1. Scope

The following guidelines are for the reference of all qualified and student Audiologists working with adult patients in the Hearing Services Department of UHL and conducting GP (Direct) referred or self-referred first hearing assessments.

2. Guideline Standards and Procedures

Preparation for consultation

- Equipment & calibration
    - The clinician should check that the equipment used in the session is in clean, working order, within calibration and has been electrically safety checked.
    - Stage A calibration checks should be completed to British Society of Audiology (BSA) standards (BSA, 2018)
    - Head phone covers should routinely be used and replaced for each patient attending.
- Infection control/cleanliness of clinic room
    - The work environment should be 'fit for practice'.
        - Work surfaces should be clean and clear of clutter.

Patient attendance

- Check patient has been 'attended' in Practice Navigator (PN).
    - If the appointment time has been reached or exceeded but the patient has not checked in, check in the Reception area that the patient has or has not attended – if they have attended but not completed the process for attending on the patient check-in screen or directly with reception, complete this on PN for the patient.
    - If the patient has failed to attend allow 20 minutes for late attendance, then DNA (Do Not Attend) the patient on PN and document their non-attendance in that patient's notes.
        - If the patient is later than 20 minutes it is at the Audiologist's discretion as to whether the patient is seen late or asked to rebook.
- Document on PN who the patient attended with and whether they are a wheelchair user and/or arrived via ambulance transport.

Consultation

- Check address and the date of birth of the patient at the start of the appointment to ensure the patient has been correctly identified.
- Introduce yourself ('Hello my name is….'), explain appointment type and gain patient's consent to proceed with the appointment.
    - If the patient refuses consent to proceed document this on PN, end the appointment and write to the patient's GP (General Practitioner) detailing this outcome.
- Obtain consent to examine the patient's ears.

- If the patient refuses consent to proceed document this on PN and write to the patient's GP detailing this outcome.
- Examine the patient's ears/Perform otoscopy as per BSA guidelines (BSA, 2022).
- The clinician should ensure local infection control policies are adhered to: Bare below elbows & hand gel used prior to patient contact.
- Record observations of ear examination in PN.
- If contra-indications to audiometry are present make a note of these in PN.
    - If an infection is present, proceed with bone conduction audiometry only and rebook for 30 mins appointment; when ears are clear of infection, to complete hearing assessment but continue with the other elements of the appointment.
    - Advise the patient to seek medical opinion and treatment from their GP.
- If occluding wax is present, proceed with audiometry. If a mixed or conductive element is present rebook for a 30 mins appointment when ears are clear of wax to complete the hearing assessment and management.
- Take a medical history from the patient being sure to identify and note any 'red flags'. Establish if there are any contra-indications to pure tone audiometry (BSA 2018 & 2021).
- Establish patient's individual needs. Complete part 1 of the Glasgow Hearing Aid Benefit Profile (1999).

Testing

- Audiometry should be performed to BSA protocol (2018) at the following frequencies:
    - Air Conduction (AC) (250 – 8k Hz) including 3 and 6 kHz
    - Bone Conduction (BC) (500– 3k Hz) only test at 3kHz if it will help diagnosis. Test at 4k Hz too if there is a significant conductive element to the hearing thresholds as this will help at the fitting appointment with the generation of a target for gain which takes the air-bone gain into account.
        - 3 & 4kHz BC testing is not required if AC thresholds are symmetrical at 3 & 4kHz.
- Use warble or pulsed tones if the patient reports difficulties perceiving pure tones.
- Complete ULLs (Uncomfortable Loudness Levels) per BSA protocol (BSA, 2022) at the following frequencies 500, 1, 2 & 4kHz. Do not exceed the maximum output level of 110dBHL and perform only if ULLs are not contra-indicated by other factors (for example, bothersome tinnitus).
- Complete Tympanometry; if it will aid diagnosis i.e. there is a significant mixed or conductive element to the hearing test results obtained, per BSA tympanometry protocol (BSA, 2014).
- If patient requires earmoulds to be taken please proceed as per BSA impression taking (2013).
- Compare results to Direct Referral (DR) fail criteria (Jeffrey et al, 2016) and fail if necessary.

