

Tinnitus Management Protocol

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The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	May 2021
1.1	Discussion with Mental Health Service regarding patients with severe anxiety/depression and/or suicidal intentions	June 2021
2	Addition of text to address the process for Policy for Children and Adults who Was Not Brought (WNB) to health appointments, previously referred to as Did Not Attend (DNA) health appointments to include No access Visits (NAV)Reference No: PTHB / SGP 047	October 2022

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IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
					However, as PTHB does not routinely translate its policies and other written control documents into Welsh, there is an impact on staff for whom, Welsh is the first language. Translation of this policy and procedure will be arranged if requested.
Age	X				
Disability	X				
Gender reassignment	X				
Pregnancy and Maternity	X				
Race	X				
Religion or Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and Civil Partnership	X				
Welsh Language	X				
Risk Assessment Summary					
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</p> <p>No risks identified</p>					
<p>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?</p> <p>No risks identified</p>					
<p>Have you identified any training and / or resource implications as a result of implementing this?</p> <p>Band 6 Senior Audiologists delivering Tinnitus Management in accordance with this protocol and national guidelines may require M-level or advanced level tinnitus training which will have financial implications to the department.</p>					

1 Introduction

Tinnitus is “the conscious perception of an auditory sensation in the absence of a corresponding external stimulus” (Baguley *et al.*, 2013). Patients will report tinnitus as present in one ear, both ears or in the head, constant or intermittent and of various noises. 10% of the population have persistent tinnitus (British Tinnitus Association (BTA), 2018). Folmer (2002) reported that in the UK 17% have chronic tinnitus but only 14% find it bothersome. Some people are able to ignore tinnitus and maintain their quality of life while others report it to be life changing (Baguley *et al.*, 2013). Tinnitus can cause stress, insomnia, anxiety and depression (Action on hearing loss (AOHL), 2017).

A Tinnitus Pathway should be evidence-based, consistent and in line with professional recommendations. It should promote shared decision making between patient and Audiologist.

2 Objective

The objective of this protocol is to set out a tinnitus service that ensures Powys patients receive a tinnitus management service which satisfies recommendations laid out by NICE guideline March 2020, Tinnitus: assessment and management, and British Society of Audiology August 2019, Practice Guidance Tinnitus in adults. This protocol will give a clear guide to Audiologists working with patients with tinnitus and ensure a consistently high standard of care for each patient.

The proposed implementation of the National Quality Standards for Adult Tinnitus Services 2020 will require the PTHB Tinnitus Pathway to be audited every 3 years. The Quality Standards are made up of seven Standard Statements that explain the level of performance that needs to be achieved. Each standard is supported by an evidence base that provides the rationale for each Standard. By following this protocol, PTHB should provide a service which satisfies each of the seven standards and their competencies.

3 Definitions (Mandatory Heading)

- **PTHB** – Powys Teaching Health Board
- **NICE** – National Institute for Health and Care Excellence
- **BTA** – British Tinnitus Association
- **BSA** – British Society of Audiology
- **AOHL** – Action on Hearing Loss
- **RNID** – Royal National Institute for Deaf People
- **TFI** – Tinnitus Functional Index

- **VAS** - Visual Analogue Scale
- **IMP** – Individual Management Plan
- **WNB** -Was not Brought
- **NAV** - A No Access Visit
- **DNA** - Did not Attend

4 Responsibilities

This protocol applies to all members of the PTHB Audiology Department.

4.1 Head of Department

The Head of the Department must ensure all PTHB Audiology staff read and understand this protocol. The Head of Department will arrange regular peer reviews to monitor compliance with this procedure and provide clinical supervision to staff to provide opportunity to reflect on and learn from clinical practice

4.2 Senior Audiologists with specialist Tinnitus Training and Knowledge

All Senior Audiologists conducting Tinnitus Assessments and Tinnitus Management should read and follow this protocol. These members of staff should ensure that their Tinnitus knowledge and training is up to date and their CPD record is maintained. These members of staff should request clinical supervision as required, in addition to the routine quarterly clinical supervision sessions.

