Quality Standards for Adult Tinnitus Services 2022

August 2022

Foreword

Welcome to the Quality Standards for Adult Tinnitus (Wales) 2022. I am delighted to endorse the Quality Standards as the benchmark for NHS adult audiology services in Wales.

The Quality Standards 2022 was designed by Wales' leading audiologists in collaboration with the British Tinnitus Association, Royal National Institute for the deaf (RNID) and the Audiology Standing Specialist Advisory Group of the Welsh Scientific Advisory Committee clearly demonstrate a prudent healthcare approach to the provision of audiology services.

The Quality Standards support coproduction with a greater emphasis placed on evidence base and individual management plans involving patients in decisions more than ever before. Wales' audiologists leading the development of these Quality Standards have responded to the evolved thinking of NHS service delivery to truly benefit the people utilising audiology services in Wales.

I wish to thank everyone involved in this important development for audiology services.

Introduction

Background

Following the successful implementation of the Adult Rehabilitation and Paediatric Quality Standards in Wales, it was felt that Tinnitus Services would benefit from a similar approach in order to maintain an equitable, high quality service across Wales.

ASSAG agreed in 2018 for Paediatric and Adult Quality Standards audits to take place in year 1 and year 2 followed by Tinnitus and Vestibular Quality Standards audits in year 3. Work began developing Tinnitus and Vestibular Quality Standards in 2019. This involved joint working with representatives leading in this area of Service delivery across Wales. The aim will be to develop a comparable self-assessment and external audit process for this specialised area of Audiology. It was also agreed adult and paediatric quality standards would be developed separately due to the significant differences in service delivery and patient management these populations.

Health Boards are expected to support their own specialist audiology staff in participating in external audit of other Health Boards.

Development of quality standards for Tinnitus services in Wales

A working group was set up which included senior Audiology clinicians and managers from across Wales. The working group's main objective was to jointly develop Quality Key Performance Indicators for Tinnitus Services in Wales.

Consultation

The draft version of these standards has undergone consultation with Heads of NHS Audiology Services, ENT Consultants, local tinnitus patient and public involvement (PPI) groups, and representatives from the British Tinnitus Association and Royal National Institute for the deaf (RNID) Feedback from the consultation has been used to further develop these Quality Standards.

Approach and Context to Describing Service Quality

The standards are sequenced to reflect the patient pathway and are as follows:

Quality Standards for Adult Tinnitus Services
Std 1 Accessing the service
Std 2 Communication and Information provision
Std 3 Tinnitus Assessment
Std 4 Tinnitus Management
Std 5 Clinical skills and expertise
Std 6 Collaborative Working
Std 7 Outcomes & Service Improvement

The Quality Standards for Tinnitus Services in Wales

Format
The Quality Standards are made 7 *Standard Statements* that explain the level of performance that needs to be achieved. These are supported by an evidence base that provides the *rationale* for each Standard. The *Standard Statements* are expanded into a number of *Criteria* which specify what must be achieved for the standard to be met. The *Standard Statements* are listed below. The evidence base, the references that support them and the detailed *Criteria* are all detailed within the *Assessment and Audit Tool* that accompanies this document.

Standard 1 – Accessing the Service
All patients and their significant others, who require access to Audiology Services for information, investigation and support managing their tinnitus are able to:-

- Access an Audiology Service that meets their needs
- Conveniently access the Service they require
- Wait no longer to access tinnitus clinic than any other routes in to Audiology.
- Wait no longer if they are an existing patient accessing the service than a new patient accessing the service for the first time.
- Gain access to the Audiology service as quickly as other comparable medical services.

Service demand and referral data are accurately monitored, reviewed and reported against available indicators and used to guide service planning.

All tinnitus patients are able to access ongoing effective support throughout their lifetime.

Standard 2 - Communication and information provision

- Timely and relevant two-way exchange of information to meet the needs of the patients and their significant other(s), in formats that accommodate their communicative abilities.

