

## REPORT TO HEALTH OVERVIEW AND SCRUTINY COMMITTEE AT BATH & NORTH EAST SOMERSET COUNCIL

### **PROPOSED CHANGES TO: Sirona Paediatric Audiology Service**

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**Date: August 2012**

### **DECISIONS REQUESTED**

The Overview and Scrutiny Committee (OSC) is requested to determine whether the proposal to relocate the Paediatric Audiology Service from the RUH to the St Martins Hospital site constitutes a substantial variation or development.

### **PART ONE – Description of proposed service changes**

#### **1. The current service**

Children's Hearing Services – a community based service to assess hearing in children aged 6 months to 16 years at one of 15 venues across the Bath Clinical Area (B&NES, West and North Wiltshire and the Mendip area of Somerset), referred by GPs and health visitors in the main, but also from paediatricians and speech therapists. Approx 2500 new cases are seen each year. Many children suspected of hearing loss are shown to have normal hearing or a temporary loss due to glue ear. Children with permanent hearing impairment are seen in specialist clinics, and babies diagnosed with hearing loss following newborn hearing screening are closely monitored. The clinical team includes audiometricians (health workers trained and experienced in assessing children's hearing) and paediatric doctors, and is headed by a Consultant Paediatrician qualified in Audiological Medicine. The service follows protocols published by the British Society of Audiology. The service also delivers the newborn hearing screening service to approx 5000 babies born in the Clinical Area, and the school hearing screening programme for approx 5000 school entrants.

#### **2 What are the proposed service changes**

The proposed service changes are to relocate the Paediatric Audiology Service from its current location at the RUH to the St Martin's site.

#### **Context**

"Transforming Services for Children with Hearing Difficulty and their Families" – DH August 2008 is a Good Practice Guide which sets out the challenge facing children's hearing services and a vision of quality improvement. One specified key element is the provision of appropriate testing facilities for assessing children. The paediatric audiology facilities at the Royal United Hospital, Bath currently fall short of the expected standards within that Guide.

The single largest shortfall is the lack of a reliable method for assessing hearing in each ear for children under age 4 years and especially under 2½ years (the latter age group representing up to 20% of referrals dealt with by audiology service). The technically superior and accepted method of testing this age group is by Visual Reinforcement Audiometry (VRA). The technique requires delicate and sensitive equipment to be left *in-situ* and is performed in a sound treated environment (below 20dB background noise). This can only be achieved in dedicated paediatric audiology rooms where it has proven to be robust, reliable and great fun for the children themselves.

Additionally, the current service does not conform to standards associated with trying to assess children aged between 2½ and 4½ years who require play audiometry; they too require sound treated rooms for assessment which are not available in Bath & North East Somerset (nor in Wiltshire). This group represents 36% of referrals.

### **3 Why are these changes being proposed?**

The effects of the above is that 50% of hearing assessments carry unacceptable risk of not picking up hearing difficulties which could lead to permanent loss of hearing.

The room specification at the Royal United Hospital Children's Centre (where the only sound proofed room is located) has been highlighted as unsatisfactory in the National Quality Assurance Report on Bath Newborn Hearing Screening and Audiology Programme (NHSP) in three consecutive reports. In addition there are capacity issues due to restricted clinic room usage at certain times. There have also been a number of recent patient safety incidents within these clinics due to the restrictive space available.

### **4 Rationale**

BANES is an outlier in not having a suitable facility for VRA and for older children requiring hearing aids. Most areas around the UK have at least 1 facility with Swindon having 2 and Salisbury 1, both of which are smaller providers than B&NES.

### **5 Summary of involvement outcomes**

This proposal has been discussed with a number of staff, parents and local organisations affected including:

- Consultant Paediatric Audiologist Adrian Dighe
- Wiltshire Teachers of the Deaf
- Somerset Teachers of the Deaf
- Educational Audiologist, Sensory Support Service – Westbury-on-Trym
- Sirona Head of Adult Audiology – Mel Ward
- Sirona Head of Children's Services – Chrissie Hardman
- Manager of the Newborn Hearing Screening Programme
- Audiometrician
- Assistant manager of Sirona Hearing and Vision Service
- Team Manager of Disabled Children, BANES
- Team Manager of Disabled Children, Somerset
- Equalities Manager, BANES Council
- Bath LINKs
- Parent representatives – Bath and Somerset
- Early Support Health Visitor

### **6 Timescales**

It is proposed that the relocation of Paediatric Audiology takes place in the Spring 2013

### **7 Additional information**

### **8. Does Sirona consider this proposal to be a substantial variation or development?**

Sirona considers this proposal to be a substantial variation as the service is changing locations.

Benefits of the proposed service changes	<ul style="list-style-type: none"> <li>• A bespoke new state of the art facility will give us a significant advantage over other areas as we will be able to provide high quality neonatal screening.</li> <li>• Moves facility closer to special school.</li> <li>• Co-locates with Adult Audiology, therefore transitioning to that service will be easier.</li> <li>• Easier (and free) to park than RUH</li> <li>• Close to Park and Ride</li> <li>• Close to a large number of Sirona's other community services eg Children's Learning Difficulties Nursing, Health Visitors, School Nursing</li> </ul>
Any disbenefits, including how you think these could be managed	<ul style="list-style-type: none"> <li>• Perception of dislocating from RUH</li> <li>• May be concern about bringing children into an adult facility but children will have a separate waiting area and the clinic will be staffed by a Paediatric Nurse.</li> <li>• Issues about travelling, parking, public transport. Will need to talk to local bus companies, Sirona parking service and Sainsburys about accessible travel and number of parking spaces.</li> </ul>
Any issues for patients/carers/families in accessing the new service particularly if a change of location has been suggested	<ul style="list-style-type: none"> <li>• Travelling to the new location will be more difficult for some and easier for others.</li> </ul>
How do you think the proposed changes will affect the quality of the service	<ul style="list-style-type: none"> <li>• Clinically there will only be positive impact as the current facilities are not fit for purpose</li> </ul>
Impact of the proposed changes on health inequalities	See Equalities Impact Assessment
Any other comments	
If you are a representative of an organisation, such as LINKs, please indicate how you have drawn on the views of others from your group	The LINKs committee met to discuss the proposal on the 21 <sup>st</sup> August 2012 and unanimously supported the relocation of the service.

### **PART THREE – Impacts at a glance**

<b>Impacts</b>	<b>Sirona View</b>	<b><i>Patient/carer/public representatives' view</i></b>
Impact on patients	●	●
Impact on carers	●	●
Impact on health inequalities	●	●

Impact on local health community	●	●
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- = significant negative impact
- = negative impact for some
- = positive impact

## **GLOSSARY**

*- list definitions of any technical terms, acronyms etc*