4.3 All Audiology Staff

All staff within the Audiology Department are likely to encounter patients suffering from tinnitus, whether by telephone enquiries, or the patient mentioning it within another appointment. All staff should be aware of basic mechanisms of tinnitus, and should read and follow this protocol when referring these patients onwards for specialized tinnitus management.

5 The Tinnitus Pathway

PTHB Audiology will follow the All-Wales Tinnitus Pathway (see Appendix 1).

5.1 Accessing the Service

Referral can be made by a detailed letter or the Audiology Referral Form (Appendix 2).

Audiology will accept referrals to the Tinnitus Management Pathway from GPs, ENT, Ear Care nurses, ward staff and other health professionals in line with the following referral criteria:

- Over the age of 16 years
- Bilateral non-pulsatile tinnitus which has been present for three months or more

Patients presenting with ANY of the following in addition to the tinnitus must be referred directly to ENT

- Children under 16 years
- Persistent objective tinnitus
- Persistent Unilateral tinnitus
- Persistent Pulsatile tinnitus
- Tinnitus and hearing loss which has developed suddenly (over a period of 3 days or less) in the past 30 days – refer patient to be seen within 24 hours at patient's nearest Accident and Emergency department
- Tinnitus and hearing loss which developed suddenly more than 30 days ago, or rapidly worsening hearing loss (over a period of 4 to 90 days) – Urgent referral to ENT
- Tinnitus following head trauma
- Fluctuating hearing loss, not associated with colds
- Unexplained neurological symptoms - Headache, gait, visual changes, slurred speech or difficulty swallowing
- Altered sensation or numbness in the face
- Persistent pain affecting either ear which is intrusive or has not resolved as a result of prescribed treatment
- Current ear drum perforation
- Unresolved ear infection or inflammation of the external auditory canal
- Rotatory Vertigo

Upon receipt, the referral will be triaged by a senior Audiologist.

A referral will be considered Urgent where the tinnitus is impacting on the patient's wellbeing or mental health. A routine referral will be offered an appointment within 14 weeks of referral, an urgent referral will be offered an appointment within 4 weeks. Patients requesting to re-access the tinnitus pathway will be triaged and appointed as above, waiting no longer than 14 weeks. Appointments can be offered via Attend Anywhere, telephone, or face-to-face at Brecon hospital or Llandrindod Wells Hospital, with waiting times consistent across sites.

ENT consultants have been written to in May 2021, confirming that PTHB Audiology are accepting referrals for tinnitus management. A letter detailing the referral criteria has been sent out to GPs and Ear Care Nurses. This protocol has been circulated to Heads of Therapies in PTHB, and will be available on the PTHB Intranet. Inappropriate referrals will be forwarded to ENT in line with the above referral criteria via patient services and recorded in the inappropriate referrals spreadsheet. This spreadsheet will be monitored and if trends are noted then specific referrers will be contacted and provided with clarification. Number of appropriate and inappropriate referrals will be routinely audited. Should Audiology receive numerous inappropriate referrals, further contact will be made with referrers to reinforce the referral criteria and the referral process.

5.2 Communication and Information Provision

In line with the All Wales Tinnitus Pathway, the patient will initially be appointed for an Audiology Hearing Assessment, where a full medical and audiological history will be taken, otoscopy, pure tone audiometry will be carried out and tympanometry if required. First-stage educational advice regarding tinnitus mechanisms and management will occur and the patient will be given the opportunity to ask any questions that they have. An Individual management plan will be agreed between the Audiologist and the patient using Shared Decision Making. Hearing aids will be discussed and offered if the patient has an aidable hearing loss. The patients will then be placed on the waiting list for dedicated Tinnitus Assessment if the Audiologist and the Patient feel that this is required. Patients can be given the department's Tinnitus Information leaflet at this stage if the Audiologist and patient feel that this would be beneficial.

