

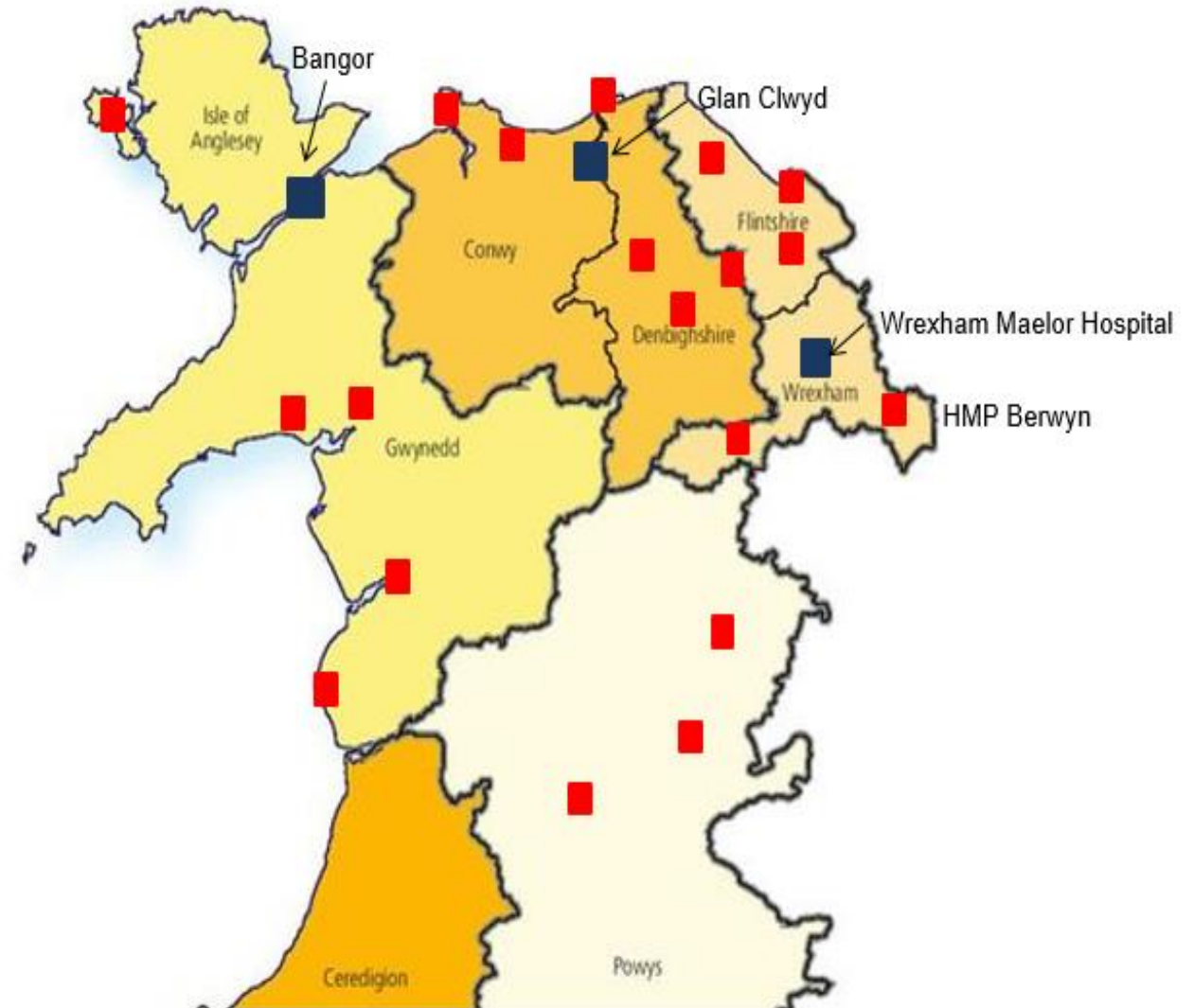
Virtual Drop-in Clinic for Hearing Aid Patients

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Service Background

- BCUHB Audiology provides services across North Wales and North Powys
- Secondary care services - 3 main district general hospitals and 18 community clinics
- Volunteer service – drop-in clinics >30 community locations (access peer support, basic HA maintenance support)
- Primary care audiology service with 41 locations hosting a first point of contact



