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Identifying memory and hearing concerns in London Memory & Audiology Clinics

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Contents

Executive Summary

Hearing loss has a well-documented association with dementia and cognitive decline. Treating hearing loss early in people with mild cognitive impairment or dementia may improve symptoms and quality of life, whilst potentially altering the trajectory of cognitive decline. People with hearing loss are at an increased risk of dementia and may benefit from early signposting to memory services if their cognitive symptoms are identified in audiology clinics.

Collaboration between the London Dementia Clinical Network and the Audiologists within the Healthcare Science team at NHS England led to:

- Combined Audiology Clinic and Memory Service Leads workshop
- Directory listing and mapping all of the London Memory Services and Audiology Clinics aligned to them
- Checklists that could be used in memory services and audiology clinics to check for hearing or memory difficulties
- A bilateral pilot in a London memory service and the audiology service to implement the checklists and corresponding referrals pathways.

Results

- Audiology clinic: 115 patients were assessed, 100 had a memory checklist completed, 4 were referred to the GP for onward referral to a memory service and 2 patients were diagnosed with dementia
- Memory service: 100 patients were assessed, 72 had an audiology checklist and otoscopy examination, 30 patients were referred to the audiology clinic and 15 were referred for ear wax removal

Conclusions

There was an increase in referrals to both services, and qualitative data indicated increased awareness in both clinicians and patients about the impact of hearing loss and the importance of an early diagnosis and intervention for both memory and hearing loss.

Background

There are over 900 000 people living with dementia in the UK and this number is expected to increase to over 1.4 million by 2040[1]. Hearing loss affects over 18 million adults in the UK,[2] including approximately 40% of those aged over 50 and 70% of those aged 70 and above.[3] Untreated hearing loss can have a significant impact on people's quality of life and is associated with a range of negative health outcomes. Hearing loss has a well-documented association with dementia and cognitive decline and treating hearing loss in midlife may be the largest potential modifiable risk factor for dementia. Prevention or optimal management of hearing loss could potentially reduce dementia incidence by as much as 7%.[4,5]

Untreated hearing loss can interact with cognitive deficits to impair daily-life function, which may reduce a person's ability to wear hearing aids, increase cognitive load, and worsen social isolation. Intervention at early stages of cognitive decline can support a person to adjust to wearing hearing aids and may also mitigate the effect of hearing loss on the brain, changing the trajectory of cognitive decline. It may support them to continue to interact socially which may further reduce the risk of dementia.[6]

The London Memory Service Audit 2019[7] showed wide variation between services documenting possible hearing loss. Overall, there was evidence that hearing was discussed with 56% of patients during memory service assessments, varying from 5% to 100% per service. The Memory Services National Accreditation Programme MSNAP standards[8] published in 2018, state that a check on hearing should be included in the assessment process; however, there wasn't a significant difference in the audit between services that were and were not MSNAP accredited.

The London Dementia Clinical Network and the Audiologists within the Healthcare Science team convened an 'Audiology within Memory Services Workshop' on 20th October 2021. Forty-five people attended the workshop, including clinical leads of audiology and memory services, practitioners, patient representatives and academics who research links between auditory impairment and cognition.

The workshop highlighted recommendations and next steps, to ensure more integrated, joined up and person-centred care. These included forming links between memory services and audiology clinics and increasing awareness of the links between hearing loss and cognitive decline. As a result, an intervention was designed to support memory clinics and audiology services, decision making about whether a person would benefit from a referral to the other service. The intervention for memory services comprised staff education, a hearing symptom checklist, and the introduction of otoscopes to improve the detection of ear wax which can impact someone's hearing. The intervention for audiology services comprised dementia awareness training for staff, communication tactics and a cognitive symptom checklist.

In addition, a directory that links each memory service to their corresponding audiology department was compiled. The checklist tools were reviewed and approved by expert clinicians as well as by the London Clinical Executive Group (LCEG) and distributed across London to each ICS (*Appendix A)*

The Project Leads of the Dementia Clinical Network and London Healthcare Science team approached the Wandsworth Memory Assessment Service within the South West London and St George's University Hospitals NHS Foundation Trust and the St George's Audiology Department within the St George's University Hospitals NHS Foundation Trust, to run a service level evaluation to assess the quality improvement opportunities provided by these interventions.

Audiology - Memory Service pilot

Aims and objectives

1. To improve staff and patient awareness of the links between hearing loss and cognitive decline in both memory and audiology services
2. To improve access and speed of diagnosis of peripheral hearing loss in memory services and cognitive deficits in people attending audiology services
3. To link memory services and audiology services to provide more joined up care
4. To establish the effectiveness of the LCEG approved tools in supporting clinicians to assess the need for onwards referral for hearing loss and cognitive assessment.

Methodology

Project design

Mixed methods (quantitative and qualitative) service level evaluation, quality improvement project capturing key clinical metrics, survey responses from staff and patients, and service provider focus groups.

Project Recruitment, Participants and Inclusion Criteria

- All consenting patients accessing the Wandsworth Memory Assessment Service for initial assessment and follow-up review
- Patients aged 50 and over attending St George's Audiology Services for initial assessment and reassessment
- Consecutive series sampling over a 3-month period or 100 patients

Setting

- Bilateral project set within the Wandsworth Memory Assessment Service South West London & St. George's Mental Health NHS Trust, and the St George's Hospital Audiology service within the St George's University Hospitals NHS Trust.

Process and interventions

- The project leads from the Dementia Clinical Network and the Healthcare Science team at NHS England developed the following documents in preparation for the pilot project:
  - Pilot protocol
  - Checklists and Tools *(Appendix A)*
  - Data flow process maps *(Appendix B)*
  - Spreadsheet to capture data
  - Microsoft forms survey to capture qualitative data from the patients and the views of the clinicians participating in the pilot from both services *(Appendix C and D)*
  - Focus groups interview schedule appendix *(Appendix E)*

- The project leads met with the clinicians from the memory and audiology clinics participating in the pilot. They presented the background to the pilot project, including the audit findings and research, highlighting links between hearing loss and cognitive decline
- Training was conducted in both services:
  (i) To share the evidence with service providers and increase awareness of the link between hearing loss and dementia
  (ii) To give an overview of the project and how to utilise the checklists and tools
- The Memory Service attended an additional session that covered theoretical and practical otoscope skills. Otoscopy training was provided by St George's Audiology Department in line with British Society of Audiology minimum training guidelines for otoscopy,[9] to the clinicians in Wandsworth Memory Assessment Service. This included an overview of the anatomy, physiology and pathophysiology of the ear
- Dementia awareness training was provided by the Wandsworth memory service clinical leads to the St George's Audiology service clinicians
- The pilot was conducted over a three-month period between July and October 2023
  - Patients who attended the Wandsworth Memory Assessment Service for an initial assessment or follow up review had their hearing and ear health checked using the checklist to identify possible signs of hearing loss and an ear examination using an otoscope where appropriate. Patients were referred to St George's Audiology Department for hearing assessment when indicated.
  - Patients who attended St George's Audiology Department for assessment or reassessment aged 50 years and older had their cognition checked using the checklist developed to identify a possible memory impairment. Patients were referred to their GP for a dementia screening and consideration of possible memory clinic referral, if indicated.
- Data was collected from staff and patients using Microsoft forms and focus groups were held in both services at the end of the pilot.

