

## **1. Introduction and Who Guideline applies to**

*These guidelines are written for the Audiologists and Admin staff who work in the Paediatric Hearing Services Team. The guidelines outline the administrative processes relating to paediatric hearing aid appointment management, liaison with Teachers of the Deaf and child/parental queries. Guidelines for admin processes for the paediatric diagnostic service (3+, VRA/1.5T and Complex clinics) are not included in this document.*

*These guidelines presume familiarity with processes such as the use of Practice Navigator (PN) patient management system, Spine, booking of interpreters, hearing aid spreadsheet and general admin duties. It is therefore expected that the guidelines will be used in conjunction with supervised training as required. It is the user's responsibility to ask the Head of Paediatric Audiology or a member of the Paediatric team that have received appropriate supervised training, if they are unclear as to any process included in or omitted from these guidelines.*

*The generic paediatric email address for use alongside these guidelines is [PaediatricHSD@UHL-tr.nhs.uk](mailto:PaediatricHSD@UHL-tr.nhs.uk)*

## **2. Guideline Standards and Procedures**

### **2.1. Hearing aid new referrals – Weekly processes**

- New referrals received via email from EDS labelled as 'PCHI' should be printed and placed on the desk of the Head of Paediatric Audiology. The child's demographic details should be added to PN and a note added saying 'EDS PCHI referral received and given to xxxxx'. The email should be replied to, to acknowledge receipt, then moved into 'EDS referral' email subfolder as failsafe to ensure it's actioned. No further action needs to be taken until instructed by the Head of Paediatric Audiology.
- (PCHI referrals as above) Head of Paediatric Audiology will
  - Check waveforms and monitor until testing completed
  - Once testing completed; or sooner if appropriate, liaise with TOD service to discuss results and actions needed e.g. offer aiding or Targeted Follow Up (TFU)
  - Arrange fitting appointment as required
  - Arrange for addition to hearing aid spreadsheet if aiding
  - Add to VRA/1.5T pending list as 'VRA TFU Priority' for appointment at 8 months corrected age if appropriate (see Diagnostic admin guidance)
- All other new referrals received by email/post should be printed and placed in the 'Paediatric new referrals' tray in the mould room at the LRI.
- The referral email should be replied to, to acknowledge receipt, then moved into the appropriate referral email subfolder as a failsafe to ensure referral is actioned
- The Audiologist dates the referral as the date when coded. This is done weekly (Hartland, 2023).
- Children  $\geq 16$  years as new referral, pass to the Adult Hearing Services team for action
- The Audiologist notes if the patient's hospital records need requesting to obtain a copy of any ENT conducted hearing tests.

- Coded referrals are put into hearing aid admin new referrals tray
- Use DoB to check if child already on PN, if they aren't then add them, if they are, check that details are up to date
  - Obtain additional information for PN from Spine/HISS, including GP, telephone numbers, check address and OSV status if required. See Appendix A if eligible to pay fees is identified.
- Request hospital notes if noted to do so by the coding Audiologist. Continue to process referral; do not wait until the notes are received.
- Scan referral onto PN as 'ENT/EDS/HSD/BPP referral for Haid ax' as appropriate
- Identify whether, based on the postcode, the child is Leicester City/County/Other. Post code can be checked via: <https://www.gov.uk/find-local-council>
- Book appropriate appointment as per coding **within 6 weeks (F2F) or 2 weeks (phone triage)** of the coded date, ideally at most convenient location but, as clinics are infrequent at some locations, an alternative venue should be offered if an appointment within 6 weeks/2 weeks is not available.  
Inform the Head of Paediatric Audiology if no slots within timeframe are available.  
Book by phone if less than 2 weeks' notice. See 'Appointments' in section 2.2. for clinic codes.
- All F2F assessment appointments are 1 hour and phone triage are 30 minutes, unless otherwise stated on referral coding.
- On the appointment description, when booking onto PN, put additional information e.g. Gujarati interpreter required, for specific Audiologist etc.
- Add referral to 'New referral' tab on hearing aid spreadsheet. Put first date offered i.e. don't change this date if patient cancels and note a reason on the spreadsheet if date is over timeframe e.g. appointment offered within 2 weeks but patient preferred to wait until school hols.

