

Protocol for the Referral of Adults with Learning Disabilities to Audiology for Assessment

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction Referral of Adults with Learning Disabilities to Audiology

To enable staff to identify when adults with learning disabilities should be referred for a hearing assessment.

This guideline is for use by the following staff groups:

- Audiologists employed by Worcestershire Acute Trusts**
- General Practitioners**
- Nurse Practitioners**
- Specialist Learning Disability Nurses**

Lead Clinician(s)

Trudy Reading Senior Audiologist, Audiologist

Approved by ENT Directorate Committee 16th January, 2024
on:

Approved by Medicines Safety Committee on: NA

Review Date: 16th January, 2027

This is the most current document and should be used until a revised version is in place

Key amendments to this guideline

Date	Amendment	Approved by:
16/01/2024	First Published Document	ENT Directorate Committee
06/02/2024	Adult Learning Disability Referral Form included	N/A

Introduction

According to the British Society of Audiology (BSA, 2021), though exact number is unknown, it is estimated that 40% of adults with learning disabilities have hearing loss. The BSA further state that high risk groups such as individuals with Down's syndrome have an even greater chance of developing sensorineural hearing loss and presenting with higher rates of ear infection, ear abnormalities and occluding wax.

The difficulty with these cohorts is due to challenges with self-reporting and reliance on carers (Michael, 2008), they have poorer access to services than the general populus (BSA,2021). The BSA cite several reasons.

- Self-referral which are proven to be a barrier for person(s) with communication difficulties/awareness of systems
- A lack of awareness/detection of hearing loss by carer(s)/advocates
- Hearing loss symptoms being masked by, or assumed to be a feature of the individual's disability (known as diagnostic overshadowing)
- Misconception and understanding around the capabilities of audiology (including assessment and hearing aids)
- Barriers regarding hospital environment (inaccessible information, signage, concerns with attending appointments)

This protocol aims to ensure referring clinicians and internal staff can identify the need for audiology referral for adults with learning disabilities.

Referral source

Referrals are accepted from General Practitioners and Specialist Learning Difficulties Nurses (Acute and Community).

If possible, please assess during annual health checks if the patient has had access to audiology assessments or regular wax removal via specialist services.

For **referrers**, use 'direct access audiometry referral form for adults with learning disabilities' referral form.

Selection criteria for referral

1. Patient cohort/selection criteria:
 - 1.1. Adults aged 18 and over with Learning difficulties are eligible for screening. Please refer to Flow chart (Appendix A)
2. There are no exclusion criteria.
3. Key symptoms to trigger referral.
 - 3.1. Patient/carer(s) reports subjective change in hearing levels
 - 3.2. Patient hasn't been screened by local audiology services.
 - 3.3. Overdue routine Screening test
4. Please include any information about the individual's communication needs (BSL, non-verbal, cognition) to ensure they are appointed correctly

Departmental process

Referrals will be triaged and will be booked within six weeks of receipt of referral. Optimum waiting time is 4 weeks, however this will depend on staffing levels and patient availability.

Please refer to referral process flow chart (Appendix 2). The Patient will be booked to see a senior or principal audiologist with clinical experience in testing this cohort.

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.

References

- Access to Audiology Services for Adults with Intellectual Disabilities-BSA Guideline
- Audiological assessment for Adults with Intellectual Disabilities-BSA Guideline
- Hearing loss in adults: assessment and management-NICE Guidelines
- Michael J (2008). Healthcare for All. Accessed on-line Oct 2009. <http://www.oldt.nhs.uk/documents/Healthcareforall.pdf>

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Edward Southan, Interim Audiology Manager
Trudy Reading, Senior Audiologist