- Explain all findings to patient and counsel re expectations and limitations of amplification; if applicable.
    - In cases where patients decline amplification, ensure this is documented.
    - In cases where patients report hearing difficulties but present with 'satisfactory' hearing offer hearing therapy/tactics and/or lipreading sessions (If available).
- Check if the patient is clear on their management plan and allow them to ask any questions they may have.
    - For patients failing the DR protocol, ensure the patient is made aware that the results of the consultation will be shared with their GP.
        - Raise a DR Fail letter and complete details for the GP quoted in the medical referral.
            - Include prints of the audiogram & relevant history.
            - Place in DR Fail tray.
- Check patient's phone number in PN and enter if not already there.
- Ensure the patient has a referral on PN, including GP name, and complete a consultation page in PN
- If patient is proceeding with amplification add to fitting pending list.
    - Put on priority pending if patient is:
        - Very elderly
        - Has substantial communication issues due to the severity of their hearing loss
        - Working
- Issue 'Introduction to hearing loss and hearing aids' booklet.
- Complete Individual Management Plan (IMP) with the patient agreeing shared actions and plans. Issue a print-off of the IMP at the consultation if the ability to print it off is available or complete in the 'Introduction to hearing loss and hearing aids' booklet. Otherwise organise the mailing of the IMP for the patient's attention.

Reporting

- Complete notes on PN using PN Direct Referral (Adults) template, to include:
    - **History**, summary of relevant history
    - **Action**, what you have done at this appointment
    - **Plan**, what happens next, in particular if you have demonstrated a particular aid and configuration of aiding i.e. bilateral or unilateral (and which ear) that the patient agreed to try, document this.
        - Notes should be initialled at the end. Students should also add their supervisor's initials.

3. Education and Training

Direct Referral appointment types should only be conducted by qualified Audiologists (or student Audiologists deemed to be of a standard that they are able to be remotely supervised) who have a BSc in Audiology or equivalent, and hold registration with a recognised professional body, for example the RCCP (The Registration Council for Registered Clinical Physiologists) or the HCPC (The Health and Care Professions Council). Direct Referral appointments should follow the pattern of guidance found within this document.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Staff/patient interaction & performance	Peer review	Adult HS lead	Annual	Report to Head of service
Clinical notes & saved sessions	Random audit of practice navigator clinical notes	Adult HS lead	Quarterly	Report to Head of service

5. Supporting References

British Society of Audiologists (2021) Audiological assessment and hearing aid provision for patients with programmable ventriculo-peritoneal (PVP) shunt.

British Society of Audiology (2018) Recommended procedure. Pure-tone air-conduction and bone-conduction threshold audiometry with and without masking.

British Society of Audiology (2013) Recommended procedure. Taking an aural impression.

British Society of Audiology (2014) Recommended procedure. Tympanometry.

British Society of Audiology (2022) Recommended procedure. Uncomfortable loudness levels.

British Society of Audiology (2022) Recommended procedure. Ear Examination.

Gatehouse S. (1999) The Glasgow hearing aid benefit profile: derivation and validation of a patient-centered outcome measure for hearing aid services. J Am Acad Audiol 10:80-103

Jeffrey, H., Jennings, S. & Turton, L., (2016) Guidance for Audiologists: onward referral of Adults with Hearing Difficulty Directly Referred to Audiology Services. British Academy of Audiology.

6. Key Words

List of words, phrases that may be used by staff searching for the Guidelines on PAGL.

Adults audiology, audiometry, hearing assessment, hearing aid referral.

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) **Darren Cordon, Head of Adult Audiology**	
Details of Changes made during review: **None**	

Title of P&G Document Being Reviewed: Insert Details Below:		Yes / No / Unsure	Comments
1.	**Title and Format**		
	Is the title clear and unambiguous?		
	Does the document follow UHL template format? *If no document will be returned to author*		
2.	**Consultation and Endorsement**		
	Complete the consultation section below		
3.	**Dissemination and Implementation**		
	Complete the dissemination plan below		
	Have all implementation issues been addressed?		
4.	**Process to Monitor Compliance**		
	Ensure that the Monitoring Table has been properly completed.		
5.	**Document Control, Archiving and Review**		
	Ensure that the review date and P/G Lead is identified.		
6.	**Overall Responsibility for the Document**		
	Ensure that the Board Director Lead is identified		