Outcomes

Audiology clinic

St George's audiology department assessed 115 patients aged over 50.

Patients assessed	115
Known to memory service	3
Not known to memory service	112
Memory checklist conducted	100
No memory checklist completed	12
Referred to GP to complete a dementia screen - pre requisite before person can be accepted as new referral to a memory service	4

Reasons given for not having completed the checklist in 12 patients include patients younger than 50 and therefore not meeting the inclusion criteria, or there being insufficient time.

All 4 patients referred to their GP for a dementia screen were subsequently referred to the memory service. Two were diagnosed with dementia and the other two declined the assessment. There was a delay in referral from the GP to the memory service. The GP Practice Secretary reported that the need for referral was not made clear in the letter

Memory Service

The pilot captured 100 patients seen between June and September 2023; however, it was reported that these were not 100 consecutive patients. Therefore, it should be acknowledged that there is a risk of ascertainment bias due to the non-consecutive nature of patient inclusion.

The Memory Service Clinical Lead reported 286 referrals were made to the memory service in this time period. The rising number of referrals coupled with staff shortages meant that the clinicians did not always have time to complete the hearing loss checklist during their initial assessment. As such, the checklists and ear checks using an otoscope were administered to a random sample of 100 patients.

A hearing checklist was completed for 72 out of 100 (72%) patients; 32 individuals had a previous diagnosis of hearing loss, with 57 reporting no prior hearing loss diagnosis. Of these, 24 patients were referred to Audiology for assessment. When focusing on patients without a prior hearing loss diagnosis, almost half (42%) of these patients received a referral. A further 6 patients were referred to audiology that did not have the checklist completed as a hearing loss was suspected. Therefore, a total of 30 patients were referred to the Audiology clinic. An additional 15 patients were referred for wax removal initially *(Appendix F)*

All the patients referred to Audiology clinic were offered an appointment. One patient declined the appointment; one was admitted into a care home, and the third appointment was cancelled by the GP as the GP felt that this was not an appropriate referral.

Results table

Service	**Audiology**	**Memory Service**
No. of Patients n = (m / f)	N=115	N=100
Age range Median Mean	51 – 96 yrs 76 yrs 75 yrs	62 – 99yrs 83 yrs 82 years
Ethnicity - no. (%) White Black	 76 (66%) 7 (6%)	 62 (62%) 17 (17%)

Asian Mixed Ethnicity Not disclosed/Other	32 (28%) 0 (0%) 0 (0%)	10 (10%) 2 (2%) 9 (9%)
Appointment type – no.(%) - Initial assessment - Review/Follow up	 64 (56%) 51 (44%)	 52 (52%) 48 (48%)
Checklist complete -no.(%)	100	72 (72%)
No. of referrals	4 (4%) *	30 (30%)
No. of patients offered an appointment in corresponding clinic	4 (4%)	30 (30%)
No. of patient seen in corresponding clinic	2 (2%)	27 (27%)
No. of patients with diagnosis (n = (%))	2 (2%)	Not known

Memory Service (MAS) onward referrals	
Referral type	No. of Patients
Referral to Audiology clinic	30 (30%)
Wax – advice or referral for removal of wax	15 (15%)

Audiology onward referrals	
Referral	No. of Patients
Referred to GP for a MAS referral	4 (4%)
Referral by GP to MAS	4 (4%)
Actual (seen in MAS)	2 (2%)
Diagnosis of Dementia	2 (2%)

Results considered in Audiology were based only on those who had the checklist completed

Feedback

Clinician Survey

The clinician survey was completed by 14 clinicians: Six from audiology clinic (AC) and eight from the memory service pilot sites. *(Appendix D)*

The feedback indicated that the checklist increased awareness of clinical features and of the link between hearing loss and memory impairment in both services. In addition, there was a general consensus that it is important to check for memory impairment and hearing loss in these services. All six audiologists felt that it was extremely important to consider memory impairment, whereas there was less agreement among the memory service clinicians on the importance of checking patients for hearing loss. This may have been related to time constraints within the assessment and review process that the memory service clinicians reported as opposed to it being of lower priority. Alternatively, their administrative load may be impacting their perspective of the importance of conducting the check.

The following themes were raised in the survey:

Increased awareness and cross-service relevance

The checklist raised awareness of the link between hearing loss and memory impairment across both the memory assessment service (MAS) and Audiology clinic (AC).

> *"Some of the questions are difficult for the patients to answer as they get confused between, 'is it due to the hearing that I cannot understand or is it that I have memory issues?'"* **AC**

Mixed Views from Memory Service Clinicians on Hearing Checks

While memory service clinicians acknowledged the relevance, time constraints and administrative burden were major barriers.

> *"It's not always realistic to complete the screening. I have 1 hour for an appointment to include full history according to MSNAP standards, cognitive exam, providing diagnosis and starting treatment if appropriate. I routinely ask about hearing, provide information and signpost to services. But in my role, there is not the time to complete a structure tool, examination and a referral"* **MAS**

Challenges with symptom overlap and checklist questions

Both groups noted difficulty distinguishing between symptoms of hearing loss and memory impairment. Overlap in symptoms meant it was difficult to differentiate between hearing and memory issues. Audiologists felt it was important to consider memory impairment; however, the specificity could be improved.

> *"Some of the checklist questions are maybe a bit too similar... this is a common problem in people with cognitive impairment."* **MAS**

Audiologists would have preferred a more detailed assessment that was age specific,

> "adding more detailed questions related to memory problems while considering age criteria" **AC**

Operational Barriers in Memory Services

Increase in the number of referrals, limited resources, and lack of equipment (e.g.otoscopes) hindered implementation.

> *"Rising numbers of referrals with no new resource... We are a very small team!"*

"Sometimes I was unable to check the patient's ears as I did not have an otoscope with me."

Referral Process Needs Streamlining

Memory service clinicians suggested integrating the checklist into existing systems to reduce administration. They suggested using the checklist as the referral form, populated in their existing Electronic Patient Records (EPR) as a means of referring patients to audiology.

"*Screening tool to be used as a referral form, to reduce admin."*

"An editable letter that pre-populates a referral form... would be useful."

Suggestions for Improvement

Clinicians proposed pre-visit questionnaires and patient-facing materials to improve understanding.

"The checklist questions could be given as a questionnaire before clinic – some patients struggle to hear questions and have to read them off screen."

