Adult Audiology Referral Grading and Triage Guideline

Department/Service:	Countrywide Audiology Service
Guideline Author:	Joanne MJ Stanley
Date Guideline Created:	April 2025 – Reviewed July 2026
Accountable Countywide Audiology Manager:	Edward Southan
Approved by:	Audiology Governance Team
Date of approval:	April 2025 – Review approved July 2026
Guideline Review due:	This Guideline will be included in the Audiology Key Document Review Process. This is a 3 yearly cycle where there is an agreed date for all Audiology Documents to be reviewed. All reviews for this Guideline will take place on the next available agreed review date, and subsequent agreed review dates, which form the 3 yearly cycle of Audiology Key Document Reviews. 21st July 2029
Target Organisation(s):	Countywide Audiology Service at Worcestershire Acute Hospitals NHS Trust

Guideline Overview:
All Audiology Adult referrals received need to be Graded and Triaged to ensure that they are booked the correct appointment and / or are added to the correct waiting list. This is also to ensure and demonstrate that standards are upheld across all activities and that Audiology Adult Referral processing is consistent across all sites.

Please Note:
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.

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1. Introduction

This Guideline applies to Adult Audiology Referrals for the Worcestershire Acute NHS Trust across all sites. It applies to all referrals received to the Adult Audiology Service, Adult referrals are classified as patients over the age of 18 years. Overall responsibility for the pathway is with the Countywide Audiology Services Manager.

Benefits of following the Guideline include:
- To help assure the quality and consistency of service
- To ensure timely triage of referrals as to avoid delays to patient pathways
- To help ensure good practice
- To fully utilise the expertise of all members of the team
- To provide a learning tool to staff
- To identify areas for improvement
- To identify gaps in care and address any training needs
- To contribute to the audit process

This document is designed to support Audiology professionals in their work. It should be used in conjunction with clinical judgement to attain optimal outcomes for our service users.

This document applies to all referrals to the Adult Audiology Service of Worcester Acute NHS Trust across all Audiology sites.

Referral Grading and Triaging must be carried out by an Audiologist involved in the provision of Adult Audiology Service and must be a Band 6 or above.

Adult referrals are classified as patients over the age of 18 years.

The following information outlines the triage process when Audiology receive new Adult patient referrals.

The aim of this Guideline is to provide staff with guidance for them to efficiently grade and triage Adult Audiology referrals and to facilitate consistency in patient care across all sites.

2. Definitions

Adult patients within this document are classified as patients over the age of 18.

Audiologist grading and triaging referrals must be an Audiologist involved in the provision of Adult Audiology Service and must be a Band 6 or above.

3. Responsibility and Duties

It is the responsibility of the Administration team to monitor the wah-tr.AudiologyHearingServices@nhs.net inbox and to forward any adult referrals received to wah-tr.audiologyadultreferrals@nhs.net

It is the responsibility of the Administration team on the receipt of any paper referral, to the Adult Audiology service, to scan the referral and email it to wah-tr.audiologyadultreferrals@nhs.net

It is the responsibility of all Audiologists band 6 and above who are involved in the provision of Adult Audiology services to monitor the wah-tr.audiologyadultreferrals@nhs.net Inbox for referrals. On accessing the inbox the Audiologist will check carefully on Auditbase to ensure

it is a new referral and not already under our care or not for information only when saving of the document into patients documents is required. The audiologist will grade and triage the referral appropriately. Then the Audiologist will forward the referral to wah-tr.AudiologyHearingServices@nhs.net with the grading and triage in the body of the email in the format specified below.

It is the responsibility of the Administration Team monitoring the wah-tr.AudiologyHearingServices@nhs.net inbox to monitor the inbox for graded and triaged Adult referrals. Once received the Administration team will add the patient to Auditbase, perform a PAS refresh to ensure correct details are stored on the hospital system, resolve any discrepancies that arise and action as directed in the email within 2 working days. Then to book an appropriate appointment for the patient or add them to the appropriate waiting list. If a referral has been rejected, the Administration team will email the referrer with the reasons for rejection as stated by the Audiologist.

