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Worcestershire Acute Hospitals NHS Trust

GUIDELINES FOR TRANSITION OF YOUNG PEOPLE USING HEARING AIDS TO TRANSITION FROM PAEDIATRIC TO ADULT SERVICES

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

The following recommended guidelines outlines the transition journey for young hearing aid users from paediatric to adult audiology service within the Worcestershire Acute Hospitals starting from the age of 16yrs up until 18 yrs old (or 19yrs depending on needs). It will include young people that don't wear hearing aids but are under continued hearing surveillance e.g. the Downs Syndrome population.
Overall responsibility is with the Countywide Audiology Services Manager

This guideline is for use by the following staff groups:

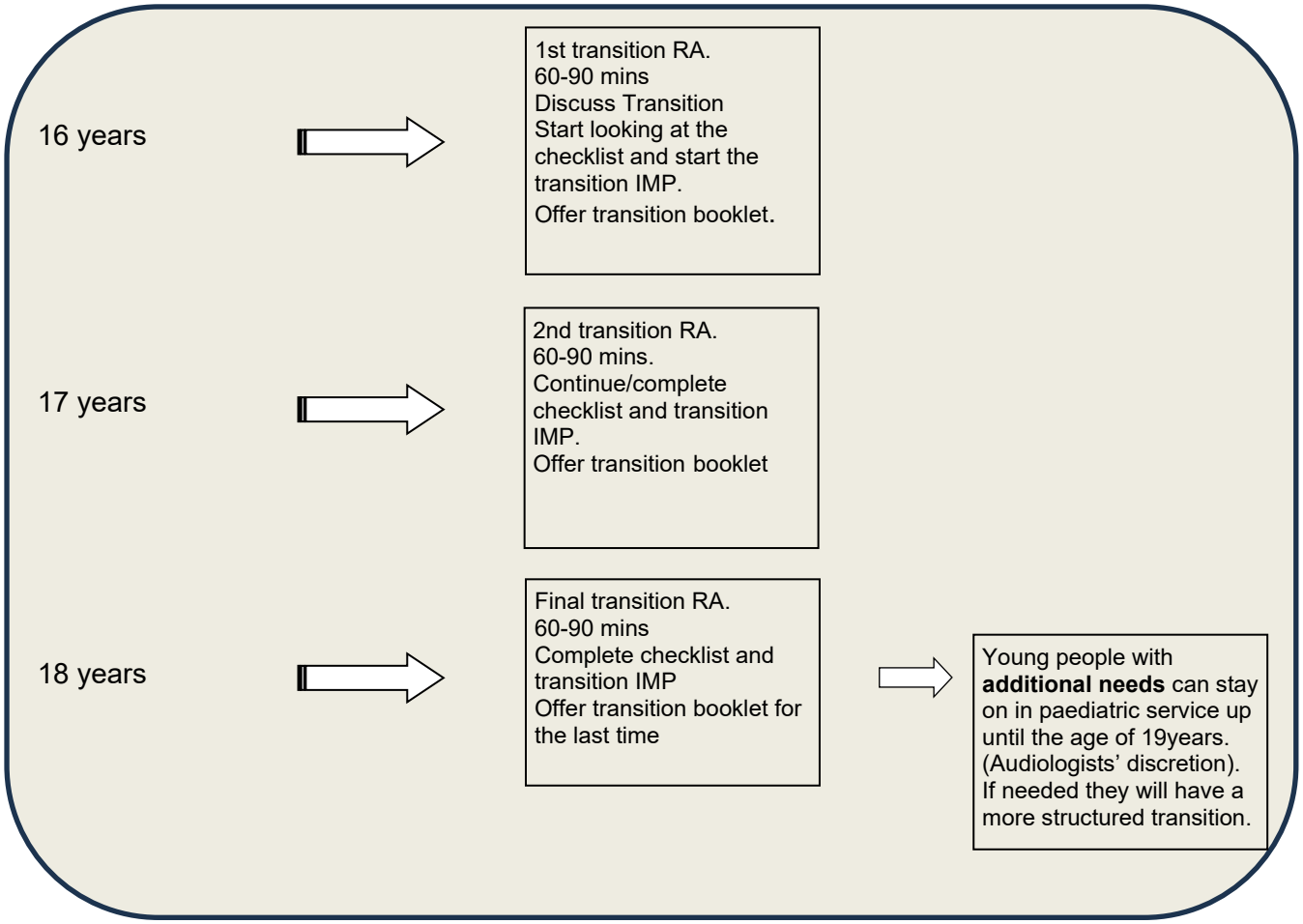
- Paediatric Audiologists County Wide

Lead Clinician(s) Jessica Scully	Paediatric Audiology Manager/Manager/Principal Audiologist
Approved by Audiology Governance on:	21st July 2026
Approved by Medicines Safety Committee on: *Where medicines are included in document.*	N/A
Review Date: This is the most current document and should be used until a revised version is in place	21st July 2029

Key amendments to this guideline

Date	Amendment	Approved by:
16.06.2026	Grammatical Changes	

Process Flow Chart



1. Introduction

The following recommended guidelines outlines the transition journey for young hearing aid users from paediatric to adult audiology service.

Consideration has been given to the guidance outlined in the National Deaf Children's Society (NDCS) *Transition to Adult Services* document and the NICE (February 2016) *Transition from Children's to Adults' Services for Young People Using Health or Social Care Services* guideline.

"In order to become independent in managing their audiology care, young people need to understand what to expect when they move from paediatric to adult audiology services"

Louise Viney NCDS

This guideline is intended to:

- To help assure the quality and consistency of service
- To help ensure good practice at all times
- To fully utilise the expertise of all members of the team
- To help avoid confusion over who does what
- To provide advice and guidance to bank staff and locums
- To provide learning tools for new members of staff

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• To contribute to the audit process.

2. Purpose

The primary purpose of this document is to standardise current practices across all audiology sites in Worcestershire and ensure they are working to the same goals.