""having leaflets to be included in the assessment pack to be given to the patients for them to have a better understanding of the process. Explain each phase and further information for patients to be informed prior to assessment".

Patient Survey

The patient survey *(Appendix E)* was completed by twelve patients: nine from audiology and three from the memory service pilot site. Survey responses were collected either by Microsoft Forms or in printed form. There were a limited number of patient surveys completed. Clinicians reported that this may have been due to their own forgetfulness to complete it with the patient, or due to time constraints within the assessment and review time. Patients were also provided with the survey link, however, patients failed to complete the survey in their own time.

Four of the patients attending the Audiology clinic were aware of the link between hearing loss and cognitive decline and less so in the memory service. However, there was a general consensus that it was important to check for this in both services. The additional comments added to the survey indicated that patients were generally satisfied, however, it is not clear whether they were satisfied with the fact that their memory or hearing was checked, or the clinical appointment process as a whole.

"All is very well organised"

"All procedure was very well done and in a professional manner".

Focus groups

Two focus groups were held, one with each service independently, to explore their experiences and perceptions and led by the Project Leads.

Thematic analysis was conducted on focus group transcripts that were recorded verbatim with both memory assessment service (MAS) and audiology clinic (AC). Three key themes were identified.

Theme 1.

Checklists supported universal access and integrated care, but there was still more to be done.

The checklist was intended to be offered to all patients participating in the pilot, regardless of background. Memory service clinicians observed that sociodemographic factors influenced prior access to care, with patients from affluent areas more likely to have sought help for hearing issues.

"I personally feel that I we none of us should miss out [on support] as a society I think we need to take that responsibility to know what the characteristics are [of dementia]" ***AC***

"It's a wealthier demographic in Putney, uh, with less, I'd say, less diversity of ethnicity and wealth generally… those patients tend to be safety netted by both wealth and also family carers" ***MAS***

The initiative fostered integration between services, improving relationships and referral pathways. However, stigma around memory and hearing issues remained a barrier.

"I felt it was like really crucial because there were couple of patients who were not initially [answering the question] …But then when we assured them, it's just a questionnaire to find out whether you struggle and if you struggle, we would give you all the support [you need] and could tell the GP. It would be completely private, and they came out their shell [and answered the questions on memory]" ***AC***

"actually, having a tangible relationship with the audiology department [is important] because prior to that they were, you know, faceless, for me anyway" ***MAS***

Theme 2.

Checklists increase awareness of the association between hearing and cognition, but there are blurred lines.

The checklist facilitated conversations about hearing and cognition. Otoscopy was seen as adding value, though some patients resisted it if they had already initiated hearing care.

> *"[The checklist] led to perhaps more wide-ranging conversations about hearing and access to services … having something tangible like providing otoscopy no matter how simple, was really welcomed in my experience anyway, because they felt that they were getting something additional that they haven't been able to access before and which is actually very, very positively received."* ***MAS***

> *"in terms of the actual physical process of conducting otoscopy, I don't think any clinician would complain because I think it's an important topic and actually it was relatively straightforward"* ***MAS***

> *"I usually describe the aim of these questions, and I explained that there is a link between dementia and hearing loss. So it was really helpful, and they are happy for me to go through the question"* ***AC***

Clinicians noted the overlap in symptoms between hearing loss and cognitive decline, making differentiation difficult. They suggested more specific, validated tools and additional training.

> *"I feel like the questions need to be changed slightly so that they're more specific to memory because I think that memory and hearing, we know that they're very much linked."* — ***AC***

> *"I think having a systematic way of screening these patients as long as the sensitivity and specificity is there I think, we're definitely onto a winner"* — ***AC***

Theme 3.

Clinicians are motivated to complete checklists and assessments, but the administration process requires streamlining or more dedicated time allocated.

Clinicians were generally positive about integrating the checklist into their workflow. While some felt it added time to initial assessments, others found it manageable.

> *"For me personally it was fine and it was manageable within the time I set for my initial assessments, it was more than manageable"* ***MAS***

They generally felt the checklists improved their current practice, but questions on patients being at risk of social isolation on the memory checklist were too abstract and would be difficult to answer.

Requests for assessment and referral from audiology to memory services via their GP were missed. Suggestions included simplifying referral forms, digitising processes, and improving GP follow-through to prevent missed referrals.

> *"pre population of a patient details for example address NHS number on a letter, keeping referral forms extremely simple for ease of use and also to reduce sharing unnecessary information."* ***MAS***

> *"I chased up the referrals with the GP's to see if those referrals had been actioned and not one of them out of the paper"* ***AC***

Summary and Conclusion

Hearing loss has a well-documented association with dementia and cognitive decline. Early intervention of both conditions is known to improve outcomes for patients and may help avoid associated complications and risk factors. The findings from the London Memory Service audit in 2019 prompted the London Dementia Clinical Network and the Audiology Team within the London Healthcare Science Team to convene. The outcome of this collaboration included outputs such as a joint audiology – memory service leads workshop, checklist tools and a directory. This then led to a pilot across the Wandsworth Memory Service and the St George's Audiology clinic.

The pilot was conducted over a 3-month period and included 100 patients from each service. The quantitative data collected indicated an increase in referrals to both services. Thirty patients were referred to the audiology clinic and fifteen for wax-removal, suggesting that over half of the individuals who had no previous hearing loss diagnosis may benefit from earlier intervention, and that there is a level of unmet need in the population. Although, the number of patients referred to the memory service was relatively low (four); all those who accepted the referral were formally diagnosed with dementia. It is likely that they received an earlier diagnosis and intervention as a result. Furthermore, targeting older groups may result in greater detection of memory issues.

The qualitative data which included clinician and patient surveys as well as clinician focus groups suggested an increase in awareness amongst clinicians and patients. Clinicians stated that the checklists were useful in terms of facilitating discussions with their patients and their carers and increased their awareness of the links between hearing loss and cognitive decline.

It should also be noted that even in instances where the checklist was not completed, either as a result of time constraints or because the clinician did not have access to an otoscope or the checklist, referrals from the memory service to the audiology clinic were made based on the conversations raised in the consultation.

The pilot findings suggest the checklists were acceptable to both clinicians and patients, however, incorporating suggested changes, such as revising the referral process to ensure it is less burdensome, and increasing the specificity of the questions may improve this further. In addition, each memory service clinician should be allocated their own otoscope to ensure memory services can assess all patients when feasible.

The outcome of the pilot highlighted the benefits of checking for both hearing and memory difficulties in the respective services. The checklists proved useful not only in identifying if a person would benefit from a referral but also provided a good opportunity for health promotion.

Recommendations

- To embed the amended checklist tools in all London memory services and audiology clinics so that they become standard practice in all initial assessments and reviews
- To encourage a discussion about how managing hearing loss and memory concerns early supports healthy aging, when appropriate, highlighting the link between cognition and memory with patients and their carers, even in instances where the clinician does not have access to the checklist or time to complete it, ensuring equitable and early access.
- To improve the links between and integration of memory and audiology services so that all providers develop relationships with the services that they are aligned to.
- To drive awareness of the benefits of managing both hearing and memory impairment to support healthy ageing.
- To streamline the referral process and consider using the checklist tool as a referral form.

