

NHS Wales Hearing Care

Future Approach for Audiology Services



Contents

Foreword	3
Executive Summary	5
NHS Wales Hearing Care: The Future Approach for Audiology Services and Top Priorities	6
NHS Wales Hearing Care: The Future Approach for Audiology Services	8
Annex A: NHS Wales Audiology Pathways	25
Annex B: Audiology Statistics	26
Annex C: The Future of NHS Wales Audiology Services 2025-30 – Our Vision	29

Minister's Foreword

NHS hearing care is reforming and modernising to align to the changing needs of citizens in Wales.

Our future approach is reflective of the way we live, to meet our lifestyles and expectations for both children and adults. People are living longer; new treatments are available, and new technology is transforming the way we deliver health care.

Integrated, seamless, co-ordinated services across primary and community and secondary care must go beyond current service delivery to make a real difference to people's health and well-being and enable everyone to meet their full educational, employment and social potential.

Our ambition from 2025 is to continue our journey, bringing health and social care services together, designed and delivered around the needs of service users and the preferences of our citizens with a much greater emphasis on keeping people healthy and well to improve their life chances. This includes self-management, people being supported to look after their own health and well-being, fully encompassing the aims of the Well-being of Future Generations (Wales) Act – *“think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach. This will help us to create a Wales that we all want to live in, now and in the future”*.

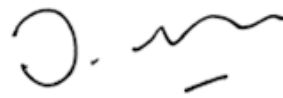
Aligned to Welsh Government's strategic plans, audiology is a key enabler to deliver the aims of *A Healthier Wales*, underpinned by prudent healthcare principles and aligned to the Primary Care Model and associated Cluster Development Programme. There is also important alignment with *Mwy na geiriau/More than just words*, the Welsh Government's plan for the Welsh language in health and social care – at the heart of this is the Active Offer (placing responsibility on health and social care to offer services in Welsh, rather than on service users request to have them) and increasing the use of Welsh across clinical settings. *A Healthier Wales* includes specific action to ensure citizens can receive timely health and care services equitably, regardless of the language or communication format they need.

The role of audiology has evolved, advancing considerably since the introduction of the *Framework of Action* (2017). First point of contact access to audiology for people with hearing problems, via Advanced Audiology Practitioners (AAPs) in primary care who assess, diagnose, treat and manage hearing care and stop unnecessary referrals to community nurses, General Practitioners (GP) and Ear Nose and Throat (ENT) hospital departments. Audiology services are already releasing capacity and reducing waiting lists across primary and community and secondary care; however, we need to go further, faster and the future approach for audiology will help us to do this in a consistent way with clear objectives and outcomes. We cannot afford to get this wrong.

Audiology is an integral part of the transformation of hearing care and the on-going development of the provision of more care closer to home. Audiology teams are working in collaboration with professions across NHS Wales, in primary and community and secondary care to deliver services within patient pathways, working at the top of their clinical licence. Audiologists provide a key link in the early identification of increasing frailty and support people with Dementia, reduce falls and enhance and support patients in their lives within the ever-increasing enhanced community care model.

Audiology teams, enriched through broad and deep relationships built up over time and strengthened since publication of the *Framework of Action*, continue to work together with other professions to seamlessly utilise their full skillset and work in new and innovative ways to improve outcomes for citizens accessing hearing care anywhere along the pathways. Proactive in their approach, audiology teams have evolved easily due to these relationships and shared values, taking ownership of the services they deliver and continually pushing the clinical team forward to make the progress needed to deliver improved NHS hearing care.

This *Future Approach for Audiology Services* is innovative and transformative and acknowledges the importance of citizens being at the centre, to improve their experience and outcomes. The *Future Approach* has been produced in collaboration with all our key stakeholders from across Wales – the Welsh Government, NHS Wales, Health Education and Improvement Wales (HEIW), the Audiology Specialist Standing Advisory Group (ASSAG), Audiology Heads of Service Group (HOS), the Academy for Healthcare Science (AHCS), the British Academy of Audiology (BAA), the Royal College of Surgeons subspecialty, ENT in Wales and Third Sector. This ongoing collaboration will ensure we move forward together to meet our overall ambitions.

A handwritten signature in black ink, consisting of a stylized 'J' followed by a series of loops and a horizontal line.

Jeremy Miles MS
Cabinet Secretary for Health and Social Care

Executive Summary

The [Parliamentary Review of Health and Social Care in Wales](#) and subsequent Welsh Government response [A Healthier Wales](#) sought the development and implementation of new service models in health and social care, locally, regionally and nationally to improve outcomes for citizens, mindful of the demographic changes, which are well known, there are more people, and those people are living longer. The effect of these population changes on audiology services is acknowledged.

Modernising audiology services is vital. Wales' population is projected to grow by 5.9% to 3.32 million by mid-2032 and by 10.3% to 3.46 million by 2047. The number of people aged 65 and over is expected to rise by 19.6% to 806,000 by mid-2032, reaching over one million by 2060. This demographic shift is significant because age-related hearing loss is prevalent among older adults e.g. over half the UK population aged 55 or more have hearing loss, and 80% of those over 70 are affected. Wales specific data on prevalence of hearing loss is estimated to be 480,000 people who are deaf or hard of hearing, which is about 1 in 7 of the population.

Learning from what has been done in the past and through robust analysis of current population access and predicted future demand, new treatments and new technologies, the Welsh Government, working in collaboration with stakeholders from across Wales, scoped what the future should look like for citizens accessing modernised audiology services in primary and community and secondary care.

The future is positive, conveyed throughout the *Future Approach*, which sets out our expectations for NHS Wales to deliver for citizens accessing audiology services. Our future approach is focussed on upskilling the workforce to deliver prudent services, improving access to reduce waiting times, and providing new treatments and technologies to improve patient experience and outcomes. Wrapped around this will be Wales Audiology Board, established to steer national action and the development of key messages to ensure the delivery of timely and effective communication for all our stakeholders.

Wales is proactive and has long been a leader in hearing care. We were the first nation in the world to have a dedicated hearing care strategy – *the Framework of Action* and Wales is the first to develop our *Future Approach for Audiology Services* – the springboard for action over the next decade for adult and children's audiology services. Wales' divergence in audiology policy from the UK has been ongoing during the last decade, therefore, it is not possible to directly compare; however, our future approach is innovative, and the hearing sector across the UK will be watching progress as our groundbreaking work evolves.

This transformation paper sets out our vision for delivery of audiology hearing and vestibular care over the next decade. To inform our approach, we have considered and learnt from what we have done, in the past and present and we have looked at current population access, demand, treatments, technologies and outcomes to agree our top priorities.



NHS Wales Hearing Care: The Future Approach for Audiology Services and Top Priorities

- 1. Welsh Government Strategic Plans:** Align to *A Healthier Wales*, underpinned by prudent principles, the [Primary Care Model for Wales](#), underpinned by the Cluster Development Programme, and [The Well-being of Future Generations \(Wales\) Act](#), underpinned by the seven well-being goals, to provide audiology services close to homes to improve access and prevent unnecessary referrals to community nurses, GPs and hospital ENT departments. Using the principles of value-based health care, deploy audiology resources for optimal impact. Align to national equality plans (Anti-racist Wales Action Plan, LGBTQ+ Action Plan, Disabled People's Rights Plan and [Mwy na geiriau/More than just words](#) (Welsh Government's plan for Welsh language in health and social care)), to provide person centred, safe and equitable care.
- 2. The Framework of Action for People who are D/deaf or living with hearing impairment or hearing loss:** Build on the recommendations, with an audiology focus, to continue to embed health and well-being to improve outcomes for citizens. Improve access to support the reduction of health inequalities and address the known unmet needs within the population. Support the delivery of person-centred care and priorities in key groups, which include younger people, older people, people accessing speech and language therapy, and people with dementia. Build on the *Framework of Action* collaborative approach to continue to maintain and develop relationships with all our partners.
- 3. Quality of Care:** Continue to assess, assure and improve the quality of audiology services guided by the National Quality Strategy and Framework for Delivery for NHS Wales Audiology Services. This features a collaborative whole system approach, including development and revision of national Audiology Service Quality Standards and delivery of the recommendations within the Paediatric Audiology Quality Assurance Review. Ensure care is seamless through an integrated approach to delivery of care pathways.
- 4. Audiology Workforce:** Build on plans to increase the number of audiologists gaining higher qualifications and enhance audiology teams' skill sets, develop mentoring, placements and fellowship projects with HEIW to develop leaders in audiology and to manage more patients in primary, community and secondary care. Continue to build on workforce plans and other opportunities to train, recruit and develop a highly skilled motivated audiology workforce across the career pathway. Increase the workforce Welsh language skills by promoting the [health and social care scheme](#) developed by the National Centre for Learning Welsh. Embed a focus on the Welsh language as part of workforce planning through the implementation of [HEIW Guidance on Workforce Planning for the Welsh Language](#). Develop the audiology workforce role and scope of practice so they can continue to develop new ways of working increasing their contribution to NHS Wales wider workforce and operate at the top of their licence/registration to improve patient outcomes. Audiology leaders to promote and progress the profession, specifically in primary care.
- 5. Audiology and Primary Care Clusters:** Build on the population needs assessment, which will inform diagnosis, treatment and management of audiology, to enable delivery of new service models and pathways to reform provision. AAPs in all Clusters, releasing capacity for community nurses and GPs through providing direct access for patients presenting with hearing problems when they need it, closer to home. Continue to develop and review all aspects of audiology services, including hearing screening programmes to ensure evidence and fit for purpose to meet the evolving health needs of the population.

