

# All Wales Dementia Hearing Loss Pathway

May 2025



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Executive

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Improvement Cymru is the improvement service for NHS Wales. Our aim is to support the creation of the best quality health and care system for Wales so that everyone has access to safe, effective and efficient care in the right place and the right time.

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# Dementia Pathway of Standards

## All Wales Dementia Hearing Loss Pathway

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**This document has been developed by audiologists to describe the pathway for patients with diagnosed or suspected dementia from access to hearing assessment through to ongoing monitoring and management of hearing loss, ensuring equal access to services and support across Wales.**

### Situation

There is evidence that hearing loss and dementia often occur together and impact on each other (Livingstone et al. 2017).

For a person with dementia, hearing loss can cause extra problems, such as confusion about what's happening around them and problems with communication. (Dementia UK 2021). There is currently a risk that individuals with suspected or confirmed dementia have undiagnosed and unmanaged hearing loss which is impacting on their quality of life (Dawes 2019).

The lancet commission found evidence that undiagnosed and unmanaged hearing loss in mid-life has been identified as a potentially modifiable risk factor for dementia.

### Background

Dementia is an umbrella term used to describe a range of conditions which commonly present as memory loss, confusion, and issues with speech and understanding. There are over 200 subtypes of dementia. Dementia most commonly affects individuals over the age of 65, but can affect people of any age. It is estimated that over one million people in the UK will have a dementia diagnosis by 2025 (Dementia UK 2021).

A number of people with dementia will have some form of sensory impairment (such as hearing loss) (Welsh Government 2018).

This demonstrates the importance of creating audiology services designed for those with dementia, including regular hearing reviews. It also suggests the importance of onwards referral to memory services where appropriate.

This is also echoed in the Framework of Action for Wales:

*"Action 20: Embed consideration of hearing status as part of in-patient pathways for people with dementia, and in out-patient memory care pathways for diagnosis of dementia. Develop dementia friendly hearing services, including a system of alert for people living with dementia, specialist assessment and rehabilitation, and on-going support and review"*

(Welsh Government 2017)

Hearing assessment is a requirement for those with suspected and diagnosed dementia and mild cognitive impairment as stated in the All Wales Dementia Care Pathway of Standards This will avoid diagnostic overshadowing and address underlying sensory difficulties. (Welsh Government 2021, Section 6).

A further requirement of the All Wales Dementia Care Pathway of Standards is that dedicated services exist with the ability to respond to the needs of people with dementia, therefore audiology services are required to scope the need to respond to dementia care. (All Wales Dementia Care Pathway of Standards section 13).

NICE guidelines recommend referring people with suspected dementia for an audiological assessment and referring those with diagnosed dementia or mild cognitive impairment for a hearing assessment every two years (NICE 2018).

# Information to Support the Pathway

## Hearing Assessment

### Referral Source

Patients can be referred to the dementia service by any suitable professional. Existing audiology patients may also be referred if they report memory difficulties, suspected dementia or diagnosed dementia. Referrers should be encouraged to include information about dementia and the patient's needs.

When a patient is first seen by Audiology, they should be asked whether they have any memory concerns as part of the patient history taking. Patients reporting memory concerns or dementia can be advised to bring a family member or carer to their appointments.



PP I'm now more involved in conversation, where as before I would isolate myself. DD

### Workforce

Health boards can undertake a hearing screening test as the first contact as per the local pathways. This means that the audiologist may be a non-registrant working under a delegated responsibility particularly in the case of suspected dementia.

The full hearing assessment should be carried out by a qualified registered audiologist in line with any available British Academy of Audiology (BAA) Scope of Practice Guidelines (<https://www.baaudiology.org>).

The severity of dementia can vary greatly, and consideration should be given to the clinician's experience level when arranging appointments. Referrers should be encouraged to provide information on the severity of the patient's dementia, but it often cannot be judged until the patient attends their appointment. Any reported or diagnosis of dementia should be noted in the Audiology Patient Management system, this should include information about whether the patient has mild, moderate or severe dementia so the appointment can be booked accordingly:

- **Mild dementia** – Booked with a qualified member of staff and audiometry is performed normally.
- **Moderate dementia** – Booked with a senior member of staff as adapted testing may need to be performed.
- **Severe dementia** – Two testers may be required, one of which is a senior clinician.