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Appendices

A: Checklist information

CHECKLIST FOR MEMORY DIFFICULTIES IN AUDIOLOGY SERVICES

Dementia is one of the leading chronic conditions in older people. Early diagnosis allows personalised care planning and access to targeted interventions, care and support. Early identification and treatment of hearing may slow the rate of cognitive declin e.

Dementia affects one in fourteen people over the age of 65. Common signs of memory impairment include:

- Short term memory loss that affects day to day abilities
- Confusion and disorientation
- Language and word finding difficulties
- Difficulty understanding and following conversations and instructions
- Misplacing items

Memory Strategies for Audiology Clinics:

- May need to be accompanied and supported to attend appointments
- Create a dementia friendly area by having good lighting, bright and contrasting colour furniture, safe flooring and signage t o indicate waiting area, bathroom and consultation rooms PLACE: Patient-Led Assessments of the Care Environment
- Speak clearly making good eye contact and reduce distractions in the room
- Use aids such as visual clues, written words, pictures or objects
- For additional information: Dementia Friendly Hospital Charter and Alzheimer's Society: Memory Aids & Tools

Your local memory service is:..... Their contact number is: .....

CHECKLIST FOR HEARING DIFFICULTIES IN MEMORY SERVICES

Hearing loss has a well-documented association with cognitive decline and dementia and may be the largest potential modifiable risk factor for dementia. Early identification and treatment of hearing may slow the rate of cognitive decline.

Hearing Loss affects 40% of those over the age of 50, 70% of those over the age of 70. Common signs of hearing loss include:

- Turning the TV up louder than is comfortable for others
- Finding it hard to follow conversation in noisy places such as restaurants
- Struggling to hear on the phone
- Often asking people to repeat what they say
- Feeling that other people mumble

Key communication tactics for memory clinics:

- Speak at a steady pace, do not shout
- Keep your face visible and well lit
- Remove background noise where possible, i.e., turn off fan during consultation
- If your patient has a hearing aid, ensure they are in their ears and turned on - keep spare batteries at your service where possi ble
- Royal National Institute for the deaf (RNID) offer a free online hearing check - consider asking your patients to complete this p rior to attending the clinic: https://rnid.org.uk/information-and-support/take-online-hearing-check/

Your Local audiology service is:.....Their contact number is: +44(0) xxxxxxxxx

Developed in collaboration with the London Audiology Network

Checklists used in the pilot:

CHECKLIST FOR MEMORY DIFFICULTIES IN AUDIOLOGY SERVICES

This checklist can be used as a decision screening tool where you suspect memory difficulties

Observations	Yes	No	Not sure	Not applicable
Do they ever miss appointments because they have forgotten to attend?				
Do they experience difficulty understanding and responding to questions?				
Do they experiencing difficulty following instructions?				
Do they frequently forget to wear hearing aids prescribed?				
Have hearing aids needed to be replaced because they were lost?				
Have they/carer complained of misplacing hearing aids or other items?				
Are they at risk of social isolation due to hearing loss?				

If you have replied "yes" to most questions, consider discussing referral to GP for possible memory difficulties. GP will com plete cognitive screening and physical health assessment before referring to a memory service.

CHECKLIST FOR HEARING DIFFICULTIES IN MEMORY SERVICES

Please consider the following questions when consulting with service users in memory clinics

Questions	Yes	No	sometimes	Unsure
1. Do they report that people mumble when they are talking, or ask for people to repeat themselves?				
2. Do they find it difficult to hear conversations in a noisy environment, such as a restaurant or crowd?				
3. Do they have difficulty hearing the television or radio, or have it so loud that others complain?				
4. Have they had their hearing checked in the last two years?				
5. Have they been given hearing aids?				
5 a. if yes, do they wear them?				
5 b. if yes, which audiology service supplied them?				

If your service user or their carer answer yes or you observe yes to one or more of questions 1, 2 or 3 or sometimes to two o r more of these questions and has not had their hearing tested in the last 2 years, consider referring to audiology. - please highlight that this referral was made by the memory service

Developed in collaboration with the London Audiology Network

Checklists updated following feedback from clinicians and patients:

CHECKLIST FOR MEMORY DIFFICULTIES IN AUDIOLOGY SERVICES

This checklist can be used as a decision screening tool where you suspect memory difficulties

Observations	Yes	No	Not sure	Not applicable
Do they ever miss appointments because they have forgotten to attend?				
Do they experience difficulty understanding and responding to questions?				
Do they experiencing difficulty following instructions?				
Do they frequently forget to wear hearing aids prescribed?				
Have they (or the carer) complained of misplacing hearing aids or other items?				
Have they withdrawn from social interactions recently?				

If you have replied "yes" to most questions, consider discussing referral to GP for possible memory difficulties. GP will complete cognitive screening and physical health assessment before referring to a memory service.

Updated June 2025

CHECKLIST FOR HEARING DIFFICULTIES IN MEMORY SERVICES

Please consider the following questions when consulting with service users in memory clinics