## **2.2. Appointments– Daily processes**

- **Check appointment slots are filled**
- **Phone appointment slots are all 30 minutes**
- **F2F review clinic appointment slots all 1.5hrs unless otherwise stated on spreadsheet (new assessments are 1 hour)**
  - LRI/CV/GF – 0830, 1000, 1130, 1400, 1530
  - Fri appointments – as above but final slot is 1530-1630 (1 hour)
  - HK – 0915, 1045, 1300, 1430
  - BAHA clinics are at LRI only, for Audiologist SH only
  - 2T clinics are at LRI/CV/HK only
  - 1.5T clinics at LRI/GF and may be at HK/CV but not routinely (1.5T patients can be booked into 2T clinics if needed but 2T patients can't be booked into 1.5T clinics).
  - 1T/YPC clinics are at all venues (except patient's with CIC aids)
  - CIC patient's (Kamplex Kite/CIC) are at LRI only
- **Booking**
  - For booking new referrals, see section 2.1. 'New referrals' guide.
  - For fu appointments use H-aid spreadsheet to identify patient's due for fu appointments (Use the sort/ filter facility)
  - Check additional notes on spreadsheet to identify specific requirements
  - Prioritise appointment booking as follows
    - New ax
    - New fittings within 4 weeks of ax (leave 10-14 days for moulds to be received)

- 1<sup>st</sup> review
    - AC aid
    - Specific requests e.g. school holidays, specific Audiologist, specific day/time
    - Other reviews in month order
  - Create a 'Medical Referral' on PN
  - Appointment types F2F;
    - H-aid 1T ax/ftg/rev
    - H-aid 1.5T ax/ftg/rev
    - H-aid 2T ax/ftg/rev
    - H-aid YPC
    - BAHA paed 1T ax/ftg/rev
    - BAHA paed 2T ax/ftg/rev
    - Paed repairs
  - Appointment types phone;
    - Paed H-aid or BAHI ax phone – new referrals
    - Paed H-aid or BAHI ftg/rev phone – fu phone appointments
  - Book appointment on PN. In appointment description write any specific requirements e.g. Gujarati interpreter, for specific Audiologist, CIC, needs speech test etc.
  - If TOD has said that they need to attend the appointment (Highlighted yellow on spreadsheet), write 'TOD may attend' and inform TOD of appointment date, time and venue via email or text (Use child 1<sup>st</sup> name and initial of surname as identification for text)
  - If appointment date is <2 weeks, book by phone.
  - Put appointment date on H-aid spreadsheet and delete 'appointment due' date (For reviews). Patient's not yet fitted with hearing aids will be on the referrals tab. Complete an appointment ftg field if applicable but do not replace a date in an already booked field unless the new date is sooner than the original
  - Book interpreter if required and save interpreter booking confirmation onto PN note description with the language and date of appointment.
  - Print appointment letters on Paediatric letter headed paper (Appointment letter is specific to each venue e.g. paed h-aid = LRI, paed h-aid HK = Hinckley, paed h-aid CV = Coalville etc.) and post with appropriate map and cover letter. Attach 1<sup>st</sup> class slip if <2 weeks' notice unless appointment arranged by phone.
- **Cancelling/rescheduling**
    - If cancelled on the day of the appointment, notify the Audiologist by phone or email, and inform parent that the Audiologist will ring them at the appointment time to do a phone appointment. Note phone number to call and change appointment type to 'Paed h-aid phone appointment'.
    - If cancelling >24 hours, complete as below but make a note of appointment slot in order to try and fill the slot with another appointment.
    - Note details on PN of reason for cancellation and who cancelled, also note if cancellation within 24 hrs or on the day of the appointment.
    - Before cancelling the appointment off PN, note appointment details and info from the booked appointment (The info noted in appointment description when booking the appointment) – this is particularly important if rebooking immediately.
    - Cancel appointment off PN, select 'patient' as the person requesting the cancellation (Only select hospital if it is HSD cancelling the appointment/clinic) and select the most appropriate reason.

- Email/text the TOD to notify of the cancellation **IF** TOD 'attending' (1<sup>st</sup> name and initial as identifier if text). Text/ring TOD if cancelled with less than 24hrs notice
- If rebooking immediately whilst patient is on the phone, be aware of the additional booking information on the spreadsheet e.g. interpreter, for specific Audiologist etc. Notify TOD of new date if they are 'attending'. Ensure that all appointment description info is re-entered on booking description on PN
- Cancel/rebook interpreters if applicable and note on PN notes
- Alter H-aid spreadsheet dates if rev appointments. Do not change if ax/ftg unless a sooner date has been offered. For rev's either enter new appointment date if rebooked or delete old date and put same month as original appointment in the 'Appointment due' column if not rebooked. Put the date of cancelled appointment in the additional info column so that the same date isn't offered again and also to help in prioritising future bookings