6. **Audiology and Dementia:** Building on the [Dementia action plan](#), its successor the dementia strategy and the Hearing and Dementia Pathway, continue to support research and further exploration into links between hearing loss and dementia and update knowledge base to evolve service delivery to meet the increased prevalence of dementia and the links with frailty and falls. Build on progress made in the *Framework of Action* to ensure appropriate hearing care, including memory assessments for citizens with suspected dementia and those living within care homes. Include a specific focus on being language sensitive, recognising dementia may trigger a language shift in multilingual people, causing them to revert to their first language. Continue to link with Regional Partnership Boards and collaboratively develop regional services. Continue to develop capacity and capability of the audiology workforce to ensure they can contribute to the clinical evidence for dementia and wider hearing care.
7. **Self-management:** Citizens to have a key role in looking after their own health and well-being, listening to advice when choosing appropriate treatments and technologies and managing long-term conditions to enable them to live independently and to enable everyone to reach their full educational, employment and social potential. Promote a self-management approach to ear and hearing care. For example, this could be a choice between a hearing aid or communication strategy or assistive listening device available in audiology or wider health and social care.
8. **Third Sector:** Assistant Audiologists (including liaison officer role) and where appropriate, volunteers have a key role in supporting people to understand their clinical diagnosis, look after hearing aids and signpost to support networks to enhance patient outcome and experience of navigating their next steps. Develop the role of audiology volunteers to support self-management and provide peer support to ensure people reach the best possible outcome.
9. **Infrastructure: IT Data and Digital:** Build on plans to improve systems and processes and collate and analyse data about the impact on quality of life and local economies if hearing problems are not picked up at an early stage to inform audiology provision and deliver shared care in primary and community care and secondary care. Ensure NHS Wales audiology services can offer the latest technologies and interventions to people with hearing loss. Build on progress made with the *Framework of Action* to develop audiology patient management systems so they can integrate with wider systems around them, including integration with NHS Wales App to manage appointments. Appraise and exploit applications of Artificial Intelligence (AI) in Audiology. Ensure specialist accommodation is appropriate in scale and quality to support these priorities in all health settings, estates, and facilities.
10. **Communication:** Build on the [Accessible communication and information standards in healthcare](#) and develop key messages to inform future campaigns to advise citizens. Continue to train audiology teams and wider NHS Wales workforce to understand the varied communication needs of people; to increase a focus on recording a person's preferred language; and ensure effective planning to provide person centred care, in line with the [Accessible communication and information standards in healthcare](#). Raise awareness of the importance of early intervention for management of hearing and communication difficulties to ensure people consistently achieve beneficial results. Support the implementation of [Mwy na geiriau/More than just words](#) and delivery of the [Active Offer](#) – with the view to increasing the use of Welsh across clinical settings and supporting priority groups, which includes young people, older people and people with dementia.



NHS Wales Hearing Care: The Future Approach for Audiology Services

Situation

1. Audiology services have developed differently in Wales, the emphasis has been on keeping citizens healthy and well and delivering more care closer to home.
2. Audiology provision has reformed significantly, initially following the Modernising Audiology Services Project (2002) and more recently with the implementation of the *Framework for Action* (2017) AAPs who are diagnosing, treating and managing people in primary and community care and secondary care. Underpinning this is the development of revised and new service models and pathways (Annex A) by Welsh Government, NHS Wales and HEIW.
3. Developments have included the implementation of a scientific career pathway with the commissioning of training across the career span from apprenticeships and higher certificate qualifications for associate practitioners, the practitioner training programme (PTP) and scientist training programme (STP), the higher specialist scientific training (HSST), part time PTP and the Higher Certificate Associate Audiologist Training to develop people to Consultant Clinical Scientist. This is ensuring we have an audiology workforce ready to deliver the *Future Approach*.
4. Building on Welsh Government strategic plans and the *Framework of Action*, the focus is on upskilling the workforce, embedding audiology in primary, community and secondary care, and adhering to the NHS Wales Audiology Quality Standards and audit tools to improve patient experience and outcomes and reduce demand for community nurses, GPs and specialist hospital ENT services.
5. The number of audiologists gaining additional higher qualifications and audiology teams enhancing their skill set has increased year on year. This has enabled a significant move to deliver audiology provision in primary and community care; however, we need to go further, faster. The audiology workforce needs to work at the top of their licence to fulfil the prudent principles underpinning Welsh Government strategic plans. Audiology is in an ideal position to release community nurse, GP and ENT capacity and to reduce waiting times.
6. NHS Wales working in collaboration with the Primary Care Strategic Programme will lead a workforce group to develop a workforce plan which will enable health boards to plan services appropriately, knowing suitably qualified and experienced staff are in place to deliver current and future service provision. This will further support the extension of services from secondary care to primary care Clusters, in line with our strategic plans (*The Framework of Action*, Primary Care Model, A Healthier Wales and Programme for Government commitments).
7. The “*Sensory health statistics* (eye care and hearing care) published biannually, (Annex B) [Sensory health \(eye care and hearing statistics\): April 2019 to March 2021 | GOV. WALES](#) summarises key performance and other data related to delivery of audiology services in Wales.
8. Demographic data for Wales (Annex B) describes the current and future population in Wales. Statistics from the BAA, AHCS and the Royal College of Surgeons subspecialty, ENT, and the RNID and National Deaf Children’s Society (NDCS), predict a substantial increase in hearing problems, linked to an increased population and an increasingly elderly patient cohort. The data also describes the current position for people accessing audiology services across primary and community and secondary care. To summarise, the statistics (Annex B) show an increasing gap between demand and capacity.

9. The *Framework for Action* Board had oversight of the development and implementation of several pathways and projects. This included:

- Development of NHS Wales pathways for [Wax Management Pathway](#).
- Development of NHS Wales [School entry hearing screening pathway](#).
- Extension of audiology services into primary care and the new extended role of first point of contact AAPs, taking work from community nurses and GPs.
- Development of additional NHS Wales Quality Standards for tinnitus, vestibular and auditory implantable device services and transfer of hearing, tinnitus and vestibular pathways from ENT to audiology services.
- Development of hearing assessment services for people who are being seen by memory assessment services with suspected dementia.

The Audiology Board, successor to the *Framework of Action* Board, Chaired by Welsh Government's Chief Scientific Adviser will now steer action across Wales. There is much more that can be done to ensure NHS Wales audiology services remain fit for the future and continue to deliver high quality world leading services to citizens.

Ambition

10. To achieve our overall ambitions, delivery of the top priorities is a key enabler to embed the aims of Welsh Government strategic plans. Our nationally agreed *Future Approach for Audiology Services*, with removed boundaries, enables the focus to be to release capacity elsewhere in the NHS and to provide appropriate and timely care for patients to receive the best possible experience and outcome.



Vision for the future

11. The need for audiology services to continue to develop, to ensure they remain able to expand to meet the needs of the population, has never been greater. Technological changes in the way services are delivered, and the hearing healthcare intervention offer itself, will require an ongoing programme of change, innovation and improvement. The audiology workforce must continue to develop and grow to ensure it has the capacity and capability to modernise, design and deliver these services of the future.

