

Title: **AUDIOLOGY DEPARTMENT – TRANSITION PATHWAY** Ref No: 1743 Version: 1
 Classification: Protocol
 Directorate: Head and Neck
 Due for Review: 18-09-2020
 Responsible for review: Senior Audiologist [Document Control](#)
 Ratified by: Deputy Head of Audiology
 Applicability: Audiology

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1 Purpose

- 1.1 This policy aims to assist the members of staff within the audiology department in the smooth transition of paediatric patients into the adult services. It has been devised using recommendations provided by the NDCS.

2 Introduction

- 2.1 The audiology Transition Service is designed for individuals who require hearing aid care and are between the ages of 15 and 25 years old.

Under the paediatric service, it is likely that these individuals will have seen the same, designated audiologist for the majority of their appointments. At the age of 25 they will be expected to attend the adult audiology service. It is important that their move into the adult service runs smoothly.

The transitional service allows these service users to gain hearing aid support from one particular audiologist, whilst learning to gain more responsibility for their hearing aid/s. It also allows them to gain some access to the adult hearing aid service during this time.

As these individuals get older, the additional services available to them, both within and outside of the audiology department may change, and it is important that they become familiar with these in preparation for their move into the adult service. During the transitional period, further help regarding educational, social or occupational support may be needed, and this can be

discussed within their appointments. If needed, it may be possible for the audiologist to liaise with these external services to provide a smoother transition in education and/or employment.

During the transitional period, service users will have opportunity to gain more choice and control over their hearing aid care. The transitional service will aim to break these barriers and differences between the paediatric and adult services, whilst maintaining some regular support.

This policy does not state how each individual procedure within an appointment should be conducted, it indicates the appropriate appointment pathway. Each procedure should be conducted following the appropriate policy or guideline in place for that procedure.

3 Roles and Responsibilities

All members of staff within the Audiology Department need to ensure they have read the policy and are providing the appropriate care and information advised to those service users who are within the transitional period of hearing aid care.

All members of staff need to follow the appropriate policies and procedures expected within any audiology appointment.

4 Main body of the document

4.1 The aims and objectives.

This policy aims to assist the members of staff within the audiology department in the smooth transition of paediatric patients into the adult services. It has been devised using recommendations provided by the NDCS.

4.2 Children will be seen under the paediatric service until they reach the age of 15 years old.

4.3 When the child reaches the age of 15 years old, they will start the transition process and will attend appointments with the transitional audiologist (Scott Thomas).

4.4 Prior to this, the child and their parents should be informed of the move. An information leaflet explaining why they will be joining the transition pathway should be made available at their final appointment with their named paediatric audiologist. This can be found under document templates on AuditBase.

4.5 At the first transition appointment, the child should be given an information pack including, contact details for the department, appointment information, further hearing loss and hearing aid information, and details of further services available to the patient.

4.6 The individuals attending the transitional service should have access to information leaflets provided under the paediatric and adult services, dependant on their needs.

4.7 The transitional audiologist needs to ensure that the individual has a record book as soon as they enter the service.

4.8 The Audiologist should make all individuals entering the transition pathway aware of extra services such as open repairs and the opportunity to provide opinions within the adult surveys.

4.9 Once the initial transition appointment has been conducted, the individual will then be removed from the paediatric service and, consequently the named audiologist spread sheet for paediatrics. It needs to be ensured that they are entered onto the transitional named audiologist spread sheet.

4.10 It is at this stage that the individual's GP and Advisory Teacher should be informed of their entry into the transition service, using the letter templates on AuditBase.