### Information Given

An appointment letter should be sent to the patient. The patient or their carer may contact the department for more information prior to the appointment.

## Review

Patients with diagnoses of dementia or mild cognitive impairment are allocated to the “two-year review” list following their assessment as per the Framework of Action (Welsh Government 2017).

## Managing ‘Did Not Attend’ appointments (DNAs)

If the patient does not attend or is not brought to their appointment, every effort must be made to contact the patient or their carer. Good practice indicates that:

- if contact is successfully made, the appointment should be rebooked, and an appointment letter sent.
- if the patient cannot be contacted successfully, a DNA letter should be sent to the patient, their carers, and the referrer (if necessary), and arrangements made to contact the patient again for review in two years.

Patients with a diagnosis of dementia or mild cognitive impairment are allocated to the list for a review again in two years. Those patients that received an initial assessment only would be discharged if they did not receive a diagnosis of dementia or mild cognitive impairment.

## Reassessment

Aided and unaided patients with dementia should have their hearing reviewed every two years (NICE 2018). Services should have mechanisms in place to manage two yearly invitations for review.

## Onwards Referral

Patients attending the “adult hearing pathway”, will be asked whether they experience any memory difficulties. For patients who report difficulties with memory or suspected dementia, services should have in place a pathway for appropriate memory screening and assessment. This may include use of a screening tool, such as the AD-8 screening questionnaire within the Audiology service and onward referral to the memory service or GP as appropriate.

## Recommendations

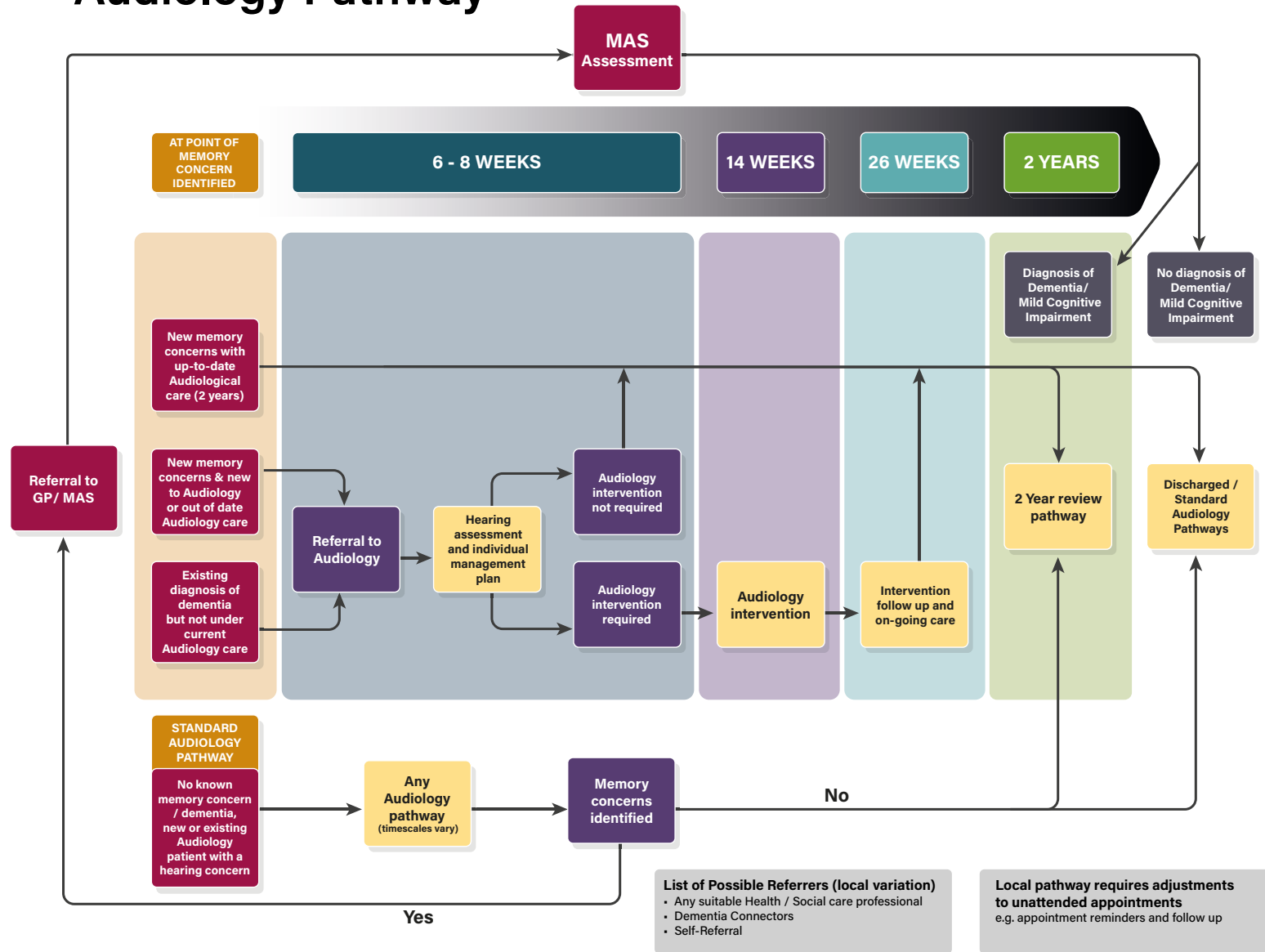
- **Patients living with dementia should be seen by audiologists** with experience and training in dementia.
- **All patients with a diagnosis of dementia** should be called for a hearing reassessment every two years.
- **All services should develop a pathway** for appropriate referral to the memory assessment service where appropriate.
- **All Audiology services** should accept referrals from the memory team.