Patients will be contacted in writing, inviting them to phone, text or email the Audiology department to arrange their appointment. Appointments can be offered via Attend Anywhere, telephone, or face-to-face at Brecon hospital or Llandrindod Wells Hospital, with waiting times consistent across sites. This letter is in English and Welsh. The patient's selected appointment will be sent out in writing together with a "What to Expect" information sheet, containing brief information about Tinnitus, and detailing the PTHB Tinnitus service, types of assessment, possible interventions and clinicians involved, for all new and existing patients. The Tinnitus Functional Index will be included in the pack with an explanation that it is necessary to take a detailed history to enable the best approach for treatment; the patient will be asked to complete it on the day of their appointment and bring to their

	<p>appointment, or have it ready if attending a virtual consultation appointment.</p> <p>From this initial contact and throughout the Tinnitus Assessment and pathway, evidence-based written information and resources will be provided as necessary, all obtained from reputable organisations such as RNID and The British Tinnitus Association and will be reviewed bi-annually.</p> <p>All written information will be available in Welsh Translation and in large print for visually impaired.</p>
	<p>5.3 Tinnitus Assessment</p> <p>An individually-tailored tinnitus assessment will be carried out. The Audiologist will ensure that appropriate otoscopy, audiometry and tympanometry has been recorded, if not, this will be carried out if within a face-to-face tinnitus assessment.</p> <p>A comprehensive and relevant medical, tinnitus and audiological history will be taken to determine the onset, nature and the features of the tinnitus, using open questions and gestures. A two-way discussion will be encouraged in order to explore the social and psychological impact of the tinnitus and gauge the effect of the patient's tinnitus on quality of life, sleep, concentration, anxiety and depression.</p> <p>The completed Tinnitus Functional Index (TFI) will form a quantitative score of these effects and where necessary prompt further discussion. The patient will be asked to complete a VAS (Visual Analogue Scale) "On a scale of 1 to 10 how much distress does your tinnitus cause you?".</p> <p>Patient's responses will be recorded in Auditbase in a timely manner so as not to lose any significant detail or quotes, using the journal template, hotkey ##. The completed TFI will be scanned and saved into the patients documents in Auditbase and the score saved into the journal.</p> <p>A comprehensive, evidence-based explanation of tinnitus mechanisms will be provided to the patient, and the patient will be encouraged to ask questions of clarification.</p>
	<p>5.4 Tinnitus Management</p>

All evidence-based management options will be discussed with the patient and a two-way discussion will generate an IMP (Individual Management Plan) agreed between patient and Audiologist. All of the following management strategies must be discussed:

1. Evidence-based education and Information; both verbally and in writing through use of the departments tinnitus information leaflet. Use of the BTA information and research will be encouraged and appropriately selected BTA factsheets will be provided. Evidence-based literature will also be provided to support any following management options.
2. Counselling, including elements of mindfulness and cognitive behavioural therapy
3. Hearing aid, if not already provided; Should use of hearing aid or combination aid be agreed, this will be arranged by the PTHB Audiology Department and the patient will be advised of all maintenance of the hearing aid and how to access the hearing aid repair service. Hearing aids should be fitted to open fit and bilateral where possible to give maximum accessibility to environmental sounds. Hearing aids should be fitted and programmed in accordance with department protocol and National guidelines. If the patient is likely to benefit from a combination hearing aid then this should be offered. The Sound Therapy Program may provide immediate relief for some, but for others, it may take several weeks or months before any relief is achieved. The patient is advised to use the Sound Therapy Program whenever they choose, giving them control over their sound environment.
4. Sound therapy; by use of tinnitus sound generator, combination hearing aid and/or the use of sound machines, natural sound and sound therapy apps such as the GN Resound Tinnitus Relief App.
5. Signposting and Onward Referrals; Patients will be signposted to Health Board provided wellbeing services such as Silvercloud and third sector support groups such as the BTA's patient forum and online support groups. With consent from the patient, onward referrals can be made to ENT and the patient's GP where the Tinnitus is causing significant distress.

The patient will be given a copy of their IMP to keep for their records. A report will be written and sent to the GP or the referrer at each appointment.

5.5 Mental Health Concerns

PTHB Audiology sought advice from PTHB Mental Health Services when writing this protocol. It was agreed that should a patient present with mild anxiety or depression, the Audiologist should provide links to Silvercloud. If the anxiety or depression is more moderate or severe, the Audiologist should advise them to attend their GP, or with the patient's permission, make a referral to their GP, who will need to rule out any other health comorbidity that may impact on the patient's mental health, and the GP will then refer on to mental health services. If the patient has been known to secondary mental health care they can present at their local Community mental health team (or Crisis team out of hours) within 3 years of discharge.

