

Proposed Outcome Measures for Tinnitus Services

Definition of Tinnitus

The British Tinnitus Association defines tinnitus as follows: The perception of sound in the absence of any corresponding external sound. This noise may be heard in one ear, in both ears or in the middle of the head or it may be difficult to pinpoint its exact location. The noise may be low, medium or high-pitched. There may be a single noise or two or more components. The noise may be continuous or it may come and go.

Outcomes / Quality Requirements

Are proposed for people meeting agreed referral criteria which will take the following into consideration - Provision of Services for Adults with Tinnitus: A Good Practice Guide¹, Map of Medicine², NICE Clinical Knowledge Summaries³ and/or local criteria.

Assumptions

Referral into the service is direct from the GP.

Individuals have access to ENT to exclude medically/surgically treatable tinnitus. Role of ENT is diagnostic after medical causes have been ruled out, people with tinnitus should be referred for appropriate ongoing support - i.e. not discharged and forgotten

Outcome / Quality Requirement	Threshold	Method of Measurement	Consequence of Breach	Timing of application of Consequence	Applicable Service Specification
<p>Personalised Care Planning: All service users have an Individual Management Plan (IMP) produced jointly with them, family and carers.</p> <p>The following should be mandatory within the IMP;</p> <ul style="list-style-type: none"> • Access to sound therapy 	100%	Biannual audit and accumulative annual audit	To be defined	Biannual / annual	In development

¹ Department of Health, 2009, Provision of Services for adults with tinnitus. here

² Map of Medicine can be accessed via payment <http://mapofmedicine.com/access-map/>.

³ NICE Clinical Management Summary for tinnitus

Outcome / Quality Requirement	Threshold	Method of Measurement	Consequence of Breach	Timing of application of Consequence	Applicable Service Specification
<p>(e.g. bedside sound generators), hearing aids, combination hearing aids and novel devices</p> <ul style="list-style-type: none"> Information counselling and provision of information Access to psychological therapies if required Social support (external provision of equipment or social support that will help achieve therapeutic outcomes) Support groups (tinnitus support groups or treatment groups) 					
<p>Service User has good understanding and is able to self-manage their condition:</p> <p>Understands what tinnitus is, treatment options, feels confident in applying them and understands can return if condition deteriorates or has further questions</p>	<p>80% of service users report increased ability to self-manage</p>	<p>Service User Satisfaction Survey</p>	<p>To be defined</p>	<p>3 to 6 month intervals to measure improvement</p>	<p>In development</p>
<p>Reduction in the functional impact of the tinnitus:</p> <p>Percentage of service users reporting being more able to effectively manage the impact of</p>	<p>70% of service users report intervention has helped</p>	<p>Possible measures; Measure Yourself Medical Outcome Profile (MYMOP), THI, TFI, CORE-OM, VAS</p>	<p>To be defined</p>	<p>3 to 6 month intervals to measure improvement</p>	<p>In development</p>

Outcome / Quality Requirement	Threshold	Method of Measurement	Consequence of Breach	Timing of application of Consequence	Applicable Service Specification
tinnitus on their life					
Improved Quality of life Improvement in service user reported quality of life	70% of service users express improved quality of life	Recommended measure; HUI-Mark 111* (and other validated quality of life measures)	To be defined	3 to 6 month intervals to measure improvement	In development

* HUI3 Justification (as opposed to EQ-5D);

Maes, I.H., Joore, M.A., Cima, R.F., Vlaeyen, J.W. and Anteunis, L.J. (2011). Assessment of health state in patients with tinnitus: a comparison of the EQ-5D and HUI mark III. *Ear and hearing*, 32 (4) 428-435.

No tinnitus specific outcome measure is a recommended measure as these do not reliably demonstrate change. Most are optimised to measure severity but not change. Source: Fackrell, K., Hall, D.A., Barry, J.G. and Hoare, D.J., 2015. Psychometric properties of the Tinnitus Functional Index (TFI): Assessment in a UK research volunteer population. *Hearing research*.

Additional Note:

Opportunity for service users to influence/shape services via annual focus groups, analysis of satisfaction surveys, etc.

Sources on self-management;

- NHS England (2015) *Personalised Care & Support Planning Handbook*. Leeds, NHS England.
- British Society of Audiology (2012). *Practice Guidance: Common principles of rehabilitation for adults with hearing- and/or balance-related problems in routine audiology services*. Reading, British Society of Audiology.