I feel less lonely than before.



# Audiology Pathway



# Aneurin Bevan UHB Audiology Services

## Collaborative working with Memory Assessment Services (MAS)

**Audiology assessment for all patients entering MAS was embedded in the pathway ensuring a holistic approach in the diagnostic process.**

### Why this service is important

#### The offer of a hearing assessment is seen as an important part of the MAS pathway

- There is a risk the validity of the dementia diagnosis can be compromised by hearing impairment due to many cognitive tests relying on auditory questioning.
- Common symptoms may be mistaken e.g., problems communicating, repetition and disorientation.
- Unidentified and unmanaged hearing loss is known to increase social isolation, increase risk of depression, ability to live independently and may also exacerbate the impact of living with dementia.

### What we did:

#### Delivering the Service

- All patients attending MAS are offered a hearing assessment.
- A referral is sent to the Audiology MAS team.
- Audiology appointments are offered in local MAS locations.
- Following the hearing test individuals will decide if they want hearing aids based on the test results.
- Hearing aids and ongoing care are provided by the secondary care Audiology Service.

### What we did:

#### Recurrent funding was secured:

- Evidence and research were used to build the business case and secure funding.
- Three staff were recruited, one to manage the service, one to deliver the initial assessment and a further member of staff to manage the increased referrals for hearing aids into the secondary care audiology service. The extra member of staff in secondary care was vital to ensure the increased referrals were managed in a timely manner.



I'm able to follow everything with my family now over Christmas.

My moods are still up and down but I feel these are better.



## What happened!

- A huge success! **97% of new patients referred have been identified with a hearing loss** and had the offer of support.
- There has been an **84% uptake of hearing aids**
- This Service is making a significant difference for individuals who had not realised they had a hearing loss and how they could to access Audiology Services.
- **This is a proactive rather than reactive service!**

## What's Next?

### The service will:

- **Seek additional resources.** Due to the higher than predicted uptake of hearing assessments a plan is being developed to seek additional funding to continue to see patients in a timely manner.
- Seek additional resources to offer new hearing aids users increased support as managing hearing aids at this difficult time can prove challenging.