The secondary purpose is to ensure that we conform to Improving Quality in Physiological Services (IQUIPS). This document will allow for a clear transition process as recommended by the BAA 2022 (section1a 14).

3. Organisation/area to which these Recommended Guidelines Apply

Worcestershire Audiology Services (WAS). All young people who wear hearing aids who will be going through the transition into the adult audiology service starting at the 1st transition Reassessment appointment at 16 yrs, then yearly till their final transition appointment at 18yrs, or in exceptional circumstances up to 19 years for someone with additional complex needs (audiologists' discretion). If a young person is going to be kept in paediatric services till the age of 19 years this must be recorded in their journal and A& C notified when appointments being booked. Overall responsibility for the pathway is with the Audiology service Manager. Although BAA (2022) section 2 2.9 recommends starting the transition process at the age of 14yrs, this has been moved to 16yrs as young people in WAHT will not leave paediatric services until 18yrs old.

4. Objectives

- To provide a seamless and effective transition service for young people with hearing difficulties from Paediatric to Adult Hearing Services.
- To empower young people to make them more independent and be able to make an informed choice in relation to their hearing loss or deafness.
- To improve the young person's knowledge and understanding of their hearing loss, hearing aids and assistive listening devices.
- To give young people an understanding of the services available to them as an adult and to enable them to access appropriate health care and other relevant services.
- To provide services in a timely manner.
- To provide information in a form that is appropriate for the young person and their family.
- To provide support and promote the well-being of every young person, regardless of their individual circumstances of background – as outlined in Government (September 2003) `Every Child Matters Policy`.

"Transition to adult services must be carried out in consultation with the young person and their family to ensure that deaf young people are ready and confident about the move"

NDCS (2014)

5. Procedure

First transition appointment (annual reassessment) at 16years:

Use Paediatric Transition Reassessment Hot Key 52 for Journal entry:

1. Call child from waiting room introduce yourself and check demographic details including GP, telephone numbers, email addresses and name of currant school as well as any details of any other health care professionals involved, diagnosis if known and previous surgery etc. Check the names of the accompanying adult/s if not known.