Standard 3 - Tinnitus Assessment
All patients receive an individually-tailored Tinnitus/Audiological assessment which is carried out to recognised national standards, where available, and includes:

- A comprehensive and relevant medical, tinnitus and audiological history
- Measurement of effect of tinnitus and assessment of activity limitations related to tinnitus.

Standard 4 - Tinnitus Management
All patients should have an individually developed plan (IMP) for the management of their needs. This plan is:

- Is based on information gathered at the assessment phase,
- Is determined in conjunction with the patient and/or their significant other(s),
- Is updated on an ongoing basis,
- Is accessible to the clinical team,

- Includes recommended interventions to best meet the needs of patients.

Standard 5 - Clinical skills and expertise

- Each service provides, within a governed team approach, the clinical competencies necessary to safely and effectively support the assessments and interventions undertaken.
- All tasks are undertaken within an established, nationally-agreed, competency-based framework.

Standard 6 - Collaborative Working

- Each Audiology service has in place processes and structures to ensure effective collaborative working.
- Collaborations appropriate to patient and service needs should be identified and established and may be with internal and external agencies and services.

Standard 7 - Outcomes and Service Improvement

- Outcomes and effectiveness of the service as a whole are evaluated and recorded to identify trends and patterns which may inform service development and planning.
- Quality of service delivery is measured and improved using Patient Reported Experience Measures (PREMs). These should be collected on at least an annual basis and should include elements on access, communication and information.
- Each service has processes in place to regularly consult with patients and stakeholders.
- Each service has processes in place to keep up to date with and employ key innovations relevant to Audiology.

The Evidence Base

"Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values," (Sackett et al., 2000 p. 1).

A comprehensive review of the current evidence base has been undertaken. Wherever possible the working group prioritised evidence in National documents where available, then considered evidence in large scale reviews, followed by evidence in peer reviewed, published research. There are also a number of overarching documents that have informed the development of the Quality Standards and these are listed below:

Aylward, M., Phillips, C. and Howson, H. 2013. Simply Prudent Healthcare – achieving better care and value for money in Wales – discussion paper. Wales: Bevan Commission, Simply Prudent Healthcare

Bradley, P. & Willson, A., 2014. Achieving prudent healthcare in NHS Wales (revised). Cardiff: Public Health Wales

British Society of Audiology, 2016. Practice Guidance: Common Principles of Rehabilitation for Adults in Audiology - https://www.thebsa.org.uk/wp-content/uploads/2016/10/OD104-52-Practice-Guidance-Common-Principles-of-Rehabilitation-for-Adults-in-Audiology-Services-2016.pdf

Cima, R.F.F., Mazurek, B., Haider, H. *et al.* A multidisciplinary European guideline for tinnitus: diagnostics, assessment, and treatment. *HNO* **67,** 10–42 (2019). https://doi.org/10.1007/s00106-019-0633-7

Department of Health, 2009, Provision of Services for adults with tinnitus - https://www.england.nhs.uk/wp-content/uploads/2016/07/P29-Proposed-Outcome-Measures-for-Tinnitus-Services.pdf

NICE guidance Tinnitus: assessment and management (NG155) https://www.nice.org.uk/guidance/ng155 and NICE guidance Hearing loss in adults: assessment and management (NG98) https://www.nice.org.uk/guidance/ng98

Scottish Audiology, 2017. Scottish Tinnitus Protocol - http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4082556/7ecec17c-1e33-4fbb-b0e9-f7505addafd3.pdf

Stockdale, D., McFerran, D., Brazier, P., Pritchard, C., Kay, T., Dowrick, C and Hoare, D.J. An economic evaluation of the healthcare cost of tinnitus management in the UK. BMC Health Services Research, 17, 577 (2017). https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2527-2

The Equality Act 2010

The Disability Discrimination Act 1995

Welsh Assembly Government, 2003. Fundamentals of Care. Wales: Welsh Assembly Government - http://www.wales.nhs.uk/documents/booklet-e.pdf

Welsh Assembly Government, 2003. Signposts 2: Putting Public and Patient Involvement into Practice in Wales - http://www.wales.nhs.uk/publications/signposts-e.pdf

Welsh Assembly Government 2006. National Service Framework for Older People in Wales. Wales: Welsh Assembly Government