The following objectives outline the vision for development of services in the next decade:

- Continue to build on the workforce plans and opportunities to train, recruit and develop a highly skilled audiology workforce across the career pathway from Assistant to Consultant. This will include action to increase the use of Welsh across clinical settings and will ensure we have sufficient workforce, fit for the future.
- Develop the role and scope of practice of the audiology workforce so they can continue to develop new ways of working contributing to the wider NHS Wales workforce and operate at the top of their licence/registration. Supporting the audiology workforce to gain professional registration is a key aim in respect of delivering against this priority centred on meeting professional standards, enabling workforce re-design through extending the scope of practice, releasing capacity for community nurses, GPs and ENT in alignment with prudent health care principles, supporting the enablement of Clinical Scientists/ Physiologists to use Patient Group Directions, whilst considering opportunities for independent prescribing practice.
- Develop leaders in audiology to promote and progress the profession with access to leadership programmes (Fellowships) in conjunction with HEIW, which will help to enhance current services and inform future policies and guidance.
- Improve access to support the reduction of health inequalities and address the known unmet needs within the population, including embedding the role of first point of contact AAPs, an integral part of Clusters, to reduce people's hearing problems and deliver new service models, for example, wax management.
- Raise awareness of the importance of early intervention for the management of hearing and communication difficulties to minimise the impact and progression of other health conditions to maintain people's well-being.
- Continue to develop and review and modernise clinical pathways for all aspects of audiology service to ensure best value, equity of access, integration with other healthcare system and delivery across Wales. This will include pathways from screening through to tertiary specialist auditory implant service – building on current hearing screening programmes (e.g. targeted screening for those accessing memory assessment pathways, universal newborn hearing screening, and school entry screening) to ensure they remain evidence based and fit for purpose to meet evolving health needs of children and adult population.
- Improve access and development of audiology diagnostic services working in partnership with other healthcare science and healthcare professions in the advancement of the provision of diagnostic services.
- Promote a self-management approach to ear and hearing care as people have a key role in protecting their own health choosing appropriate treatments and managing long-term conditions. Self-management enables people to take action to recognise, treat and manage their own health. They may do this independently or in partnership with the health and social care system.
- Build on the collaborative approach taken within the *Framework of Action* to maintain and develop relationships with local authority and third sector partners. Further develop the role of Assistant Audiologists (including liaison role) and audiology volunteers to support self-management and provide peer support. Work with these partners to develop high quality services and improve access.

- Ensure NHS Wales audiology services can offer the latest technologies and interventions to people with hearing loss, working with NHS Wales Shared Service Partnership to support best price. This will include consideration of the carbon footprint, the movement from disposable batteries and increasing availability of rechargeable devices and to devices that enable remote programming and adjustment reducing the need for people to attend audiology clinics in primary and community and secondary care.
- Build on progress made with the *Framework of Action* to develop audiology patient management systems so that they can integrate with systems around them. This will include interaction with the NHS Wales service user Application to improve access and support for people.
- Ensure citizens with suspected dementia and those living within care homes are assessed for hearing and communication difficulties and are supported to access and use interventions, including a specific consideration of Welsh language needs. Make sure care homes listening environments are supportive of effective communication and that staff are deaf aware and able to support people to remain connected to the world around them.
- Continue to assess and improve the quality of audiology services through implementation of *Wales Audiology Quality Strategy*. This will include the development and revision of *Audiology Quality Standards* to ensure they remain relevant, evidence based and aspirational. Continue to provide quality assurance through national quality standards audits and other mechanisms such as benchmarking key service quality indicators. This will include delivery of the recommendations identified within the “Review of Measures to Assure the Quality of Paediatric Audiology Services in Wales” (2024).
- Develop the research capacity and capability of the audiology workforce to ensure they can contribute to the clinical evidence base. Build on Wales audiology research strategy and the Wales Audiology Research Network (WARN) to meet this aim, ensuring alignment of research priorities with academic programmes, for example Master of Science (MSc) and Scientist Training Programme (STP).
- Use the principles of value-based health care to deploy audiology resources for optimal impact for citizens across Wales. Question the way we do things to inform transformation, to modernise and redesign services to deliver high quality outcomes, focussing on what matters most to individuals.



Priorities	Links to strategic documents	Patients/families/carers	Audiology Workforce	Audiology Primary and Community Care	Audiology Secondary care and ENT
1. Welsh Government Strategic Plans: Align to <i>A Healthier Wales</i> , underpinned by prudent principles, the <i>Primary Care Model</i> , underpinned by the Accelerated Cluster Development Programme, and Future Generations (Wales) Act, underpinned by the 7 well-being goals.	A Healthier Wales Primary Care Strategic Programme Anti-racist Wales Action Plan (ArWAP); LGBTQ+ Action Plan; and draft Disabled People's Rights Plan Mwy na Geiriau/ More than just words	Direct timely access to services close to home and to see right person first time, including improved capacity to see community nurse or GP when required.	Audiology workforce working to the top of their licence.	Audiology provision in primary and community care. Prevent unnecessary referrals to GPs and hospital ENT departments.	Reduced waiting times. Movement of pathways and activity from ENT to audiology services including implementation of audiology non-medical referral for MRI.
2. The Framework of Action for People who are D/deaf or living with hearing impairment or hearing loss: Build on the recommendations, to continue to embed health and well-being.	A Healthier Wales Primary Care Strategic Programme Mwy na Geiriau/ More than just words National equality plans and the Accessible communication and information standards in healthcare	Improved experience and outcomes.	Upskilled workforce to enable assessment, diagnosis, treatment, and management of audiology.	Audiology focus in primary and community care	Shared care focus for audiology in primary and community care and secondary care.
3. Audiology Quality Standards: Build on the standards and continue to embed quality improvement tools and regular service audits.	A Healthier Wales Primary Care Strategic Programme	Access to safe equitable care.	Training, mentoring and placement opportunities to further develop learning and skill set.	Clinical governance embedded in all pathways.	Clinical governance embedded in all pathways. Work in co-production to deliver pathways.
4. Audiology Workforce: Build on plans to continue to increase the numbers of audiologists gaining higher qualifications, enhance audiology teams' skill sets, develop mentoring, placements and fellowship projects with HEIW.	A Healthier Wales Primary Care Strategic Programme Mwy na Geiriau/ More than just words National equality plans and the Accessible communication and information standards in healthcare	Knowledgeable workforce re: accessibility standards; appropriate communication/BSL and sign posting to appropriate ongoing support.	Career development opportunities, succession planning continued professional development of the workforce and leaders.	Shared care between primary and community care and secondary care.	Patients referred for specialist intervention only when clinically necessary.

Priorities	Links to strategic documents	Patients/families/carers	Audiology Workforce	Audiology Primary and Community Care	Audiology Secondary care and ENT
5. Audiology and Primary Care Clusters: Building on the population needs assessment, which inform diagnosis, treatment and management of audiology.	A Healthier Wales Primary Care Strategic Programme	Direct timely access to audiology services closer to home.	Clear NHS Wales structures locally, regionally and nationally to enable robust leadership of service provision.	Robust co-ordinated working arrangements with Clusters for delivery of new audiology service models and pathways.	Released capacity to meet demand for specialist services to manage patients and work at the top of their licence.
6. Audiology and Dementia: Building on the Dementia Strategy, continue to research and update knowledge base.	A Healthier Wales Primary Care Strategic Programme Mwy na Geiriau/ More than just words	Knowledgeable workforce and sign posting to appropriate services and ongoing support.	Training and research opportunities to ensure quality.	Evolve service provision to meet the increased prevalence of dementia.	
7. Self-management: Citizens to have a key role in looking after their own health and well-being, choosing appropriate treatments and technologies and managing long-term conditions.	A Healthier Wales Primary Care Strategic Programme	Supported self-care with literature/leaflets to understand hearing care. Enable people to live independently and to reach their full educational, employment and social potential.		Access to assessment, follow-up and re-assessment and timely prescribing of hearing aid/appliance(s).	
8. Third Sector: Assistant Audiologist (including liaison officer role), and where appropriate, volunteers have a key role in helping people to understand their diagnosis, look after hearing aids and signpost to support networks to enhance the patient outcome and experience of navigating their next steps. Develop the role of audiology volunteers to support self-management and provide peer support to ensure patients reach the best possible outcome.		Patients experience of appropriate communication and involvement in decisions about their own care and how to navigate next steps.	Closer relationships with primary and community care teams. Patient care co-produced between professionals and patients.	Reduced risk of serious incidents and patient harm.	Work in co-production across professions to ensure smooth integration of pathways.