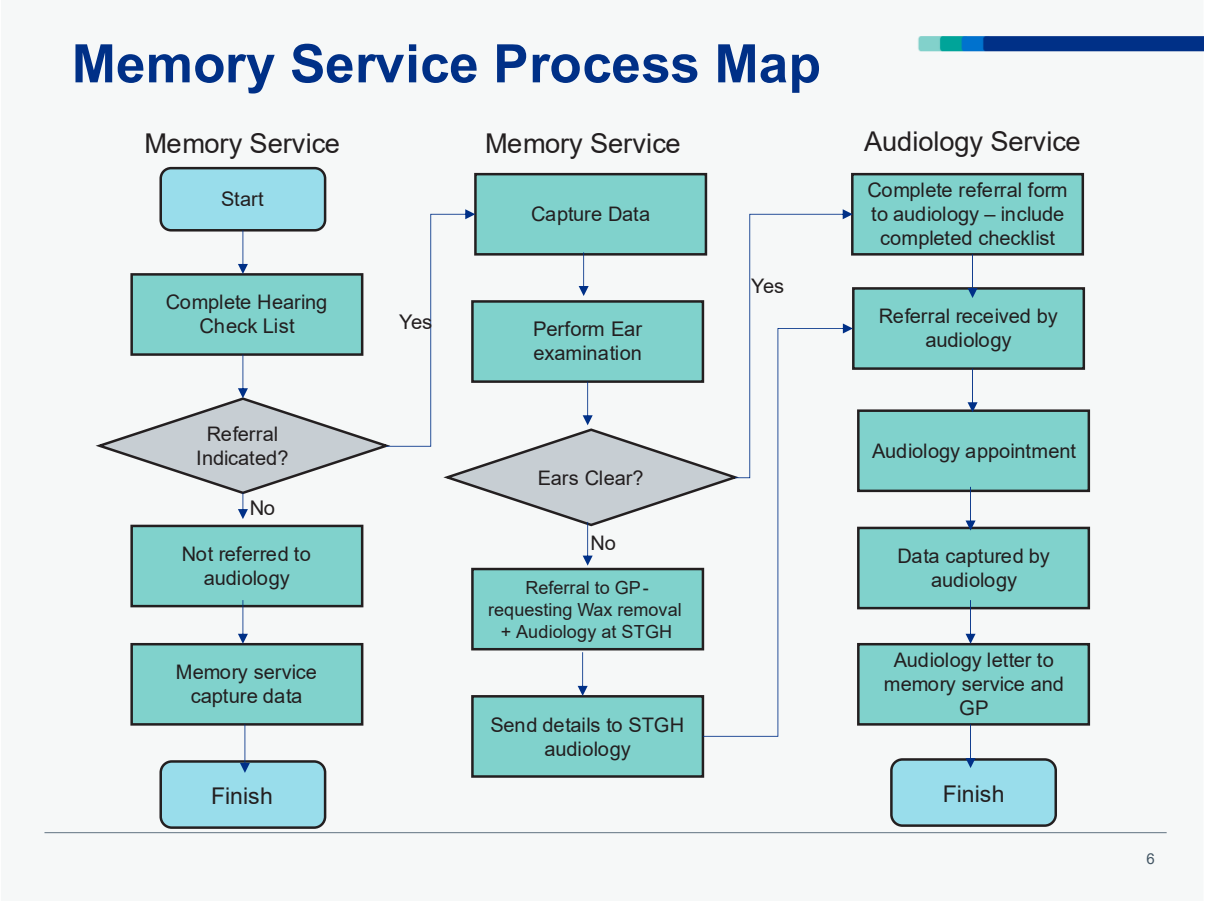
Questions	Yes	No	sometimes	Unsure
1. Do they report that people mumble when they are talking, or ask for people to repeat themselves?				
2. Do they find it difficult to hear conversations in a noisy environment, such as a restaurant or crowd?				
3. Do they have difficulty hearing the television or radio, or have it so loud that others complain?				
4. Have they had their hearing checked in the last two years?				

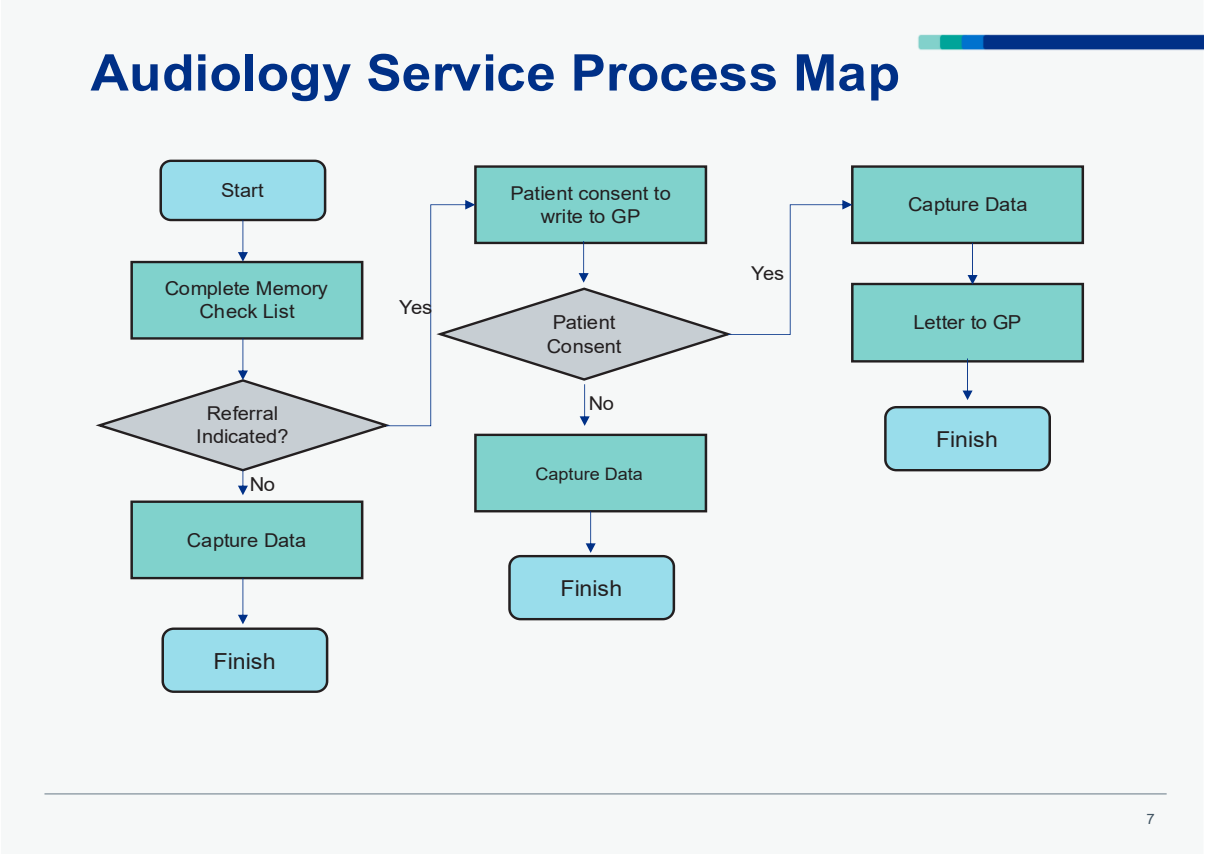
If your service user or their carer answer yes or you observe yes to one or more of questions 1, 2 or 3 or sometimes to two or more of these questions and has not had their hearing tested in the last 2 years, consider referring to audiology.- please highlight that this referral was made by the memory service