Welsh Assembly Government, 2010. Doing Well, Doing Better. Standards for Health Services in Wales. Wales: Welsh Assembly Government - http://www.wales.nhs.uk/sites3/Documents/919/ENGLISH%20WEB%20VERSION.pdf

Welsh Government, 2011. Together For Health. A 5-Year Vision For The NHS in Wales. Wales: Welsh Government

Welsh Assembly Government, 2011. Fairer Health Outcomes For All. Reducing Inequities in Health Strategic Action Plan. Wales: Welsh Assembly Government - http://www.wales.nhs.uk/sitesplus/documents/866/5.1%20Appendix%20Fairer%20Outcomes%20for%20All-Welsh%20Assembly%20Government%20Document.pdf

Welsh Government, 2017. Framework of Action for Wales, 2017-2020. Integrated framework of care and support for people who are D/deaf or living with hearing loss. https://gov.wales/sites/default/files/publications/2019-03/integrated-framework-of-care-and-support-for-people-who-are-d-deaf-or-living-with-hearing-loss.pdf

Welsh Government, 2019. Prudent Healthcare: Securing health and wellbeing for future generations - https://gov.wales/sites/default/files/publications/2019-04/securing-health-and-well-being-for-future-generations.pdf

Principles and Key Features of the External Audit Process Against the Standards

The objective of the audit process is to externally verify self-assessment scores (and evidence). The objective is not to perform an appraisal of service management and/or make extensive recommendations for improvement.

The audit process should be robust, relevant, efficient, fair and consistent.

A full self-assessment will have been completed 6 weeks prior the external visit and evidential materials compiled for reference at the time of the visit of the external auditors.

Visits will be conducted jointly by an external audit team; comprising a 'lead' independent auditor, and a senior clinician from another service.

All Health Boards which provide services for tinnitus assessment and management will be visited every three years by external auditors. Each Health Board will submit oneself assessment score, which will incorporate all the services they provide, including those which are provided to other Health Boards through a service level agreement.

The visit of the external auditors will be completed over a day, with additional time required for travel. Only the base centre would be visited rather than peripheral sites. Where a Head of Audiology has selected to submit one self assessment for the Health Board the audit coordinator will select which Service department to visit to undertake the external audit visit.

Externally assessed scores must be presented to the Chief Executives and Heads of Audiology for each respective service, prior to being made available to ASSAG and put in the public domain (e.g. on the WSAC website).

A coordinator will be appointed by ASSAG to administer the scheme, collate results and report to ASSAG following each audit.

An appeals mechanism will exist where external scoring or the audit process are challenged.

Quality Standards for Adult Tinnitus Services

The Assessment and Audit Tool

Quality Standards for Adult Tinnitus Services

1 - Accessing the Service			
Standard Statement	**Rationale**	**Criteria**	**Evidence of Compliance** This list contains examples that you may wish to include as evidence. You may have different forms of evidence to support your self-assessment score.
1.a. All adults have access to tinnitus services in a timely fashion, with clearly defined referral pathways to audiological services that are widely disseminated and reviewed regularly.	Correct referral information results in more efficient use of available resources (references) Prompt identification and management of distressing tinnitus reduces impact on the individual as well as other HC services and the economy (references)	Clearly defined written referral pathways from all referral sources are in place, reviewed at least every three years, and disseminated to all potential referrers on a regular basis.	Written referral pathways, linked to referral criteria, for all referral routes. Pathways should include timings of appointments (urgent/routine). Referral forms to include communication support requirements

			Version numbers to be included, and documents to be updated at least every 3 years, or sooner should changes occur. Written/electronic document for referrers detailing referral pathways and criteria. Evidence that pathways have been disseminated to/discussed with referrers e.g. email/Agenda for GP/ENT training/presentation.
		1a.2. Where local services are unable to provide all aspects of care, clear referral routes to external providers are in place.	Written referral pathways with details as 1a.1.