Priorities	Links to strategic documents	Patients/families/ carers	Audiology Workforce	Audiology Primary and Community Care	Audiology Secondary care and ENT
<p>9. Infrastructure: IT Data and Digital: Build on plans to improve systems and processes and collate and analyse data about the impact on quality of life and local economies if hearing problems are not picked up at an early stage to inform audiology provision and deliver shared care in primary and community care and secondary care. Ensure NHS Wales audiology services can offer the latest technologies and interventions to people with hearing loss (including those who speak Welsh). Build on progress made with <i>Framework of Action</i> to develop audiology patient management systems so they can integrate with systems around them (aligned with commitments in national equality plans and Mwy na geiriau/More than just words). Appraise and exploit applications of AI in Audiology. Ensure specialist accommodation is appropriate in scale and quality to support these priorities in all health settings/estates facilities.</p>	<p>A Healthier Wales Primary Care Strategic Programme Mwy na Geiriau/ More than just words National equality plans and the Accessible communication and information standards in healthcare</p>	<p>Safe capture of patient information to inform shared care and improve experience and outcomes. Health board websites to present consistent information about audiology provision.</p>	<p>IT data and digital tools to facilitate the care of patients across all pathways.</p>	<p>IT data and digital tools to facilitate the care of patients across all pathways.</p>	<p>IT data and digital tools to facilitate the care of patients across all pathways.</p>
<p>10. Communication: Build on the All-Wales standards for accessible communication and the Welsh language standards to develop key messages to inform future campaigns to advise citizens. Continue to train audiology teams and wider NHS Wales workforce to understand the varied communication needs of people. Raise awareness of the importance of early intervention for management of hearing and communication difficulties to ensure people consistently achieve beneficial results.</p>	<p>A Healthier Wales Primary Care Strategic Programme Mwy na Geiriau/ More than just words Welsh language standards for health and social care National equality plans and the Accessible communication and information standards in healthcare</p>	<p>Patient experience of efficient and effective communication and active involvement in decisions about their own healthcare.</p>			

Context

Audiology Services in Wales

12. The four UK nations have different structures and ways of delivering services. Welsh Government provides policy direction for the provision of sustainable, integrated, equitable audiology provision for citizens and NHS Wales *Future Approach for Audiology Services* will steer audiology reform and future provision.
13. Quality of Audiology services, specifically those for children is of close interest across the UK, recognising the importance of early identification and effective management of hearing loss. A Wales review (2024) of measures to improve the quality assurance of children's audiology services produced recommendations, which have influenced the content of our *Future Approach for Audiology Services*.
14. Audiology clinical assessment must meet NHS Wales Quality Standards; all citizens are eligible for NHS funded hearing assessments and if appropriate, interventions including hearing aids and in addition, ongoing hearing care monitoring.
15. NHS Wales recognises the important role audiologists already play in reducing the burden on community nurses, GPs and ENT departments. The new service models enable audiologists to further reduce referrals and demand for these services and enhancing working relationships between health professionals enables shared patient care and improve patient outcomes.
16. The service enables audiology teams to assess people's hearing and communication needs and determine if technological or other interventions may help people to live as independently as practicably possible and to reach their full educational, employment and social potential. The assessment might include a variety of diagnostics test or evaluation, and interventions are varied. As an NHS service, hearing aids will continue to be free or available on loan to individuals across Wales.
17. Audiology teams deliver rehabilitation and specialist habilitation services and refer to other professionals and have close links with services that provide additional help and support including, social services and third sector. Local and national guidance will continue to be developed to enable consistent referrals for people.
18. Audiologists' role is to holistically assess and manage the hearing and communication needs of people presenting with hearing difficulties, including the prescription and provision of hearing aids and/or other technological devices. NHS Wales audiologists are highly trained to assess and manage hearing and associated abnormalities. They will sometimes need to refer patients to their GP for consideration of a prescription medicine or to ENT for medical or surgical consideration; however, audiology has a significant role in the assessment and management of hearing, tinnitus and specific balance conditions. Underpinned by AAPs in primary care Clusters, audiologists will further enable more appropriate referrals to other health and social care professionals at the appropriate time.

General Practitioners

19. A review of traditional secondary care audiology and service models has highlighted more efficient ways to deliver services through implementing seamless integrated pathways, including shared care between primary and community and secondary care. Current evidence shows GPs are under considerable pressure to cope with current demand, therefore, to address the anticipated future increased demand; audiology reform underway will ensure the right member of the workforce assesses patients in the most appropriate setting. AAPs in Clusters will help to free valuable GP resource to meet other demand on their time.

Audiologists working with ENT in secondary care

20. Audiologists working in hospital settings provide a range of diagnostic test services for patients and work in close partnership with those under the care of ENT. There has also been a progressive movement of clinical activity as patients with unilateral symptoms, tinnitus or specific balance conditions are referred directly to or triaged to Audiology rather than ENT. The movement of this activity will continue to free up valuable ENT time for more complex cases/surgery and will help to meet some of the demand with doctor shortages – a trend requiring audiology roles to evolve.
21. The review of secondary care ENT departments and service models highlighted more efficient ways to deliver services through implementing seamless integrated pathways, including shared care. Current evidence shows a lack of estates and equipment and ENT workforce being trained for future recruitment to address the anticipated future increased demand; therefore, it is vital to ensure the right member of the workforce assesses patients in the most appropriate setting.
22. The Royal College of Surgeons and ENT subspecialty workforce Census Executive Summary ([RCS-report summary](#)) stated:
- 57 ENT consultant posts; 1 post vacant (i.e. not filled with a locum).
 - Census data suggests additional posts are required to meet rising demand but did not specify the number for this for nations outside of England.
 - As an estimate, for most ENT unit sizes, there is a current whole time equivalent (WTE) of 1.86 per 100,000 population. The British Association of Otorhinolaryngologists last reported appropriate WTE data to UK Parliament Health Select Committee in 2006. The WTE in NHS Wales for ENT Consultants is favourable when compared to the number stated at the time.
 - ENT units rely on non-medical professionals i.e. nurse practitioners working in extended roles to support a range of conditions including aural care, assessments for

tonsillectomies and post-operative care for otology and rhinology cases. The number of nurse practitioners within health boards differs from 0.8WTE to 5WTE but they are recognised as an invaluable resource.

- ENT waiting list initiatives are undertaken across all health boards in terms of internal solutions and outsourcing to address demand and capacity.

Audiology Implant Device Service (Cochlear Implants and Bone Conduction Hearing Implants)

23. The Joint Commissioning Committee (JCC) continue to progress a change in service model specification to deliver both Cochlear Implant and Bone Conduction Services in one South Wales Centre, with a hub and spoke model to enable patients to access bone conduction services regionally and equitably closer to home. The second Centre in North Wales will remain unchanged enabling patients to continue to access specialist audiology implant device services equitably through Betsi Cadwaladr University Health Board (BCUHB).

Audiology and newborn hearing screening

24. Newborn Hearing Screening Wales (NBHSW) continue to identify babies with hearing loss that will benefit from early diagnosis and intervention, helping their speech and language development. NBHSW provide support and information for parents and carers in line with the [Accessible communication and information standards in healthcare](#).



25. With continued support from Welsh Government and Audiology, NBHSW are scoping changes to the current screening model so that babies who do not receive a clear response in one or both ears are referred for specialist assessment, where the current target condition does not include unilateral hearing loss. As part of well-established work to assure the quality of diagnostic assessment by children's audiology services, NBHSW will maintain peer review and assess adherence to key performance indicators, sharing results for each health board and all-Wales.
26. NBHSW changes will impact on referral volume to children's audiology and this is acknowledged to be an additional burden on a service already under pressure.
27. Changes to NBHSW service model is being designed to maximise the ability to produce reliable screening outcomes whilst continuing convenient screening in hospital during the immediate postnatal period. An increase in NBHSW community clinic activity would result from the change, for those babies that cannot be discharged whilst in hospital. Many referred babies are expected to benefit from changes to Audiology assessment processes, which support effective and reliable assessment without a requirement to complete a lengthy Auditory Brainstem Response (ABR) test for all referred babies. This change to diagnostic assessment methodology aligns with the latest British Society of Audiology guidance.

Analysis

28. The *Future Approach for Audiology Services*, building on the *Framework of Action*, is welcomed by all stakeholders across Wales, including third sector, who provided invaluable support in the scoping and analysis of information to support Wales' policy position. Current evidence shows moving to any qualified provider for hearing care provision, including hearing aids and wider triage, would be a divergence in Wales' strategic plans, not meet NHS Wales nationally agreed Quality Standards and would contradict recommendations set out in the *Framework of Action*. This is supported by Third Sector, the BAA and the AHCS.

