



# Improving NH2: Best practice guidance for NHSP and Audiology providers across the West Midlands

## Purpose of Paper

The Purpose of this briefing is to present findings from an audit of current work undertaken to improve performance in the indicator NH2 (definition below) in the Newborn Hearing Screening Programme (NHSP). As a result of this audit and the strategies developed, the aim of this paper is to share best practice with NHSP providers and Audiology departments across the West Midlands.

NH2 definition - *“the proportion of babies with a no clear response result in one or both ears or other result that require an immediate onward referral for audiological assessment who receive audiological assessment within the required timescale” (4 weeks).*

## Background to the Project

In 2017/18 performance of one Provider in the West Midlands geography for the NH2 indicator was consistently below the acceptable standard 90%. In 2018/19 Q1 performance improved to being above the acceptable standard but remained below the achievable standard (95%). A significant proportion of women receiving maternity care from the Trust identified as of Pakistani heritage (33%). There was concern as to whether there was a health inequality, if this was due to not using interpreters for non-English speaking women and whether this then impacted on performance of NH2. A review by NHS England Screening and Immunisation Team (SIT) took place from Oct 2018- March 2019. The purpose was to review the causes for this and whether interpreters were used for non-English speaking women.



## Report Summary

SIT undertook visits to one Provider trust, to the NHSP and Audiology departments which resulted in a joint meeting between departments. Audits previously undertaken over the preceding twelve months were reviewed by SIT and further audits were requested to be undertaken by both NHSP and Audiology. Both departments demonstrated in their audit data that most women were English speaking and that generally no interpreters were needed, although where required, interpreters were used. Whilst there were some strategies already in place to address performance, there were process and governance issues, particularly around the complex IT interface between NHSP and audiology. The strategies already in place and those developed are outlined below.

## Conclusion and recommendations

Whilst the review did not demonstrate non-use of interpreters for non-English speaking women, positive changes were made to process and governance and the outcome is significantly improved performance for Q3 2018/19 for NH2 which is 98.1%, above the achievable threshold 95%. With all the strategies listed below, hopefully performance will continue to improve, although this will be monitored and reviewed at Programme Boards: -

- Sticker in parent held record to alert the Health Visitor that the baby requires hearing follow up and to remind the parent/parents
- NHSP Lead monitoring performance of individual screeners. This strategy helps to potentially lower referral rates to audiology, which according to Standard 3 test performance referral rate to diagnostic audiological assessment should refer no more than 3%. Acceptable  $\leq 3.0\%$  and Achievable  $\leq 2.0\%$  of the 'well-baby' population to a hearing specialist in audiology
- NHSP checking phone numbers at bedside and ensuring two telephone numbers are recorded on S4H IT system and making a note if an interpreter is required
- Appointment letter given at bedside to parent when follow up required
- Text messages sent by NHSP a week before and 24 hours before the follow up appointment
- Language line is available in all locations
- Joint local meetings between Audiology and NHSP where case studies are presented and concerns raised. Also, joint regional NHSP/Audiology meetings
- Audiology Paediatric Lead flags with administrative staff regularly the importance of informing audiologists when an appointment is cancelled and should be rebooked within the timeline
- Audiology Paediatric Lead checks the IT system weekly or more frequently to ensure clinics have been migrated across from NHSP and populated accordingly
- Daily updating of S4H by audiology as in some instances the appointment was conducted within the timeline but was not uploaded onto S4H in a timely manner, hence KPI breached
- Audiology phoning families' day before the appointment to remind
- Links made to Health Visitor Teams across the geography with NHSP attending Health Visitor meetings to provide updates and promote baby's attendance at audiology appointments
- NHSP newsletter sent to Health Visitors to promote attendance at appointments
- Additional PHE guidance can be found here:- <https://phescreening.blog.gov.uk/wp-content/uploads/sites/152/2018/01/NH2-learning-from-best-performing-sites-19012018.pdf>

Sue Griffiths, Screening and Immunisation Coordinator,  
NHS England and NHS Improvement – Midlands; 08/04/2019