

Gathering Views on Community Audiology Services

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Section 1: Background

- 1.1 The Scottish Health Council was established in 2005 to promote Patient Focus and Public Involvement in the NHS in Scotland and to support engagement of people and communities in the development of health and social care services. The Scottish Health Council is part of Healthcare Improvement Scotland which seeks to drive improvements that support the highest possible quality of care for people in Scotland.

- 1.1 The Scottish Health Council was asked by the Scottish Government to gather views from people with lived experience of hearing loss in Scotland who currently use NHS audiology services on the delivery of, and access to NHS audiology services. This will inform the initial scoping stage of the work the Scottish Government is doing to deliver its commitment to work with stakeholders to deliver enhanced community audiology services and testing.

Section 2: Approach and Process

Gathering Public Views – Community Audiology Services

- 2.1 The Our Voice framework is based on a vision where people who use health and social care services, carers and members of the public are enabled to engage purposefully with health and social care providers to continuously improve and transform services. People will be provided with feedback on the impact of their engagement, or a demonstration of how their views have been considered.
- 2.2 A number of different organisations are key delivery partners for Our Voice including the Scottish Government, the Scottish Health Council, Healthcare Improvement Scotland, the Convention of Scottish Local Authorities (COSLA) and the Health and Social Care Alliance (The ALLANCE). The Scottish Health Council's Gathering Public Views methodology supports Our Voice by feeding public views into the heart of the development of policy and services. There are other examples of this available on the Scottish Health Council's website (www.scottishhealthcouncil.org).
- 2.3 Our approach to this project was consistent with our normal practice which aims to provide a means of gathering public views on a specific subject; it is not undertaken either as formal research or as a full public consultation exercise.
- 2.4 To generate views, the Scottish Health Council organised three discussion groups with service users in different areas of the country as well as a session with national third sector organisations who help and support people with a hearing loss in Scotland. In addition, the Scottish Health Council carried out a number of one-to-one interviews in those NHS Board areas which were not hosting a discussion group. This was so we could achieve a Scotland-wide approach to gathering views.
- 2.5 Participants for the discussion groups and interviews with service users were identified through Scottish Health Council office community contacts.

Participants for the discussion group with national third sector organisations were identified through the Scottish Council on Deafness¹.

- 2.6 A standard set of questions, which was developed in conjunction with the Scottish Government, formed the basis for the discussion groups and interviews.
- 2.7 A total of 80 service users and national third sector organisation representatives participated between November 2017 and February 2018 through:
- three discussion groups with people who used local NHS audiology services – one in Glasgow (city/central belt setting), one in Largs (urban/rural setting) and one in Caithness (remote setting) – totalling 41 people
 - one-to-one interviews with people who currently used local NHS audiology services in the NHS Board areas not hosting a discussion group – totalling 31 people, and
 - one discussion group for national third sector organisations who help and support people with a hearing loss in Scotland – totalling 8 participants representing different national third sector organisations.
- 2.8 In response to an additional request from the Scottish Government, the Scottish Health Council also held a discussion session with national See Hear Leads – a total of 15 Leads participated. These are individuals who lead on the delivery of the priorities in the Scottish Government’s See Hear strategy in their local area. They work with other local partners from the public and voluntary sector to do this as well as with people who use services and who have lived experience of hearing loss. They assess local needs, determine local priorities and develop actions to address them. We also gathered feedback from the Scottish Audiology Heads of Service Group that represents the Audiology Services of NHSScotland.

¹ The Scottish Council on Deafness was renamed as deafscotland in May 2018. For the purposes of this report we refer to the Scottish Council on Deafness as this was the name of the organisation during the gathering views exercise.

2.8 Support was provided to people who needed it to ensure that they were able to participate effectively. This included, for example, providing electronic note takers and British Sign Language (BSL) interpreters. We ensured that the venues for the discussion groups were accessible and had hearing loop systems. The layout of the room used for each discussion was tailored to the varying needs of the participants.

Section 3: Feedback Summary

Audiology Services provided in a Community Setting

Community audiology services are services that are delivered in a community setting rather than an acute hospital.