29. In a recent RNID report on the Prevalence of deafness and hearing loss (2024) RNID fully supported professional training to upskill qualified audiologists further with the standard of education and training and governance expected by NHS Wales to deliver hearing aids and wider hearing healthcare. Furthermore, the BAA released a position statement "The Future of NHS Adult Hearing Loss Management" (2024) supporting NHS Wales audiology provision, where services infrastructure, governance and joined up pathways safely and effectively deliver consistent equitable audiology provision free of charge at the point of access to all citizens.

Audiology Reform

30. Through national and local scoping workshops, feedback and evidence has been collated to inform the future approach and develop the top priorities, which supports the innovative first point of contact audiology service model initiated in BCUHB and Swansea Bay University health Board (SBUHB) during implementation of the *Framework of Action*. Already evidence shows a reduction in demand for a hospital opinion and intervention and demand on GPs, community nurse and emergency departments. BCUHB and SBUHB continue to lead the way and share best practice with other health boards who are expected to follow their lead. Developing robust local plans across Wales is a key lever to secure sustainable funding to maintain and complete full roll out of audiology reform across Wales.

Audiology

31. NHS Wales audiology services provide high quality diagnostic and intervention services across the lifespan for people with hearing and associated difficulties. These services are integrated across the pathways and across the lifespan, including services that reach out into local communities as well as specialist tertiary care auditory implant services, delivered regionally.

32. NHS Wales audiology departments are well placed to continue to deliver current and future services as they provide significant added value across wider healthcare pathways. Joined-up integrated pathways and referral across primary and community and secondary care audiology, ENT, memory assessment, MRI (magnetic resonance imaging), therapy services and integrated referral with other agencies, for example, local authority social services and education. This extends from hearing screening through to diagnostics, and rehabilitation through to hearing aids and cochlear implants – a once for Wales ear and hearing care service. Additionally, there are integrated patient information systems between specialties across NHS Wales, facilitating patients moving between services seamlessly and enabling continuity of care and support, and on-going monitoring.
33. Audiology has developed to deliver a progressive primary and community care model aligned to Welsh Government and NHS Wales strategic plans, complementing services delivered in hospitals. Care is delivered close to home and in a range of local communities, and where appropriate, within peoples homes. A novel approach to providing a specialist diagnostic test environment within any location in the community has been tested in BCUHB. A mobile van, equipped with specialist soundproof room has been delivering services since 2024, enabling more people to access ear and hearing care services in hard-to-reach areas.
34. As described earlier, the ambition for reform aligns to all Wales' strategic plans, underpinned by local and regional provision. It is important to understand that the *Future Approach for Audiology Services* will steer audiology provision; however, for transformational change to be achieved, action is needed across all health boards, underpinned by sustainable resources. Stakeholders focus must be on achieving the top priorities to reach our overall ambition and deliver better outcomes for citizens across Wales.

35. Health and well-being come hand in hand and making every contact count ensures patients access all appropriate services and receive the correct information when accessing audiology in primary, community or secondary care. Hearing health and well-being advice is routinely provided to those accessing audiology services:

- [Loneliness and social isolation fund 2021 to 2024 – GOV.WALES](#)
- [Loneliness and social isolation \(connected communities\) – GOV.WALES](#)
- [Adult in-patient falls: principles and framework \(WHC/2016/022\) – GOV.WALES](#)
- [Age Cymru – National Falls Prevention Taskforce Wales.](#)

Hearing aids

36. Hearing aid use, maintenance, assessment, recycling and research (a focus on rechargeable devices and reducing use of disposable batteries) will help to improve patient experience and outcomes and reduce costs, again building on the improvements made by the *Framework of Action* and commitments set out in Welsh Government strategic plans. Underpinning this is our Third Sector and volunteer support, which is a welcome step forward in Wales.



37. The National Survey for Wales stated, 17% of people say they have difficulty hearing. This estimate from 2021-22 has fallen slightly but the difference is not statistically significant compared with 2018-19 estimates. 30% of people who say they have hearing problems also say they use a hearing aid at least some of the time, a similar result to when asked this question in 2018-19. 74% of those who say they use hearing aids have them provided free of charge through NHS Wales, 25% pay privately and the remainder use a mix of NHS and private.
38. It is important to address hearing aid use, especially in care homes, to ensure everyone is enabled to reach their full education, employment and social potential – hearing difficulty is not a problem only experienced in older age; there is a duty of care to ensure problems are picked up at all ages from newborn and school entry to adult and older adult.

Audiology Quality Standards

39. Quality improvement is essential, and audiology has the appropriate tools, already effective to achieve transformation change. Research and evaluation frameworks and audit are built into all audiology pathways, including those developed in co-production with ENT and others across health and social care.
40. NHS Wales Audiology Quality Standards for adults and children are driving the profession and service to deliver continuous improvement. The Quality Standards assure compliance and lead to measurable quality improvement – audiology systems of governance, accountability and collaboration enabling delivery of sustainable, consistent, equitable, safe and effective services, accountable to health boards senior management teams with collaboration through the national Audiology Heads of Service Group and mandated by NHS Wales National Clinical Audit and Outcome Review Plan.
41. NHS Wales audiology provision assured services are cost effective, offering value for money, and provide whole system delivery, including complex pathways across joined-up

services in primary and community and secondary care to enable smooth transition for people moving between health specialties and social care services across their lifespan.

42. The existing Wales Audiology Quality Standards for children and adult services will be extended to include audiology services delivered in primary care including first point of contact advanced practice and wax management services to align with the Ear Wax Management Pathway (WHC/2020/014) and the National Institute for Health and Care Excellence (NICE) NG98 Hearing loss in adults' guidance.
43. It is estimated, every year 4% of Wales' population will be affected by problematic earwax that will require removal. If not removed, earwax causes a variety of symptoms which can have a significant impact on people's quality of life. It is estimated that national roll out of an audiology led wax management service would enable AAPs to manage over 126,000 presentations of problematic earwax annually, freeing up community nurse and GP capacity and reduce referrals to ENT. In addition, BCUHB and SBUHB established service data shows, when first point of contact audiology is extended for delivery in primary care Clusters, more than 99,000 patients would be seen by AAPs annually, further releasing community nurse GP capacity and reducing referrals to ENT.

Audiology and Dementia

44. Hearing, tinnitus and balance problems are important and prevalent health conditions that, if unmanaged, result in reduced quality of life and impact on an individual's physical and mental health and general well-being; however, there is a growing body of evidence of an independent association between hearing loss and dementia. A recent Lancet Commission identifies hearing loss as the biggest modifiable risk factor for dementia. It is also the leading cause of years lived with disability for those over 70. These conditions are associated with aging and due to population increases and people living longer, there is increasing demand for these services, and subsequent costs for ongoing care and support across health and social care departments.

45. It is important to recognise the significance of managing hearing loss with hearing aids or other technologies for people with dementia. Considering and addressing hearing loss when someone is diagnosed with dementia has additional implications in terms of supporting their communication needs and enabling them to continue to reach their full social potential. A consideration of Welsh language needs when providing access to services and delivering care is also critical for people with dementia. Mwy na geiriau/More than just words and the Dementia Action Plan recognise, for Welsh speakers living with dementia, receiving care and support in their first or preferred language is a matter of clinical need. There are also economic impacts. Timely access to hearing care for this patient cohort has an important impact on their quality of life and mental health for themselves, their families and carers:

- [Front page \(baaudiology.org\)](#) – a review of evidence explains the differences between population risk and individual risk and supports the association between hearing loss and dementia and not a cause.
- [Hearing loss and cognition: a discussion for audiologists and hearing healthcare professionals.](#)
- [Risk Factors for Young-Onset Dementia in the UK Biobank | Dementia and Cognitive Impairment | JAMA Neurology | JAMA Network.](#)
- Alzheimer's Society Cymru/Welsh Language Commissioner Report [United Against Dementia.](#)



Audiology management

46. Individual management plans based on patient needs assessment, co-produced between patients and audiology will determine what matters most to people and inform a plan to provide intervention and support. This will include the plan for ongoing support and maintenance and any recall or review appointment. Management plans will also include information about additional support including support provided by social services, Third Sector and others. Third Sector support for those people wishing to be certified as deaf impaired (Certificate of Deaf Impairment (CDI)) is vital for this cohort of people to access education or employment services or benefits from the Department of Work and Pensions and will therefore be a priority development in the initial stages of reforming audiology.