If the patient has disclosed suicidal thoughts, the Audiologist should ask the patient about them, their intent, means etc. If the Patient has a plan for serious self-harm/suicide, ring their GP who will refer them to Mental Health Services.

5.6 Tinnitus Follow-Up

All patients seen for a Tinnitus Assessment, will be offered a follow up appointment in three weeks and given the option of Attend Anywhere, telephone or face-to-face appointment. All patients provided with first-stage Tinnitus advice at a hearing assessment will be offered a combined hearing aid and tinnitus Follow-up 12 weeks later with a Senior Audiologist with tinnitus training. At each Follow-Up, the Audiologist will revisit the VAS, and the IMP. When the audiologist and the patient feel that significant progress has been made, the TFI will be repeated and recorded. When the TFI score has reduced by 13 points, a clinically significant improvement in tinnitus distress can be reported.

Once the patient has noted significant improvement in Tinnitus distress and feels that they are able to self-manage the tinnitus, the IMP can be completed and the patient can be discharged from the Tinnitus Pathway. A report will be sent to the GP or the referrer. The patient will be provided with their completed IMP and a letter which will contain a reminder of the contact details should they need to enter the pathway again.

The patient will have their toolkit to manage any peaks in their tinnitus, however, should they require further tinnitus management in the future, they are able to self-refer back to the service by contacting the Audiology department direct. When re-visiting the tinnitus pathway, the self-referral will be triaged the same as a new referral, with the patient waiting no longer than a new patient accessing the pathway for the first time.

	<p>5.7 Clinical Skills and Expertise</p> <p>All Senior Audiologists providing Tinnitus Assessments will be at least a Band 6, with RCCP registration and with relevant training or qualification in Tinnitus Management; ideally with M-Level training or a plan to complete M-Level training in Tinnitus or Adult Hearing Rehabilitation. A peer review on a yearly basis and results will be recorded. Any concerns or limitations highlighted in the peer review will be addressed in a Clinical Supervision with the Head of Department.</p> <p>All Audiologists involved in the Tinnitus Pathway will be responsible for maintaining their CPD (Continuing Professional Development). All Audiologists will attend basic-level tinnitus training. All Audiologists will undergo quarterly clinical supervision.</p>
	<p>5.8 Collaborative Working</p> <p>Audiology will communicate with local Tinnitus Support groups and signpost patients to these groups as appropriate. PTHB Audiology will offer support to the groups in terms of information, advice.</p> <p>PTHB Audiology will have ongoing communication with other PTHB Therapies department through the Heads of Therapies meetings and will share resources for counselling and relaxation and mindfulness. PTHB has sought advice and support from the Mental Health Services in preparation of this protocol. Mental Health Services have supplied a wealth of resources.</p> <p>Audiologists providing Tinnitus management will provide accurate patient reports to GPs and referrers.</p>
6.0	<p>Was Not Brought</p> <p>Robust arrangements should be in place to manage all children, young people and adults at risk who are not brought for appointments in Powys Teaching Health Board (PTHB) or for whom there is a failed access. There are occasions when a patient's non-attendance is an indicator that they are at risk, so it is important that this is recognised and risk considered on every occasion.</p> <p>All children and adults are entitled to good health care to maximize their development and wellbeing. "Working Together to Safeguard Children" (2018) highlights that " Children failing to attend an appointment may trigger concern, given that they are reliant on their parent or carer to take them to the appointment. Failure to attend can be an indicator of a family's vulnerability, potentially placing the</p>

child's welfare in jeopardy". This applies to adults who have care and support needs (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect, and as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect. There is a likelihood that these adults at risk are also likely to be reliant on others to bring them to health appointments.

Was not Brought (WNB) is defined as any scheduled appointment physical or virtual, to see an adult at risk/child, who, without notifying the service, did not attend/was not presented/was not brought for their appointment. This refers to any prearranged contact with an adult/child, whether it is at their home, community clinic, at a community team building, within a hospital setting, or any other type of contact arranged relating to the provision of this service. It is to be noted that this should also be considered if health appointments are frequently rearranged with health professionals, following all attempts to make appointments more accessible. In addition, this includes a failure to make an initial appointment when requested to do so.