- 3.1 The feedback gathered in this report will be used to inform the initial scoping stage of the work the Scottish Government is doing to deliver its commitment to work with stakeholders to deliver enhanced community audiology services and testing.
- 3.2 Below is a summary of the feedback gathered specifically on audiology services provided in a community setting.
- 3.3 When asked where it would be best to receive audiology services, most people said they wanted to see routine services provided “as locally as possible” in an accessible, appropriate community setting, with more complex services provided in a hospital setting.
- 3.4 Several suggestions were put forward as to where audiology services could be provided in the community. These included:
 - co-located where other services are provided such as health centres, community hospitals, community health and social care hubs, pharmacies
 - care homes, sheltered housing complexes
 - community centres, local libraries, clubs, and
 - soundproofed mobile units where hearing tests could also be provided.
- 3.5 The reasons people gave as to why they would prefer these locations included:
 - more convenient
 - more flexible
 - more accessible, especially for those:
 - with limited mobility

- who live in rural and remote areas
- who work during clinic times
- who need support at short notice
- reduce travel time and associated expense
- reduce waiting times for appointments, and
- reduce pressure on services providing more complex activities in a hospital setting.

3.6 The services people said should be provided in the community included:

- minor hearing aid adjustments
- basic hearing aid maintenance
- battery replacement and fitting
- tube cleaning and replacement
- peer support, and
- information sharing to raise awareness of support available in the community for people with hearing loss.

3.7 When asked who should deliver audiology services in the community, the majority of people felt that a mixed approach should be taken with Audiology Services working in partnership with trained volunteers and third sector organisations to carry out routine tasks such as basic hearing aid maintenance and battery replacement, information sharing and peer support while freeing up audiology staff to do the more complex activities and take some pressure off the service.

3.8 However, a few people thought only audiology staff should deliver the service and several people stated they did not mind who delivered the more routine tasks as long as they were qualified and capable of doing so.

Section 4: Feedback and Views

4.1 This section summarises all the feedback, views and suggestions we received during the discussion groups and one-to-one interviews on NHS audiology services provided in hospital and community settings.

Question 1

What do you think works well about the current audiology services? Can you describe which services they are?

People highlighted a wide range of things they thought worked well with the services they received. These included communication with staff, the referral process, information provision, co-location of services, hearing aids, routine hearing aid maintenance, services in the community, and services provided by volunteers and the third sector.

Some people told us that they found the referral process “quick” and “straightforward”. Others said they appreciated the flexibility of the appointment system for tests, hearing aid fitting and assessment where people were able to change or arrange an appointment for a time that was convenient to them. Some spoke of the “friendly” and “helpful” staff who displayed empathy which made them feel more comfortable and confident with the service they received.

In a couple of instances people spoke of being given relevant and useful information, e.g. a booklet with information specific to their hearing aid. One person was given a holder for their hearing aid with a brush for cleaning it and a magnet to pick up the batteries making it easier to fit them into the hearing aid. A few people who had been using the service for some time felt that hearing aids supplied by the NHS had improved over the years.

Many people who have access to services in their community for hearing aid maintenance said they appreciated the convenience this offered them as it provided a quicker and more flexible service, taking away the need for people to travel to a centralised location every time they needed basic hearing aid maintenance. They highlighted the ease of getting to the location and the reduction in travel time and associated expense. Many also spoke of being able to pick up replacement batteries

when needed from GP surgeries and community settings, e.g. the public library, and others said they got batteries mailed out to them by the main audiology clinic.

In all the discussion group sessions participants highlighted the benefits of partnership working between the third sector, volunteers and NHS for delivering routine services including hearing aid maintenance, battery replacement, signposting to information and resources. It was felt this was a support to the service and operated in a way where volunteers had time to spend with people thereby freeing up audiologists and other healthcare staff to concentrate on the more complex tasks.

One person said they liked having the local clinics with eye and ear services provided together in one room so they can be attended to at the same appointment.

Question 2

What areas don't you think work so well about the current audiology services?

The main themes that emerged from this question were around equipment and assistive technologies, information provision, communication with people with hearing loss, waiting area and reception environment, hearing tests, and in some instances the feeling of "inconsistent services".

Equipment and Assistive Technologies

A number of people felt there was a lack of modern and up-to-date hearing aids available from the NHS.

