

# WELSH HEALTH CIRCULAR



Llywodraeth Cymru  
Welsh Government

**Issue Date:** 25 March 2021

**STATUS: ACTION**

**CATEGORY: POLICY**

[School Entry Hearing Screening pathway](#)

**Date of Review:** September 2022

**For Action by:** Health Boards

**Action required by:** ASAP

**Sender:** Welsh Government

**HSSG Welsh Government Contact(s):**

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**Enclosure(s):** None

The provision of School Entry Hearing Screening across Wales is currently variable, with inconsistencies in screening practices across different health boards. A School Entry Hearing Screening Task and Finish Group was set up to agree recommendations to ensure children in Wales are offered a hearing screening test in the school year they reach the age of five. The group's overall aims were to:

- Support health boards to deliver prudent and effective services compliant with the UK National Screening Committee recommendation for school entry hearing screening.
- Establish a national Wales pathway for school hearing screening and management of screen referral up to and including referral hearing care management.
- To optimise school entry hearing screening using established standards, personnel, training, equipment, facilities and data collection to offer a quality assured service aligned to the national Audiology Quality Standards.
- Make recommendations for data collection and audit standards, to assist in the development of a national audit of how hearing-impaired children are identified following the new-born hearing screen, to inform the development of hearing care pathways.
- Advise on how the screening and diagnostic process should be integrated with the identification and management of Additional Learning Needs (ALN).
- Advise on how the work stream should align to *A Healthier Wales* and integrate with the Well-being of Future Generations (Wales) Act 2015.

The Task and Finish Group produced a Standard Operating Procedure to support a consistent approach to delivery of safe practice and an audit form to provide for effective national monitoring attainment of screen objectives.

#### **Next Steps:**

Health Boards should begin implementation of the new pathway as soon as possible and seek full implementation by April 2022. Welsh Government wish for health boards to follow the recommendations below and be able to provide updates at three monthly intervals from April 2021.

Health Boards will be aware that there are two cohorts of children that will need "mopping up" due to the Covid-19 pandemic, communication of how this will be managed will follow with the "Standard Operating Procedure" and related documentation.

#### **Recommendations:**

1. A national school entry hearing screening service to be developed and rolled out across Wales and include the following:

- A hearing test offered to all pupils who will reach the age of five in their current school year.
- A pupil could be absent from school at any point during the screening pathway, therefore, a maximum of three visits should be made to an individual pupil. One of the three visiting opportunities must be a specific offer to the family for an appointment with the school entry hearing screening service.

- Hearing screening service to be managed by the health boards' local audiology service, and monitored and audited by the audiology Heads of Service Group.
- Pupils failing the screen to be referred to an audiologist to do more comprehensive hearing test to identify those with the target condition, and those who don't who would still benefit from an intervention.
- National and local process to be developed and ensure data set is routinely collected. All data to be collated with national data by audiology Heads of Service Group. These measures will enable performance of screening to be evaluated locally and nationally in terms of agreed performance indicators e.g. yield, sensitivity, specificity, predictive value, coverage and uptake.

2. National school entry hearing screening service to adhere to the following items:

- To use pure tone screening audiometry screening in the test at levels of (0.5, 1, 2 and 4 KHz. Both right and left ears tested at 30/25/25/ 25 dBHL. The pass criteria is response at all of these levels.
- To record the outcome of the screening test on the national child health database.
- The target condition is defined as permanent significant bilateral or unilateral hearing loss. Significant hearing loss is defined as permanent childhood hearing impairment of a moderate degree or greater [i.e. detection thresholds >40 dB hearing level (HL) averaged across 0.5, 1, 2 and 4 kHz] in either ear.
- A defined target is needed to establish the operating performance of the screen and the >40dB average in either ear is clinically reasonable. However, audiology services should also diagnose hearing losses that do not meet these criteria. An extreme example would be normal hearing at all frequencies except for thresholds of 80dBHL @ 2 and 4kHz. This would not meet the target condition but would be important to diagnose for the pupil to meet their full educational and social potential.
- Wales national Audiology Heads of Service Group to review the service after one full year of operation and adjust and adapt in response to the findings, including evaluation of the pathway against recognised performance indicators.