Developed in collaboration with the London Audiology Network

Updated June 2025

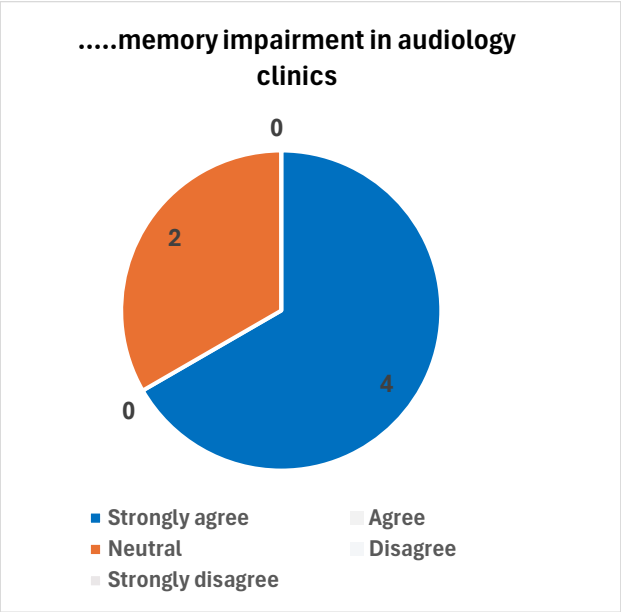
B: Process Maps

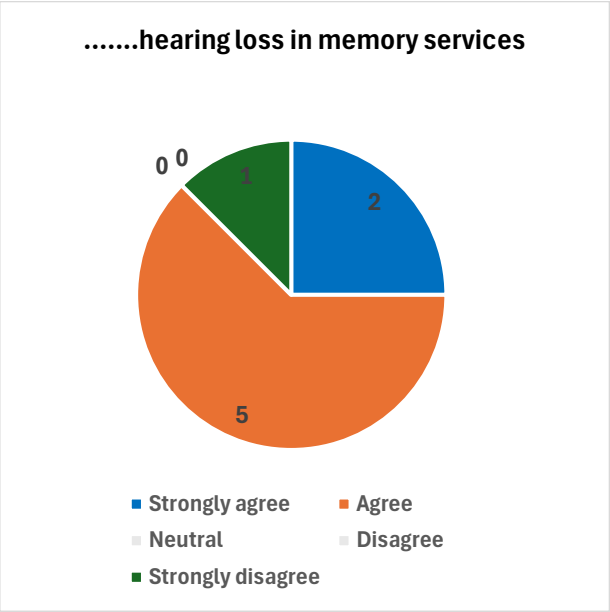




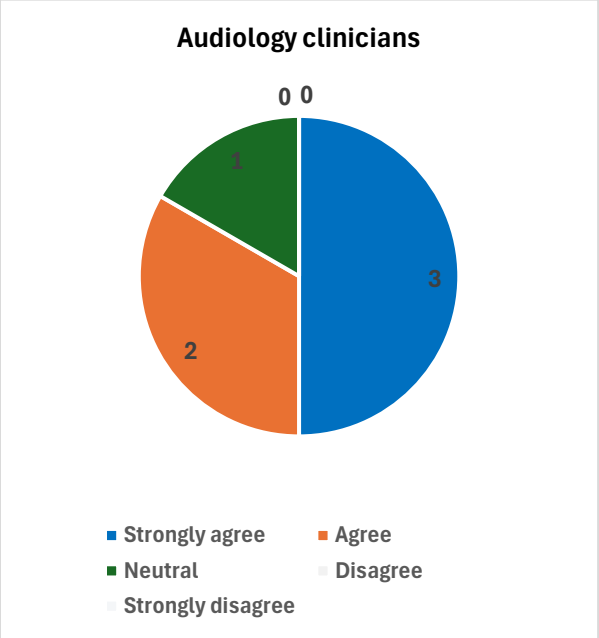
C: Clinician Survey

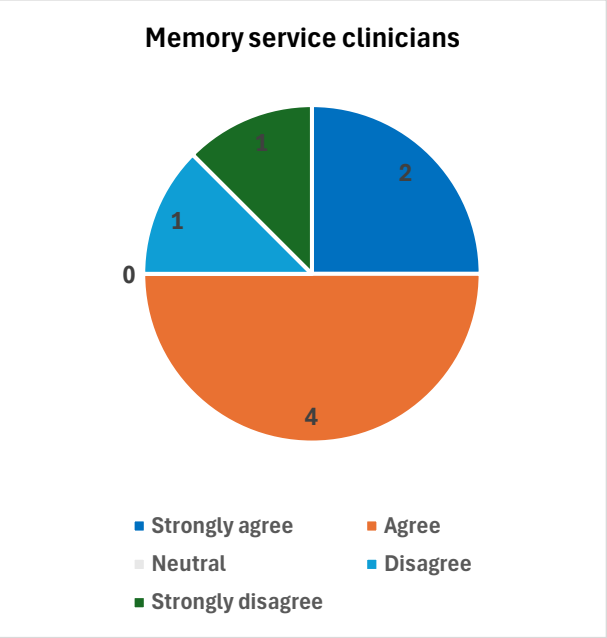
Has the checklist tool increased your awareness of the signs of…….



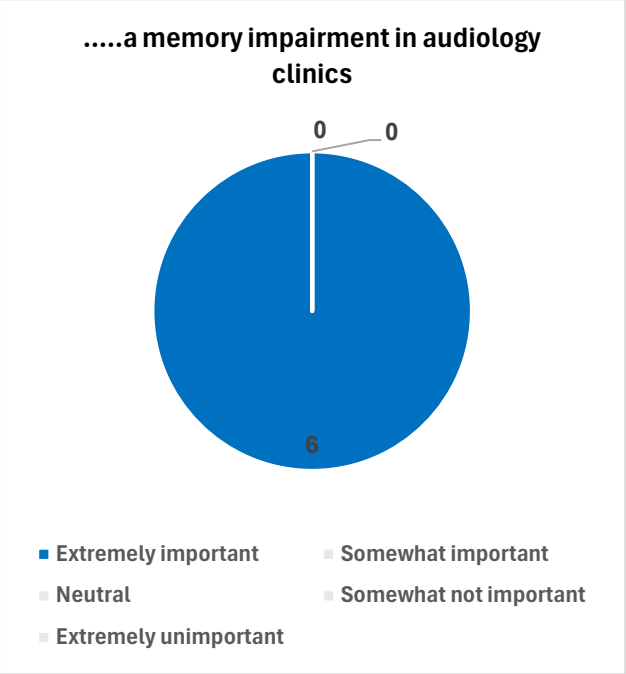


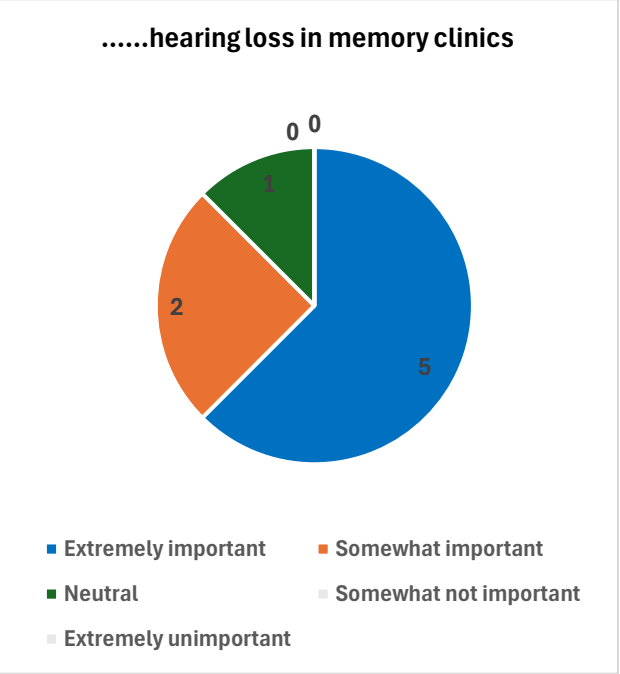
Has the checklist tool increased your awareness of the link between hearing loss and memory impairment?