People spoke of batteries being available to pick up at GP practices and public libraries as well as in the main audiology department or posted out to them. However, some said that they had found it difficult to fit the batteries themselves as they were very "small and fiddly".

Some people from rural areas where there are no outreach services said they can obtain batteries from GP practices or public libraries but have to travel to the main audiology department at a hospital to get tubes changed/cleaned etc. They said that this can result in a long journey – one person spoke of an 80 mile round trip across country roads that turned a relatively short appointment into one which took 4 hours (when taking the travel time into account).

Many spoke about the lack of support on how to use their hearing aids and said the aid often ended up in a drawer not used because they did not know how to use it.

One person highlighted that people can find hearing aids uncomfortable or painful and they need to be encouraged to seek advice about how to ensure a correct fit. They felt not everyone was confident enough to get help for such problems and potential problems are not highlighted when hearing aids are fitted. They felt that more could be done to address this and raise awareness of potential problems.

Several people felt that there was a lack of deaf awareness and knowledge of hearing aid care in hospital wards, care homes and care staff visiting people in their own homes.

Information

Many said they had experienced a lack of information on how to use their hearing aid which included its capabilities and options on how to get the most out of it and assistive products and solutions beyond the hearing aid. Where information was made available, the literature for patients and their families was described as “not always fit for purpose” and “often confusing, complex and full of jargon”. Some people suggested a one page basic set of instructions on the use of hearing aid core functions would be more useful than “long booklets”, some of which were not accessible in terms of text size – or as they described it “often in tiny writing”.

Some people said they had not been aware of clinics, hearing aid repair services and support available in their area due to lack of information.

Communication and Deaf Awareness

People also said they had experience where audiologists did not explain loop systems and how they work, and that hearing aids are often not enabled for loop systems. This results in the need for the patient to make a return visit for adjustments.

Some people raised concerns that staff did not always seem to be aware of what additional communication support is available for people with hearing loss, e.g. electronic note takers or BSL interpreters which meant that patients could be missing out on additional support.

Several people said they had difficulty contacting the audiology department in their area by telephone.

Another area of concern was the lack of deaf awareness amongst hospital staff in clinics. Some people said that sometimes staff within hospitals, for example, would turn away when speaking to deaf people and tend not to notice the person was struggling to hear. Some commented that this can happen in audiology clinics as well and felt that all staff in hospital clinics, especially within the audiology service, should be trained in deaf awareness as well as basic communication skills to ensure empathy and understanding of the impact hearing loss can have on day-to-day life. It was mentioned in one of the discussion groups that lack of empathy can result in the service user feeling low and less confident to access the service in future.

Several people commented that it is important to remember that there are people who have dual sensory impairment and that the service should be aware of the challenges associated with this.

Waiting Room and Reception Environment

It was also highlighted by some that staff do not seem aware that those who attend clinics can find it stressful and can become anxious. A number of people said they found the waiting areas “challenging”, “daunting” and “stressful”. It was felt that waiting room call systems are not conducive to people with a hearing loss. Some people spoke of their anxiety when attending the audiology department, for example they were worried that they would not hear their name being called. Some people said it was “undignified” and “embarrassing” when they missed their name being called. Participants said that it was worse if there was one waiting area serving multiple departments.

Consultations/Appointments/Hearing Tests

One person expressed concern about a lack of privacy in consultations. For example, induction loops can be located in reception areas but not in consulting rooms. This can result in voices being raised in the consultation so that the person with the hearing loss can hear and as a consequence the conversation can be heard quite clearly outside the consulting room.

It was highlighted that sometimes people find it hard to cope with the sudden noise when first fitted with a hearing aid. This can result in them removing their aid and

sometimes not using it again. People said it can be difficult for a person to go back to the clinic once they had lost confidence in their hearing aid – they felt that more should be done to prepare people for the experience of becoming hearing aid users.

There were some views expressed on how hearing tests are carried out. It was pointed out that hearing tests and adjustments are made according to what the patient can hear in the clinic. These tests and adjustments are often made in an artificially quiet environment with no background noise. It was pointed out by some people that this did not reflect what they hear in real life and often resulted in the need for a return visit for corrections. It was suggested that hearing assessments could be held in an environment where the patient can listen to noisy situations and experience different environments, e.g. being in traffic, using the telephone.

