northoftyne@hearingloss.org.uk

Appendix 2. Dates and locations of community-based Let’s Talk Audiology events conducted by Healthwatch Northumberland

Location	Date and time	Local Area Council
Ponteland Medical Centre, Ponteland	12/09/2019	Castle Morpeth
Bell View resource centre, Belford	10/09/2019	North Northumberland
Age UK Roundhouse, Ashington	18/09/2019	Ashington and Blyth
Adapt (North East), Hexham	19/09/2019	Tynedale
Seaton Delaval Community Centre, Seaton Delaval	01/10/2019	Cramlington and Bedlington

Appendix 3. Dates and locations of clinic-based Let’s Talk Audiology events conducted by Healthwatch Northumberland

Location	Date and time	Local Area Council
Hexham General Hospital, Hexham	07/10/2019	Tynedale
Corbridge Health Centre, Corbridge	08/10/2019	Tynedale
The Mount, Morpeth	03/10/2019	Castle Morpeth
Union Brae and Norham Medical Practice, Berwick	22/10/2019	North Northumberland
Alnwick Infirmary, Alnwick	5/11/2019	North Northumberland
Manor Walks, Cramlington	12/11/2019	Cramlington and Bedlington

Appendix 4. Audiology survey shared with patients and carers by Healthwatch Northumberland

Audiology Services Survey

Healthwatch Northumberland is asking Northumberland residents about their experience of using local audiology services (services to help with hearing loss) and the aftercare they receive. We are interested in finding out about your experience to help us to learn about what is working well and what needs improvement.

1. Where have you travelled from to use the service today?

.....

2. Was it easy for you to travel to the audiology clinic today? What was easy/hard?

.....

3. Have you had your hearing aid/s maintained during the last six months?

.....

.....

4. How often do you visit this audiology clinic for hearing aid/s aftercare?

.....

.....

5. Do you feel that you have been able to have your hearing aid/s serviced or repaired at the right time for you?

.....

6. Do you feel that you have been able to have your hearing aid/s serviced or repaired at the right location for you?

.....

7. What services have you used to support with your hearing loss over the last 12 months?
Please tick more than one if relevant:

Allendale Health Centre		Haydon Bridge Health Centre	
Alnwick Infirmary		Hexham General Hospital	
Alnwick Garden		Manor Walk, Cramlington	
Amble Health Centre		North Tyneside General Hospital	

Bedlingtonshire Medical Group	Ponteland Medical Group
Bellingham Medical Practise	Prudhoe Medical Group
Bellview Day Centre, Belford	Rothbury Library, Rothbury
Burn Brae Medical Group	Seaton Delaval Council
Cheviot Primary Care Centre, Wooler	The Mount, Morpeth
Choppington Disability Group	Union Brae and Norham Practice, Berwick
Corbridge Health Centre	Whitley Bay Customer First Centre
Haltwhistle Medical Group	Other, please specify

8. If you used the Hear to Help services previously, which NHS service will you now use?

Alnwick Infirmary – NHS	Manor Walk, Cramlington-NHS
Corbridge Health Centre- NHS	The Mount, Morpeth- NHS
Union Brae Medical Group, Berwick- NHS	Hexham General Hospital- NHS
North Tyneside General Hospital- NHS	Other, please specify

Hear to Help provided a drop-in service, whilst the NHS uses an appointment-based system. Please only answer the question below if you have used both the Hear to Help service and the NHS service for hearing loss.

9. What differences, if any, have you noticed between the drop-in and appointment-based system?

.....
.....

Appointments:

10. How would you like to be told that it is your turn to be seen?

- Call out my name
- Pager provided
- Come over to me face to face
- Audio/visual display showing name
- Other – please detail.....

Help from your GP:

11. Has your GP flagged on your medical records, that you have a hearing impairment?

- Yes
- No
- Not sure
- I don't want it on my records
- Doctor does not know about my hearing impairment

12. What was your experience of referral process from your GP to audiology service? What was good/bad?

.....

13. Please rate the following statements on the scale below, with one meaning you strongly disagree and five meaning you strongly agree:

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly agree
I felt the time I had to wait for my appointment was reasonable					
My appointment was the right length to give me time to talk					
I am happy with my hearing aid/s					
I am happy with the hearing aid/s aftercare					

I am able to maintain (e.g. cleaning, maintaining, retubing) and look after my hearing aid/s myself					
I know how to make a comment/complaint about the hearing loss services I've used					
I have been offered training, advice, or support for living with hearing loss					
I have felt isolated as a result of my hearing loss					
During my appointment I was offered additional support when needed e.g. mobility					

Please use this space to write any other comments about the services you receive. What works well and what could work better?

.....