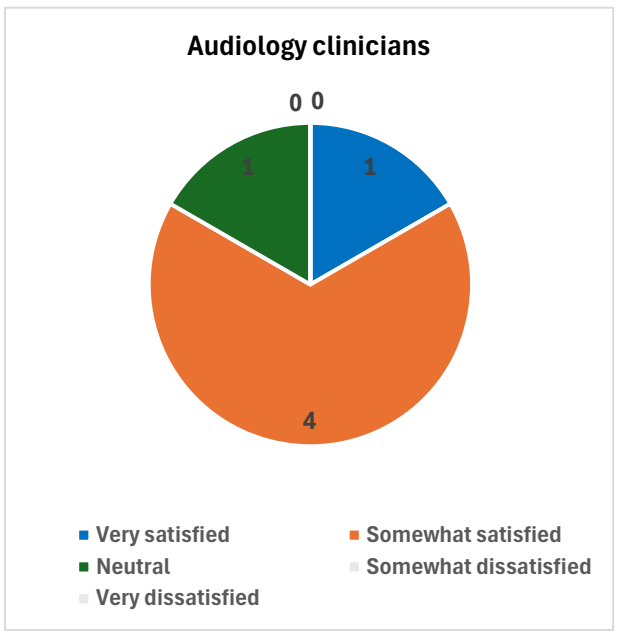


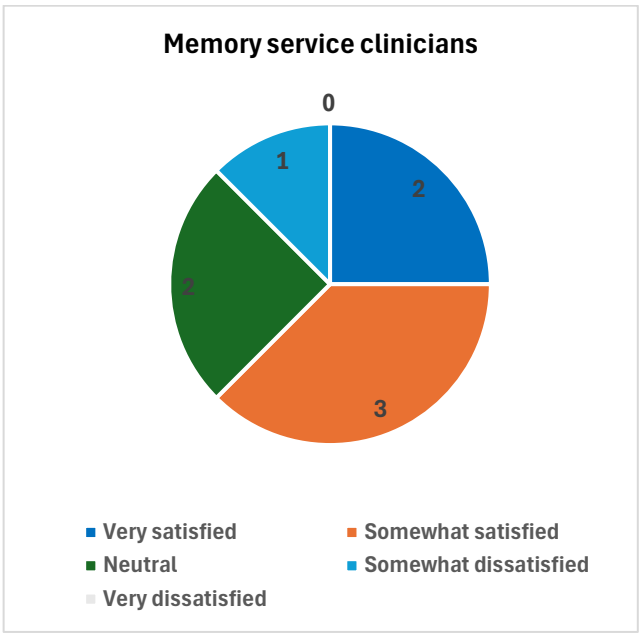
How important do you think it is to check for …….





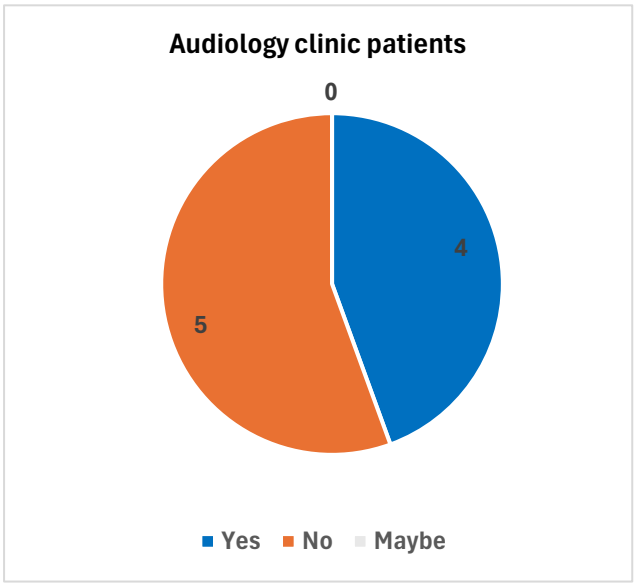
Are you satisfied with the checklist tools provided?