		Speed of Access **1a.3.** Routine new referrals, for tinnitus assessment & management options are offered an appointment within 14 weeks of referral for all patients	Written policy on waiting times. Audit of waiting times, against 14 week target. Data collected a minimum of every 12 months for each clinic.
		1a.4. Urgent referrals are offered an appointment within 4 weeks of receipt of referral.	Written policy on waiting times. Sample/ Examples of waiting times against 4 week target.
		1a.5. Adults requiring follow-up reviews are offered appointments within an agreed timescale	Audit of planned review date against actual review date, ≥80% should be seen within one month of scheduled.
		1a.6	

		Patients re-accessing the tinnitus service wait no longer than new patient accessing the service i.e. 14 weeks	Audit of referral pathways and wait times
1b. Service demand and referral data are accurately monitored, reviewed and reported to guide service planning.	Effective allocation of health resources is reliant upon accurate information on the balance between demand for services and available resources. Waiting times for all stages of the patient pathway need to be collected and monitored in an effective manner (references) Monitoring the number of inappropriate referrals informs the effectiveness of referral criteria and compliance of referrers to those criteria.(references) Monitoring the number of onwards referrals as part of the patient pathway. Improvements can then be made to ensure that tinnitus patients are correctly referred	**1b.1.** The number of incorrect referrals to audiology is monitored annually, and action taken to address non-compliance with referral criteria. **Service Planning** **1b.2.** Key data are identified, collected, reviewed and used in annual service review.	Examples of incorrect referrals. Evidence from triage service. Action taken where non-compliance exists. A Report Detailing: • The number of adults referred to Tinnitus services.

			• The number of appointments not • attended and non-responders • from partial booking (if used) • Outcomes • Onward referrals to others Services Subsequent reports monitor trends over time
Standard 2 - Communication and Information Provision			
Standard Statement	**Rationale**	**Criteria**	**Evidence of Compliance** This list contains examples that you may wish to include as evidence. You may have different forms of evidence to support

			your self-assessment score
2a. Timely and relevant two-way information is possible to meet the needs of tinnitus patients and their significant other(s), in formats that accommodate their communicative abilities.	Uptake of further care will benefit from promotion of the service to patients (references) Good communication before, during and after intervention benefits patients and their significant others, through reduction in anxieties/concerns and encouraging appropriate uptake of further care and self-management (references)	**2a.1.** Individual communication needs and preferences are identified, recorded and actioned	Audit of information provision and PMS alerts
	Written information that is clear, up to date and in a format that is accessible to the individual facilitates understanding of the service and self-management options Technology should be used to enable Audiology staff to communicate effectively with patients and to ensure that the information is given in a manner that the patient understands	**2a.2.** Written information about the service, assessment procedures, and types of assessment, possible interventions and clinicians involved is provided by the Audiology service for all new and existing patients at the time of notification of the appointment.	Written information leaflets and letters. *Audit* to check if appropriate information sent and received. Patient feedback

		2a.3. During tinnitus assessments management options are recorded and discussed with the patient. A written copy of the patient's individual management plan is offered to all patients.	Audit of Journal entries patient feedback
		Information is offered during the assessment regarding additional internal and external services offered by Audiology and other agencies, including hearing aids, support groups, mental health support and third sector support	Audit of patient journals Patient feedback Audit of onward referrals
		All written information provided to patients; including information on websites and noticeboards, utilises existing evidence	Minutes of meetings to review information. Plain English (or similar) on all

		based information available from the recognised organisations approved by the All Wales Tinnitus group and local services or resources developed in collaboration with service user groups and communications teams, and is reviewed bi-annually	information and letters.
3 - Tinnitus Assessment			
Standard Statement	**Rationale**	**Criteria**	**Evidence of Compliance** This list contains examples that you may wish to include as evidence. You may have different forms of evidence to support your self-assessment score.
3a. All patients receive an individually-tailored Tinnitus assessment which is carried out to recognised national standards and includes: • Relevant history.	The need for, and content of, any Individual Management Plan (IMP) requires knowledge of a patient's self-reported tinnitus The quality of assessment is more likely to be assured if	**3a.1** The following are established for every patient, where clinically indicated: Detailed history hearing thresholds by air and bone conduction,	Written protocols. Case audit. Summary of discussions about tinnitus experience, medical history, aetiology and further diagnostic assessment