2. The purpose of the appointment should be explained and what is expected to be covered during the appointment.

3. Check that they have not had a PVP shunt or pacemaker (BSA 2023) fitted and document in the journal entry.

4. Check how the young person is getting on with the hearing aids and any issues they are having.

5. In line with BSA recommended guidelines, otoscopy and PTA are performed. Tympanometry should be performed if there is a clinical need and there are no contra-indications. Results documented in the journal

6. Follow referral criteria (Audiology Onward Referral to ENT/GP Guidelines found on the trust intranet) if any changes in otoscopy/PTA/tympanometry. Audiologist to use their professional judgement/or discuss with band 6 or above.

7. Check that hearing aids and earpiece (mould or mini fit) are still appropriate for the young person and are in good working order. Discuss referral for BAHA or CI referral if appropriate.

8. Any young person using carved moulds such as (4112/4121) should be offered the option to change to moulds which are considered more robust such as 2108/2109, however there is no obligation to do so.

9. Re-programming of the aid/s and validation using RECD or REAR as per BSA practice Guidance. Using 2cc coupler is acceptable if REM is unable to be performed but you will need to document reasons for not carrying out REAR/RECD in the journal. Consider booking a review if the young person is having new moulds or needs wax removal so that REM can be carried out at review.

10. **Go through the transition checklist (found in auditbase letters then saved to documents each time it is filled in) to see what the young person is already capable of doing themselves and start filling it out (appendix 1). Add a copy of this to the standard paediatric IMP to send to parents and TOD.s.**

    (N.B Where the young adult does not have the capacity try to ensure that their parent/guardian can help them**)**

11. **Create an individual plan (found in auditbase letters then saved to documents each time it is filled in) for their transition including the number of appointments they should expect before their first appointment in the adult audiology department (appendix2). Add a copy of this to the standard paediatric IMP to send to parents and TOD.s (BAA 2022 section 4 4.3)**

12. **Offer transition booklet. (BAA 2022 section 2.29)**

13. Add the young person to the waiting list for their second transition appointment in one year. Outcome code appointment with Paed HA User (63) & Watchful wait (W).

14. If an appointment is missed, follow missed appointment guidance found in the local policy 'Guideline for non-attendance of children'

Second transition appointment (annual reassessment) at 17 years:

Use Paediatric Transition Reassessment Hot Key 52 for Journal entry:

1. Carry out the appointment steps as in the first transition appointment at 16 years.

2. Offer transition booklet if not already accepted.

3. At steps 10 and 11
    a. Carry on going through individual plan alongside the checklist, amend as required, save on Auditbase and include a printout of the revised plan along with the standard IMP sent to home.

    (**N.B** Where the young adult does not have the capacity try to ensure that their parent/guardian can help them)

Third and final transition appointment (annual reassessment) at 18years

Use Final Paediatric Transition Reassessment Hot Key 53 for Journal entry: N.B Use Hot Key 52 if the young person is going to be discharged from paediatric services until the age of 19yrs.

1. Carry out the appointment steps as in the first transition appointment at 16 years.

2. Offer transition booklet if not already accepted.

3. Give lost aid leaflet and record that it has been given in the journal entry.

4. At steps 10 and 11
    a. Complete any parts of the individual plan that are still outstanding, considering the abilities and needs of the young adult. (where the young adult does not have the capacity try to ensure that their parent/guardian can help them)

    b. Check through transition checklist and address any outstanding points, depending on the needs of the young adult.

    c. Discuss how they are getting on with their hearing aids and what the young person's aspirations are for the future. Providing information on any additional equipment compatible with their hearing aids that may assist them in their chosen path. Offer transition booklet if not had yet had.

5. Outcome code the appointment with R and "Discharged to aftercare" (unless a changeover is required, in which case outcome code T or Z should be used as

usual). When they are next seen in adult services for a reassessment, they will need a new referral page but not a referral from the GP.

6. Ask the young person to spend a few minutes after the appointment to fill in the Service Feedback questionnaire appendix (3) and ask them to hand it in to the reception desk before they leave, to be scanned to their documents on auditbase.

- **Notes for staff to consider:**
  1. If the young person is having hearing aids for the first time at 14yrs old or older you may consider fitting with adult aids and using NAL NL2 prescription if speech development is not an issue.