Participants in the discussion group for national third sector organisations felt that services can be inconsistent and vary from region to region. One person stated that “patients do not necessarily get the same service and waiting times also vary”. There were some examples given of services that are not available in some areas e.g. tinnitus service. It was also pointed out that there can be a lack of home visiting services in some regions and that “it’s important as many patients are not mobile and struggle to get out to visit the audiology department”. There was also concern that in some areas a GP referral is needed to make a home visit, which can result in longer waiting times.

Access was raised as an issue in particular around people in rural areas being asked to travel distances to centralised locations to access audiology services.

Question 3

What do you think could be done to improve audiology services?

A wide range of suggestions emerged on how the current services could be improved. Listed below are the most common themes that emerged.

Communication

- Provide deaf awareness and basic communication skills training for audiologists, staff in audiology clinics and other hospital departments as well as staff in care homes and carers who look after people in their own homes to

ensure effective communication and to promote empathy and a better understanding of the listening needs of people with a hearing loss.

- Promote awareness of the challenges that patients face in the waiting area for audiology.
- Use patient call screens for waiting areas so patients do not have to listen for their name to be called.
- Implement a number system to call patients for appointments to allow for privacy and anonymity.
- Establish a helpline for people to call so they can speak to a healthcare professional.
- Encourage more people with a hearing loss to be more involved in designing the outcomes for their own improvement.
- Provide a way for patients to feedback their experiences on “a work in progress basis” so that services are continuously shaped by the views of those who use the service.

Information

- Provide user friendly and accessible information on hearing aids, including what programmes patients should set their hearing aids to.
- Introduce more “active signposting” into local community services including lip reading classes.
- Alert people to the Wi-Fi digital systems that are starting to be used in theatres as this has implications for hearing aid users and their access to culture and entertainment.

Support

- Prepare people for the experience of becoming hearing aid users. Provide some initial sessions for people who have just been diagnosed with hearing loss to fully raise awareness of hearing aid settings, programmes, styles and hearing loops to ease transition into living with hearing loss.

- Build sufficient time into appointments to train people on how to use their hearing aid after they are issued to help remove the assumption that people know what to do after they leave with their hearing aid.
- Provide a specialist service to support people in navigating and using assistive technology e.g. remote microphones, speech to text apps, sound recognition apps and sound personalisation apps for music.
- Provide a mentoring service for people who are issued with hearing aids to offer guidance and support to address the difficulty some people have putting in hearing aids, for example, people with arthritis.
- Offer out-of-hours services for people who work and children who attend school.
- Promote public awareness of how to protect hearing to prevent damage to hearing in later years.
- Explore how audiology services and the third sector can work in partnership to identify roles and aspects of work that could be done by volunteers and to make it standard across Scotland.
- Increase the number of community services (especially in rural communities) so that it is more accessible for people who have to travel a distance to access services, for example for hearing aid maintenance, battery replacement, information provision and peer support.
- Provide additional drop-in services for minor adjustments to hearing aids and other routine problems.
- Look at ways to help people with dementia and their carers manage hearing aids and their appointments.

Equipment/Technology

- Promote awareness within the NHS about assistive technologies and what innovators are currently doing so that new tools are developed that people genuinely want to use.

- Offer a greater choice and clear explanation of the options in providing hearing aids and their accessories, specifically keeping service users advised of the latest developments in hearing aid technology.
- Ensure that the technology used e.g. hearing aid, loop systems etc is right for the person with the hearing loss. It is important that the performance and lifestyle of the recipient is understood by professionals within audiology services to ensure the correct product and settings relate to the needs of the user.
- Provide hearing aid batteries as part of the “normal” prescription service.
- Provide tools to clean and maintain hearing aids as well as instructions on how best to do it.
- Use of audio recordings in hearing assessments to introduce different environmental sounds to work out if the hearing aids have been adjusted in the optimum way before patients leave the clinic, e.g. being in traffic, using the telephone etc.
- Make good quality and signposted hearing loops available in audiology clinics to allow people to experience the assistance hearing loops can provide and which can enhance their life/inclusion elsewhere.
- Interactive stations made available in audiology clinics so people can find out about hearing aid programmes/functions, assistive products, other services and support.