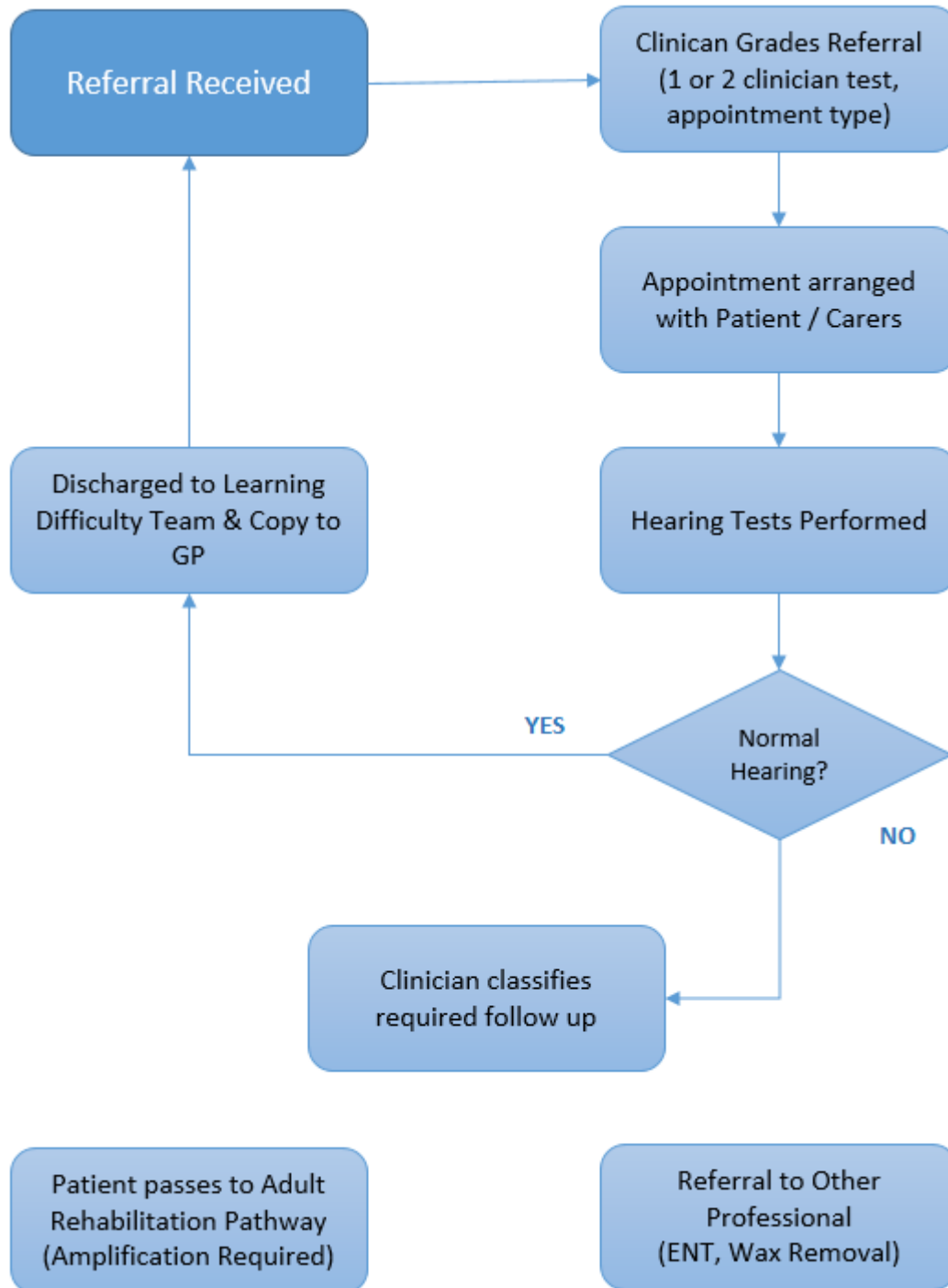
This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
ENT Directorate Committee

Appendix 1 – European Federation of Audiology Societies Working Group of Intellectual Disabilities Screening Recommendations (BSA 2021)

Audiological Care	Person with General Learning Disabilities	Person with Down Syndrome	Person with Learning Disabilities Eligible for Hearing Aids
Earwax Removal	Annually	Twice Per Year	Twice Per Year
Hearing Screening	Neonatal Screening	Neonatal Screening	2 - 4 Times Per Year Age < 6
	Annual Screen Age < 6	Twice Per Year Age < 6	
	Every 3 Years Age 6 - 18	Every 2 Years Age 6 - 18	Twice Per Year Age 6 - 10
	Every 5 Years Age 18-50	Every 3 Years Age 18-35	Annually Age > 10
	Every 3 Years Age > 50	Annually Age > 35	

Appendix 2- referral process



Appendix 3- Adult Learning Disability Referral Form

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

Date:.....

COUNTY AUDIOLOGY & HEARING AID SERVICES

DIRECT ACCESS AUDIOMETRY REFERRAL FORM FOR ADULTS WITH LEARNING DISABILITIES
FOR HEARING ASSESSMENT ONLY

PATIENT DETAILS: (please print clearly)

NAME:	M/F	HOSPITAL NO
		NHS NO
ADDRESS:		DATE OF BIRTH:
.....		TEL NO. (home)
.....		(mobile)
Post Code		GUARDIAN/CARER.....

REASON FOR REFERRAL:

.....
.....

DOES THE PATIENT HAVE DEMENTIA- Yes No
DOES THE PATIENT HAVE ANY SENSORY ISSUES- Yes No
If Yes, please list.....

Known to ENT Yes No

Please test the hearing and return to Primary Care Yes No

Please refer to ENT if necessary Yes No

PLEASE ATTACH ANY RELEVANT MEDICAL HISTORY/DRUGS

Has the patient been treated at Worcester Acute Hospitals before: Yes No

NAME OF REFERRING PROFESSIONAL:
.....

AUTHORISED SIGNATURE:

GP ADDRESS:

Please return to:
**County Audiology Services
Audiology Department
Alexandra Hospital
Woodrow Drive
Redditch
B98 7UB
Tel: 01527 505741
Fax: 01527 512778**

Please indicate:

Urgent U < 2 weeks
Routine R < 4 weeks

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Supporting Document 1 - Equality Impact Assessment Tool

. To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	
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Details of individuals completing this assessment	Name	Job title	e-mail contact
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title:			
What is the aim, purpose and/or intended outcomes of this Activity?				
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User	<input type="checkbox"/> Staff		
	<input type="checkbox"/> Patient	<input type="checkbox"/> Communities		
	<input type="checkbox"/> Carers	<input type="checkbox"/> Other _____		
	<input type="checkbox"/> Visitors	<input type="checkbox"/>		
Is this:	<input type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity				
Race including Traveling Communities				
Religion & Belief				
Sex				
Sexual Orientation				
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic				

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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



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Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	
2.	Does the implementation of this document require additional revenue	
3.	Does the implementation of this document require additional manpower	
4.	Does the implementation of this document release any manpower costs through a change in practice	
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.