4. Guideline detail

Adult Referrals to the Audiology Department are received in 2 ways but can be received at any site. Consistency needs to be ensured across all sites and timely grading and triage of all Adult Audiology referrals need to be ensured to avoid delays to patient pathways.

Ensuring all records are electronic avoids risks associated with paper referrals, lost, overlooked etc.

With an electronic process it avoids the limitations of appropriate staff availability at any given site as grading and triage for all sites can be completed from any site.

The 2 ways Adult Audiology referrals are received –

- Electronic referrals
- Paper referrals

Electronic Referrals –

The Administration team monitor the wah-tr.AudiologyHearingServices@nhs.net inbox

The Administration Team forward any adult referrals received to wah-tr.audiologyadultreferrals@nhs.net

The Process then proceeds as per All Adult Referrals Below

Paper Referrals -

The Administration Team monitor postal Adult referrals received at any given site.

The Administration team upon receipt of any paper referral scan the referral and email the referral to wah-tr.audiologyadultreferrals@nhs.net

The Process then proceeds as per All Adult Referrals Below

All Adult Referrals -

Appropriate Audiologists, band 6 or above, monitor the wah-tr.audiologyadultreferrals@nhs.net Inbox for referrals

On accessing the inbox the Audiologist will open Adult Audiology referral emails

For each referral the Audiologist will check carefully on Auditbase to ensure it is a new referral and not already under our care or not for information only.

- For a new patient referral
    - If referral has been submitted on incorrect form – Audiologist will Reject the referral see below for rejected referrals.
    - If referral is inappropriate, for example within AQP Criteria AQP – Audiologist will Reject the referral see below for rejected referrals.
    - If referral requests / specifies Hearing Assessment Only – Audiologist will, where appropriate, fulfil GP / referrer request and grade as Direct Access for Audiometry Only – However based on clinical judgement, if appropriate, the patient may be booked for DA if hearing assessment only is appropriate, or if a full assessment is appropriate the patient may be graded as DAHAP, or if full assessment is required but patient is within AQP criteria the referral with then be Rejected see below for rejected referrals.
    - If referral is for hearing assessment Audiologist will grade as Direst Access Hearing Aid Provision – DAHAP, providing there are AQP contra indications.
    - If referral is for Balance or Tinnitus – Audiologist will grade as FAO Balance team or Tinnitus Team.

- For existing patient referral
    - Audiologist will check patients Journal, Audiogram and History.
    - If referral is inappropriate, for example AQP – Audiologist will Reject the referral see below for rejected referrals and send patient an ICB AQP Discharge Letter.
    - From Patient information Audiologist will grade referral appropriately for example for service, repair or reassessment.
    - If referral is for Balance or Tinnitus – Audiologist will grade FAO Balance team or Tinnitus Team.

- For information only
    - When referral is for information only – Audiologist will grade as For Scanning Only.

- Rejected Referrals
    - For any Rejected referral the audiologist must include the reason why the referral has been rejected in the body of the email – for example incorrect referral form used, no AQP contra-indications indicated.
    - If the Rejected referral is for an existing patient that has been discharged to AQP then the Audiologist will also send an ICB letter to the patient as well as grading the Referral as rejected and include the reason why the referral has been rejected in the body of the email – for example incorrect referral form used, no AQP contra-indications indicated.

