

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY: REPORT TO THE TRUST EXECUTIVE GROUP

Subject:	Report on visit to Hearing Services RHH on Friday 19 April 2013
Supporting Director:	Neil Riley
Authors:	Kaye Meegan and Jo Bishop, Public Governors North Sheffield
Status:	For Directorate and TEG response and note

PURPOSE OF THE REPORT:

To provide feedback on Visit for the benefit of Council of Governors, TEG and the Department staff

KEY POINTS:

- The 10 Governors who visited were very impressed with what they saw and learnt from all of the MDT staff
- The Unit provides wide-ranging services from a drop-in hearing aid repair service to treating complex patient referrals from Sheffield and beyond
- STHFT has recently won the tender to continue providing the service
- The multidisciplinary team working ethos appears excellent and one of the strongest and most successful Governors have come across

OBSERVATIONS / RECOMMENDATIONS:

Governors comments	Department Response	TEG Response
1. In line with current research and best practice guidelines is it possible to secure a generic email for patients, especially the profoundly deaf to assist in contacting the service for advice and support?	1. Work in progress, this is being looked into in conjunction with the IT department.	TEG supports and will manage any "roadblocks"
2. Is STH confident that the Unit environment is consistent with that in the market place? If not, as this is an income generating service, what can be done to improve the environment in line with other providers in the community?	2. To be raised with Chris Morley and the Patient Environment Group	
3. There was a lack of hand gel around the Unit.	3. Hand gel is available in all clinical rooms and on the reception desk. Infection Control will be contacted for assistance to ensure adequate supplies in the appropriate places.	

Governors Visit to RHH Hearing Services 19 April 2013

Governors Present:

Jo Bishop
George Clark
Anne Eckford
John Laxton
Kaye Meegan
Kath Parker
Shirley Smith
Graham Thompson
John Warner
Susan Wilson

Staff Present:

Una Cunningham Nurse Director
Dr Siobhan Brennan, Lead Clinical Scientist
Dr Harriet Crook, Lead Clinical Scientist
Jackie Gill, Senior Chief Technical Audiologist
Suzanne Jennings, Clinical Scientist
Vicki Proctor, Chief Technical Audiologist
Jaydip Ray, ENT Consultant
Alison Walsh, Consultant Clinical Scientist
Kay Wright, Chief Technical Audiologist

Una Cunningham welcomed Governors to the Department and provided information about the Service and introduced Jackie Gill and Alison Walsh. Governors then toured the Unit and were introduced to the staff and the range of services and specialities offered in each of the consultation rooms. Governors then returned to the MDT room for the multidisciplinary team to answer questions. Mr Ray the Consultant joined the discussion.

The service has recently undergone some upheaval and change in working practice following a review carried out by NHS Sheffield. As a consequence NHS Sheffield decided not to put the Hearing Services contract out to tender, this was no mean feat in a very competitive market place with commercial organisations such as Specsavers already providing hearing tests and looking to expand their services. However, retaining the contract meant some changes. Unless patients already have two hearing aids they are now only offered a single hearing aid providing mono rather than stereo hearing. However where clinical needs dictate the senior team members are able to override this. The current cost per unit is between £70-£120. The MDT management were all really impressed during this time of change at the professionalism and understanding of the staff to accommodate the changes and adapt accordingly. The change resulted in a reduction of 4 staff. This was well managed and occurred relatively naturally with the return to university of 2 staff, 1 retiring and 1 taking voluntary redundancy. The Unit currently comprises 12 staff or 10.5 WTE (whole time equivalent), 3 support workers and 9 qualified staff ranging from bands 2-8b. Some staff were re-graded in the changeover period, with the re-grading undertaken in accordance with the Human Resources guidelines.

The team all praised Julie Ward, their business manager, and spoke highly of her support and the invaluable help she provides.

The Unit accepts GP referrals for a range of services including rehabilitation and diagnostics for the deaf and hard of hearing, it also issues hearing aids and support to other STH hospitals and surrounding district referrals and ENT and neurotology support. In 2011-12 there were approximately 2,100 new patients with two thirds referred from GPs and one third from ENT or other sources. They have around 23,000 patients in all and around 13,000 repairs were carried out during the period.