### **Definitions:**

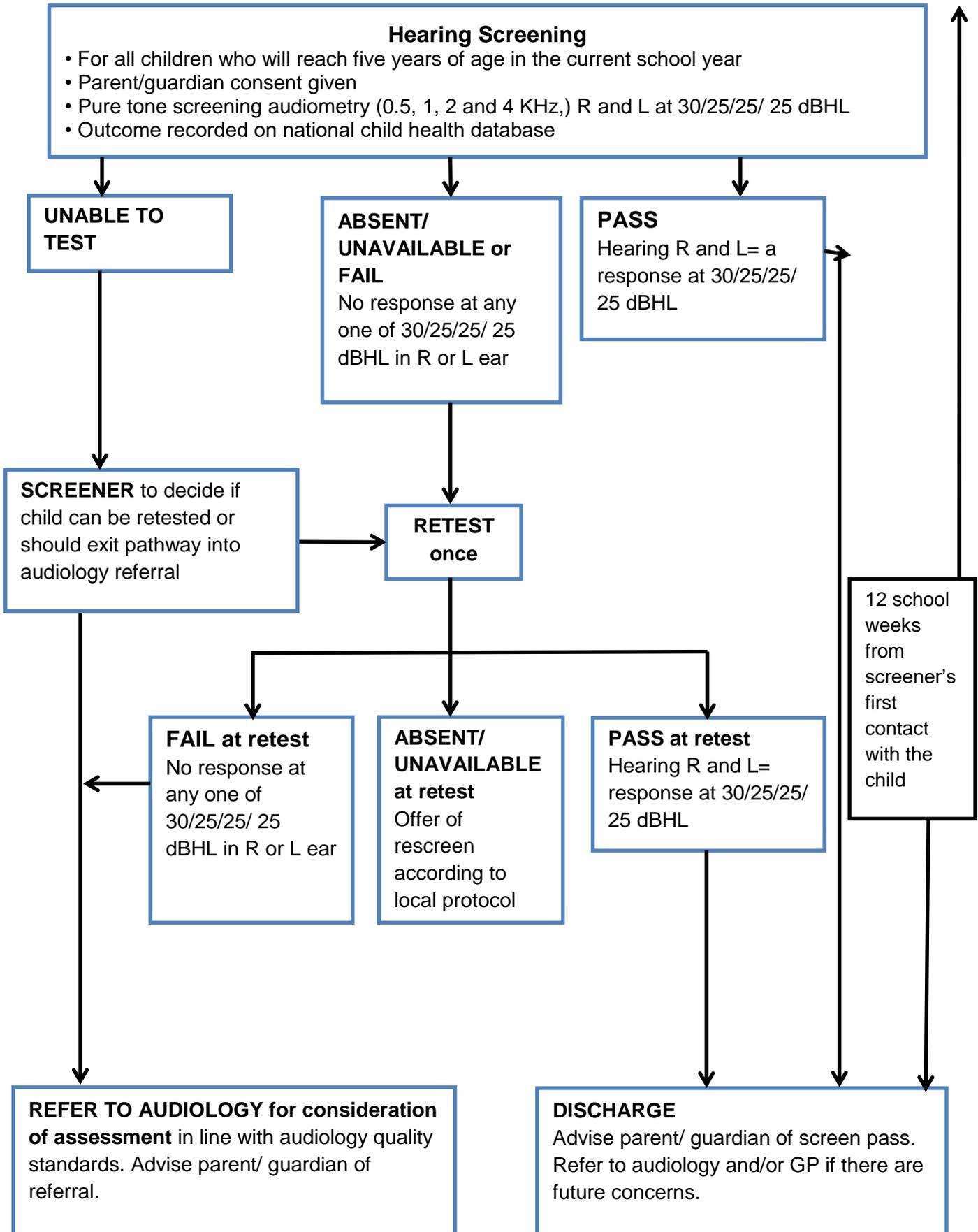
**Yield** - The number of children with a follow-up outcome that meets the definition of the target case, per 1,000 children screened.