Other

- Shorter timescales in terms of initial appointments, through to fitting hearing aids and thereafter adjusting the hearing aids.
- A self-referral system to speed up the process.
- Consider making audiology screening a standard part of the early years check for children to pick up problems with hearing as early as possible.

- In some areas there needs to be a GP referral before an audiologist can make a home visit. Look at a standard approach to home care provided to the elderly and housebound.
- Explore using mobile audiology soundproofed units to make audiology services more accessible in rural areas. These units could be shared across NHS Board areas to make effective use of resources.
- Use hospital clinics for more complex audiology services and local health centres for more routine service checks.

Question 4

What matters to people when they receive audiology services?

There was a wide range of things people said mattered to them when receiving audiology services. These included the importance of having welcoming, friendly, supportive and professional staff that they can feel comfortable with and have confidence in. People also highlighted the importance of having staff who were knowledgeable and had an understanding of the impact hearing loss had on people's lives and who care about their wellbeing.

Communication featured heavily with people emphasising the importance of being listened to and being able to communicate effectively with staff. To have staff who are "deaf aware" and know how to interact with people with a hearing loss was considered very important. People stressed the importance of having clear and understandable information about the service and to have someone to contact when they need advice or have a problem.

Others mentioned having the service there when needed, to be able to access support at short notice and as locally as possible.

Some people spoke of the importance of having up-to-date equipment, hearing aids that offer different programmes, adjusted to the person's needs with as much personal control as possible. The importance of having hearing aid functions explained clearly with written information available to support what the audiologist has said.

Another theme that emerged in response to this question was the importance of getting a diagnosis and a speedy referral.

Question 5a) and 5b)

In your opinion where would it be best to receive audiology services? e.g. somewhere in the community, health centre, hospital, other location? Explore why you would prefer this location, is this due to accessibility, convenience, co-location, etc.

The majority of people felt there needed to be a combined approach, using both hospital and community settings to provide services. Most people were keen to see routine services provided “as locally as possible” such as hearing aid maintenance including tube cleaning /changing and battery replacement. It was suggested that services in the community could also be used to provide peer support and information sharing.

Although the majority of people said they were content to travel to hospital clinics for more complex services, a couple of people said they would like to see more complex services provided in the community. However, they acknowledged that it was difficult to see how funding would allow for multiple centres to be equipped to the same high standard and with the same level of expertise as those provided in hospitals. They acknowledged that although there would be an advantage for patients to have these services locally they did not see how this would be practical or feasible.

It was felt that providing routine services in the community would make services more flexible and accessible and people would save on travel time and associated expenses (especially those who live in rural and remote areas). They also felt it would be more convenient especially for people who struggled to get to a central location due to mobility issues or worked during clinic hours. It was highlighted that people can wait a long time for appointments especially for more routine issues with their hearing aids and this can have a detrimental effect on the day-to-day life of a person with hearing loss. However, if there was a service in the local community they could be seen more easily and quickly.

There were many suggestions of where services could be provided. The importance of accessibility of services was emphasised – “there should be an awareness that because a service is provided locally it does not mean it is easily accessible”. It was pointed out that wherever the service was provided it needed to be in a setting that was accessible where there was appropriate clinic space and where the patients’ dignity was respected.

Most people suggested that services could be provided from locations such as health centres, community hospitals and pharmacies as these were places where people already go to access other services. It was seen as an opportunity to combine with other appointments, reducing the need to make more than one visit thus reducing travel time and expense. Some people said they would like these locations because they are on public transport routes and easy to get to and in some cases within walking distance.

People suggested that health and social care centres and “hubs” could also be used and there could be potential to co-locate with other services currently provided.

Several people pointed out that services such as hearing aid maintenance did not necessarily have to be in a clinical setting and could be delivered where people already go e.g. community centres and clubs. In one of the discussion groups people said they would prefer this type of non-clinical location because they felt it was a more familiar setting, provided a friendly environment and people felt less anxious – “being treated as an individual not as a patient”.

Several people said they collected their hearing aid batteries from the local library, saving them having to wait for an appointment at the hospital. There was also an example of people in a rural/remote area getting batteries provided from mobile libraries.

