



Flash of brilliance

Completed by: Childrens Hearing Team
Service: Paediatric Audiology Service



Kent Community Health
NHS Foundation Trust

Aim: What were you trying to achieve?

National Institute for Health and Care Excellence (NICE) guidelines outline that patients identified as having a hearing loss in the presence of glue ear (middle ear effusion) should be assessed twice, 12 weeks apart in Audiology. If glue ear and hearing loss remain, the patient should be referred on to the local ear, nose and throat (ENT) department for further assessment and management.

As a service we had a considerable number of patients waiting for their second hearing assessment. Completing this assessment would enable patients to move along their treatment pathway with an up-to-date hearing test and any necessary onward referrals could be made.

Change ideas: What changes did you make?

Normally, these patients would be seen one at a time, taking up considerably more clinic time and resources. Instead we decided to run a Saturday glue ear clinic to tackle the waiting list.

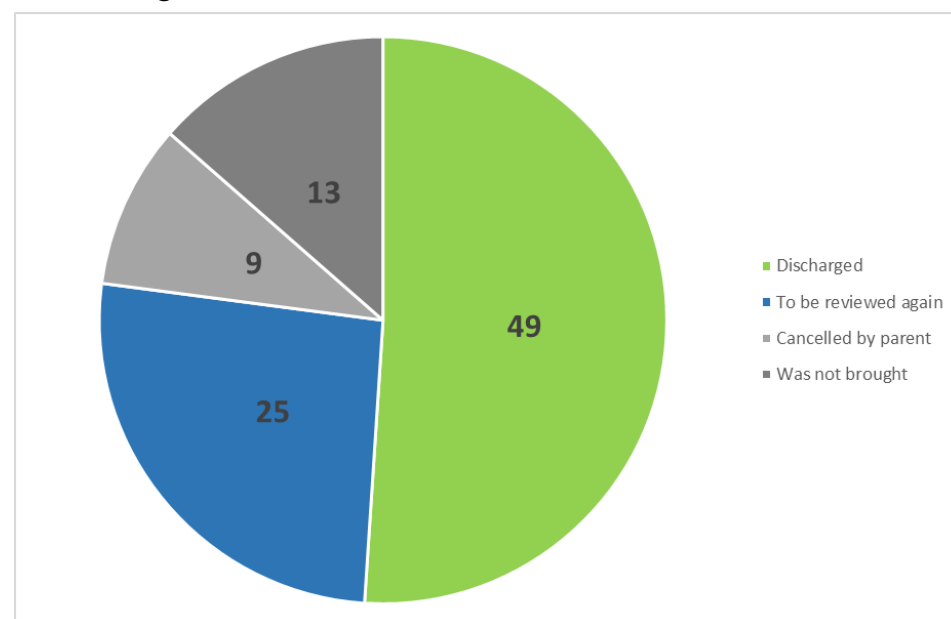
In this clinic we booked nearly 100 patients. We used a system of stations to complete testing and moved patients along the one-way system.

This one-way system allowed us to be compliant with COVID-19 restrictions.

Measures/results: What was the impact of the changes?

96 patients were invited to the clinic:

- 49 were discharged from our service
- 25 to be reviewed again
- 9 had appointment cancelled by parents
- 13 were not brought



This is a great outcome for both our patients and our waiting list.

Lessons learned and what's next?

The idea and method appeared to work well.

However, if we were to repeat this, we would allow more time per patient and spread the booked appointment times throughout the day.

Patient feedback was very positive, parents appeared to be appreciative and thankful to be seen.