

Sharing the Journey: Developing Audiology-Led Models of Care

Authors: Jennifer Parker-George, Paramdeep Hau
University Hospitals Birmingham NHS Foundation Trust

Introduction

University Hospitals Birmingham is participating in Cohort 3 of the NHS Elect Audiology Improvement Collaborative, exploring the redesign of audiology pathways and the development of audiology-led models of care.

Our project adapts approaches used elsewhere to our local context, with the aim of improving patient access, making effective use of clinical capacity and supporting sustainable service transformation.

This poster shares our QI journey so far - from identifying the problem and understanding current pathways, through stakeholder engagement and pathway redesign, to preparing for testing and measurement. It reflects on what we have learnt from working with the collaborative and putting QI into practice.

The NHS Elect National Audiology Collaborative

The collaborative connects audiology teams across England to work on local improvement projects within a shared QI framework.



What does the programme provide?

1. Mentoring: Regular coaching, webinars and opportunities to test our thinking.
2. Practical QI tools: To understand problems, identify opportunities and structure change.
3. Measurement and Evaluation: To understand data and assess whether change is leading to improvement.
4. Collaboration: National events and opportunities to collaborate with other audiology teams.
5. Learning: A supportive environment to challenge current practice, learn from others and develop ideas.

We applied because we wanted to... build and embed QI capability within our team, and improve experiences for patients and staff.

Thinking of applying?... You don't need a perfect project., you simply need a problem worth exploring and a willingness to ask: *“Could we do this differently?”*

Our Project

OUR PROBLEM: Non-complex tinnitus and BPPV patients currently enter an ENT-led pathway. However, high demand has contributed to significant waits, with some patients waiting >60 weeks. Resulting in = **Delayed treatment** • **Fragmented care** • **RTT breaches**

OUR AIM: To reduce waiting times for patients with non-complex tinnitus and BPPV, working towards the 18-week Referral to Treatment (RTT) standard.

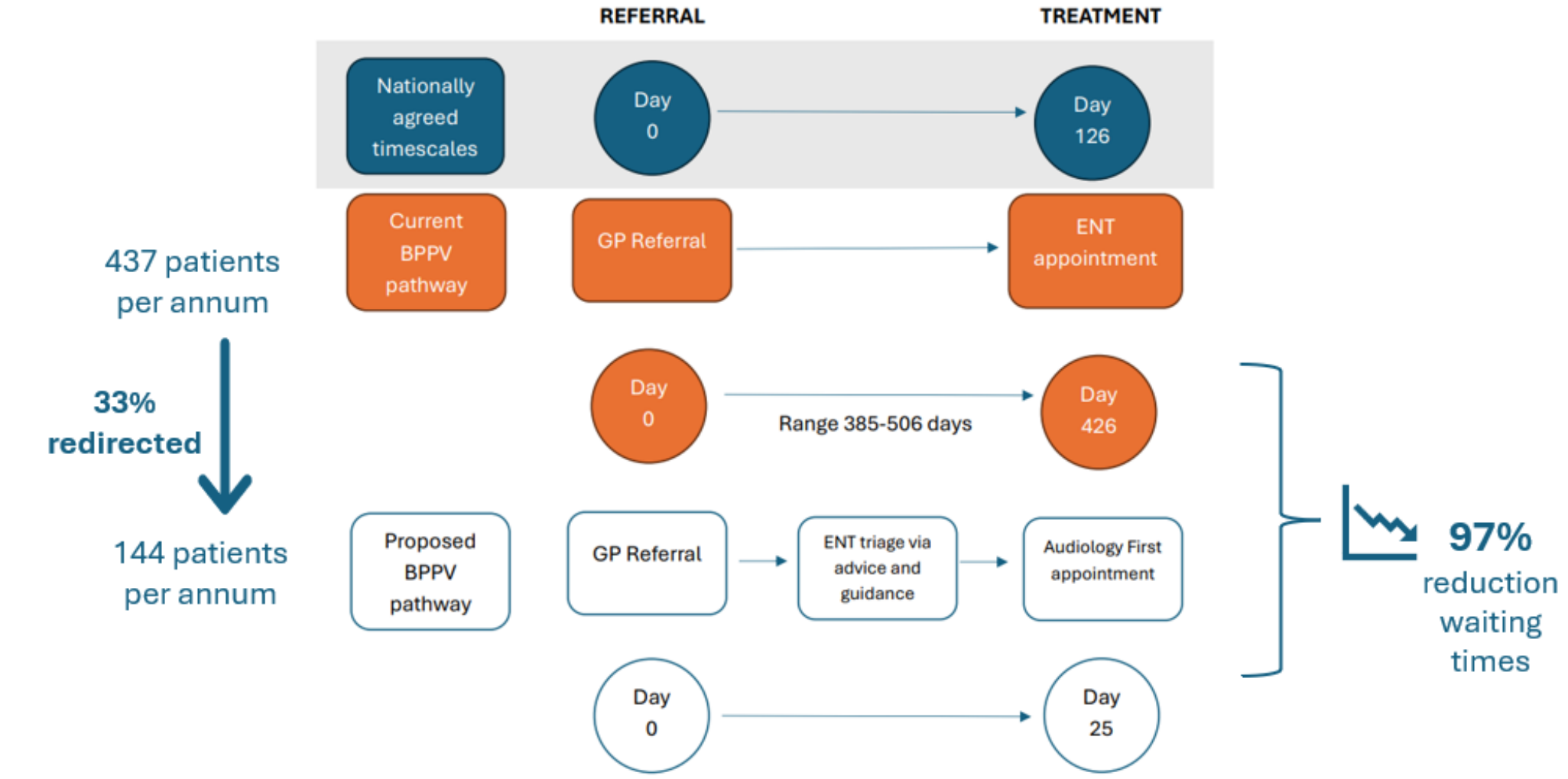
OUR PROPOSED CHANGE: Implement an Audiology First model