### **2.3. Processing clinic reports/outcome sheets/demographic sheets – Weekly processes**

- Audiologists will put outcome sheets, typed reports and TOD consent forms for each clinic into the 'H-aid admin' in tray.
- **Reports**
  - Separate the reports in the 'Reports in tray' into piles of city TOD, county TOD, ENT internal, 'other post' and outcome sheets. For TOD and ENT reports, add to appropriate wallet to send in bulk.
  - New consent forms should be attached to the front of the appropriate TOD report copy
  - Check outcome forms and print requested number of report copies and a copy for the TOD if requested. The reports will be located in H drive/paeds/report yr. Tick on outcome sheet to show printing has been done. Sort printed reports into piles as above.
  - 'Other post' can be posted
  - ENT copies can be posted internally in a single envelope
  - Scan TOD consent forms. Attach to PN note as 'TOD consent form'
  - County TOD new referrals - Email reports with consent form as 'new referrals' to the County contact person via email (Contact details are written on county TOD reports folder)
  - City TOD new referrals - Email reports with consent form as 'new referrals' to the City contact person via email (Contact details are written on city TOD reports folder) **AND** complete City online TOD referral form and attach the report using the following link:  
[https://my.leicester.gov.uk/en/AchieveForms/?mode=fill&consentMessage=yes&form\\_uri=sandbox-publish://AF-Process-3df88e40-22b0-4621-b737-5441db697cd2/AF-Stage-4ff1d63e-a60a-4dac-8caf-90cf71b8b7fa/definition.json&process=1&process\\_uri=sandbox-processes://AF-Process-3df88e40-22b0-4621-b737-5441db697cd2&process\\_id=AF-Process-3df88e40-22b0-4621-b737-5441db697cd2](https://my.leicester.gov.uk/en/AchieveForms/?mode=fill&consentMessage=yes&form_uri=sandbox-publish://AF-Process-3df88e40-22b0-4621-b737-5441db697cd2/AF-Stage-4ff1d63e-a60a-4dac-8caf-90cf71b8b7fa/definition.json&process=1&process_uri=sandbox-processes://AF-Process-3df88e40-22b0-4621-b737-5441db697cd2&process_id=AF-Process-3df88e40-22b0-4621-b737-5441db697cd2)

- Email all other TOD reports to City/County contact email as 'H-aid reports'. Email addresses written on the appropriate TOD folder
- Send out of area TOD reports/referrals as per contacts list found in 'Hdrive/paeds/contacts/East Mids TOD addresses'. Ensure email addresses are secure or encrypt message if not (UHL, 2020).
- **Outcome sheets** (On H-aid spreadsheet)
  - For 'today's appointment type' **ax/ftg appointment** – patient should be located on 'new referral' tab
    - If not on – add on new Ref ensuring you complete the Ref date/ax date/ftg date as required – dates can be found on PN, ask an audiologist if unclear).
  - Book appointments as requested or add already booked date to spreadsheet if Audiologist has already arranged this. Ftg appointments should be booked within 4 weeks of ax appointment (leave 10-14 days for return of mould if applicable), note on spreadsheet in end column, and any reason for delay in booking e.g. parental choice or cancelled ax appointment.
  - If re-ax needs repeating immediately, put reassess in the ftg column on the spreadsheet and 'N' (No) in the 'added to main h-aid tab' column. Add patient on a new line as a separate new referral, use the original ax date as date of referral and book ax appointment as instructed.  
If re-ax is needed in several weeks/months and slots are not yet available, write down details (Name & dob; appointment type; location; appointment length, when required and any other requirements) and put into the 'Admin new referral' tray to be booked at appropriate time. The patient will be re added to the spreadsheet when ready to book the appointment using the month that the re-ax has been requested for as the referral date e.g. reassess Sept 24, add to h-aid new referral tab in Sept 24 as referral date 1/9/24 and book within 6 weeks of this date.
  - For a 1<sup>st</sup> rev appointment (patient on new referral tab). Put 'Y' (yes) in the 'added to main h-aid tab' column and add patient details to the main H-aid tab in surname alphabetical order (if more than 1 patient with surname, list in 1<sup>st</sup> name alphabetical order). Complete additional details. Put 1<sup>st</sup> rev in the 'review type' column.
  - For 'today's appointment type' rev, details will be on the main h-aid tab. Delete booked appointment date and enter month/yr of next due appointment.
  - If the date booked/to be booked on the spreadsheet are highlighted in yellow (showing TOD had wanted to attend that appointment), undo the highlight unless the child DNA/ccl – unless new comment stating TOD to be informed for next appointment.
  - Check and alter type of appointment (1T etc.), venue, TOD etc., if applicable. Check for change of appointment type – 1T/2T and location, post code. Do not assume same as before.
  - To all appointments, add any additional notes e.g. 1<sup>st</sup> rev, appointment preferences, interpreter etc. Delete any previous notes.
  - For DNA patient's, unless requested otherwise by the audiologist, delete booked appointment date (unless ax/ftg on referrals tab), put appointment due date as the month after the date of the missed appointment and put 'DNA xx/xx/xx' in the additional information column
  - For ccl'd appointments, see section 2.2. 'Cancelling/rescheduling' section.