It was also suggested that services could be provided in care homes and sheltered housing complexes. There was an example given of a community area in a sheltered housing complex that was used to deliver hearing aid maintenance, not only to those who lived there but also those who live in the surrounding area.

People said at one of the discussion groups that consideration could be given to utilising mobile audiology soundproofed units to make audiology services more accessible in rural and remote areas. This could be shared across NHS Board areas to make effective use of resources. Several people suggested looking at the model of care provided by the breast cancer mobile units and asked if this could be considered as an option for audiology services.

Question 5c)

Who do you think should deliver it?

There was a varied response to this question. The majority of people felt that a mixed approach should be taken with trained volunteers, third sector organisations and audiology staff working in partnership to deliver the service. They felt that volunteers and third sector organisations could carry out routine tasks such as basic hearing aid maintenance and battery replacement, information sharing and peer support while freeing up audiology staff to do the more complex activities and take some pressure off the service. It was highlighted that, if working with volunteers and third sector organisations, this should be funded.

Some people thought only audiology staff should deliver the service but a few stated that was just because it was convenient for them and it is what they were used to. One person said they were aware of volunteers in their community that carry out basic routine hearing aid maintenance but preferred this to be done by audiology staff at the hospital clinic as they had confidence that it would be done well. Several people stated they did not mind who delivered the more routine tasks as long as they were qualified and capable of doing so.

Question 6

How would people like to receive information about support to help them to manage their hearing?

Many people expressed a preference for a specific format that they would like their information to be in, i.e. hard copy, electronically via email, or verbally face to face, with support from electronic note takers or BSL interpreters, where needed. Several highlighted that people should be given the choice of how they received information and also to recognise that some may prefer that their family members or carers also received information. Some people highlighted that information needed to be more user friendly, short and sharp and in an accessible format, and recognising that deaf blind people also used the service. Several people thought that a web-based system should be on offer so that people knew who to turn to for information or a telephone helpline. Others suggested more use of text messaging where appropriate.

A number of people also indicated what information they would find useful. This included information sent out to the patient prior to their appointment on what to

expect when seeing the audiologist for the first time, “a soft introduction” to getting to grips with knowing you have a sensory impairment, a first visit fact sheet, how to request a reassessment when there is deterioration in hearing loss, and what support services are available in the community in their NHS Board area, including NHS services.

Other suggestions included using interactive approaches such as virtual reality and videos made available to patients at audiology clinics as a way of introducing people to what it is like to have a sensory loss rather than just having leaflets. It was also suggested that YouTube clips and websites could be shared with patients, encourage use of tablets and screen technology by having them in the waiting room for patients to try out, and use waiting time at clinics for looking at products or using an interactive screen to source information.

Question 7

Is there any other information you would like to share which could help to shape this work?

- For younger, working age adults, the performance of the products within their lifestyle is considered important. For example, people highlighted that NHS hearing aids have no noise reduction and background noise can really affect people in certain situations such as picking up their children from school. They felt that the audiology services needed to be aware of the lifestyle of the person and advise about current assistive technology. The knock-on effect to family life in these circumstances can be very detrimental.
- Participants said that the impact of hearing loss on anyone and particularly a child can have huge ramifications for them and every aspect of their life such as learning at nursery, peer interaction, involvement in family life and overall development. They felt that the impact of hearing loss was completely underestimated and access to services which may be needed immediately could take months to access.
- People felt that there needed to be options within the community to offer services in a quiet environment (e.g. for a child afraid of the hospital).

- People highlighted the importance of more discussion with people with a hearing loss who use the service.
- Some people felt that some third sector organisations could be used and funded to provide routine hearing aid maintenance and to go into hospitals and drop off information (participants were aware that this used to happen but due to lack of funding it was no longer available).
- A few people said that the way audiology services were delivered in the past was better and they advocated for a review of how the system worked previously so as to inform future service delivery.
- People suggested that a Scottish Government led national campaign to raise awareness of hearing loss would be of benefit as this could help to raise awareness of the effects of it and also reduce stigma. A question was raised about whether there should be similar age-related screening programmes for hearing as there are for some cancers.

People also highlighted the following issues:

- Sometimes clinics appear to be short staffed.
- A need for better guidance and support for people with responsibility for public buildings would help to raise awareness and improve services to make places more accessible for people with hearing loss.
- Challenges with differences in equipment available e.g. hearing aids are free from the NHS however patients have to pay for the additional equipment that is then offered.