- 4.11 The type of hearing loss and the individual's needs and wants will determine the frequency and type of appointments. However, the individual must be seen at least once a year whilst in this transition period.
- 4.12 At every appointment, an Individual Management Plan (IMP) should be completed, and given to both the patient and/or their parents, and other relevant professionals involved in the individuals' hearing aid care. (GP, ToD, educational professional contacts). Templates of these can be found under documents on AuditBase.
- 4.13 The transitional audiologist needs to be aware that a change in hearing aid or prescription may be needed in order to provide the individual with appropriate care and prepare them for the adult service.
- 4.14 In some cases it may be appropriate for the individual to stay under the transition services for longer than others. Although transition ages have been set, it is important that the transition service is flexible to the needs of that individual
- 4.15 The transition service should operate with a holistic approach in order to cater towards the individual's educational, vocational, mental, physical and social needs. However, a focus on a more independent care in which the individual takes ownership of their hearing aid/s should be maintained, in order to prepare them for movement into the adult services.
- 4.16 During the transition service the individual should be provided with more opportunity for engagement within the department – surveys etc. The Transitional audiologist should allow for the individuals to have differing levels of engagement, dependant on their needs and abilities.
- 4.17 The Transitional Audiologist should maintain a close contact between different services and individuals which may be involved in the individual's hearing aid care.
- 4.18 The transitional audiologist should be flexible and liaise with other NHS audiology departments in order to provide continued care for those who are away at university, for example. It may also be that those individuals need an allowance to be supplied with more batteries/tubing than is otherwise standard.
- 4.19 The Transitional Audiologist should ensure other members of staff are familiar with hearing aids used and are aware of what to expect if they should see a transitional patient on a repair appointment.
- 4.20 The age of each patient will determine the frequency of their return visit. Transition patients aged 15 to 18 years will continue to be review annually. Patients aged 18 to 21 years will be reviewed every 18 months. Patients aged 21 to 25 years will be reviewed every 2 years
- 4.21 Prior to their move into the adult services, the individual should be informed of why and when this is happening. They should be reminded of how to navigate their way around the adult services in order to continue their hearing aid care.
- 4.22 The Individual will ideally migrate into the adult audiology service when they reach 25 years old.
- 4.23 Inclusion and exclusion criteria.

This policy is aimed to meet the needs of any service user who is a hearing aid wearer and is between the ages of 15 and 25 years. It is important to understand that these age limits set may vary depending on the needs of each individual.

All members of the audiology department within Torbay Hospital will need to read and follow these guidelines when conducting appointments with the service users within this age range.

4.24 Expected outcomes

This policy aims to provide the service users with the understanding and ability to manage their own hearing aid care when moving between the paediatric and adult services. It aims to facilitate the service users in gaining responsibility for their own hearing aid care.

5 Training and Supervision

- 5.1 Further training is not needed in order to complete the transition pathway. However, all members of staff need to remain up to date with BAA, BSA, hospital and departmental training and procedures when providing hearing aid care.

The transitional audiologist should aim to remain up to date with training/courses and information that may be available in order to optimise care within this transition pathway. Close contact with other services, such as education, social services etc., should be maintained and monitored regularly.

It is the responsibility of the transitional audiologist to ensure that other members of staff are aware of hearing aids worn by transitional service users and any updates to the service.

6. Monitoring and Auditing

- 6.1 This policy should be reviewed regularly.

Each audiologist should indicate on the patient notes on AuditBase as to whether information has been provided to each individual service user. If this has not been done, a reason should be provided.

7. References

- 7.1 [NDCS website](#)

8. Equality and Diversity

- 8.1 This document complies with the Torbay and South Devon NHS Foundation Trust's Equality and Diversity statement.