- For discharged patients, if they are discharged following their ax/ftg (patient on new referrals tab). Put 'Discharged' in the ftg date column and 'N' (No) in added to main spreadsheet column. If they are patients that are on the main spreadsheet tab then delete that row.

#### **2.4. Additional booking guidance**

- **Interpreters**

- Book interpreter (Use paediatricHSD@uhl-tr.nhs.uk email to receive copy of confirmation)
- Note interpreter booked, language and date of appointment on PN note description and attach booking confirmation.
- When confirmation of interpreter is received, add 'confirmed' to the original PN note description and copy/paste interpreters details as received on the confirmation email

- **Text reminders – Weekly**

- Text reminders should be actioned one week prior to the appointment for all h-aid appointments.
- Use the standard text for each venue, in notes on paed admin mobile phone. Date and time of appointment needs changing for each text reminder.
- Note in PN notes 'Text reminder sent'
- When contact received confirming attendance, add 'confirmed' to end of previous PN note description – Do not create a new PN note.

- **TOD information for clinic**

- TOD will send info and reports via email.
- Copy and paste TOD info into PN note labelled 'TOD info' and attach reports with a note labelled 'TOD report'.
- Immediate actions required will be clearly stated in email text body, action this request and print for Audiologist if clinical advice needed. Note actions taken on PN.

- **Mobile phone/email queries– Daily**

- Patient enquires/messages should be actioned on a daily basis (within 24 working hours) and relevant information recorded in PN notes.
- Phone/email clinical queries which cannot be immediately actioned should be given to the Paediatric Audiologist present on the day or specific Audiologist as appropriate. A message summary and the audiologist that the message has been given to should be recorded in the patients PN notes. Email messages can be printed to give to the Paediatric Audiologist, phone messages should be clearly written and include minimum, child's name, DoB, contact number and details of query.

- **Changing patient details**

- Spine should be used to check patient demographics (spine is updated by GP so should be up to date). HISS may also be used but may not be up to date if the patient has not been seen recently
- If changing patient information as instructed in person or by phone, Record on PN the name and relationship to the child of the adult requesting the change.

- Ensure that all relevant changes are made by asking the adult the name of the child, address, telephone numbers, GP. These details should be checked even if the adult doesn't initially say that the details have changed. The old details should be deleted or marked clearly as 'old' on PN.
- Changes to the child's name needs to be made on **ALL** of the following PN pages as a name changed only in the demographic page will result in the wrong name appearing on letters/reports
  - Patients (demographic page)
  - Addresses
  - Phones
- Inform TOD's of changes to name, address or telephone numbers
- If a child has been adopted then their NHS number may have changed. This should be amended on PN and a note made as to the change with reference to the old and new number is known.

### **3. Education and Training**

Supervised training will be given to new members of staff to familiarise them with the general processes required to use these guidelines and to ensure that the guidelines are fully understood and adhered to

### **4. Monitoring Compliance**

<b>What will be measured to monitor compliance</b>	<b>How will compliance be monitored</b>	<b>Monitoring Lead</b>	<b>Frequency</b>	<b>Reporting arrangements</b>
New referrals booked within 6 weeks of coding	Hearing aid spreadsheet	Head of Paediatric Audiology	Quarterly	Feedback given to Admin staff. Report of capacity issues to Head of HSD
New fittings booked within 4 weeks of assessment	Hearing aid spreadsheet	Head of Paediatric Audiology	Quarterly	Feedback given to appropriate staff. Report of capacity issues to Head of HSD
Reports sent weekly. Clinics outcomes processed weekly. Clinics booked.	Ongoing monitoring visually and via hearing aid spreadsheet during general use and clinical duties. Audit if compliance issues identified/suspected.	Head of Paediatric Audiology	Ongoing surveillance. Audit if required	Feedback given to Admin staff.
Hearing aid spreadsheet maintenance	Audit of data entry accuracy of 10% of outcome sheet entries	Head of Paediatric Audiology	Weekly	Feedback given to admin/clinical staff

	Audit of missing data/data entry errors		Monthly	
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## 5. Supporting References

British Academy of Audiology (2022) *Quality Standards in Paediatric Audiology*.