Section 5: Next Steps and Acknowledgements

- 5.1 The Scottish Health Council would like to thank all the participants who shared their views on community audiology services and their suggestions for improvement and the Scottish Council on Deafness for assisting us in identifying third sector participants for discussion groups.
- 5.2 This report has been shared with the Scottish Government to inform the initial scoping stage of the work the Scottish Government is doing to deliver its commitment to work with stakeholders to deliver enhanced community audiology services and testing.
- 5.3 The Scottish Health Council will liaise with the Scottish Government in order to provide feedback to participants about how the views expressed in this report have been used.

Appendix i: Discussion Group and Interview Questions

1. What do you think works well about the audiology services you currently access or have accessed? Can you describe which services they are?
2. What do you think does not work so well about the current audiology service you access or have used?
3. What do you think could be done to improve audiology services?
4. What matters to you when you receive audiology services?
5. a) In your opinion where would it be best for you to receive audiology services?
 - b) Explore why you would prefer this location?
 - c) Who do you think should deliver it?
6. How would you like to receive information about support to help you manage your hearing?
7. Is there any other information you would like to share which could help to shape this work?

Appendix ii: Summary of views gathered by method, location and number

Local Office	Method	Category	Number of Participants
Ayrshire & Arran	Discussion Group	Largs Skills for Hearing Group	15 service users
Borders	1 to 1 Interviews	Audiology service users	2 service users
Dumfries & Galloway	1 to 1 Interviews	Audiology service users	4 service users
Fife	1 to 1 Interviews	Audiology service users	2 service users
Forth Valley	1 to 1 Interviews	Audiology service users	2 service users
Grampian	1 to 1 Interviews	Audiology service users	2 service users
Greater Glasgow & Clyde	Discussion Group	Audiology service users	17 service users
Highland	Discussion Group	Audiology service users	9 service users
Highland	1 to 1 Interviews	Audiology service users	3 service users
Lanarkshire	1 to 1 Interviews	Audiology service users	4 service users
Lothian	1 to 1 Interviews	Audiology service users	3 service users
Orkney	1 to 1 Interviews	Audiology service users	2 service users
Shetland	1 to 1 Interviews	Audiology service users	2 service users
Tayside	1 to 1 Interviews	Audiology service users	2 service users
Western Isles	1 to 1 Interviews	Audiology service users	3 service users

National	Discussion Group	National Third Sector Organisations who help and support people with a hearing loss in Scotland	8 participants representing 7 organisations: Scottish Council on Deafness DeafBlind Scotland Ideas for Ears Deaf Connections Deaf Action Forth Valley Sensory Centre British Deaf Association
National	Discussion Session as part of National See Hear Leads Meeting	National See Hear Leads	15 National See Hear Leads

Appendix iii: Audiology Services in a Community Setting - Feedback Summary

Where would it be best to receive audiology services?

Most people wanted to see routine services provided “as locally as possible” in an accessible, appropriate community setting, with more complex services provided in a hospital setting.

Where audiology services could be provided in the community?

- Co-located where other services are provided such as health centres, community hospitals, community health & social care hubs, pharmacies.
- Care homes, sheltered housing complexes.
- Community centres, local libraries and clubs.
- Soundproofed mobile units where hearing tests could also be provided.

Why would people prefer these locations?

- People felt services provided in these locations would:
 - be more convenient
 - be more flexible
 - be more accessible, especially for those:
 - with limited mobility
 - who live in rural and remote areas
 - who work during clinic times
 - who need support at short notice
 - reduce travel time and associated expense
 - reduce waiting times for appointments
 - reduce pressure on services providing more complex activities in a hospital setting

What audiology services should be provided in the community?

- Minor hearing aid adjustments.
- Basic hearing aid maintenance:
 - battery replacement and fitting
 - tube cleaning and replacement
- Peer support.
- Information sharing to raise awareness of support available in the community for people with hearing loss.

Who should deliver audiology services in the community?

The majority of people felt that a mixed approach should be taken with Audiology Services working in partnership with trained volunteers and third sector organisations to carry out routine tasks such as basic hearing aid maintenance and battery replacement, information sharing and peer support while freeing up audiology staff to do the more complex activities and take some pressure off the service.