Redirect appropriate patients to an audiology-led pathway, aiming to:

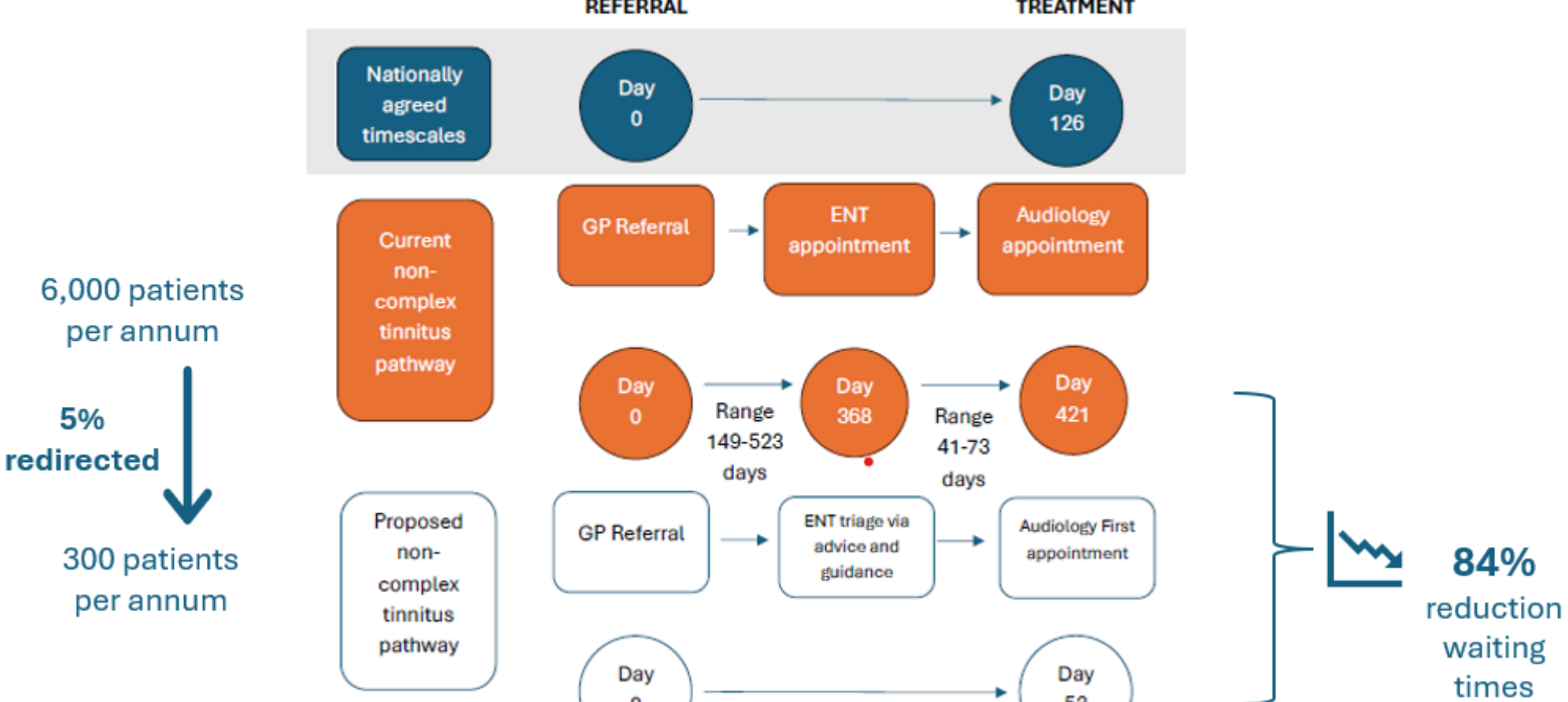
- Reduce waiting times and unnecessary visits
- Improve pathway efficiency
- Make better use of specialist workforce skills
- Provide timely access to appropriate care