The Unit provides 24 sessions a week over 7 days to ENT and 4 to neurotology. Some special interests include learning disabilities, tinnitus, stress management, bone anchored hearing aids and vestibular diagnostic and rehabilitation. The team also supports training to De Montfort University and attend national lectures and training to provide specialist learning and support for other staff. There is still some uncertainty with the change-over to GP Commissioning however the Unit did receive support during the tendering process by the GPs and it is hoped this will continue.

A significant proportion of the work relates to Presbycusis or age related deafness. However the scientists also see a diverse range of patients including meningitis related issues, head injury, birth and congenital defects etc. transition service from 16+ to adult is a challenging area requiring attention to ensure patients continue to access the service appropriately.

The scientists lead and deliver services for patients with complex hearing and balance disorders and comorbidities within the Department of Neurotology. As a highly regarded national service the Unit receives referrals from across the country as well as from Sheffield. They offer a specialist service for people with learning difficulties. These referrals have seen a large increase due to the health checks now being carried out in the community. The team use a range of methods to assess these patients including asking carers and families to offer support and information in the diagnostic process with hearing test techniques often needing to be creative to accommodate a range of disabilities and attention problems. Of the 4,000 Sheffield patients thought to have LD STH sees approximately 300 of the estimated 900 thought to be in the 30-40% with some form of hearing loss. There are limited resources for these services elsewhere so it could potentially be an income generating service. Siobhan Brennan is seen as an expert in the field at a national level and a national teaching resource. She often attends and lectures on training days. The cochlear implant and BAHA, bone anchored hearing aid, teams are dedicated and well trained and experienced in the delivery of high quality services. BAHA and CI assessments are time consuming and require approval for funding as well as the consideration for surgery.

Approximately 7.5 thousand babies are checked annually for hearing and re-testing is sometimes required. Approximately 1 in 1,000 babies are born with a permanent hearing loss and the team carry out all the diagnostic assessment of these babies up to the age of 3 months when they are transferred to the care of Sheffield Children's Hospital.

The Unit was one of the first to be involved in the Trust Microsystems work. One issue highlighted was patient waiting times for repairs, detailed investigations were undertaken and adjustments made with the service now operating drop in sessions 5 mornings a week and appointments in the afternoons and the Unit now offers batteries for hearing aids via libraries, GP practices and other outlets to prevent people having to return to hospital just for batteries. This has been well received by GPs and patients alike generating some excellent feedback.

Patients are offered stress management and relaxation sessions, these are excellent sessions frequently requested by patients, unfortunately there are long waiting lists for the service. The range of equipment, testing, skills and creativity of the staff to manage a range of complex patient issues was evident. The staff have a very 'can do' attitude with no problem being insurmountable and the friendliness and skill was so interesting and gladdening to witness.

The only downside to the visit was that although the Unit is large, clean and modern once inside the treatment rooms it is often quite dark as some rooms have no windows. Patients comment that other Units are brighter and more modern. The current environment is at variance with the staff skills, service provided and expensive technology in use and Governors considered that the Unit would benefit from refurbishment and a new colour palette.

Research has identified use of a generic email account for patients as best practice enabling contact with the service where use of the telephone is not possible or if it is not the preferred mode of contact. The Unit does not currently provide this but in line with other services and research evidence is long overdue. Results of research into the use of Wii fit to promote balance rehabilitation is also awaited. Governors noted the diversity of the services offered including well man and women checks to keep abreast of the ever changing market place and generate income.

Governors only saw one bottle of hand gel in the reception area but none elsewhere in the Unit.

Conclusion

The MDT clearly values the role that each member of staff has to play in making the service not only viable in the market place but the best it can be for patients. It was clear that they had an excellent working relationship and an extremely efficient and intensely professional regard for each member of the team. They were delighted that patient feedback was positive to changes they had implemented to the repair drop in as opposed to appointment system. The ethos of multi-disciplinary team working is by far one of the best we have seen. Governors who visited were extremely impressed with what they saw and learnt, and from the obvious delight at being able to showcase their well earned reputation. We appreciated the time taken by all the team to meet us. Also for the offer to revisit and see other parts of this vast service as we saw only a small range of this very large and extremely interesting directorate.

Jo Bishop
Kaye Meegan
Public Governors North Sheffield