**Sensitivity** - The number with confirmed hearing loss that were correctly identified as positive on screening.

**Specificity** - The number confirmed with no hearing loss that were correctly identified as negative on screening.

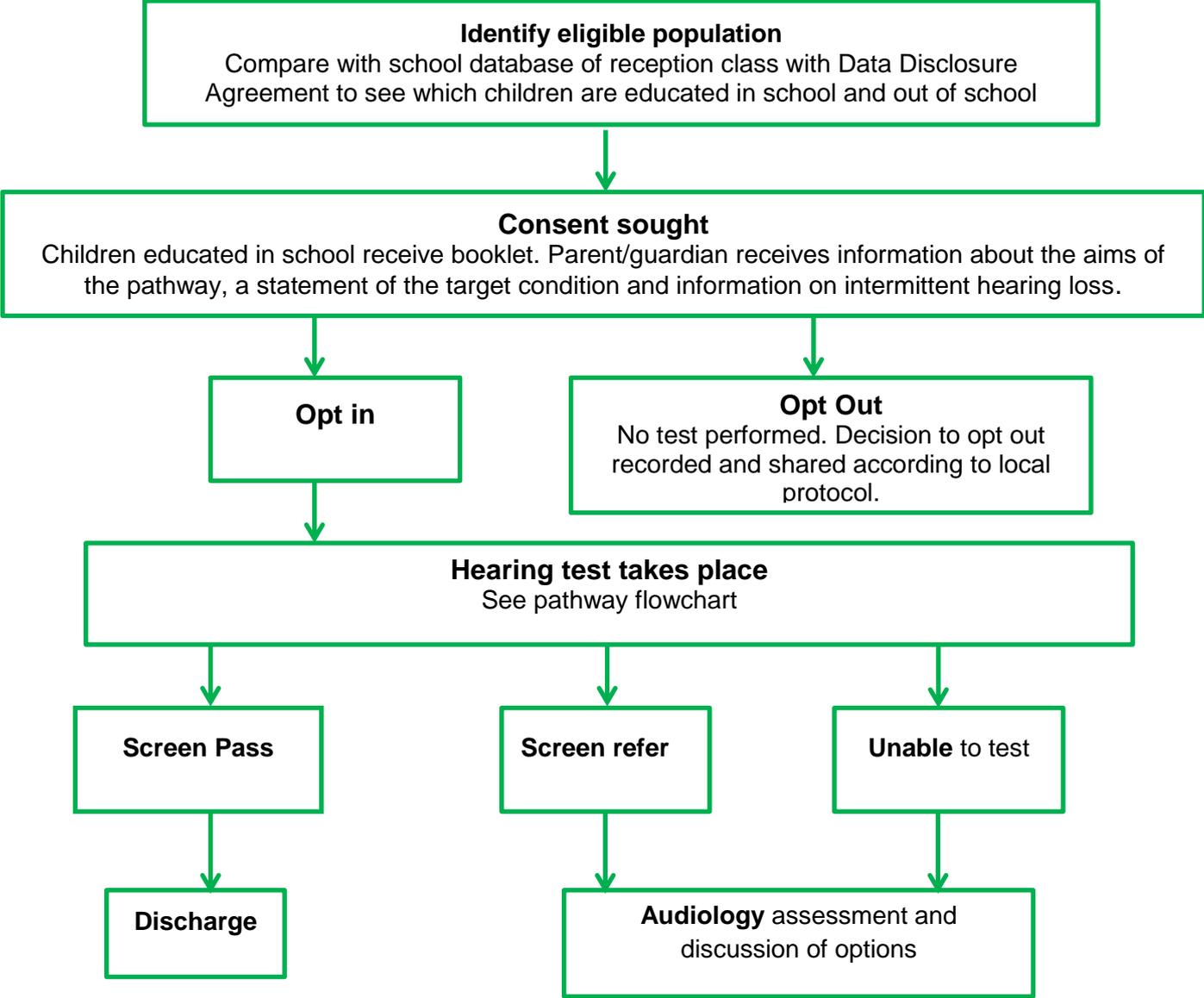
**Predictive Value** - The proportion of referred cases following a positive screening test which are found to have confirmed hearing loss.

## Wales National Pathway



NB: Children may be absent during the pathway. Once first contact is made, a maximum of three visits are to be made to an individual child. One of the three opportunities must be a specific offer to the family for an appointment.

**Overview of full screening pathway process<sup>1</sup>**



<sup>1</sup> This pathway to be included in screeners' training package