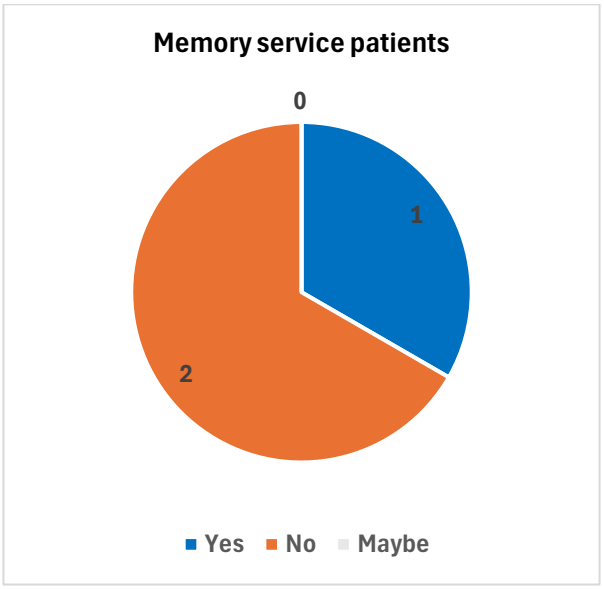




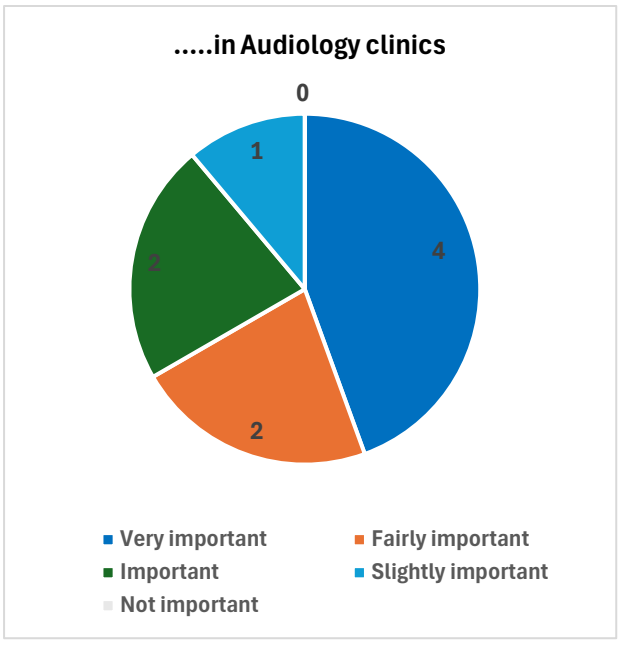
D: Patient Survey

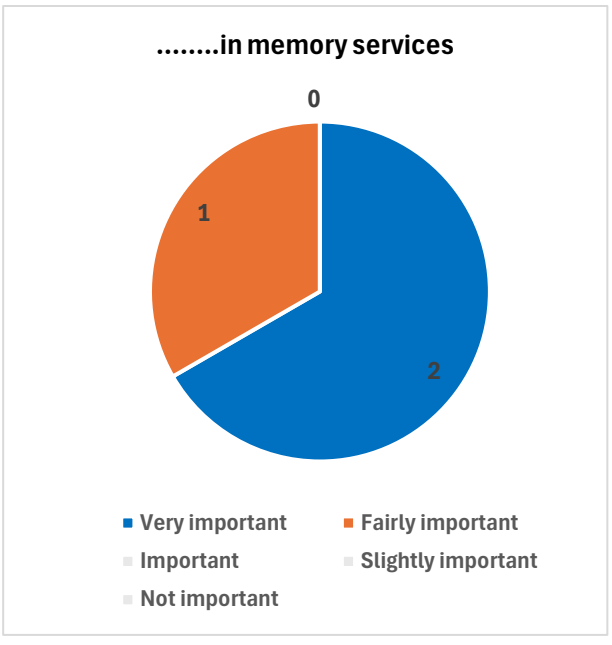
Were you aware of the link between untreated hearing loss & cognitive decline before?



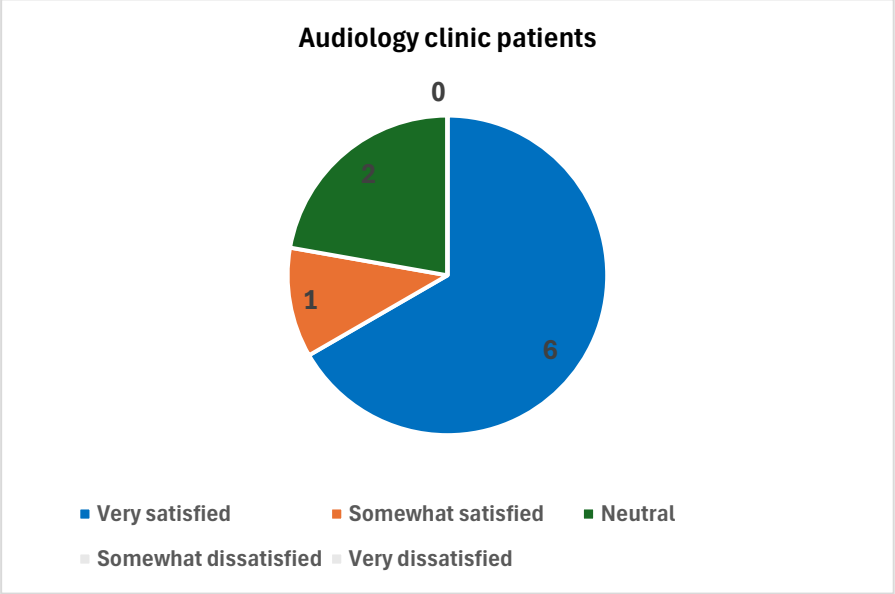


Do you think it is important to check for hearing loss and memory difficulties…….

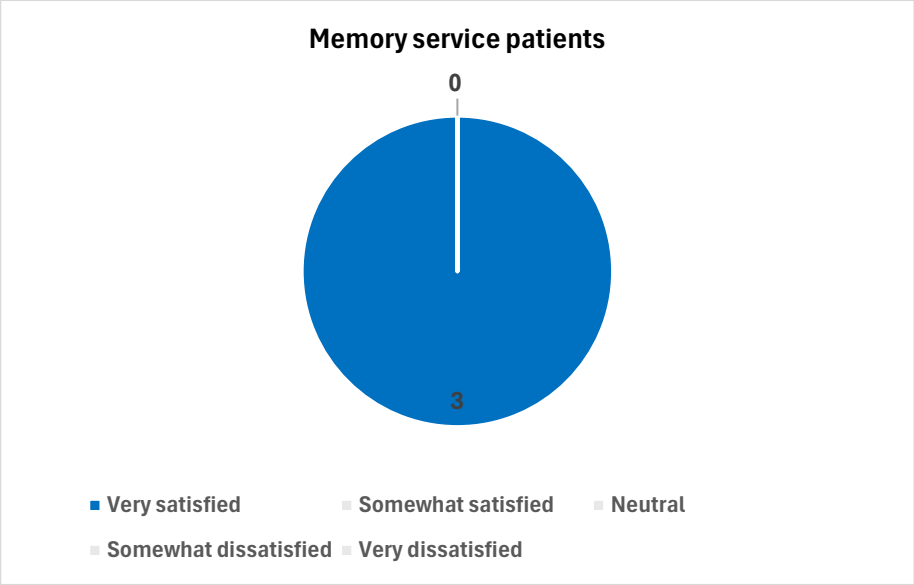




How satisfied are you with having your memory checked in an audiology clinic?



How satisfied are you with having your hearing checked in a memory clinic?



E: Focus Group Questionnaire

AUDIOLOGY – MEMORY CLINIC PILOT

Topic guide for Focus Group

Service: …….. Date: ……

Introductions

Confidentiality and anonymity. Consent to recording and transcription.

- The aim of this pilot project was to improve access and speed of diagnosis of peripheral hearing loss and memory loss in people attending both Memory and Audiology services. Why important to do this.
- Everyone has had their own experience of the process and we value a wide variety of responses. We want to understand what worked and what did not work so well, so that we can refine the process and make improvements.
- There are no right or wrong answers; we are interested in hearing your experiences and thoughts.

Any questions before we start?

Questions

- What were your experiences of taking part in the project (positive/negative)
- What were your experiences and thoughts of using the check list tool to assess hearing loss/cognitive impairment?
- We made slight tweaks to the checklist tool in the middle of the pilot. Did you get an opportunity to use the new version? Did it make any difference? What changes would you consider making? *(Show the checklist tool versions)*
- What was your experience of using the Otoscope to assess for wax? *(Memory Service only)*
- Recording outcomes of the assessment
- What were your experiences of the referral process? What could be done differently?
- What are your thoughts regarding embedding this in the Memory Service/Audiology Clinic routinely? Barriers/challenges
- If we were to roll this out; what else would we need to consider to ensure its success?
- Has it resulted in an increase in awareness/generated more referrals?

F: Memory clinic data

Patients assessed	100 (of 286 referrals)
Hearing checklist completed	72 (72%)
No previous diagnosis of hearing loss	57 (57%)
Previously diagnosed hearing loss	32 (32%)
Hearing aids	24 (24%)
Not known if previously diagnosed	2 (2%)
No hearing aids	74 (74%)
Not known if had hearing aids	2 (2%)