Background

- Prior to Covid – ‘drop-in’ service for HA maintenance and support. Demand increasing consistently – **almost 32,000 contacts in 2019/20**
- Postal service, volunteer drop-in clinics, repair appts at community sites available, website/YouTube tutorials
- Need for timely access to support due to reliance on hearing devices
- Many of the issues could be managed by the patient themselves with some initial support - encourage self-management
- Talking over the phone can be difficult, especially if hearing device is not working
- Large geographical area
- Attend Anywhere used for some appointments as part of Audiology pathways



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Quality Standards for Adult Audiology Services



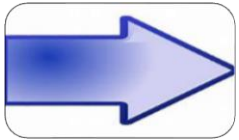
- *Should be direct open access (no appointment needed) for same day repairs and battery provision in at least one location within the area covered by the service. This should be accessible throughout the core working hours of the Service.*
- *Up-to-date technology is used following appointments to support the self management of technological interventions and communication needs*

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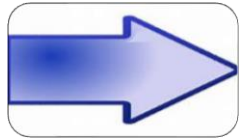
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Project Aim

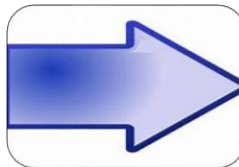
To investigate the use of an Attend Anywhere Waiting Room for a 'drop-in' virtual clinic, attended by a clinician, during advertised opening times.



Allow access to a clinician via video for those with hearing aid issues.



Ability to see the patient on screen, potentially helping with fault finding and practical elements such as correct ear mould insertion and re-tubing.



Encouraging self-management of hearing aids, providing timely support, and preventing some patients from needing to attend the hospital or talking on the telephone.

Approach

Engaged with service leads and clinicians to plan 'drop-in' video clinics. Patients shown letter, instructions/step-by-step guide for informal feedback. Training pack devised for staff.



Patients Contacted

300 patients contacted by letter over 4 month period (sent in batches of 100) advising of new clinic/way of accessing service and step by step guide



Clinics

Clinics held from May to end of Aug 22 at advertised times

Spreadsheet devised - complete for all those using video HA repair service (no of pts accessing, reasons for attending, outcome of appt/whether we were able to help during the video appt)

Planned to contact sub-group who used the service to complete questionnaire and gather feedback from staff involved

Results

- **300 patients contacted with instructions about the video ‘drop-in’ repair/support clinic**
- Average age of those contacted: 73.9 years old (range 18-93).

0 patients used the service in the 4 month time period

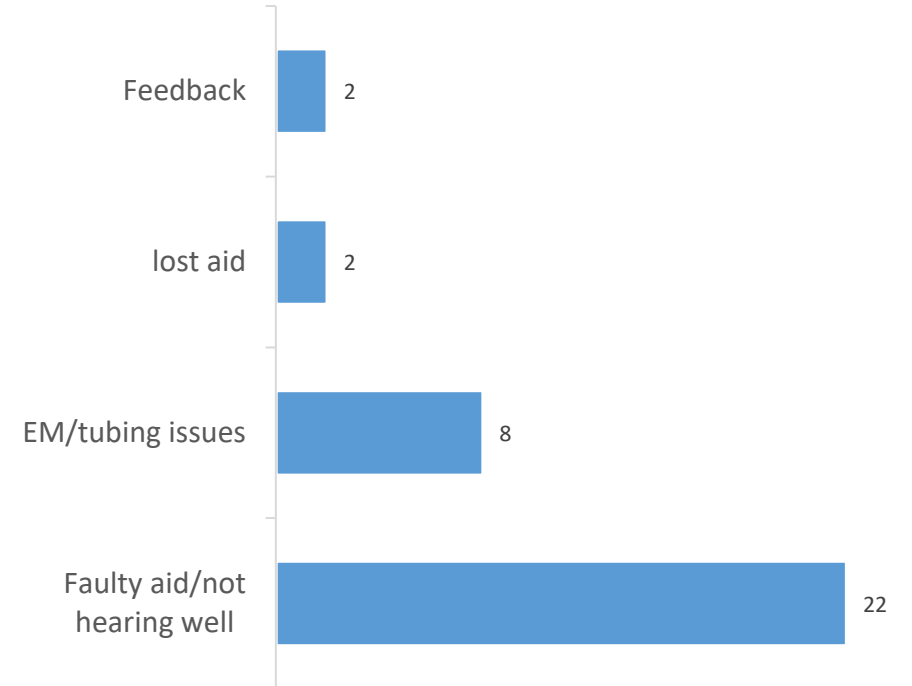
Results

The first 100 patients who were contacted by letter were looked at in more detail:

- 34 of these accessed the service for support in the time period that the video 'drop-in clinics were running.
- A further 22 contacted the service to request more batteries or tubing.
- The remaining 44 had no contact with the service during that time period.

