

Secondary Care Straight to Test (STT) Pathways for hearing loss and tinnitus.

This proposal has been designed by the London ENT Clinical Leadership Group (CLG) which includes representatives from Audiology and Primary Care.

The aim of this pathway is to reduce unwarranted variation across London in patients being seen in secondary care ENT clinics for hearing loss and tinnitus; by enabling appropriate patients to receive an MRI IAM on referral to ENT via Audiology or community ENT services including Tele-otology, in advance of a first outpatient appointment. Patient and staff experiences will be improved through streamlining and accelerating the investigation of hearing loss and tinnitus on triage of referral.

(1) Straight to Test Pathways for Hearing Loss and Tinnitus referred from primary care.

- Unilateral or asymmetric sensorineural hearing loss
- Unilateral continuous tinnitus > 3months

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none">• Unilateral or asymmetrical sensorineural hearing loss as indicated by a difference in left & right thresholds of ≥ 15 dB at ≥ 2 neighbouring frequencies: 0.5, 1, 2 or 4 kHz.• Cases of unilateral continuous tinnitus > 3 months	<ul style="list-style-type: none">• Patients are < 18 years.• Patients are aged >75 years (Discuss with ENT department)• Not fit to undertake scanning procedure• Adults with sudden onset/rapid worsening of hearing loss in one or both ears, not explained by external or middle ear causes, as follows:<ul style="list-style-type: none">- hearing loss developed suddenly (over a period of 3 days or less) within the past 30 days, refer immediately (to be seen within 24 hours) to an ear, nose and throat service or an emergency department.- hearing loss developed suddenly more than 30 days ago, refer urgently (to be seen within 2 weeks) to ENT or audio-vestibular medicine service.- hearing loss worsened rapidly (over a period of 4 to 90 days), refer urgently (to be seen within 2 weeks) to ENT or audio-vestibular medicine service.• Localising symptoms or signs (such as facial nerve weakness) that might indicate a vestibular schwannoma or CPA lesion.

*Please note: MRI IAM is a diagnostic test for SNHL or unilateral tinnitus only and does not exclude other pathologies that may cause hearing loss.

(2) Pathway Governance

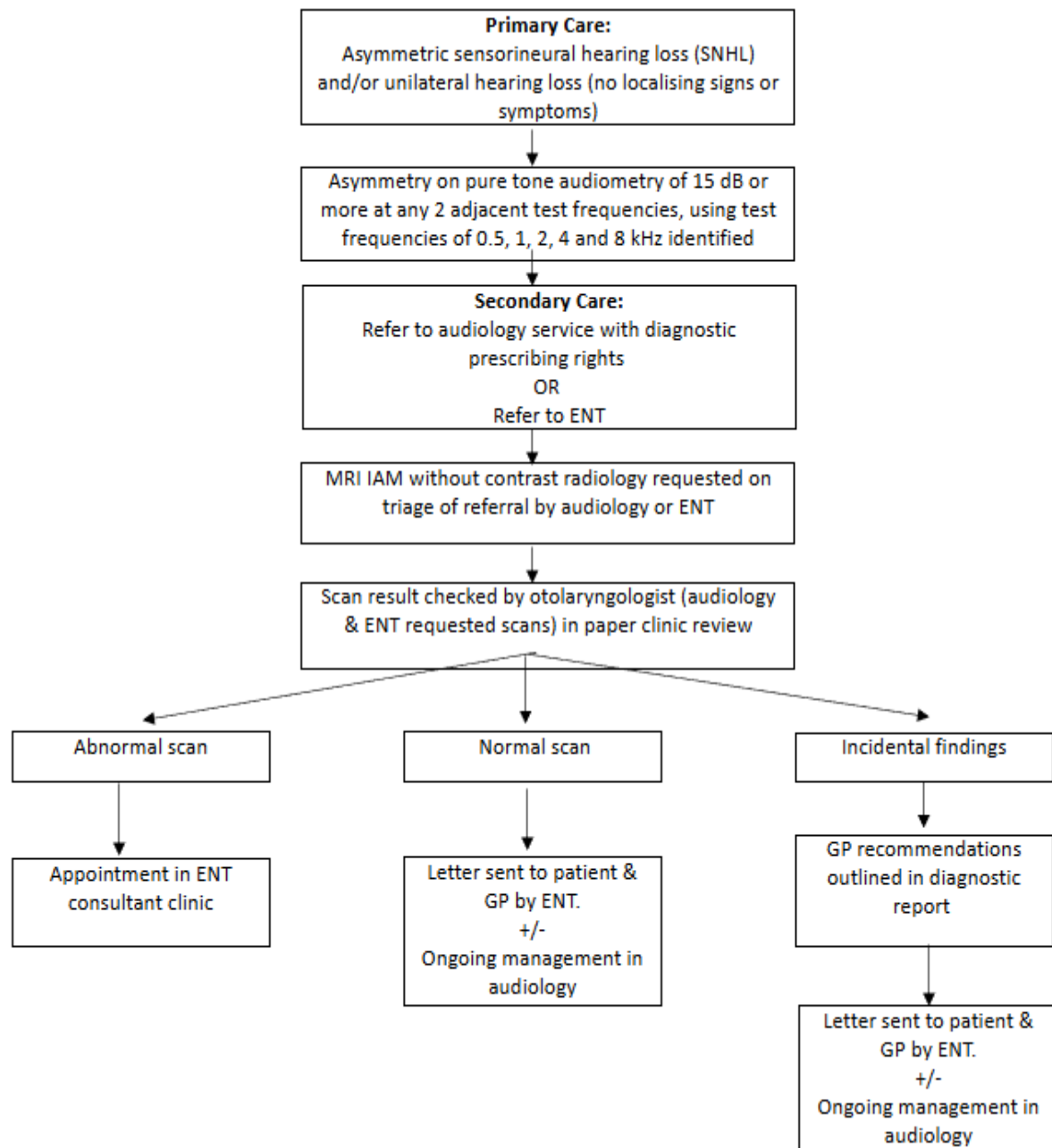
Governance around the results of MRI IAM will remain with:

- The ordering clinician in ENT
- The ordering clinician in audiology under guidance of a senior otolaryngologist who checks all scan reports, whereby patients will be reviewed in outpatients, and is available for queries from audiological staff, in addition to regular inter departmental audit.

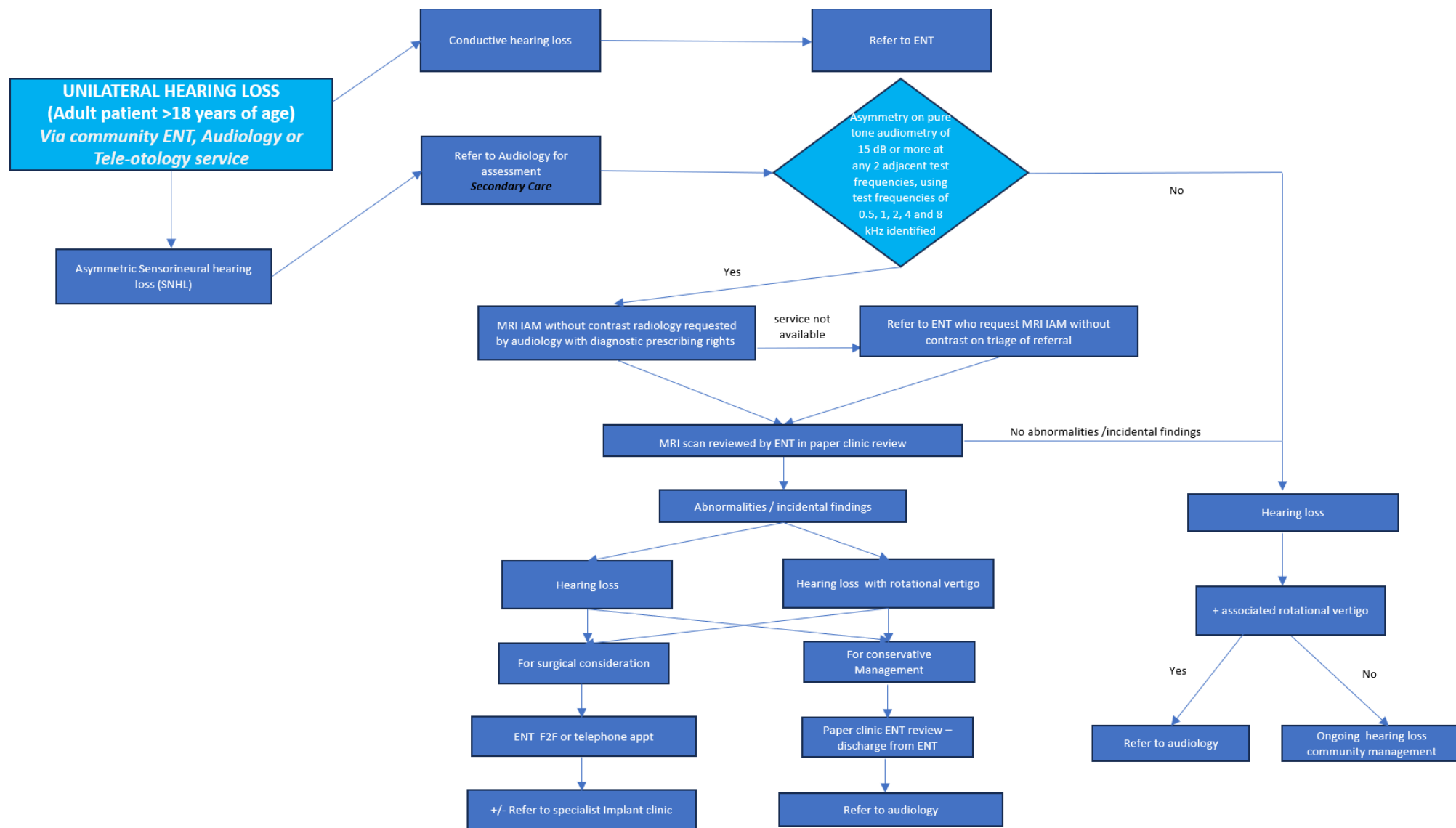
Having a senior otolaryngologist check all scan reports will:

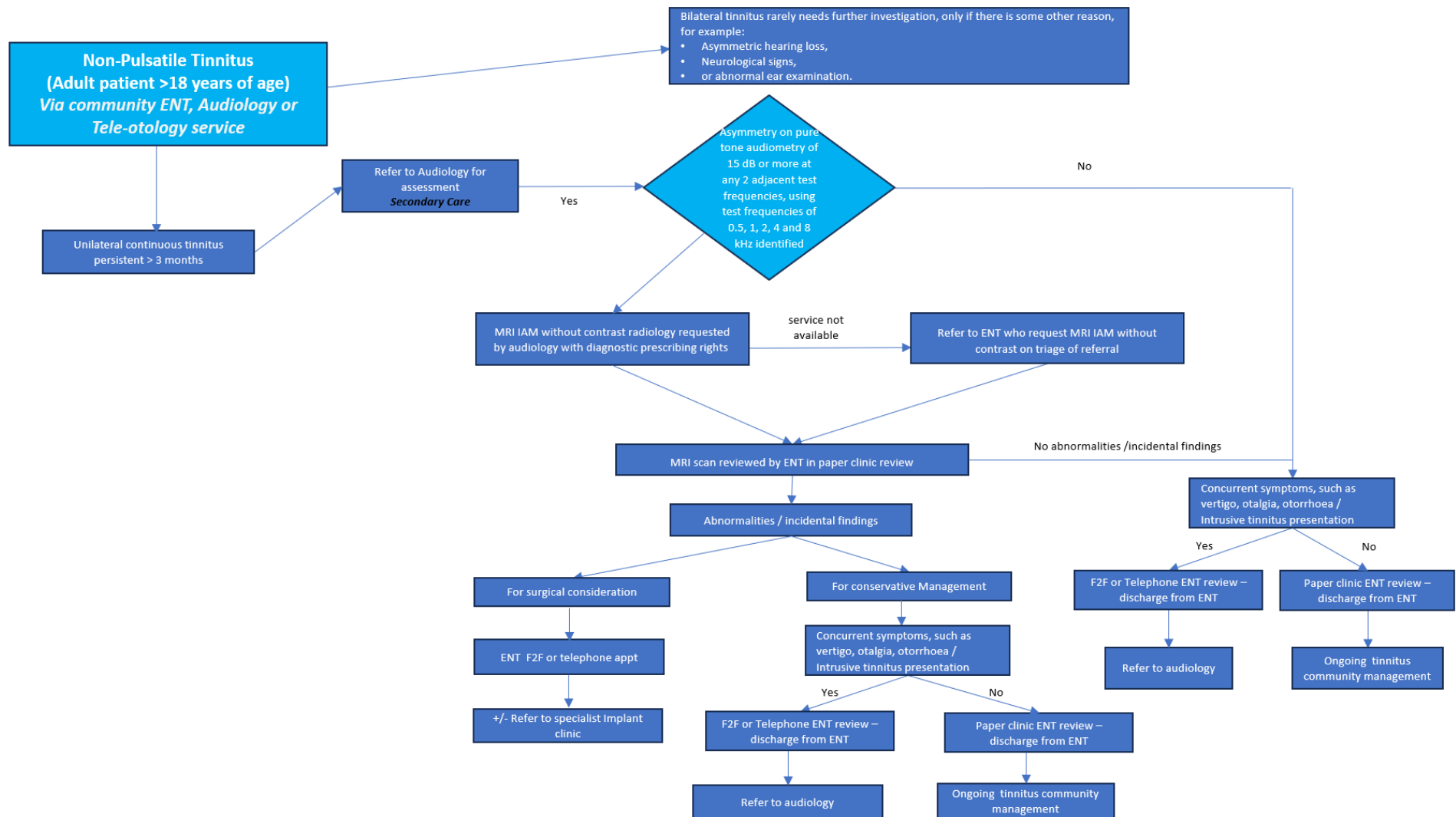
- Minimises the risk of missing intracranial pathology in patients screened by non-medically trained practitioners.
- Help to minimise clinical error and risk on a case-by-case basis.
- Ensure patients that need medical input are seen in a timely manner.