A No Access Visit (NAV) is an appointment made in advance, and when the health care professional attends their place of residence, or another setting within the community, at the pre-arranged time and place, they are not available, and no contact is made.

Did not Attend (DNA) is defined as any scheduled appointment to see an adult who is not assessed to be at risk, who, without notifying the service, did not attend for their appointment.

Disengagement is when an adult, family member, or carer, does not respond to requests from health professionals. The indicators of disengagement are usually cumulative and may include:

- Disregarding health appointments
- Not having a GP
- Not being home for visits from professionals
- Not allowing professionals into the home
- Agreeing to take an action but never seeing it through
- Hostile behaviour towards professionals
- Manipulative behaviour resulting in no health care
- Actively avoiding contact with professionals
- Attendance at urgent treatment centres and emergency departments but not waiting to be seen/taking own discharge

Disguised compliance involves a parent or carer giving the appearance of engagement, they may cancel appointments frequently at the last minute, or after a period of non-engagement may attend appointments to reduce professionals' concerns.

Where a member of staff is concerned that a child or adult at risk's non-attendance fits into one of these definitions ("was not brought",

“no access visit”, “disguised compliance” or “disengagement”), this shall be recorded in Auditbase by selecting the W for “was not brought”. This will prompt text to be recorded in the journal, and at this stage, the audiologist must follow the PTHB / SGP 047 policy and record the plan in the journal. The member of staff will also record the patient number in the Audiology “Was Not Brought” spreadsheet. All further actions should be recorded in the patient’s journal and the spreadsheet updated accordingly. The spreadsheet will be monitored regularly to ensure that responses or actions are not left outstanding for a reasonable amount of time.
(Policy for Children and Adults who Was Not Brought (WNB) to health appointments, previously referred to as Did Not Attend (DNA) health appointments to include No access Visits (NAV) Reference No: PTHB / SGP 047 Issue Date: Dec 2021)

7.0 Monitoring Compliance, Audit & Review

Quality of service delivery is measured and improved using Patient Reported Experience Measures (PREMs). An Anonymous patient satisfaction survey will be carried out annually, addressing the overall satisfaction of the PTHB Audiology Service in terms of access, communication and information provision.

All patients will have the VAS and TFI completed prior and post tinnitus management. All Patients will have an Individual Management Plan which will updated and records throughout the patient journey.

PTHB Audiology will strive to keep informed and educated with regard to advancements in research and technology and such advancements will be trialed and evaluated in accordance with the Innovations in Audiology protocol.

This document will be reviewed every three years or earlier should audit results or changes to legislation indicate otherwise.

8.0 References / Bibliography

All Wales Quality Standards for Adult Tinnitus Services Wales, Draft version 1.5, September 2020,