OUR PROPOSED IMPACT: Pathway modelling based on existing patient journeys (see below) suggests that **Audiology First could reduce waiting times by an estimated 84–97%**. As part of this collaborative QI project, we will test whether this reductions in wait can be achieved whilst also maintaining quality, safety, and outcomes.

Pathway Comparison: BPPV



Pathway Comparison: Tinnitus



Our Journey So Far...

Applying

- Submitted an expression of interest outlining our proposed project.
- Interview-style discussion to explore the project and its alignment with the collaborative.
- Awarded a place on Cohort 3 of the programme.

Learning

- Participated in national learning events and webinars.
- Matched with a dedicated mentor and established regular meetings for support and challenge.
- Collaborated with peers within and beyond our team.

Understanding the problem

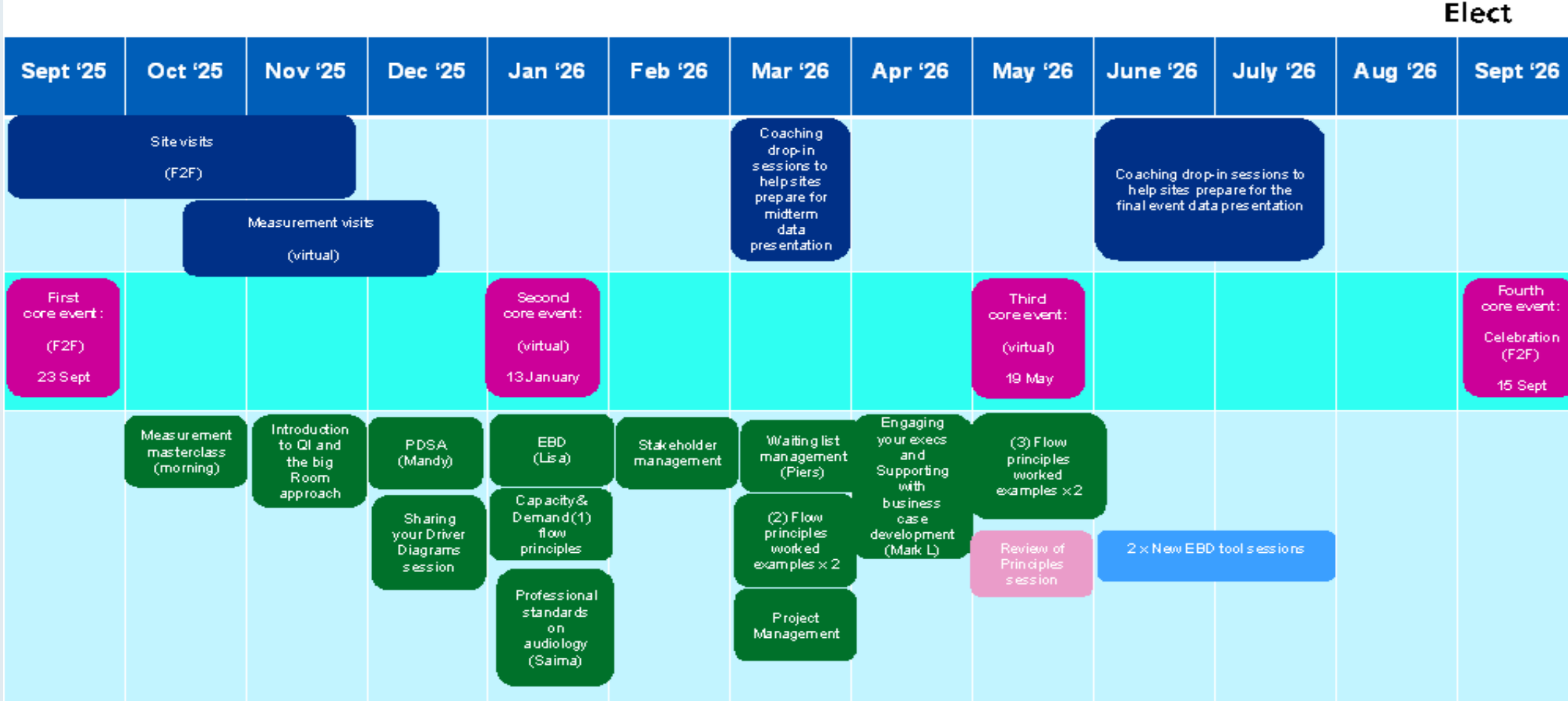
- Established our project aim.
- Developed process maps to understand current patient journeys
- Created a driver diagram to identify factors influencing the desired improvement
- Consulted with internal and external stakeholders to generate ideas and align processes

Measuring change

- Measures are currently being defined to assess the impact of pathway changes
- **Next:** Pilot BPPV pathway = October 2026 and Pilot tinnitus pathway = January 2027
- **Then:** Evaluate, learn & adapt

Where Are We Now?

Activities scheduling



Activities timeline chart courtesy of NHS Elect team

We are now entering the testing phase, where we will use pilots to understand what works, what doesn't and what needs to change further before considering wider implementation. Alongside, we are continuing to:

- develop meaningful measures
- gather stakeholder feedback
- understand the impact of change