Asymmetric sensorineural hearing loss / continuous unilateral tinnitus without localising symptoms or signs



We are aware of concerns that this proposal could lead to an increase in MRI IAM requests. We do not envisage an increase in referrals as audiologists and ENT clinicians will be following existing diagnostic access policies. The number of patients referred for MRI is therefore expected to remain the same, with patients being referred earlier in the pathway i.e. on triage of referral rather than following first ENT outpatient appointment.





(5) Key Performance Indicators (KPIs)

Indicator	Referral source (ENT / Audiology)	No of positive findings	No of incidental findings	Frequency
Number of STT MRI IAM referrals booked for hearing loss				
Number of STT MRI IAM referrals booked for tinnitus				
Number of STT MRI IAM referrals booked for symptoms indicating vestibular schwannoma or CPA lesion.				
MRI IAM turnaround time - average time from request to scan				
MRI IAM reporting turnaround time - average time from completion of scan to sending finalised report to scan				
Number of unnecessary outpatient appointments avoided				
Number of unnecessary scans performed				

(6) Contributors to the development of the Straight to Test Hearing Loss and Tinnitus Pathways
(noting that additional colleagues have kindly commented and suggested improvements)

Name	Title	Organisation
Elaine Sheerin	<ul style="list-style-type: none"> • Programme Manager, Outpatients Transformation 	<ul style="list-style-type: none"> • NHS England, London Region
Mr Bhav Patel	<ul style="list-style-type: none"> • Consultant ENT Surgeon, specialises in Otolaryngology 	<ul style="list-style-type: none"> • London Northwest Healthcare NHS Trust
Mr Max Whittaker	<ul style="list-style-type: none"> • Consultant ENT Surgeon, specialises in Otolaryngology 	<ul style="list-style-type: none"> • Homerton University Hospital Foundation NHS Trust
Mr Peter Andrews	<ul style="list-style-type: none"> • Consultant Rhinologist, Facial Plastic and Anterior Skull Base Surgeon. • Clinical Director ENT London Region 	<ul style="list-style-type: none"> • Royal National ENT and EDH/UCLH • NHS England, London Region
Dr Aditi Shah	<ul style="list-style-type: none"> • GP & Primary Care Clinical Lead for ENT • ENT Network Co-Lead 	<ul style="list-style-type: none"> • SW London • NHS England, London Region
Mr Hassan Elhassan	<ul style="list-style-type: none"> • ENT Consultant specialises in sinus and nasal surgery • Deputy Clinical Director ENT London Region 	<ul style="list-style-type: none"> • Homerton University Hospital • NHS England, London Region
Dr Alexandra Armstrong	<ul style="list-style-type: none"> • Salaried GP • Primary Care ENT Lead 	<ul style="list-style-type: none"> • Clapham Family Practice • SEL ICB
Ruth Thompson	<ul style="list-style-type: none"> • Regional Chief Scientist 	<ul style="list-style-type: none"> • Medical Directorate, NHSE London
Jack Stance-Lewis	<ul style="list-style-type: none"> • Healthcare Science Fellow & Audiologist 	<ul style="list-style-type: none"> • NHS England