• measurement of hearing impairment where indicated • assessment of activity limitations and impact on QoL related to tinnitus • evaluation of attitudes, expectation, motivation and behaviours	undertaken in accordance with nationally recommended procedures A relevant medical history is needed to develop an IMP Understanding the patient's activity limitations, their attitudes, expectations, motivation and behaviours as a result of their tinnitus will enable an appropriate Individual Management Plan to be developed Validated self-report questionnaires can support the assessment of activity limitations related to the tinnitus	thresholds additional/further diagnostic procedures as required, co-morbidities affecting condition or its management, Need for aetiological investigation **3a.2** Use of a validated questionnaire to assess impact of tinnitus on the individual	within journal entry that lead to development of IMP and if needed onward referral Examples of onward referral letters Audit on the outcomes of questionnaires pre and post treatment. Patient journals. Audit of those patients who require tinnitus F/U
4 - Tinnitus Management			
Standard Statement	**Rationale**	**Criteria**	**Evidence of Compliance**

			This list contains examples that you may wish to include as evidence. You may have different forms of evidence to support your self-assessment score.
4a. An Individual Management Plan (IMP) is: • Developed for each patient • Agreed with the patient • Updated on an ongoing basis. • Accessible to the team	An audiology IMP is required for all patient requiring ongoing care which takes into account circumstances, medical condition, audiological status and needs will vary (reference) Patient involvement in their care improved outcomes (reference) Revision of the management plan allows it to be responsive to the individuals changing needs.	**4a.1** The IMP includes initial record of tinnitus management including hearing aid provision if needed and details of ongoing actions to improvement management of the tinnitus for all patients. Tinnitus management options include: Educational advice Sound therapy including hearing aid(s), Tinnitus Sound Generator(s) (TSG), Combination aid(s) Counselling including Cognitive Behavioural Therapy +/- Mindfulness based approach	Audit of patient records

		4a.2 Agreed needs are recorded within the IMP and updated at subsequent appointments	Audit of patient records
		4a.3 The IMP is given to the patient	Audit of patient records
		4a.4 95% of patients reviewed have recorded outcome measures	Audit
5 - Clinical Skills and expertise			
Standard Statement	**Rationale**	**Criteria**	**Evidence of Compliance** This list contains examples that you may wish to include as evidence. You may have different forms of evidence to support your self-assessment score.
5a. Each audiology service demonstrates that they have	Adults who require support managing their tinnitus must have	**5a.1**. All eligible, clinical staff working in Audiology are	Audit of registration

the clinical competencies necessary to support the assessments and interventions they undertake.	access to high quality evidence based care, delivered by staff who have the right skills for diagnosis, assessment, treatment and ongoing care and support (reference)	registered with a registration body	
	Audiology departments have a duty of care and must ensure that assessments and interventions are delivered by appropriately trained, qualified and registered clinicians Through the clinical governance framework, organisations can manage their accountability for maintaining high standards (reference)	**5a.2** All staff working with tinnitus patients should have appropriate tinnitus which is consummate to their clinical grade training and qualified or working towards an M level tinnitus qualification	Audit of qualifications Cross reference clinical activities to staff using PMS and crystal reports.
	Tinnitus management is a constantly changing field and clinical competency must, therefore, be maintained through continuing professional development (reference) Peer review provides a useful approach to help ensure clinical	**5a.3** Clinical supervision and direct peer reviews are carried out over a two year period **5a.4**	Evidence of peer reviews and meetings Evidence of CPD records

	competencies are maintained (reference)	Staff have access to CPD & ongoing training **5a.5** There is a Departmental process for dealing with the outcome of peer review observations, and concerns regarding clinical practice at any other time.	Evidence of training records Peer review outcomes and reports
6 - Collaborative working			
Standard Statement	**Rationale**	**Criteria**	**Evidence of Compliance** This list contains examples that you may wish to include as evidence. You may have different forms of evidence to support your self-assessment score.
6.1.	Understanding the collaborations required to deliver an effective, joined up	**6a.1.**	