- refine the pathways

Essentially, we are testing and measuring change - not assuming we already know the answer.

What We've Learnt Along The Way

1. Make time for improvement	2. Listen to the reluctant voices	3. Get the right people around the table
Finding time is always going to be a challenge. If improvement matters, we need to make space for it.	Staff who are resistant can identify assumptions and unintended consequences that may have missed. Hear the concerns early and use them to make the change better.	Bringing external stakeholders together can be challenging as the project evolves. Think about who needs to be involved before you apply.
4. Get executive support	5. Don't let imperfect data stop you	6. Impact can spread
Board-level engagement has helped our project gain traction. Organisational support can really help move your project forward.	Access to useful service-level data has been challenging, and at times, this has felt frustrating. But we have learnt that: Understanding what data you don't have and why - is itself part of the improvement work.	The greatest learning hasn't necessarily been limited to the original project. The QI tools we've developed are now being used to support redesign in other areas of our service. QI creates ripples.

This Story Continues...

Our project is still evolving. The next stage is to test, measure, and adapt, while continuing to share our learning and journey.

Through participation in the Improvement Collaborative, we have built QI capability, strengthened relationships and changed how we approach improvement. And, our biggest learning so far?... Don't be afraid to try. You don't need the solution to start improving; simply find a problem, bring people together and start the conversation.

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