Grading Format –

The Grading must be in the following format –

APPT:
SITE:
ROUTINE OR URGENT
SOURCE:
INITIALS: JS

This format should be completed as follows -

APPT: Enter the appointment type required here
SITE: Appointment site to be entered here followed by - OR NEXT AVAILABLE SITE ROUTINE OR URGENT to be deleted as appropriate
SOURCE: Source of referral needs to be entered here, for example ENT, GP or Specific AQP Provider
INITIALS: Grading audiologist must insert their initials here

In the case of rejected referrals these should take the following format –

REFERRAL REJECTED – then the reason for rejection needs to be included here, for example within AQP criteria
Followed by Initials of Grading Audiologist

In the case of for information only referrals these should take the following format –

FOR INFORMAITON ONLY PLEASE SAVE IN PATIENT DOCUMENTS
Followed by Initials of Grading Audiologist

Once the Adult referral has been graded the Audiologist will Forward the email the referral to wah-tr.AudiologyHearingServices@nhs.net and ensure they have put the grading and triage in the body of the email.

Please note that it is essential that the email is forwarded to ensure that the referral remains attached to the email.

Graded Referral -

The Administration Team monitor the wah-tr.AudiologyHearingServices@nhs.net inbox

On receipt of a graded and triaged Adult referral the Administration team will add the patient to Auditbase, perform a PAS refresh to ensure correct details are stored on the hospital system, resolve any discrepancies that arise, and action as directed in the email within 2 working days.

The Administration team will the process the referral by either

- Booking an appropriate appointment for the patient
- Adding them to the appropriate waiting list.
- For referrals graded as FAO Balance team or FAO Tinnitus team the Administration team will forward the referral to the appropriate Specialism inbox for the Balance team or Tinnitus team to grade – Please note email / inbox addresses for these Specialisms is to be confirmed.
- For Rejected referrals the Administration team will email the referrer with the reasons for rejection as stated by the Audiologist
- For scanning only the Administration team will save the document into patient documents for information only

FAO Specialism –

Once introduced, the same process will apply as above with the Balance or Tinnitus specialism email inbox being monitored by a member of the Balance or Tinnitus team as appropriate. The referral will be graded and triaged as appropriate for that specialism and the grading will be put in the body of the email and sent to wah-tr.AudiologyHearingServices@nhs.net

5. Implementation

5.1. Plan for Implementation

This Guideline will be implemented as soon as it has been approved by the Audiology Governance Team and disseminated to all appropriate Audiology Staff.

5.2. Dissemination

As soon as this Guideline has been approved by the Audiology Governance Team it will be –

- saved into the Audiology Shared Drive
- emailed to all appropriate Audiology Staff
- added to the Audiology Document Read Compliance sheet for appropriate staff
- added to Worcestershire Acute NHS Trust key documents Audiology web page
- discussed at Countywide Audiology meetings or most appropriate equivalent meeting

5.3. Training and Awareness

Any training needs will be identified by individual Audiology staff and their Line Manager, appropriate training will then be discussed and provided as required.

6. Monitoring and Compliance

Section number:	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 the check reported to: *(Responsible for also ensuring actions are developed to address areas of non-compliance)*	Frequency of reporting:
No.	**WHAT?**	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
Relevant section number	These are the 'key' parts of the process that we a relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor 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'.
All	Referrals are received either electronically or in paper form. The Administration team then email them for grading.	All referrals will be converted into electronic form and any paper referrals will be scanned and processed electronically	To be carried out as referrals arrive and monitored monthly	Author of Document or named individual and overall responsibility is the Countywide Audiology Manager.	Author of Document or named individual will monitor this and report results and findings via email to the Countywide Audiology Manager	Monthly
All	Each referral will be graded and triaged by an Audiologist and grading will be emailed back in	All referrals will be sent with grading in the body of the email and referral	To be carried out as referrals arrive and monitored monthly	Author of document or named individual and overall responsibility is the	Author of Document or named individual will monitor this and report results and	Monthly

	the body of an email to the Administration team	remains attached to the email		Countywide Audiology Manager.	findings via email to the Countywide Audiology Manager	
All	Graded emails are then received by the Administration team and processed appropriately	All graded referrals will be processed appropriately as detailed above in Guideline detail.	To be carried out as referrals arrive and monitored monthly	Author of document or named individual and overall responsibility is the Countywide Audiology Manager.	Author of Document or named individual will monitor this and report results and findings via email to the Countywide Audiology Manager	Monthly
All	Adult Referral Grading and Triage Audit will be carried out.	Audit will be carried out and will include appropriate grading, grading timescales.	Annually	Author of document or named individual and overall responsibility is the Countywide Audiology Manager.	Author of Document or named individual will complete Audit and report results and findings via email to the Countywide Audiology Manager	Annually