Audiology and Primary Care Clusters

47. A Cluster brings together local health services across a geographical area, typically serving a population between 25,000 and 100,000. Clusters enable better co-ordinated care and promote the importance of health and well-being of individuals and communities. Engaging with Regional Partnership Boards ensures seamless health and social care service provision is provided in line with *A Healthier Wales* and working towards the goals of the Well-being of Future Generations (Wales) Act. More robust audiology provision needs to be embedded in all Clusters and Cluster decisions need to involve audiology and use the Welsh Index of Multiple Deprivation, to make informed decisions around locally commissioned services: [Welsh Index of Multiple Deprivation 2019.](#)

Prevalence of Hearing Loss and Associated Conditions

48. Hearing impairment is an important long-term health condition and in Wales, it is ranked as the fifth highest cause of years lived with disability by the WHO Global Burden of Disease initiative. It is also the leading cause of years lived with disability for those over age 70. 17% of people in Wales reported hearing difficulties in the National Survey for Wales 2021-22. The RNID report that over half the population aged 55 or older have hearing loss and 80% of people over the age of 70 have hearing loss. This is set to increase to 1 in 5 people in the UK by 2035.
49. Hearing impairment is often unrecognised, and evidence suggests that people wait, on average, 10 years before seeking help. It is estimated that of the 11 million people in the UK with manageable hearing loss less than half of people who would benefit from hearing aids have them. This leaves a significant unmet need in our population. Hearing screen in mid-life should be considered particularly for targeted populations such as those with dementia or those living in care homes as recommended by the [World Health Organisation](#).
50. Hearing, tinnitus and balance difficulties are also important and prevalent health conditions that, if unmanaged, result in reduced quality of life and impact on an individual's physical and mental health. Whilst many people will experience non-bothersome tinnitus at some point in their life, about 10% of people experience persistent tinnitus. Of those people who have persistent tinnitus, around 1 in 10 will find it has a significant impact on their quality of life. There is and will continue to be a growing demand for NHS audiology services as the population ages and life expectancy increases. People will be living longer with hearing loss, tinnitus and vestibular conditions and will need to access audiology services to ensure they are able to stay connected to the world around them and participate fully in life, safely.

Financial Analysis

51. It is acknowledged, there are challenges, particularly related to waiting times but, with appropriate sustainable funding, audiology has plans to deliver solutions for primary, community and secondary care, making improvement across services and health economy, specifically, through full roll out of AAPs in primary care Clusters.
52. Recurrent resource funding for audiology is the barrier to transformational change and the provision of new service models and pathways; however, audiology is an integral part of health care and enabling direct timely convenient access to audiology in primary care Clusters is important for citizens.
53. NHS Wales expenditure on hearing loss has been consistently lower than other health conditions for many years.
54. The Welsh Government will initiate a full options appraisal of all seven health boards business cases produced to deliver audiology reform. The outcome will be for health boards to secure additional recurrent funding to implement phased reform over three years, linked to an appropriate workforce upskilled with additional qualifications and trained to deliver the *Future Approach for Audiology Services*.

Continuous Professional Development (CPD)

55. Implementing specific continuous professional development ensures the profession continually enhances their skill set and knowledge to deliver new service models and pathways. Audiology reform, steered by the *Future Approach for Audiology Services* is an opportunity to build support, mentoring, leadership and quality improvement for audiology teams, with support from HEIW.
56. Training schemes and HEIW support are in place to underpin development and enable audiology teams to work at the top of their licence across the career pathway. This fully integrated career pathway enables the development of people employed in Agenda for Change Band 3 assistant audiologist posts entering with level 3 qualifications up to doctorate level Band 8C/9 Consultant Clinical Scientist. Training pathways and opportunities are essential to the recruitment and retention of the workforce and their ability to develop, deliver, and lead services. Health Care Scientists, educated and trained to graduate and Masters practitioner level 6 and 7, make up the core of the audiology workforce, supported by Assistant and Associates, these graduate, specialist and advanced practice registered audiology roles are central to service delivery.
57. HEIW, through the annual Education and Training Plan, commissions Audiology education of Higher Education Certificate for associate practitioners, Practitioner training programme (PTP), Degree top-up programme for employees (Part time PTP) and funds access to Scientist training programme (STP) and Higher specialist scientific training programme (HSST).
58. Additionally, funding is available for advanced practice training via HEIW budgets made available to health boards, such as Paediatric Masters level modules, and for equivalence or alternative routes to registration, such as the British Academy of Audiology Higher Training Scheme. Apprenticeships are accessed directly by services to the apprenticeship providers. The numbers of places on commissioned programmes over the last 3 years are as follows:

	2023-24	2024-25	2025-26
PTP Audiology	11	13	9
HE Cert Audiological Practice	10	8	11

59. CPD enhancement of skill sets will include general learning but also compulsory, elements tailored to the new NHS Wales audiology service models and pathways. Whilst undergraduate and postgraduate qualifications will continue, as they have been successful to underpin services in NHS Wales. CPD should also have a focus on the Welsh language skills of the workforce – and increasing use of Welsh language training and resources, such as that provided by the National Centre for Learning Welsh and their [health and social care scheme](#).

Placements and Mentoring

60. Placements are an important part of the attainment of higher qualifications for audiologists to undertake in other audiology departments or healthcare science services or more widely e.g. ENT to experience managing complex cases. This will also help to build relationships across primary, community and secondary care – teams working together to improve patient experience and outcomes. This is essential for the successful delivery of audiology services in the future.
61. Mentoring networks and Wales audiology preceptorship programme guide newly qualified audiologists and audiology teams and supported by a comprehensive Audiology Wales Plan for peer review to ensure quality, consistency and CPD.



Leadership

62. HEIW Welsh Clinical Leadership Training Fellowship (WCLTF) will contribute to the leadership development of audiologists, supporting Fellows to take up leadership roles in NHS Wales and other organisations. Engagement to date has been good and Fellows have been committed to the WCLTF, completing numerous projects which helped inform development of the *Future Approach*.
63. Access to the Higher Specialist Scientist Training (HSST) Programme and opportunities for CPD to support equivalency, provided by HEIW, will enable audiology professionals to develop into leadership and senior scientist roles including Consultant Clinical Scientist Head of Service or Clinical Director roles.

Communication

64. Communication about hearing care is important for NHS Wales, the public, Third Sector and others. Stakeholders are already working in collaboration to develop key messages and national communication campaigns, which will be further progressed via Wales Audiology Board, Chaired by the Welsh Government Chief Scientific Adviser. This will underpin everything we do to reform and transform audiology services. Key themes are:
- Delivering a programme of public engagement via primary care Clusters to ensure we create a greater understanding of audiology provision.
 - Linking with 111, NHS Direct, Choose Well, to raise awareness of changes.
 - Developing national and local communication via Audiology Heads of Service for the roll out of self-care, aligned to Wales Audiology Quality Standards.

Conclusion

Hearing loss is important, being highly prevalent and impactful on people's health and well-being and NHS Wales and local authorities' resources. NHS Wales audiology teams have demonstrated innovative practice developing award winning national solutions to deliver new service models in primary care and where new service models have been rolled out, they are already releasing community nurse, GP and ENT capacity. With appropriate resources, audiology reform and roll out of transformational audiology in primary and community care will deliver huge benefits to those citizens with hearing loss and for their families across Wales.

This *Future Approach for Audiology Services* document presents the case for phased roll out of reform and transformational audiology, specifically full roll out of audiology in primary and community care services across NHS Wales over the next three years.

The intentions proposed by the future approach are supported by the Audiology Heads of Service Group and a vast range of other stakeholders including the AHCS and the largest audiology professional body, the BAA.

Commitment of Intentions

1. Advancement of audiology reform through development and implementation of health boards local audiology plans to fully realise the agreed *Future Approach for Audiology Services* in NHS Wales.
2. Roll out of continuous professional development and training programmes, to include, placements, mentoring and leadership.
3. Roll out of new audiology service models and pathways and IT Data and Digital Systems in primary and community care.
4. Development of robust communication and key messages for NHS Wales, audiology teams, the public and others. This includes supporting the delivery of priorities in national equality action plans and Mwy na geiriau/ More than just words – to improve access, experience and outcomes.
5. Building on the collaborative work already underway between Welsh Government, NHS Wales and Third Sector, continue to produce information leaflets for example [Self-management of ear wax](#) and [Hunanreoli cwyr clustiau](#).