However, a few people thought only audiology staff should deliver the service.

Several people stated they did not mind who delivered the more routine tasks as long as they were qualified and capable of doing so.

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- ব্রেইলে, এবং
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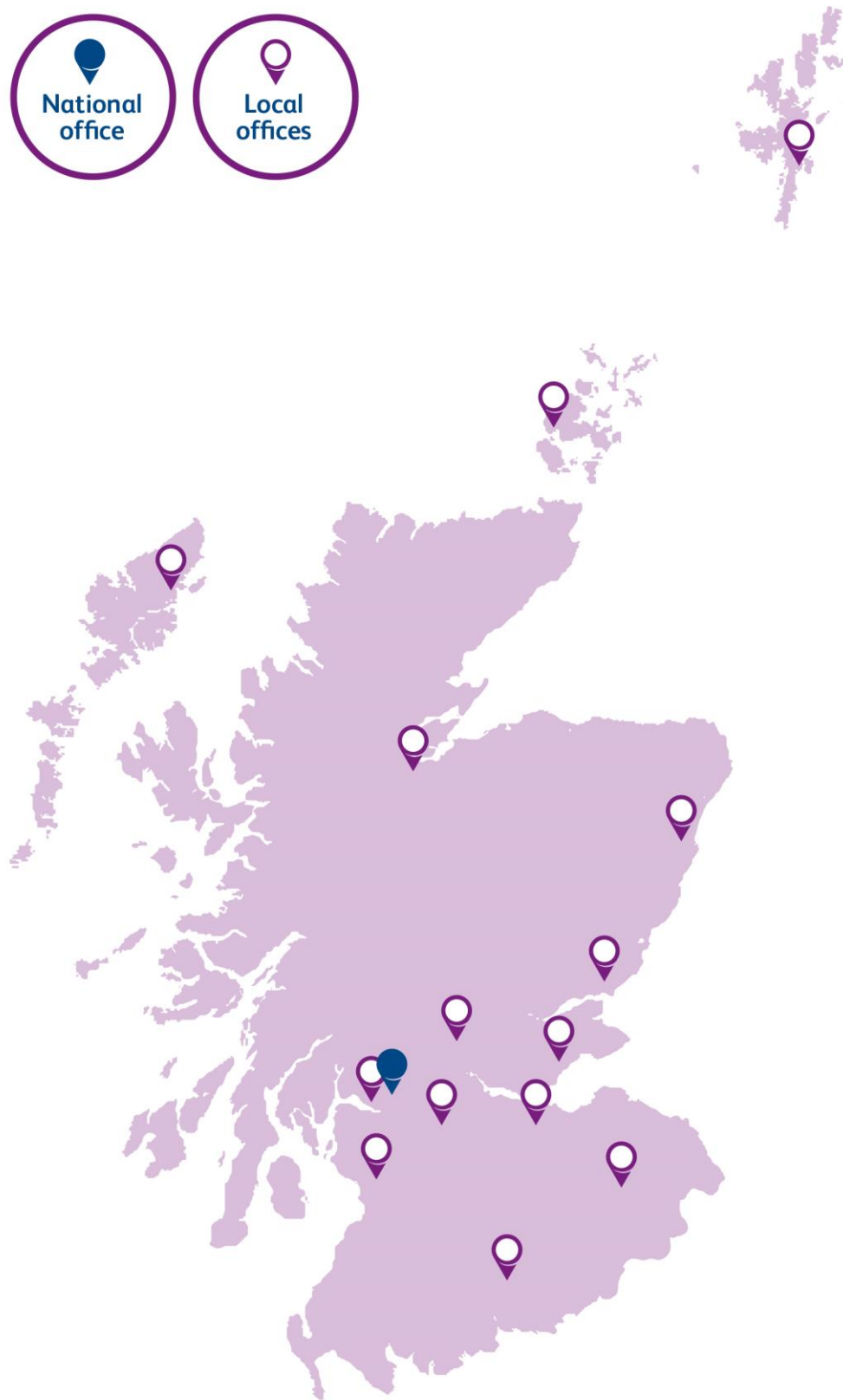
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