  2. Prescription methods should not be changed when young people are transferred to adult services, particularly those with severe and profound deafness (NDCS 2013).

- **Young adults with additional needs:**
  - The audiologist must email the Adult Clinical Lead to notify them of all young people who are under Paediatric Surveillance whether hearing aid wearers or not, who will be transitioning to the adult services. Please also email Adult Clinical Lead of any hearing aid users with additional needs who need extra support. **This must be done at the first transition appointment at the age of 16yrs**

  - If felt appropriate, young people with additional needs can transfer to adult services when they are 19yrs old. They will go through the same transitional pathway as all other young people. However, their final transitional appointment will be booked with a paediatric audiologist and an experienced adult audiologist and then added to the W/L for an adult follow up appointment in a year to check how they are managing and ensure they are confident with in the adult services

- # Appendix 1

- **Transition Checklist**

Can/does the young person:-	Not yet	Partially competent	Fully competent
Put the hearing aids in and take them out?			
Know when the battery is running out?			
Change the battery?			
Clean the hearing aid?			
Change the tubing?			
Know when the hearing is not working?			
Can trouble shoot to try and fix the problem themselves?			
Know when the moulds are not fitting well?			
Understand and explain their hearing loss to another person?			
Know how to access the adult service?			

- **Appendix 2**

Individual Plan

- What am I able to do myself?

- What do I need to learn to do myself before transitioning?

- What information do I need before I transfer into the Adult Audiology Department?

- Is there anything that I am worried about regarding transferring?

- If there are things to learn, information I need, or any worries, how will I resolve these before I complete transition?

Agreed Goals:

What	Who	When

• Appendix 3

• Service Feedback Questionnaire

Were you treated well during your transition to adult services? Yes/No

Comments:

Did you feel listened to during your transition to the adult services? Yes/No

Comments:

Did you find your individual management and checklist helpful? Yes/No

Comments:

Were you able to achieve your goals on your individual management plan? Yes/No

Comments:

Did you find the transition booklet helpful? Yes/No

Comments:

Did you feel prepared to transition to the adult services? Yes/No

Comments:

Do you think your transition to adult services went well? Yes/No

Comments:

Is there anything that you feel was particularly good about your transition to adult services?

Comments:

Is there anything you think we could do to improve the transition? Yes/No

Comments:

Would you recommend this service to a friend or family member? Yes/No

Comments:

Anything else you'd like to tell us? Yes/No

Comments:

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: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Carryout spot checks, checking 2 pts a month (if data available) to see whether guidelines are being adhered to.	Open up Auditbase and manually check through patients who have transitioned or who are on the 3 year pathway to adult services.	Once a month	Tamsyn Wood	AudiologyService Manager/Governance Team	1 times a year following audit
	Pathway & Guidelines Followed	Horizontal audit of sample of patient journeys from referral to appointment outcome including all elements of the pathway to ensure compliance. Audits may need sub audits of any particularly poorly performing service elements after mitigations.	Annually	Paed Service Lead	Audiology Governance Meeting	After each audit.

References

- British Academy of Audiology (BAA) (July 2022) Quality Standards in Paediatric Audiology. Sections 1a 14, 2 2.9 & 4 4.3.
  BAA-Paed-QS-v1-2022.pdf (accessed 26/03/2025)

- British Society of Audiology (BSA) (February 2022) Recommended Procedure Ear Examination.
  www.thebsa.org.uk/wp-content/uploads/2023/10/OD104-54-BSA-Recommended-Procedure-Ear-Examiniation-February-2022.pdf (accessed 05/11/24)

- British Society of Audiology (BSA) (August 2018) Recommended Procedure Pure-tone air-conduction and bone-conduction threshold audiometry with and without masking.
  www.thebsa.org.uk/wp-content/uploads/2023/10/OD104-32-Recommended-Procedure-Pure-Tone-Audiometry-August-2018-FINAL-1.pdf (accessed 05/11/24)

