

The Effectiveness of Implementing a Joint Audiologist Led Ear Nose & Throat (ENT) Clinic for the Management of Glue Ear in Non-Complex Children.

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Background

It is known that there is a high prevalence of otitis media with effusion (OME) or glue ear in the UK. The National Deaf Children's Society (NDCS) reports that 4 out of 5 children in the UK are affected with Glue Ear at some point in their childhood. A proportion of these children will have OME lasting longer than 3 months that causes hearing loss and will go on to need intervention. Children with Glue ear form a significant part of waiting lists within Children's Audiology at University Hospitals of Derby & Burton (UHDB).

Since the Covid-19 pandemic NHS waiting lists have been adversely affected. Wood, 2020 has found that since the Covid-19 outbreaks, performances across hospitals in the UK have fallen to levels which hadn't been seen since 2007 and the waiting lists have almost doubled in number.

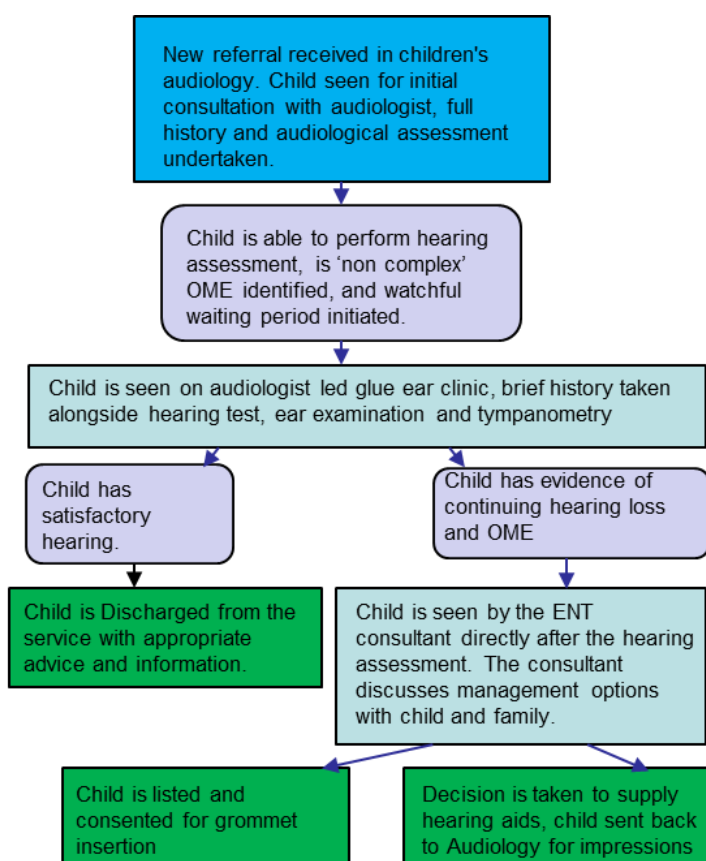
Increasing waiting lists at UHDB have triggered a review of the glue ear pathway to find innovative solutions to streamline the care of children with persistent OME. Discussions with colleagues within the ENT team have resulted in development of a new clinic format to streamline the care of this group of children.

Clinic Format

The audiologist led glue ear clinic is a joint venture between Audiologist and ENT Consultants. The clinic is for children who are 'non complex' and who are on the OME pathway only. The clinic takes place for one session on a monthly basis.

Children are initially seen within the paediatric audiology clinic in the conventional way. If the child presents with OME a 3-month watchful wait period is undertaken, as recommended in the NICE guidelines for managing glue ear.

Following the watchful waiting period the children are offered an appointment on the audiologist led glue ear clinic. Children are booked a 15 minutes slot with a paediatric audiologists a brief history is taken alongside a hearing assessment and tympanometry. There are 3 audiologists working on this clinic supported by one ENT consultant. The child is then managed as shown in the flow chart below:



Method

An audit of the outcomes for children seen in the audiology led clinic was undertaken for children seen between October 2023 and September 2024.

Results

In the Audiologist led glue ear clinic each audiologist will see 8 children. With 3 audiologists working a total of 24 children will be seen. In a standard ENT clinic 14 children will be seen in a session. The introduction of the audiologist led glue ear clinic has therefore given increase of capacity to see children with OME with ENT support.

A total of 165 appointments took place in this period, 133 of which were attended. (fig. 1 and 2) It can be seen that 35% of children the hearing had returned to normal, and they were discharged, highlighting the need for a watchful waiting period.

Glue Ear Clinic Outcome	Number of Patients
Discharged	47
ENT	48
Patient Initiated Follow Up	9
Review	25
Hearing Aid Trial	4
Did not Attend	17
Cancelled	15
	Total = 165 patients

Figure 2: Table showing number of patients for each clinical outcome of the Glue Ear clinic.

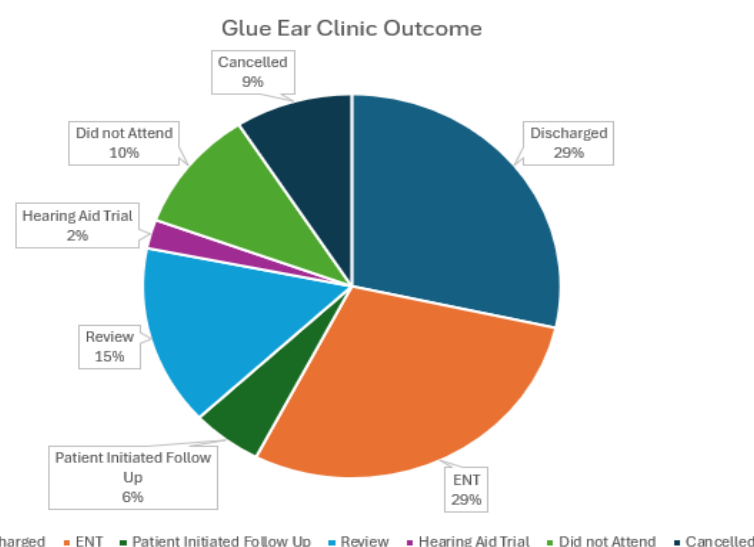


Figure 3: Pictogram depicting results obtained from data shown in Figure 2.

Conclusion

The audiologist led glue ear clinic can be an effective way in increasing ENT capacity for 'non complex' children with OME. There are reduced hospital visits for parents and reduced waiting times for children needing ENT input.

References

Wood, R.M. (2020) 'Modelling the impact of covid-19 on elective waiting times', *Journal of Simulation*, 16(1), pp. 101–109. Available at: <https://www.tandfonline.com/doi/full/10.1080/17477778.2020.1764876?needAccess=true> [Accessed on 02/10/2024].

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