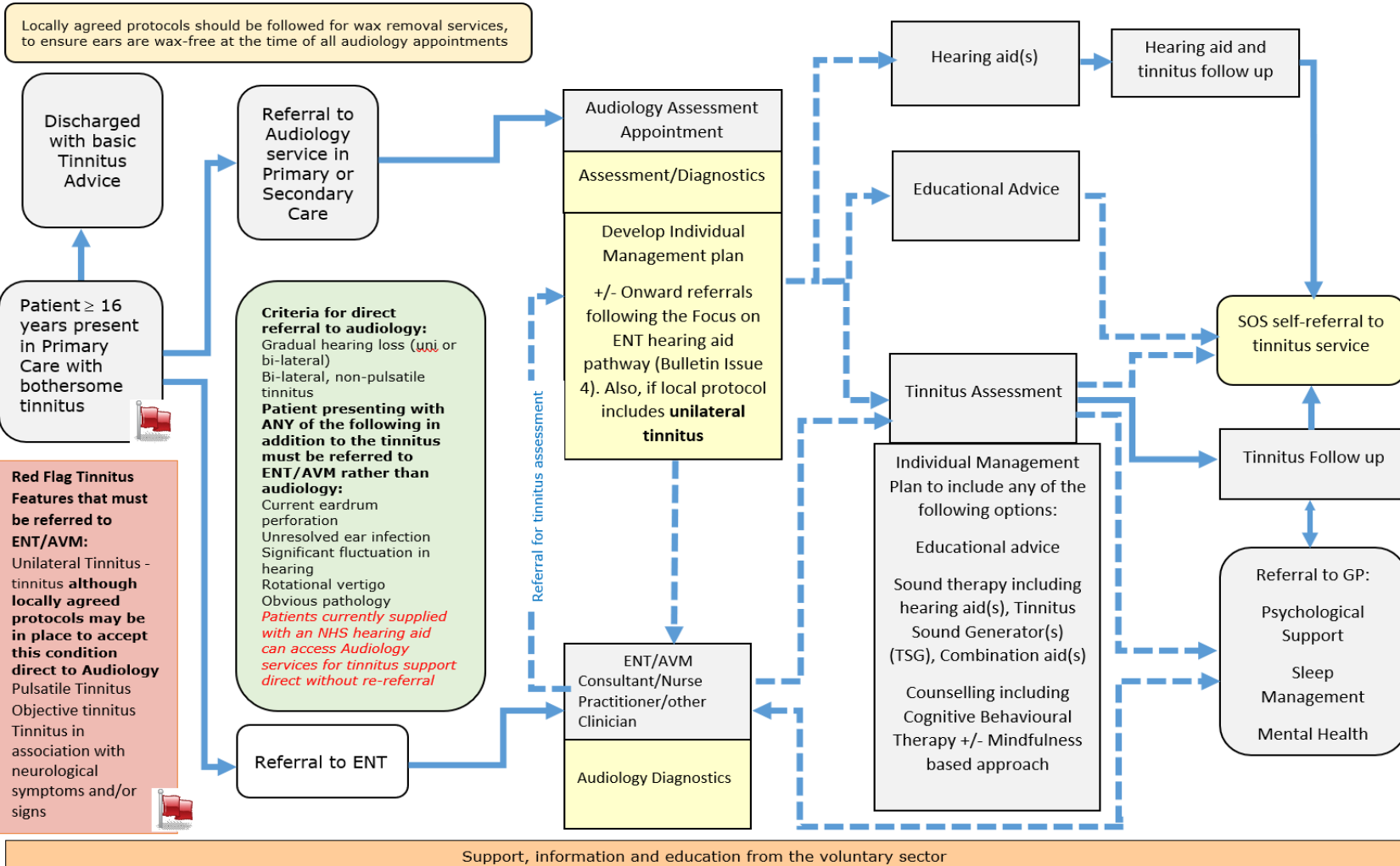
British Society of Audiology (BSA) Practice Guidance: Tinnitus in Adults, August 2019

National Institute for Health and Care Excellence (NICE): Tinnitus :
Assessment and Management (NG155) , March 2020.
www.nice.org.uk/guidance/ng155

(Policy for Children and Adults who Was Not Brought (WNB) to health
appointments, previously referred to as Did Not Attend (DNA) health
appointments to include No access Visits (NAV)Reference No: PTHB / SGP
047 Issue Date: Dec 2021)

Appendix 1: Adult Tinnitus Pathway

Adult Tinnitus Pathway



Appendix 2 Referral form for the Audiology department Brecon and Llandrindod Wells Hospital



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Referral for the attention of **Audiology department:**
Brecon War Memorial Hospital and Llandrindod Wells
Hospital

Patient Details:	
Name:	Date of Birth:
NHS Number:	Telephone Number:
Address:	

GP Details:
GP Name:
GP Address:

Referrers Details
Name:
Job Title:
Department/Ward:

Patient Current Information:
Current Inpatient: Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Ward:
Is patient likely to be discharged in the next two weeks?
Yes <input type="checkbox"/> No <input type="checkbox"/>

Presenting Concern:		
Hearing loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tinnitus	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the patient already have a hearing aid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this patient require/would they consider a hearing aid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Has the patient had the ear checked for wax?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Any other comments?

Please send completed referral forms to either the Audiology department in Brecon War memorial Hospital or Audiology department Llandrindod Wells Hospital