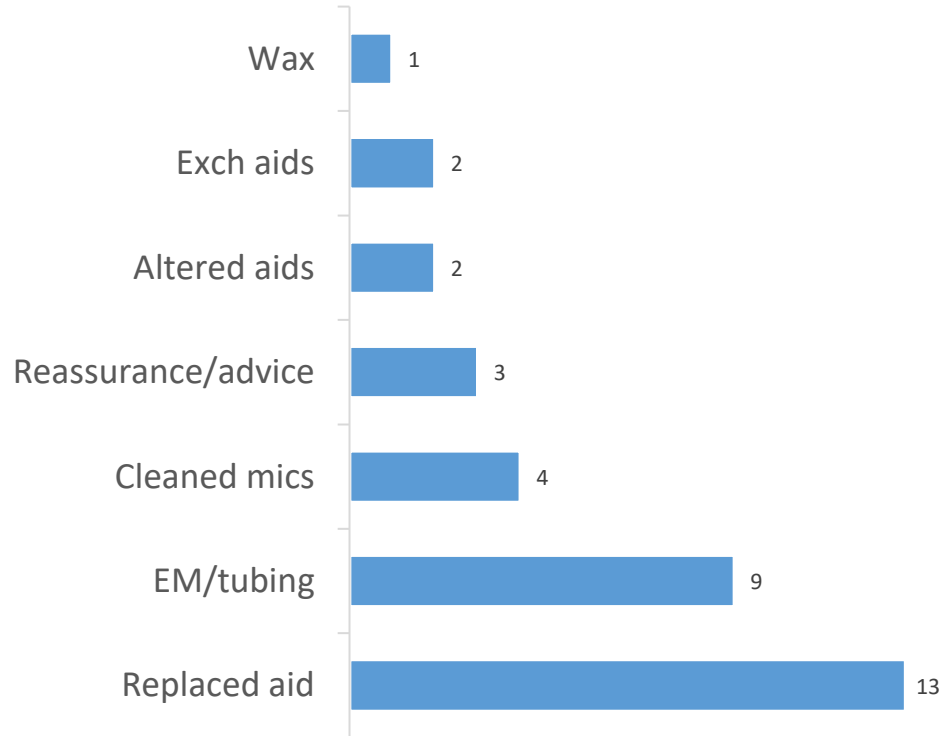
Attend Anywhere support team ran report – no-one accessed service outside of clinic times.

Reason for Contact



Results

Outcome of Appointment



The outcomes of the appointment for support were also collated:

- This would suggest that for some patients, a video drop-in could have been of benefit, e.g. for reassurance/advice, instructions on cleaning microphones and potentially instructions on re-tubing.
- Some of these could have been done via video, rather than needing a face-to-face appointment.
- However, patients did not try to contact the department via video.

Results

Of the 34 that accessed the service for support during the 4 month time period, a group of 20 were contacted to complete a questionnaire.

100%

- Reported they received the video drop-in clinic letter
 - Reported they did not try the service
 - Reported their preferred method of seeking help was in-person, via the drop-in support clinic (20% also stated they were hoping all volunteer drop-in community clinics would re-open soon)
 - Reported their preferred method of talking with the service was by phone
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- 70% were aware they could contact the service by email
 - 60% were aware the service had a website with information and instructions for patients

Key Conclusions

Results indicated that this hearing aid patient group did not benefit from a video 'drop-in' hearing aid support clinic

Service Implications

- Patients chose not to contact the department this way and reported to prefer face-to-face support
- This would suggest it would not be worthwhile offering this service as a means of accessing support for Audiology hearing aid patients

Lessons Learnt

- Cautious as Bevan project idea – risk of not rolling out
- Assumption that more technology = better service
- Powerful tool to demonstrate these options weren't better for this patient group

Results will be shared with other Audiology services in Wales.

Evidence/discussion point around current methods of communication offered to patients during external audit against the QS.

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A red, stylized map of Wales is positioned behind the text 'Wales' and 'Audiology'. The map is composed of fine, overlapping lines that create a textured, wireframe effect.

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