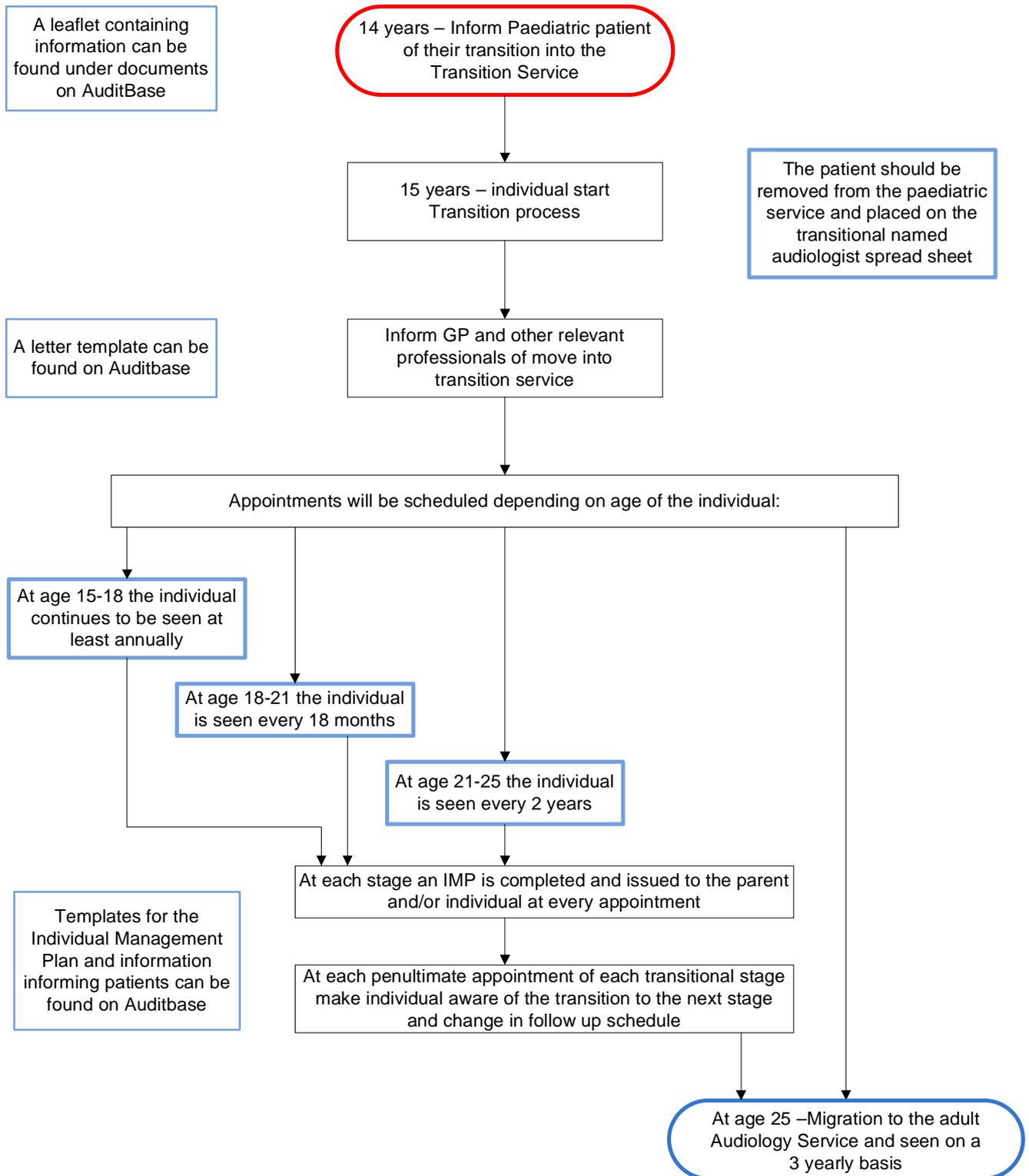
9. Further Information

- 9.1 Further information regarding policies and procedures that should be followed during the transitional appointments can be found on the S: drive.
- 9.2 Information sheets, letter templates and individual management plan templates can be found under documents and attachments on Audit Base.

10. Appendices

10.1 Flow chart showing Transitional pathway:

11. [Document Control Information](#)
12. [Mental Capacity Act and Infection Control Statement](#)
13. [Quality Impact Assessment \(QIA\)](#)



11. Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

Ref No:	1743		
Document title:	Audiology Department – Transition Pathway		
Purpose of document:	This policy aims to assist the members of staff within the audiology department in the smooth transition of paediatric patients into the adult services. It has been devised using recommendations provided by the NDCS.		
Date of issue:	18 September 2017	Next review date:	18 September 2020
Version:	1	Last review date:	
Author:	Senior Audiologist		
Directorate:	Head and Neck		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Deputy Head of Audiology		
Date approved:	14 December 2015		
Links or overlaps with other policies:	All TSDFT Trust Strategies, policies and procedure documents		

	<i>Please select</i>	
	Yes	No
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
15 January 2016	1	New	Deputy Head of Audiology
18 September 2017	1	Date Change	Senior Audiologist
20 February 2018	1	Review date extended from 2 years to 3 years	

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
Could the policy treat people from protected groups less favorably than the general population?			
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Religion/Belief (non)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marriage/ Civil Partnership		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/>
Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdht@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.