Each Audiology service has in place processes and structures to ensure effective collaborative working. Collaborations appropriate to patient and service needs should be identified and established and may be with internal and external agencies and services.	service will improve service user experience and outcomes Having awareness of and appropriate links to specialist Audiological services, other health services, Social Services, peer and voluntary sector support is more likely to result in the hearing, communication and addition needs of patients being met Planning and coordinating services in collaboration with other relevant partners (including service users and their significant others) is more likely to result in services that better address the needs of tinnitus patients	Audiology services identify a comprehensive list of the collaborative partners it needs to work with in order to provide a joined up service for service users. **6a.2.** Written protocols/processes are in place to support referral to other services/agencies.	List of collaborative partners and reasons for collaborations. Copies of referral protocols for the collaborative partners listed previously. Evidence through referral rates to collaborative partners. Patient feedback/outcome reporting Evidence of actions and patient outcomes following outward referral recorded within the patient record.
7 – Outcomes and Service Improvement			

Standard Statement	Rationale	Criteria	Evidence of Compliance This list contains examples that you may wish to include as evidence. You may have different forms of evidence to support your self-assessment score.
7.a Each service has processes in place to measure service quality. Quality measures are used to plan and implement service improvements	Measurement of qualitative and quantitative data helps to inform ongoing service improvement	**7a.1** The Audiology service has a framework in place to ensure ongoing collection of qualitative and quantitative data relating to service performance and service user experience and the annual reporting of this data **7a.2.** Patients and significant others are encouraged to complete anonymous surveys on at least an annual basis to determine satisfaction with different elements of the service received.	Service review framework that outlines the what, when, where and how this data will be collected and reported Results from service user satisfaction questionnaires. Evidence provided that results are used to capture and implement areas for improvement

		7a.3 The Audiology service has a systematic approach to the coordination, identification and appraisal of Audiological innovations.	Local procedure/policies for appraisal of innovations Examples of use of the approach.

[1] Minimum facilities to include equipment to perform Audiometry, tympanometry, etc.

[2] Outcome measure tool selected may depend on service provision, but may include questionnaires (such as Tinnitus Functional Index (TFI), Tinnitus Handicap Inventory (THI), Visual Analogue Scale (VAS) completion of the IMP-OS, etc).

References

- British Society of Audiology recommended Procedures: https://www.thebsa.org.uk
  - Common principles of rehabilitation for Adults in Audiology services
  - Pure tone air conduction and bone conduction threshold audiometry with and without masking
  - Practice guidance for Adults with Tinnitus (DRAFT) - http://www.thebsa.org.uk/wp-content/uploads/2019/09/Practice-Guidance_Tinnitus-in-Adults_for-member-consultation_30AUG2019.pdf
  - Tympanometry
- Cima, R.F.F., Mazurek, B., Haider, H. et al. (2019) A multidisciplinary European guideline for tinnitus: diagnostics, assessment, and treatment. HNO 67(Suppl 1): 10. Available at: https://doi.org/10.1007/s00106-019-0633-7
- Department of Health, 2016, Proposed outcome measures for Tinnitus services: https://www.england.nhs.uk/publication/proposed-outcome-measures-for-tinnitus-services-p29/

- Framework of Action for Wales, 2017- 2020 - Integrated framework of care and support for people who are D/deaf or living with hearing loss (May 2017): https://gov.wales/docs/dhss/publications/170504audiologyen.pdf
- NHS Digital Website. https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts/domain-4-ensuring-people-have-a-positive-experience-of-care
- NICE Guidelines:
    - https://www.nice.org.uk/guidance/gid-ng10077/documents/draft-scope
- Scottish Tinnitus Advisory group, 2017, Scottish Tinnitus Protocol: http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4082556/7ecec17c-1e33-4fbb-b0e9-f7505addafd3.pdf
- Quality Standards for Adult Hearing Rehabilitation Services http://gov.wales/docs/phhs/publications/161201hearing-rehabilitationen.pdf