

## Briefing on Children's hearing services in England report (April 2023)

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### Background

There are more than 45,000 deaf children in England. Half of them are born deaf, the other half will become deaf during childhood. It is important that these children are identified as early as possible because every day counts in the first years of a child's life.

Sensory functions like vision and hearing develop before birth, and stimulating these senses contributes to millions of important neural connections being formed in a baby's brain every second. There is a short "*window of opportunity*" - a sensitive period when exposure to sound and language enables the brain to build the neural connections that allow development of early language and higher cognitive pathways in a baby's first year. When these neural connections and pathways are not used, they will not develop. This means that a deaf child who is not exposed to language (be it spoken or sign) in the early crucial stages of their development, misses the opportunity to develop language in this crucial period, and will likely face ongoing challenges.

High quality audiology services are essential to identify deaf children and support them to live a rich and fulfilling life. Early identification and support means that deaf children can develop and thrive as well as their hearing friends.

However, as our report on *Children's Hearing Services in England (2022)* shows, audiology services are stretched with long waiting times and not enough staff in too many cases. This means that children don't always receive the support that they need to develop and thrive. As we have seen in Lothian in Scotland<sup>1</sup>, without a rigorous regime of oversight and accountability, significant failings can happen. We know that there are children in England who have been failed. But with no mandatory system of accountability and peer review, services in England with similar problems to those in Scotland, may remain undetected.

### Report: Children's hearing services in England

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In spring 2022 we sent Freedom of Information requests to the 124 trusts that provide paediatric audiology services (children's hearing services) in England. In total, 114 trusts responded to our questions by the deadline giving a response rate of 92%. The report identifies trends in paediatric audiology by referring to data from similar reports published from 2017 to 2021. For this report, many questions were repeated from previous years for continuity but differences in response rates and the quality of responses mean that any differences should be interpreted cautiously.

Overall, the responses highlight that paediatric audiology services are facing some difficult challenges as they recover from the Covid-19 pandemic. The main themes reported were; long waiting lists, staffing issues, increasing demands on services, barriers to gaining Improving Quality in Physiological Services (IQIPs) accreditation and other resource or funding issues. However, responses from services provided evidence that many are working hard to tackle these challenges and maintain quality. Some are even managing to innovate and commit to service improvement in a difficult environment.

### Key findings

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- The total number of children with permanent deafness reported to be on services' caseloads has decreased by more than 7% since 2019. The incidence of permanent deafness generally remains stable, so this may suggest that some children have not yet been identified.

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<sup>1</sup> [https://www.baaudiology.org/app/uploads/2021/12/BAA-Audit-Report\\_NHS-Lothian-Paediatric-Audiology.pdf](https://www.baaudiology.org/app/uploads/2021/12/BAA-Audit-Report_NHS-Lothian-Paediatric-Audiology.pdf)

- The number of children with glue ear who were fitted with hearing aids was 31% lower than before the pandemic.
- Whilst the number of children on caseloads of *permanent* deafness has decreased, the demands on services generally are increasing. 55% of services reported an increase in children referred who require complex assessment techniques and/or multiple appointments. There were increases in referrals of children presenting with autism spectrum disorder and with tinnitus and/or hyperacusis, which require additional capacity and resources.

### Waiting times

- Ninety-eight percent of services met the 28-day target for waiting times to see babies referred from the newborn hearing screen.
- However, 39% of services failed to meet the 42-day waiting list target for an initial hearing assessment for babies and children who were not referred via newborn hearing screening.
- Once a hearing loss was identified, 88% of services fit hearing aids within 28 days, which showed continued improvement over the past few years.
- But 80% of services reported they were struggling to review children already fitted with hearing aids at the time that was planned and agreed with the family. Children were seen on average 62.5 days later than agreed.
- Ninety-four percent reported that children referred to ear nose and throat (ENT) services were missing the six-week initial appointment target, with an average waiting time of 141 days.
- More than half of respondents (52%) reported that their trusts were missing the 126-day target for grommets surgery. This was a rise of 23% since 2019. The average waiting time was now 178 days, with a maximum wait of 540 days.
- The majority of paediatric audiology services (79%) did not offer wax removal, and most of them referred children to ear nose and throat (ENT) services for this, leading to long delays.

### Quality assurance

- Only 26 services (23%) reported that they were currently accredited by Improving Quality in Physiological Services (IQIPs).
- Ninety-three percent of respondents performing auditory brainstem response (ABR) testing reported that they took part in some form of external peer review.

### Staffing and training

- The number of permanent staff employed in paediatric audiology services has continued to fall, from a total of 897 FTE in 2019 to only 717 in 2022. This means permanent staff have fallen from an average of 7.28 FTE to just 6.46 FTE per service.
- At the time of the survey, there were 47.6 FTE posts vacant in paediatric audiology services.
- Only 19 services (17%) had trainees in post.

### Resourcing, funding and commissioning

- Most audiology services were funded by a block contract and only 5% were still funded for individual patient activity (cost-per-case). Most NHS services were moved to block contracts during the Covid-19 pandemic, and these were still in place.
- For the 2021/22 financial year, on average 14% of paediatric audiology appointments were classed as 'Was Not Brought' (WNB) or 'Did Not Attend' (DNA). This is significantly higher than the national NHS DNA rate of 5.4% for all outpatient appointments in 2020/21 (including adult appointments)<sup>2</sup>. The same report estimated that there was a DNA rate of approximately 9.2% for outpatient appointments for 0 to 19 year olds.

<sup>2</sup> Hospital Outpatient Activity (England) 2020-22, Publication Date: 23 Sep 2021

- Only 83% of services offered bone conduction hearing aids for conductive hearing loss. For some this was due to funding reasons.

Comments about issues with funding included:

“Budget is held within adult audiology where budget holder is only accountable for adult care (not for paediatric service provision), there is no motivation for budget holder to release funds to improve paediatric services.”

“We have an auditory brainstem response business case for new kit which is not being financially supported.”

“Suitable testing venues. Loss of one permanent venue during pandemic, no equivalent replacement yet secured.”

“One of the challenges that I see is lack of funding for the newer technology.”

“It is also very difficult to secure funding for advanced training modules that I want my team to attend, and I cannot see any improvement this year.”

“Lack of clinical space to increase capacity.”

“Ongoing IT issues and equipment replacement issues.”

## Recommendations

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1. The creation of a new National Specialist Advisor role for audiology within NHS England, to provide clear, national leadership. Currently it is unclear who has oversight for Paediatric Audiology within England – this is not designated at either Ministerial, or NHS directorate level. The new role would provide clinical leadership; develop systems for the collection of robust data and a programme of quality assurance and accountability.
2. Mandating a national system of external quality assurance against quality standards. The British Academy of Audiology have published quality standards for paediatric audiology to show “what good looks like”<sup>3</sup> but unlike the other home nations, these are not published or even endorsed by NHS England. We would also like to see commissioners asking for evidence that quality standards are routinely being followed by the services they fund.
3. Publishing meaningful data from paediatric audiology services for national oversight and to compare service outcomes. The only KPIs currently collected are for the referral from the Newborn Screening Programme with no mandatory data collected beyond diagnosis.

## About us

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We are the leading charity for deaf children. We give expert support on childhood deafness, raise awareness and campaign for deaf children’s rights, so they have the same opportunities as everyone else.

## Contact us

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For more details contact Justin Cooke - Government Relations and Partnerships Advisor at [Justin.Cooke@ndcs.org.uk](mailto:Justin.Cooke@ndcs.org.uk) or 0797 0847398.

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<sup>3</sup> BAA Quality Standards in Paediatric Audiology, Publication Date: July 2022