

INNOVATING REASSESSMENTS: USING AUTOMATED AUDIOMETRY TO IMPROVE ADULT AUDIOLOGY PATHWAYS



AUTHORS

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BACKGROUND

Increasing demand for adult hearing reassessments was creating pressure on clinical capacity and contributing to extended waiting times. Many patients requesting reassessment were seeking reassurance regarding hearing stability or hearing aid technology, rather than requiring a full audiological review.

AIMS

- Identify patients requiring full reassessment
- Reduce unnecessary follow up appointments
- Improve waiting times
- Release clinical capacity
- Support a needs-led model of care



METHODS

Between 1 November 2025 and 31 July 2026, patients requesting reassessment were considered for an upgrade to the current hearing aid model, where appropriate. Suitable patients underwent a 20-minute automated hearing assessment, with results reviewed alongside a structured screening questionnaire.

Patients were triaged into three outcomes:

- Full Reassessment: ≥ 15 dB change at two or more frequencies, significant clinical concerns, or red flags.
- Verification and Troubleshooting: Stable hearing with hearing aid or management issues requiring intervention.
- Discharge: No significant hearing change or clinical concerns.

RESULTS

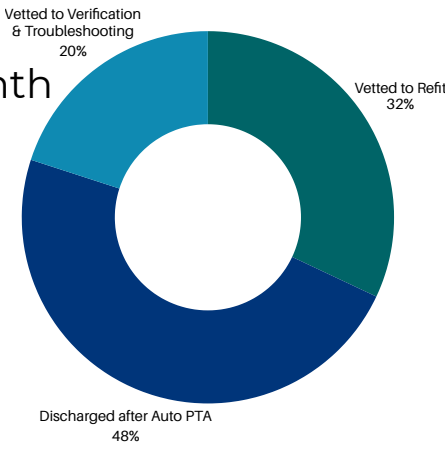
 **483** patients completed Automated Audiometry

Capacity

-  258.25 Clinical hours saved
-  28.7 hours saved per month
-  Equivalent of 7 Reassessment clinics per month
-  Equivalent of 0.79 WTE Audiologist Capacity

Waiting Times

 Longest wait reduced from 48-59 Wks (2024) to 0-4wks (2026)



KEY FINDINGS

-  Nearly half of patients did not require further intervention.
-  Clinical resources were redirected towards patients with genuine hearing changes.
-  More than 250 clinical hours were released.
-  Significant reductions were achieved in reassessment and refit waiting times.
-  The pathway successfully supported a needs-led rather than recall-based model of care.

48% discharged, 258 clinical hours saved, and reassessment waits reduced from 30 weeks to 0 weeks

CONCLUSION

The pathway innovations implemented in Betsi Cadwaladr University Health Board and NHS Tayside demonstrate that redesigning reassessment services can improve patient flow, release clinical capacity, and reduce waiting times. The Welsh two-tier model saved over 230 clinical hours by matching patients to the level of support required, while NHS Tayside's automated audiometry pathway released 258 clinical hours. Together, these findings show that innovative, needs-led pathways offer a more sustainable approach to managing demand than traditional reassessment models, enabling services to improve access, optimise workforce utilisation, and deliver more timely patient care.

METHODS



In 2024, Betsi Cadwaladr University Health Board introduced changes to the reassessment pathway for existing hearing aid patients. The aims were to reduce waiting times for these patients and to investigate whether a two-tier approach would identify patients requiring differing levels of support.

Previously, all patients attending a hearing aid maintenance appointment, reporting hearing difficulties, would undergo otoscopy, hearing aid checks/fault finding, minor alterations if appropriate, and for those with no solution identified, they would be seen on a reassessment pathway. We introduced a new approach with the view that not all patients may need the same level of support.

New Reassessment Criteria

Full reassessment pathway (Band 5+, including history taking, development of Individual Management Plan, audiogram, exchange of hearing aids as appropriate)	Examples <ul style="list-style-type: none">Clear change in their situation or have not worn hearing aids for a long timeHaving issues with hearing, despite replacement of faulty aids
Modified reassessment (Band 4 for repeat hearing test, exchange/real ear measurement as appropriate)	Examples <ul style="list-style-type: none">Those who need updated hearing aids (e.g. aid cannot be replaced as obsolete and no issues prior to faulty aids)Changed their mind about having bilateral/second aid fitted

RESULTS

	Number of Patients
Total seen on reassessment pathway	1239
Total seen on modified pathway	926

As those seen on the modified pathway required a shorter appointment length, this resulted in a saving of over **230** hours in 6 months. Also, these appointments could be carried out by lower band staff. This resulted in patients being seen in a timely way for the support they needed.

One concern in maintaining this pathway is whether some patients would have benefitted from a full reassessment, as the decision making for the pathway relies on what the patient reports in the hearing aid maintenance appointment.