Building healthier lives

University Hospitals Birmingham
NHS Foundation Trust

Experiences of Delivering a New Tinnitus Information Group

Authors: Paramdeep Kaur, Maddiya Afzal, Gwawr Jones

University Hospitals Birmingham NHS Foundation Trust

Introduction

A new pathway was developed in the tinnitus service to establish whether tinnitus support could be effectively offered in a group setting to manage demand and capacity issues with increasing waiting times. The likely reason for the increased waiting time was due to re-deployment of staff to assist on intensive care units during the COVID-19 pandemic. Following the pandemic, the workload was unmanageable with the available resources, and patients were not being seen in a timely manner.

Aim

The aim was for patients to expand their knowledge on tinnitus and learn about tinnitus management options.

Methods

Referrals to our tinnitus service are received from ENT. Patients suitable for group sessions were identified from the tinnitus waiting list. Patients with severe/profound hearing losses, requiring an interpreter or with other complex needs were deemed not suitable for a group setting. As part of the pilot, two separate groups of patients were identified and attended for two group sessions each, which were held at the Audiology department a week apart.

Triage
- Sample size 20 (two groups of 10 patients)
- Minimum of two tinnitus Audiologists

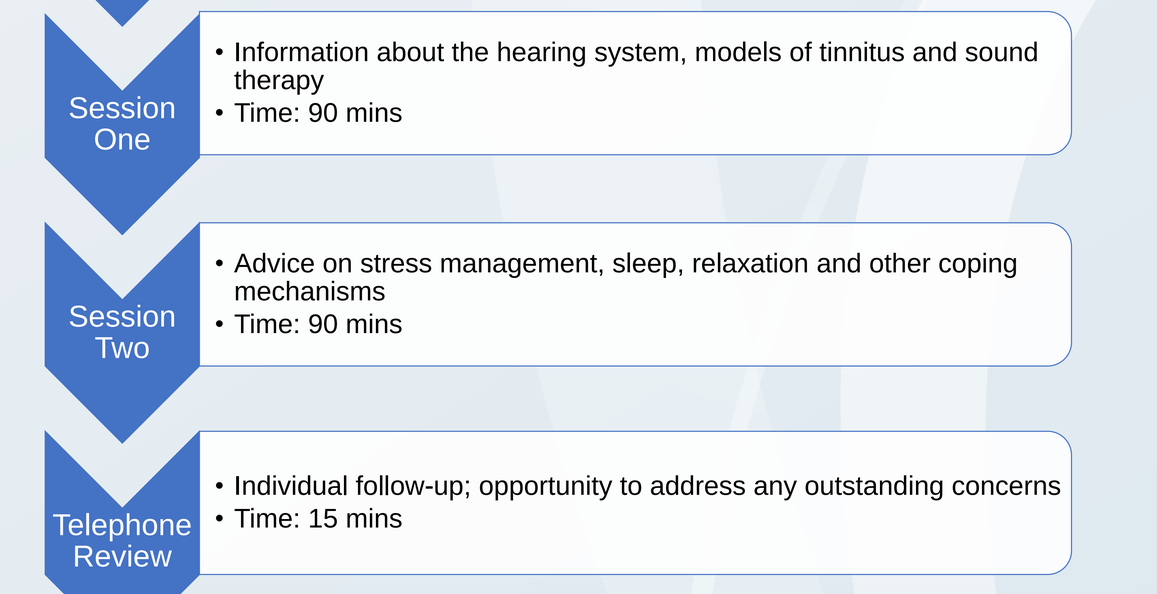
Session One
- Information about the hearing system, models of tinnitus and sound therapy
- Time: 90 mins

Session Two
- Advice on stress management, sleep, relaxation and other coping mechanisms
- Time: 90 mins

Telephone Review
- Individual follow-up; opportunity to address any outstanding concerns
- Time: 15 mins

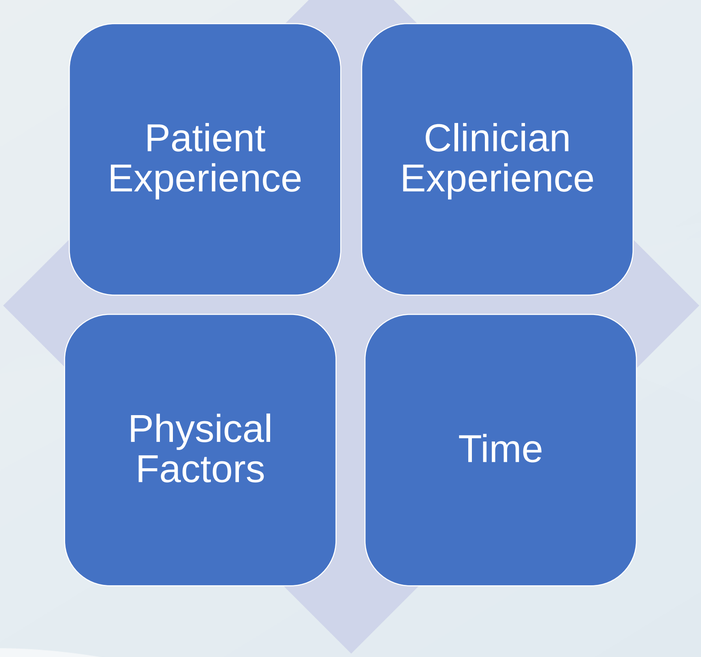
Results

Attendance ranged between 4-10 patients per session.



- Written feedback was gained; all patients reported that the group was beneficial and would recommend to others.
- Two people in total required further individual follow-up.
- Variation in attendance numbers did not impact patient experience.

Discussion



Four main themes emerged from the findings:

- Patient Experience: all patients who completed feedback forms stated they found the sessions helpful; many verbally commented it was re-assuring to learn others were also dealing with tinnitus. Although this was not a peer support group; it is clear some elements of this were beneficial.

- Clinician Experience: this was a new concept, which led to some apprehension during the planning and conducting phases. Concerns included not knowing how the patients were going to perceive and interact during the sessions. Benefits included less repetition of content as more patients were captured in one session.

- Physical Factors: the room used did not allow capacity for attendance of significant others, which some patients may have preferred. The room used was a large open plan office with poor acoustics. A microphone system was used for the Audiologists when presenting and in future would additionally be used during patient discussions.

- Time: preparation time has not been quantified but a substantial amount of time was employed to develop the presentations. For future sessions, the time required would be minimal as the presentations are complete.
  - A comparison of clinician time required for individual and group sessions is shown:

Two clinicians with one session each allows 6 patients to be seen
75mins x6 = 450mins

Tinnitus assessment

Two group sessions with two clinicians
90mins x4 = 360mins

Group tinnitus session

For both pathways, need to factor admin time to triage referrals, letters/journals, arranging telephone reviews and further individual reviews as required

Other factors to consider

Conclusion

The pilot successfully achieved the aim of expanding patient knowledge on tinnitus and learning about tinnitus management options. Additionally, the group sessions resulted in a reduced waiting list and could be utilised to address future concerns in this area. Prior to this pilot, 62% of patients were waiting longer than recommended for their first tinnitus appointment, with the longest wait being 21 weeks. Following implementation of the groups, all patients are being seen within 6 weeks from referral.