Annex A: NHS Wales Audiology Pathways

Name	Pathway Status	Published?	Time scale for development
Adult hearing pathway (new and reassess)	Implemented	Referral element published (or in progress via Community Health Pathways	Complete
Adult tinnitus pathways (new and reassess)	Implemented	Referral element published (or in progress) via Community Health Pathways	Complete
Referral for MRI (part of hearing and tinnitus pathway)	Agreed; roll out underway	Guidance to be developed	2025-26
Newborn hearing screening	Implemented	Guidance developed and service managed by Public Health Wales	Complete
Hearing and Dementia	Agreed; roll out underway	Improvement Cymru to publish	2025-26
School entry screening	Agreed; roll out underway	Welsh Health Circular published	Complete
Wax management pathway	Agreed; roll out underway	Welsh Health Circular published	Complete
Adult Vestibular pathways	Agreed; roll out underway	Referral element published (or in progress) via Community Health Pathways	2025-26
Primary Care Model for Audiology	Future Approach Priority	Welsh Government, NHS Wales and others to publish	2025-29
Cochlear Implant Pathway	Future Approach Priority	Joint Commissioning Committee (JCC) to publish	2026-27
Bone Conduction Hearing Implant Pathway	Future Approach Priority	Joint Commissioning Committee (JCC) to publish	2026-27
Service Specification for adults with auditory processing difficulties	Future Approach Priority		2027-28
Management of Otitis Media with Effusion in Children	Future Approach Priority		2027-28
Hearing Loss and Learning Disability or Autism	Future Approach Priority		2027-28
Assistive Listening Devices	Future Approach Priority		2028-29
Service Specification for vestibular rehabilitation	Future Approach Priority		2028-29

Annex B: Audiology Statistics

Waiting times

Monthly reporting of audiology pathways demonstrates waiting times within national Audiology Quality Standards. Audiology data is reported and monitored separately in official statistics publications and as a target in NHS Wales performance framework from 2024-25. The data measurements will help to bring children's waiting times firmly under the spotlight:

- 14-week referral to treatment (RTT) for adult (16 years and over) hearing intervention/rehabilitation (including but not exclusively hearing aids) for new patients
- 14-week RTT for adult (16 years and over) hearing intervention/rehabilitation (including but not exclusively hearing aids) for existing patients (i.e. those who have accessed the service before and require reassessment)
- 14-week RTT for adult (16 years and over) tinnitus intervention/rehabilitation for new patients
- 14-week RTT for adult (16 years and over) tinnitus intervention/rehabilitation for existing patients (i.e. those who have accessed the service before and require reassessment)
- 14-week RTT for adult (16 years and over) vestibular (e.g. BPPV) treatment/rehabilitation for new patients
- 14-week RTT for adult (16 years and over) vestibular (e.g. BPPV) treatment/rehabilitation for existing patients (i.e. those who have accessed the service before and require reassessment)
- 6-week referral to assessment for paediatric (<16 years) hearing assessment
- 6-week assessment to intervention for paediatric (<16 years) hearing
- 8-week referral to diagnostic assessment for adult hearing and vestibular assessment (i.e. patients not referred via direct hearing or vestibular pathways).

The six 14-week adult measures are combined into one measure within NHS Wales performance framework. The two 6-week paediatric measures are combined to make up the second measure within the performance framework.

Population Demographic data – describes the current and future population in Wales

The demographic changes across the western world are well known; there are more people, and those people are living longer. The effect of these population changes on audiology services in the UK is clear and this is acknowledged by the ACHS, BAA, Royal College of Surgeons and ENT subspecialty.

Hearing assessment at specific times in a person's lifecycle is important to ensure timely access to intervention and to minimise the negative impact of unmanaged hearing loss. Recommended timeframes and those under consideration are:

- newborn hearing screening
- age 4 – 5 school hearing screening
- age 11 – 12 school hearing screening
- age 50 – mid-life and/or targeted based on comorbidities or vulnerable/high risk populations
- population growth and ageing in Wales
- overall population increase: Wales' population is projected to grow by 5.9% to 3.32 million by mid-2032 and by 10.3% to 3.46 million by 2047
- ageing demographic: the number of individuals aged 65 and over is expected to rise by 19.6% to 806,000 between mid-2022 and mid-2032, reaching over one million by 2060.

This demographic shift is significant because age-related hearing loss is prevalent among older adults. For instance, over half of the UK population aged 55 or more have hearing loss, and 80% of those over 70 are affected.

Prevalence of Hearing Loss

- **National Statistics:** Approximately 18 million adults in the UK are deaf, have hearing loss, or tinnitus.
- **Severe Hearing Loss:** An estimated 1.2 million UK adults have hearing loss severe enough that they would not be able to hear most conversational speech.
- **Wales-Specific Data:** There are an estimated 480,000 people who are deaf or hard of hearing in Wales, which is about 1 in 7 of the population.

These figures reinforce the substantial and growing need for audiology services, particularly as the population ages.

Audiology Service Capacity and Challenges

- **Workforce Shortages:** The audiology profession in the UK faces significant recruitment challenges, with difficulties in attracting new workers, leading to problems in service provision.
- **Service Gaps:** A report highlighted that 1 in 4 patients who are deaf or have hearing loss in Wales say they have been denied the information and communication support they need, indicating systemic issues in service delivery.
- **Paediatric Audiology:** The number of Teachers of the Deaf in Wales has reduced by 20% since 2011, with one-third expected to retire in the next decade, potentially impacting support for deaf children.

These challenges suggest that without reform audiology services may struggle to meet the increasing demand, leading to longer waiting times and reduced access to care.

The combination of an ageing population, high prevalence of hearing loss, and existing challenges in audiology service provision indicates a widening gap between demand and capacity in Wales. Addressing this gap will require strategic planning, investment in workforce development, and enhanced service delivery models to meet the growing needs of the population.

References

www.gov.wales/statistics-wales-demography-newsletter-march-2025-html

www.rnid.org.uk/get-involved/research-and-policy/facts-and-figures/prevalence-of-deafness-and-hearing-loss/

www.audiology-worldnews.com/world-news/profession/4724-hard-of-hearing-uk-audiology-recruitment-crisis-part-two-interview-samantha-lear-president-british-academy-of-audiology

www.hellorayo.co.uk/greatest-hits/south-wales/news/nhs-wales-report-deaf-failings

[Science Evidence Advice \(SEA\)](#)



Increasing demand for ENT services remains a challenge across Wales, the wider UK nations and Europe. Current demand continues to grow, equating to 9.3% of all new outpatient appointments and 7.5% of treatment waiting lists (end of April 2025 data).

Table 2: Prevalence in Wales

	Prevalence	Predicted increase over next 5 years (%)
Population of Wales	3,121,500	3,205,781 (2.7% Office for National Statistics)
Population aged over 65	678,403 (21%)	861,572
Population aged over 75	290,744 (9%)	298,594
Black, Asian and Minority Ethnic Population	190,598 (5.9%)	195,744
Welsh speaking population	862,700 (28% Population Survey)	To be confirmed

Workforce and Training plans

Commissioned training from 1998-2022 is detailed in the Education and Training Plan for 2022-23: www.heiw.nhs.wales/files/education-and-training-plan-2022-23/

Subsequent Education and Training Plans: www.heiw.nhs.wales/about-us/key-documents/

Revised and new service models and investment in audiology across all pathways.

Annex C: The Future of NHS Wales Audiology Services 2025-30 – Our Vision

Delivering the Aims

Workplan and SMART objectives

A set of SMART (Specific, Measurable, Achievable, Relevant and Time bound) objectives have been developed to support delivery of the *Future Approach* aims, which have been analysed and prioritised to identify what might be achieved over the first five-years. Whilst this covers the ‘what’ and ‘when’, a more detailed action plan will be developed outlining ‘how’ objectives will be achieved, who will be involved, the action required and the milestones that will indicate progress, and the outcomes expected. There will be specific focus on Welsh language, the needs of those with protected characteristics and addressing health inequity as part of this action plan.