- British Society of Audiology (BSA) (February 2024) Recommended Procedure Tympanometry and acoustic Reflex Thresholds.
  www.thebsa.org.uk/wp-content/uploads/2013/10/OD104-35-BSA-Recommended-Procedure-Tympanometry-and-ART.pdf (accessed 05/11/24)

- British Society of Audiology (BSA) (October 2023) Position Statement and Practice Guidance Audiological assessment and hearing aid provision for patients with a programmable ventriculo-peritoneal (PVP) shunt
  www.thebsa.org.uk/wp-content/uploads/2023/10/OD104-94-BSA-Position-Statement-on-Programmable-VP-Shunts-2.pdf (accessed 05/11/24)

- British Society of Audiology (BSA) (May 2018) Practice Guidance: Guidance on the verification of hearing devices using probe microphone measurements.
  www.thebsa.org.uk/wp-content/uploads/2023/10/REMS-2018.pdf (accessed 05/11/24)

- Government Paper, Every child Matters (September 2003)
  Every child matters - GOV.UK (accessed 05/11/24)

- National Deaf Children's Society (NDCS) (Jan 2014). My Life My Health: Deaf Young People's Experiences of Health Services – A Closer Look
  www.ndcs.org.uk/media/1792/my_life_my_health_report_from_yab_2014.pdf (accessed 05/11/24)

- National Deaf Children's Society (2013) Quality Standard: Transition from paediatric to adult audiology services. Guidelines for professionals working with deaf children and young people. No longer available but referenced in:
  British Society of Audiology (BSA) (May 2018) Practice Guidance: Guidance on the verification of hearing devices using probe microphone measurements.
  www.thebsa.org.uk/wp-content/uploads/2023/10/REMS-2018.pdf (accessed 05/11/24)

- National Institute for health and Care Excellence (NICE), (February 2016). Transition from children's to adults' services for young people using health or social care services
  www.nice.org.uk/guidance/ng43/resources/transition-from-childrens-to-adults-services-for-young-people-using-health-or-social-care-services-pdf-1837451149765 (accessed 01/11/24)

Contribution List

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

Designation
Edward Southan – Principal Audiologist/Interim County Manager
Jessica Scully – Paediatric Audiology Manager/Principal Audiologist
Kim Doughty – New born hearing screening manager/Principle Audiologist
Claire Carwardine – Principal Audiologist
Abigail Clevely – Principal Audiologist
Paediatric Audiology Team

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

Committee
Audiology Governance

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.

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		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Jessica Scully

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Tamsyn Wood	Senior Paediatric Audiologist	tamsyn.wood@nhs.net
	Carla Purnell	Senior Audiologist	Carla.purnell1@nhs.net
Date assessment completed	21/03/2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: **GUIDELINES FOR TRANSITION OF YOUNG PEOPLE USING HEARING AIDS TO TRANSITION FROM PAEDIATRIC TO ADULT SERVICES**			
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure that all young people transitioning from paediatric audiology to adult audiology services are prepared properly and are fully informed to support and enable their smooth effective transition into adult audiology services.			
Who will be affected by the development & implementation of this activity?	✓ ✓ ✓ ❑	Service User Patient Carers Visitors	✓ ❑ ❑ ❑	Staff Communities Other _____

Is this:	✓ Review of an existing activity ❑ New activity ❑ 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.	This activity has never been formally carried out. This activity is to enable transition to be carried out in a structured way and standardised throughout the county audiology departments. It was drawn up using other local guidelines that have been formally approved notably Wolverhampton.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Audiology Governance Team
Summary of relevant findings	This guideline is necessary

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 positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	✓			Impacts young people from the age of 16yrs.
Disability	✓			Young people with a disability will not get lost to transition
Gender Reassignment		✓		No impact
Marriage & Civil Partnerships		✓		No impact
Pregnancy & Maternity		✓		No impact
Race including Traveling Communities		✓		No impact
Religion & Belief		✓		No impact

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sex		✓		No impact
Sexual Orientation		✓		No impact
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		No impact
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)		✓		No impact

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
	No negative risks identified	.		
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	Tamsyn Wood
Date signed	21/03/2025
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

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	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
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	No
	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.