Finally, please tell us a bit more about yourself. If you provide your name and other personal details, these will be kept in the strictest confidence, anonymised, and not shared with anyone outside of Healthwatch:

First part of postcode (e.g. NE46): _____

Age: Under 18 18-24 25-49 50-64 65-79 80+

Gender: _____

Ethnicity: _____

Do you consider yourself to have a disability: No Yes Prefer not to say

If yes, please specify: _____

Do you consider yourself to be a carer: No Yes Prefer not to say

Name: _____

Email or postal address: _____

Telephone number: _____

Please tick to show you consent to us recording the details provided

If you have provided contact details-

Please tick if we can get in touch with you about your feedback

Please tick if you would like to receive news and updates from us

Please complete and return your survey as soon as you can and return to:

Freepost RTLX-SYBA-UTAA

Healthwatch Northumberland

Adapt NE Burn Lane

Hexham, NE46 3HN

Tel: 03332 408 468

Text: 07413385275

Email: info@healthwatchnorthumberland.co.uk



Appendix 5. Bell View resource centre, Belford, Let's Talk Hearing Aid services notes, 10/09/19.

Let's Talk Hearing Aid services - Tuesday 10th September, 2pm – 3pm Bell view Day Centre, Belford.

Drop-in to speak with people about Hearing Aid Services in and around Belford.

In attendance 11 members of the public– Caroline Janes and Lesley Tweddell Healthwatch Northumberland, Paul From Belview, members of the public from Alnwick, Belford, Seahouses and Wooler.

Healthwatch Northumberland explained reason for drop in today to discuss hearing aid services. Explain about the closure of the Hear to Help drop in services in Belford and provide information about what services are available for hearing aid maintenance and advise on replacing and cleaning tubing.

Discussions around what services people have used, what services now use and what services people know about.

Feedback from patients:

- Firstly, group raised need for local services for hearing aid maintenance.
- Some people are unable to clean, change tubing themselves. Dementia, Parkinson's, Arthritis, visually impaired. Some people don't feel confident.
- Seasonal difficulties for rural areas to travel to Alnwick and Berwick clinics. Ice and snow but also traffic during summer through tourism. Lack of public transport. Clinics only one day a week.
- When NHS books appointments. Forget geography of county. Someone from Wooler offered Hexham clinic. All services are in the south of the county.
- Discussion around the importance of information about services.
- Most people in the room unaware of the postal service provided by Freeman Hospital Audiology department.
- One patient discussed received tubing and batteries in the post and explained the service to the group.
- A notable part of the discussion was specific types of hearing aid/s tube sizes are kept on record, so that the right length of tubes is delivered.
- As part of the discussion on where people get batteries from it was raised that not all batteries were available everywhere. Currently we don't know whether all tube lengths are available on the postal services.
- Most people unaware you can get Free replacement batteries from libraries and local GP practices.
- Someone raised that GP don't have every type of battery.
- People don't know about services. Should be a system, like a dentist, with annual check-up for hearing loss. Hearing test let know what services are available. Need to know about postal service.

- Reminder letters for retubing every six months.
- Berwick Audiology Clinic Union Brae – Problems with access, steep hill, parking a nightmare, opposite a school, traffic bad. Wheelchair and mobility problems access huge problem.
- Berwick Audiology Clinic – Can't book appointments directly. Been issues booking directly, so must ring the Freeman and ask for Berwick appointments.
- BAC – Provided with an appointment within a week. Good service.
- Patient difficulties getting to Audiology Clinic Alnwick Tuesdays. Patient came in today to find out what other services available. Patient explained postal service, batteries available from GP. HWN provided list of NHS clinics.
- Been a few times to Alnwick still with problems with Hearing aids. Not able to sort out problems. HWN suggested calling Freeman Hospital number for advice.
- Patient explained tubing irritating ear, so not using aids. HWN advised call Alnwick Audiology Clinic to make an appointment.
- HWN asked if people prefer appointments or drop in's for hearing aid services. Most people in the room preferred appointments.
- HWN asked how people would prefer to be called to be seen for their appointment. Some would prefer a board. No board at Berwick clinic. Some prefer face to face contact.
- Hear to help service - Hear to Help service able to show how to maintain and gave out tube cleaners. Which are fantastic.
- HTH - Rural areas missing out on services.
- HTH - National charity shouldn't be making decision to cut service.
- HTH – Consistency of charitable services needed.

Questions to service providers:

How do we find out about what services are available for hearing loss?

Want to know more about what services are available for hearing loss and hearing aid maintenance.

Can people with hearing loss have annual checks, including hearing test and reminders for retubing?

Conclusion:

At the end of the drop in, the HWN Audiology Services questionnaires were handed out.

People were more informed about services and about HWN.

Paul (Belview) copied the list of Audiology services HWN produced and handed out copies.