	Objective	Lead	Link to Aim	Year 1	Year 2	Year 3
1	Identify audiology workforce capacity through review of current capacity and requirements to deliver future services, to include clinical, research, leadership and management capacity (including a focus on Welsh language).	HOS	1, 2, 3, 16, 17			
2	Work with HEIW to develop the AAP roles in service training apprenticeship module content and resources to support delivery.	HOS	1, 2			
3	Work with HEIW to develop advanced practice training modules that support the developing scope of audiology primary and community care role.	HOS	1, 2, 6, 17			
4	Engage with others across the UK to continue to make the case and implement use of patient group directions (PGDs) within audiology and progressing to non-medical prescribing.	ASSAG	2, 17			
5	Develop a set of national resources (governance, training and service delivery materials) to support implementation of audiology volunteer peer support services. Consider Welsh language skills amongst volunteers as part of this.	HOS	1, 9, 10, 11, 17			
6	Work collaboratively with all stakeholders to develop and implement plans that raise awareness of audiology as a career and increases the number of applicants for training posts/programmes.	HEIW	1			
7	Development and introduction into use of a national job description for Head of Service Consultant Clinical Scientist posts based on the domains of Good Scientific Practice.	HB	1, 3			
8	Work with all stakeholders to ensure the routine implementation of national external recruitment advisory schemes for Audiology Head of Service posts; include advice to employing organisations on the initial support and development of those appointed to these posts.	HB	1, 3			

	Objective	Lead	Link to Aim	Year 1	Year 2	Year 3
9	Work with HEIW and others to develop and promote job planning for Healthcare Scientists in audiology to enable them to maintain the domains of Good Scientific Practice defined by the Academy of Healthcare Science (AHCS); include research & innovation, professional, scientific & clinical practice and leadership. To include the implementation of the HEIW Guidance Workforce Planning for the Welsh Language .	ASSAG	1, 2, 3, 6			
10	Implement the new national performance reporting measures for audiology.	HB	7, 15			
11	Continue to collect patient-reported experience measures (PREM) data and use this to guide service development locally and nationally.	HB	13, 15, 17			
12	Develop Patient-reported outcome measures (PROMs) that are condition specific and agree a national plan for PROM use and alignment.	HOS	13, 15, 17			
13	Develop national integrated clinical pathways and service specifications. This will include: <ul style="list-style-type: none"> • working with Improvement Cymru to publish a national pathway for people living with hearing loss and dementia • working with improvement Cymru to develop a national pathway for people with hearing loss and learning disability • develop a national pathway for management of Otitis Media with Effusion (OME) in children • develop a national service specification for vestibular rehabilitation • develop a national service specification for adults with auditory processing difficulties. 	HOS & HB	4			
14	Develop and implement a national plan with PHW and other stakeholders to raise the importance of protecting hearing, the impact of unmanaged hearing loss and the benefits of early and ongoing intervention.	ASSAG	6, 7, 8, 11, 14, 17			
15	Develop the Audiology Wales website and Health Board Audiology webpages to provide increased information and advice for service users, their families and the public.	HB	6, 8, 9, 11			
16	Work with Digital Health Care Wales (DHCW) to develop materials and their implementation within the NHS App, to support people with hearing and associated difficulties and those accessing NHS Audiology services, aligned with the implementation of the Accessible communication and information standards in healthcare and priorities in Mwy na geiriau.	HOS	6, 8, 9, 12, 13, 17			
17	Secure recurrent funding and then provide latest hearing instrument technology that support connectivity with smart phones and remote clinics and that are rechargeable.	HB	6, 11, 12, 17			

	Objective	Lead	Link to Aim	Year 1	Year 2	Year 3
18	Consider and implement new funding and service model for provision of Assistive Listening Devices (ALDs), ensuring they are considered as alternatives or in addition to individual hearing instruments as part of holistic patient centred care.	HB	6, 11, 12, 17			
19	Work with shared services to ensure that national Audiology procurement provides access to the latest NHS technologies and best value for money.	HB	7, 12, 13, 17			
20	Establish national systems or a working group to scope and evaluate latest technologies, their evidence base and value (e.g. AI applications) and making implementation recommendations.	ASSAG	4, 5, 6, 7, 12, 13, 17			
21	Work with the Audiology patient management system provider and others to deliver the priorities identified in the Audiology Digital Proposal. This includes: <ul style="list-style-type: none"> • use and/or integration with existing and emerging systems (other electronic patient records) • development of a service user interface that enables service users to manage their appointments, record their outcome measurements (PROMs) – to include a focus on Welsh language in line with priorities in Mwy na geiriau • integration with diagnostic test equipment used in clinic. 	HOS & HB	4, 5, 9, 12, 13, 17			
22	Implement the recommendations within the Audiology Wales Research Strategy through WARN.	ASSAG	3, 15, 16			
23	Identify and prioritise audiology research topics/ projects, academic partners and funding opportunities; implement plans to maximise/expand research capacity across clinicians, academic colleagues and students to deliver the research priorities.	ASSAG	3, 15, 16			
24	Contribute to the development of the evidence base to inform best practice through clinical research activity and its peer review publication.	HB	3, 15, 16			
25	Secure recurrent funding/resources and then complete roll out of the first point of contact audiology in primary care service.	HB	2, 4, 6, 7, 8, 15			
26	Secure recurrent funding/resources and then complete roll out of the national ear wax management pathway.	HB	2, 4, 6, 7, 8, 15			
27	Once implemented continue to develop and extend the scope of these primary care roles (e.g. use of PGDs, management of complex ears, younger children).	HB	2, 4, 6, 7, 8, 15			
28	Secure recurrent funding/resources and then complete roll out of hearing assessment within memory assessment services.	HB	2, 4, 5, 6, 14, 15			

	Objective	Lead	Link to Aim	Year 1	Year 2	Year 3
29	<p>Ensure Health Boards maximise current scope of practice of audiologists, including resources:</p> <ul style="list-style-type: none"> • implement non-medical referral for MRI • implement direct referral to audiology rather than ENT whenever possible and where secondary care referral is needed for people with hearing and associated difficulties • implement new pathways for the management of OME in children • develop specialist pathways for delivery of auditory implants across lifespan close to home • development and implementation of vestibular rehabilitation services • implementation of audiology in PC pathways as in OB25 & OB26. 	HOS & HB	1, 2, 4			
30	<p>Consider needs of at risk populations (i.e. where hearing or associated difficulties are more prevalent or where self-advocacy is more challenging) and develop plans/ business case for extension of audiology services e.g. for people living with dementia or in care homes. Include a specific focus on Welsh language/protected characteristics as part of this work.</p>	HB	4, 5, 6, 7, 8, 15			
31	<p>Evaluate the need for targeted hearing assessment and tailored audiology service provision for people living within care homes, producing and implementing any recommendations. Include a specific focus on Welsh language/protected characteristics as part of this work.</p>	HB	4, 5, 6, 7, 8, 14, 15			
32	<p>Work with others to develop systems and resources to support training care home staff and quality assurance or accreditation of care homes, to meet hearing and communication needs and to support the public in making decisions about future residence. Include a specific focus on Welsh language/protected characteristics as part of this work.</p>	HEIW	5, 6, 8, 10, 11			
33	<p>Develop and implement an action plan to deliver the aims within all strategic plans for delivery; to include improvement identified through quality assurance against national quality standards. Include a specific focus on Welsh language/protected characteristics as part of this work.</p>	HOS & HB	15			
34	<p>Develop and deliver a plan for the review of Quality Standards and their audit tools to ensure they continue to be evidenced based, remain aspirational and to ensure they cover all clinical areas. Include a specific focus on Welsh language as part of this work.</p>	ASSAG	15			

	Objective	Lead	Link to Aim	Year 1	Year 2	Year 3
35	Identify key performance indicators (KPIs) in Quality Standards, identified in collaboration with professionals across the UK nations to support country comparison. Develop systems for assurance against KPIs aligned with Quality Standards audits.	ASSAG	15			
36	Develop Quality Standards and KPIs for audiology in primary care services (first point of contact and earwax management) using the same approach and format for other Audiology Quality Standards.	ASSAG	4, 6, 15			
37	Implement the recommendations within the Paediatric Audiology Quality Review.	HOS & HB	1, 3, 11, 13, 15			
38	Develop national learning event plans to ensure learning, sharing and improvement from Quality Standards and Quality Standard activities; include organisation of an annual Audiology national Conference (Audiology Cymru).	ASSAG & HOS	15			
39	Work with others to develop a national Audiology Quality dashboard to robustly record and monitor a range of quality measures that can be shared with the public.	ASSAG	13, 15			
40	Work with other audiology professional groups across the UK to establish a four-country professional collaborative group to pursue mutually beneficial work.	HOS	3, 11, 15			
41	Work with local authorities to support the development of a register of those with hearing and communication (including Welsh language) needs.	HB	6, 8, 11			
42	Scope physical resources (estate; diagnostic equipment) required to deliver audiology services in secondary care and more community locations. Include use of diagnostic hubs and mobile vehicles.	HB	2, 6, 7			
43	Work with others to develop national specification for audiology accommodation; ensure audiology design guides/specifications for clinical facilities across primary, community and secondary care.	HB	2, 6, 7			
44	Develop and increase collaboration with other health care professionals and organisations to support people with hearing loss and associated conditions/other comorbidities. Build national and local collaborators and implement changes required within clinical pathways.	HOS & HB	4, 6, 7, 11, 14, 15			
45	Establish/review role of hearing collaborative care groups to reflect the aims in the <i>Future Approach</i> .	HOS & HBs	11, 15			