Hartland, S. (2023) *Paediatric protocol for triage of paediatric audiology referrals*.

UHL (2020) *Email & internet usage UHL policy*.

UHL insite (No date) *Private patients and overseas visitors*. Available from:

<http://insite.xuhl-tr.nhs.uk/homepage/management/corporate-directorates/finance--procurement-supply/private-patients--overseas-visitors>. [Accessed: 26/09/23]

## 6. Key Words

Paediatric Hearing Services, Admin, Hearing aid

CONTACT AND REVIEW DETAILS	
<b>Guideline Lead (Name and Title):</b> Sheena Hartland - Head of Paediatric Audiology	<b>Executive Lead :</b> Hazel Busby-Earle - Consultant
<b>Details of Changes made during review:</b> <b>Version 1.2</b> <b>Change to City secure email</b> <b>Addition of generic email address</b> <b>Version 1.3</b> <b>Update/clarification of procedural changes</b> <b>Additional audit of spreadsheet data entry</b> <b>Removal of referral triage information as now contained in separate triage guideline</b>	



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

## **1. OVERVIEW**

## **2. EQUALITY IMPACT ASSESSMENT**

		Comments	
<b>1.</b>	<b>What is the purpose of the proposal/ Policy</b>	To provide structured, robust admin processes to ensure the efficient admin management of the paediatric hearing aid service	
<b>2.</b>	<b>Could the proposal be of public concern?</b>	No	
<b>3.</b>	<b>Who is intended to benefit from the proposal and in what way?</b>	Paediatric hearing services department and staff, patients, families and Teachers of the Deaf	
<b>4.</b>	<b>What outcomes are wanted for the proposal?</b>	Efficient clinic booking and management including clinic reports and liaison with families and Teachers of the Deaf. Compliance with waiting time targets and information governance.	
		Yes/No	Comments
<b>5.</b>	<b>Is there a possibility that the outcomes may affect one group less or more favourably than another on the basis of:</b>	No	
	Race	No	

		Comments	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	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.	n/a	
8.	Is the impact of the proposal / policy likely to be negative?	n/a	
9.	If so can the impact be avoided?	n/a	
10.	What alternatives are there to achieving the proposal/ policy without the impact?	n/a	
11.	Can we reduce the impact by taking different action?	n/a	

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)						

Corporate & Legal						
IM&T (ie IT requirements)						
Clinical Effectiveness						
Patient Safety						
Human Resources						
Operations (ie operational implications)						
Facilities (ie environmental implications)						
Finance (ie cost implications)						
Staff Side/ (where applicable)						
Any others						

Committee or Group (eg CMG/Directorate Board) that has formally reviewed the Policy or Guidance document	Date reviewed	Outcome / Decision
MSS		

Lead Officer(s) (Name and Job Title)	Contact Details
Hazel Busby-Earle (Consultant)	hazel.busby-earle@uhl-tr.nhs.uk

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

<b>Title of Policy or Guideline:</b>
n/a

#### **4. IMPLEMENTATION AND REVIEW**

Please advise how any implications around implementation have been addressed:	
<b>Financial</b>	n/a
<b>Training</b>	n/a
<b>REVIEW OF PREVIOUS P&amp;G DOCUMENT</b>	
<b>Previous P&amp;G already being used? Yes</b>	<b>Trust Ref No:</b>
<b>If yes, Title: Paediatric hearing aid service Admin guidelines v1</b>	n/a

<b>Changes made to P&amp;G?</b> Yes	<b>If yes, are these explicit</b> Yes <b>If no, is P&amp;G still 'fit for purpose?'</b> Yes
<b>Supporting Evidence Reviewed?</b> Yes	<b>Supporting Evidence still current?</b> Yes