## References

- British Society of Audiology (2013) Recommended Procedure: Tympanometry, British Society of Audiology. Available at: <https://www.thebsa.org.uk>
- British Society of Audiology (2016) Recommended Procedure: Taking Aural Impressions, British Society of Audiology. Available at: <https://www.thebsa.org.uk>.
- British Society of Audiology (2018) Practice Guidance: Guidance on the verification of hearing devices using probe microphone measurements, British Society of Audiology. Available at: <https://www.thebsa.org.uk>.
- British Society of Audiology (2018) Recommended Procedure: Pure-tone air-conduction and bone-conduction threshold audiometry with and without masking, British Society of Audiology. Available at: <https://www.thebsa.org.uk>.
- British Society of Audiology (2022) Recommended Procedure: Ear Examination, British Society of Audiology. Available at: <https://www.thebsa.org.uk/wp-content/uploads/2022/02/OD104-54-BSA-Recommended-Procedure-Ear-Examination-February-2022.pdf>.
- British Society of Audiology (2022) Recommended Procedure: Determination of uncomfortable loudness levels, British Society of Audiology. Available at: <https://www.thebsa.org.uk>.
- Dawes, P. (2019) "Hearing interventions to prevent dementia", HNO vol 67, pp. 165 – 171.
- Dementia UK (2021) What is Dementia?, Dementia UK. Available at: <https://www.dementiauk.org/about-dementia/dementia-information/what-is-dementia/>
- Hendry, K. et al. (2019) "AD-8 for detection of dementia across a variety of healthcare settings" Cochrane Database of Systematic Reviews
- Improvement Cymru (2021) All Wales Dementia Care Pathway of Standards. Available at <https://phw.nhs.wales/services-and-teams/improvement-cymru/news-and-blog/publications/dementia-standards/>
- Livingston, G. et al. (2017) "Dementia prevention, intervention, and care" The Lancet, vol. 390, no. 10113, pp. 2673 – 2734
- Livingston, G. et al. (2020) "Dementia prevention, intervention, and care: 2020 report of The Lancet Commission," The Lancet, vol. 396, no. 10248, pp. 413 – 446
- Livingston G et al (2024). Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. The Lancet 404:10452, 572-628
- NICE (2018) Hearing loss in adults: assessment and management. Available at <https://www.nice.org.uk/guidance/ng98>
- Waller, S. and Masterson, A. (2015) "Designing dementia-friendly hospital environments" Future Hospital Journal, vol. 2, no. 1, pp. 63 – 68
- Welsh Government (2016) Adult Rehabilitation Quality Standards. Available at <http://gov.wales/docs/phhs/publications/161201hearing-rehabilitationen.pdf>
- Welsh Government (2017) Framework of Action for Wales, 2017- 2020. Available at: <https://www.gov.wales/sites/default/files/publications/2019-03/integrated-framework-of-care-and-support-for-people-who-are-d-deaf-or-living-with-hearing-loss.pdf>.
- Welsh Government (2018) A Healthier Wales: our Plan for Health and Social Care. Available at <https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf>
- Welsh Government (2018) Dementia Action Plan for Wales. Available at <https://www.gov.wales/sites/default/files/publications/2019-04/dementia-action-plan-for-wales.pdf>

### **Additional Reading**

- British Society of Audiology Recommended Procedures
- Ear Examination (2022)
- Pure tone air and bone conduction threshold audiometry with and without masking (2018)
- Taking aural impressions (2016)
- Tympanometry (2013)
- Uncomfortable Loudness Levels (2022)
- Verification of hearing devices using probe microphone measurements (2018)

### **Welsh Government Documents**

- Dementia Action Plan for Wales 2018-2022 (2018)
- All Wales Dementia Care Pathway of Standards (2021)
- Framework of Action for Wales, 2017-2020 (2017)
- Adult rehabilitation Quality Standards (2016)
- A Healthier Wales: our Plan for Health and Social Care (2018)

### **Other Documents**

- NICE Guideline [NG98]: Hearing loss in adults: assessment and management (NICE 2018)
- Hearing loss in adults: assessment and management NICE guideline [NG98] (2018)
- D8<sup>®</sup> Dementia Screening Interview – Washington University School of Medicine in St Louis (Galvin JE et al. 2005)
- AD-8 for detection of dementia across a variety of healthcare settings (Review) (Hendry et al. 2019)
- Lancet Commission report “Dementia prevention, intervention, and care” (Livingston et al. 2017 and 2020).

This document and pathway has been developed by the All Wales Dementia and Hearing Loss Audiology task and finish group representing the Welsh Health Boards, working in partnership with Improvement Cymru Dementia Care Programme

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Published May 2025

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