1. OVERVIEW

2. **EQUALITY IMPACT ASSESSMENT**

		Comments	
1.	**What is the purpose of the proposal/ Policy**	To detail the minimal requirements for the completion of a first hearing assessment appointment within the Hearing Services Department, UHL.	
2.	**Could the proposal be of public concern?**	No.	
3.	**Who is intended to benefit from the proposal and in what way?**	The Hearing Services, staff and patients.	
4.	**What outcomes are wanted for the proposal?**	Elimination of variance, omissions and compliance to good quality practice.	
		Yes/No	**Comments**
5.	**Is there a possibility that the outcomes may affect one group less or more favourably than another on the basis of:**	No	
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	

		Comments	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and transsexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
6.	Is there any evidence that some groups are affected differently?	No	
7.	If you have identified that some groups may be affected differently is the impact justified E.g. by Legislation: National guidelines that require the Trust to have a policy, or to change its practice.	No	
8.	Is the impact of the proposal / policy likely to be negative?	No	
9.	If so can the impact be avoided?	-	
10.	What alternatives are there to achieving the proposal/ policy without the impact?	None	
11.	Can we reduce the impact by taking different action?	-	

If you have identified a potential discriminatory impact; please ensure that you do a Full Impact Assessment.

If you require further advice please contact Service Equality Manager on 0116 2584382.

3. CONSULTATION SECTION

(To be completed and attached to Policy and Guidance documents when submitted to the UHL Policy & Guidelines Committee)

Elements of the Policy or Guidance Document to be considered (this could be at either CMG/Directorate or corporate level or both)	**Implications** (Yes/ No)	**Local or Corporate**	**Consulted** (Yes/ No)	**Agree with P/G content** (Yes/No)	**Any Issues** (Yes / No)	**Comments / Plans to Address**
Education (ie training implications)	No					
Corporate & Legal	No					
IM&T (ie IT requirements)	No					
Clinical Effectiveness	No					

Patient Safety	No					
Human Resources	No					
Operations (ie operational implications)	No					
Facilities (ie environmental implications)	No					
Finance (ie cost implications)	No					
Staff Side/ (where applicable)	No					
Any others	No					

Committee or Group (eg CMG/Directorate Board) that has formally reviewed the Policy or Guidance document	**Date reviewed**	**Outcome / Decision**
MSS	15/09/23	Authorised with inclusion of Glossary

Lead Officer(s) (Name and Job Title)	**Contact Details**
Hazel Busby-Earle	Consultant

Please advise of other policies or guidelines that cover the same topic area:

Title of Policy or Guideline:
See references

4. IMPLEMENTATION AND REVIEW

Please advise how any implications around implementation have been addressed:	
Financial	No
Training	The current training route for qualification as an NHS Audiologist is via an external to UHL degree programme, for example, DeMontfort University.

REVIEW OF PREVIOUS P&G DOCUMENT	
Previous P&G already being used? No	**Trust Ref No: N/a**
If yes, Title:	

Changes made to P&G? No	**If yes, are these explicit** N/a **If no, is P&G still 'fit for purpose?** N/a

Supporting Evidence Reviewed? Yes	**Supporting Evidence still current?** Yes

5. DISSEMINATION PLAN

DISSEMINATION PLAN			
Date Finalised: 05/09/2023	**Dissemination Lead (Name and contact details): Darren Cordon Head of Adult Audiology**		
To be disseminated to:	**How will be disseminated, who will do and when?**	**Paper or Electronic?**	**Comments**
HSD team	**Via Staff Meeting – Shared drive**	**Electronic**	**To be available via HSD shared drive**

CATEGORY 'C' POLICIES OR GUIDELINES ONLY CMG/Directorate Approval Process:	
CMG Approval Committee:	MSS
Date of Approval:	
Copy of Approval Committee Minute to be submitted with request to upload into Policy and Guideline Library	

GLOSSARY

AC - Air Conduction

BAA - British Academy of Audiology

BC - Bone Conduction

BSA - British Society of Audiology

DR - Direct Referral

DNA - Did Not Attend

GP - General Practitioner

IMP - Individual Management Plan

PN - Practice Navigator

ULL - Uncomfortable Loudness Levels