## 5. DISSEMINATION PLAN

<b>DISSEMINATION PLAN</b>			
<b>Date Finalised:</b>	<b>Dissemination Lead (Name and contact details)</b> <b>Sheena Hartland, Head of Paediatric Audiology</b> <b>Sheena.hartland@uhl-tr.nhs.uk</b>		
<b>To be disseminated to:</b>	<b>How will be disseminated, who will do and when?</b>	<b>Paper or Electronic?</b>	<b>Comments</b>
<b>Paediatric HSD Staff</b>	<b>Staff meeting/shared drive</b>	<b>Electronic</b>	<b>n/a</b>

<b>CATEGORY 'C' POLICIES OR GUIDELINES ONLY</b>	
<b>CMG/Directorate Approval Process:</b>	
<b>CMG Approval Committee:</b>	MSS
<b>Date of Approval:</b>	20/10/23
<b>Copy of Approval Committee Minute to be submitted with request to upload into Policy and Guideline Library</b>	

**APPENDIX A**  
**OSV Status Patient Pathway**

Patient is referred to HSD for a hearing/hearing aid

The referral will be put in paediatric referral tray for Audiologist to code for correct clinic and given to diagnostic/hearing aid admin staff as appropriate

If referral indicates that child may not be eligible for treatment or this has been brought to our attention, admin to check Spine for OSV status.

Red flags for checking Spine: Overseas address, New to Country, brought to our attention  
If Spine does not flag any issues book as normal

If 'OSV liable', book appointment as usual.

Notify the OSV team via email ([overseasvisitors@uhl-tr.nhs.uk](mailto:overseasvisitors@uhl-tr.nhs.uk)) of the patient, type of appointment (hearing test or hearing aid appointment) and date booked. State that the appointment will proceed unless we are notified not to go ahead by the OSV team or parents

Note on PN that pt may be 'liable to pay all fees' and actions taken as above  
No further action required unless contacted by OSV team

**If contacted by OSV team**

- Liabile to pay fees – inform Head of paediatric audiology immediately so that liaison with OSV team can be undertaken to decide how/if to proceed with appointments.
  
- Not liable to pay fees – update PN notes and proceed with appointments/management as usual

**Liabile to pay fees and appointments proceeding**

Note in PN restrictions and as 'important note' 'liable to pay all fees, inform OSV team of all appointments'

Hearing aid appointments – in addition to above, note this info on h aid spreadsheet  
Email OSV team to notify of all appointments, including changes to appointments – note that this has been done on PN

Note – we have nothing to do with OSV paperwork or payments, this is the responsibility of the OSV team

### **Contact from family regarding OSV status**

#### Want to cancel appointment due to fees

Ensure that we have a family contact number in case further liaison is required. Inform family that their request will be forwarded to the Head of Service who will confirm outcome

Inform Head of paediatric audiology immediately, in person/text rather than email, to decide appropriate management – do not cancel appointment until instructed

Inform OSV team via email of family request and ask them to confirm that the family are still liable to pay all fees.

Log actions/emails on PN notes

#### Want to query fees/OSV status

Ensure that we have a family contact number in case further liaison is required. Inform family that their request will be forwarded to the OSV team and ask them to liaise with them directly.

Explain that we aren't involved in the funding/OSV status process

Email family query to OSV team and log on PN

Give family OSV team contact details

**OSV team phone number - 0116 258 8604.**

**Email address – [overseasvisitors@uhl-tr.nhs.uk](mailto:overseasvisitors@uhl-tr.nhs.uk)**

## **Glossary of terms**

2S	-	Two Steeples Medical Practice, Wigston
Ax	-	Assessment
BAHA	-	Bone Anchored Hearing Aid
Ccl	-	Cancel
CV	-	Children's Audiology Clinic, Comet Way, Coalville
DNA	-	Did not attend
EDS	-	Electro diagnostic service
ENT	-	Ear Nose and Throat
F2F	-	Face to face (refers to an appointment in person)
Ftg	-	Fitting
Fu	-	Follow up
GF	-	Glenfield Hospital
GP	-	General Practitioner
H aid	-	Hearing aid
HK	-	Hynca Lodge, Hinckley
HSD	-	Hearing Services Department
LRI	-	Leicester Royal Infirmary
NHSP	-	Newborn hearing screening programme
OSV	-	Overseas visitor
PCHI	-	Permanent childhood hearing impairment
Rev	-	Review
T1	-	One Tester
T2	-	Two Tester
TFu	-	Telephone Follow-up
TOD	-	Teacher of the Deaf
VRA	-	Visual Reinforcement Audiology