7. Guideline Review

Countywide Audiology Guidelines will be reviewed every 3 years by the document author, where appropriate, or another designated member of Audiology Staff.
Overall responsibility for ensuring Review is undertaken is the responsibility of the Countywide Audiology Manager.

8. References

Local Clinical Guidelines
Good Practice

9. Appendices

None

10. Approval Process

This Guideline is submitted to the Audiology Governance Team for approval, and Guideline Approval will be included in the relevant Audiology Governance Meeting minutes.

11. Version Control

On each occasion where this Guideline is Reviewed – any key amendments will be included in the table below and Guideline Version Number will be updated on the Guideline.

Key Amendments to this Document

Date	Amendment	Approved by:
July 2026	Document changed to Audiology Standardised Guideline Template by Original Author	Audiology Governance Team
July 2026	For new referrals where GP requests Hearing Assessment Only – Clinical Judgement applies	Audiology Governance Team
July 2026	Grading Format specifications added, including addition of noting referral source	Audiology Governance Team
July 2026	Importance of Forwarding graded email highlighted	Audiology Governance Team
July 2026	Monitoring and compliance amended to monthly email and annual audit	Audiology Governance Team

12. Equality Requirements – Equality Impact Assessment Form

To be completed by the key document author and included when the document is submitted to the Audiology Governance Team for consideration and approval.



NHS Worcestershire Acute Hospitals NHS Trust

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	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Edward Southan	**Countywide Audiology Manager**	**edward.southan@nhs.net**
	Joanne Stanley	**Senior Clinical Audiologist**	**joanne.stanley2@nhs.net**
Date assessment completed	**Initially – at date document created then reviewed at each Document Review**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Adult Audiology Referral Grading and Triage Guideline**
What is the aim, purpose and/or intended outcomes of this Activity?	To make the Adult Audiology referrals process more consistent, efficient and accurate and to ensure timely triage of referrals as to avoid delays to patient pathways

Who will be affected by the development & implementation of this activity?	❑ X X ❑	Service User Patient Carers Visitors	X ❑ ❑ ❑	Staff Communities Other _____	
Is this:	❑ Review of an existing activity X 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.	Current process reviewed, inefficiencies, inaccuracies and inconsistencies reviewed and discussed. Audiology team feedback and experiences countywide also discussed.				
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Consultation with Countywide Audiology manager and countywide Audiology team.				
Summary of relevant findings	Implementing this is a necessary step to ensure and demonstrate efficiency, accuracy and consistency of the processing of Adult Audiology Referrals.				

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	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Disability	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Gender Reassignment	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Marriage & Civil Partnerships	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Pregnancy & Maternity	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				efficient, accurate and timely referral processing generally.
Race including Traveling Communities	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Religion & Belief	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Sex	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Sexual Orientation	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
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)	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.

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 Potential Negative impacts as referrals are processed regardless but implementing this	N/A	N/A	N/A

	guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.			
How will you monitor these actions?	Any changes in service provision is monitored by the Countywide Audiology Manager			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**Each time the Guideline is Reviewed.**			

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.

Name of person completing EIA	Joanne MJ Stanley
Date signed	July 2026
Comments:	Originally completed April 2025
Name of the Countywide Audiology Manager who is the Lead Person for this activity	Edward Southan
Date signed	July 2026
Comments:	Originally completed April 2025

13. Financial Impact Assessment

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

ID	Financial Impact:	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:		
None		