

**Case 200501718: Argyll and Clyde NHS Board**

**Introduction**

1. On 27 September 2005 the Ombudsman received a complaint from a man (referred to in this report as Mr C) that he was experiencing an unnecessary and excessively long waiting time for a replacement hearing aid.

2. The complaints from Mr C which I have investigated concerned:

- (a) the waiting time for his replacement hearing aid which Mr C considers excessive and unnecessary;
- (b) the failure of Argyll and Clyde NHS Board (the Board) to give proper consideration to Mr C's complaint.

3. Following the investigation of all aspects of this complaint I came to the following conclusions:

- (a) Not upheld, see paragraphs 8 to 13;
- (b) Upheld, see paragraphs 14 to 20.

4. In the light of these findings, the Ombudsman recommends that Argyll and Clyde NHS apologise to Mr C for their failure to meet the response standards expected by the NHS complaints procedure and for the failure to respond to his specific complaint.

5. The Board have accepted the recommendations and will act on them accordingly.

**Medical background and history of the complaint**

6. Mr C was fitted with a hearing aid on 31 January 2005. The hearing aid was subsequently lost and Mr C requested a new hearing aid but was advised it would not be possible to assess him for a new one until the middle of 2006. Mr C wrote to the Board on 21 April 2005 complaining about this excessive delay and offering to contribute to the cost of the replacement. He received no response and wrote

again on 21 May 2005 and 1 August 2005 complaining about the delay in responding to him. He received an acknowledgement of his initial letter on 24 May 2005. Further responses on 22 June 2005 and 2 August 2005 advised that there would be a delay in responding to him but gave no reasons for this. A full response was sent out on 3 August 2005. Mr C remained unhappy and wrote again on 9 August (acknowledged on 19 August) but having received no further detailed response by 18 September 2005, he submitted a complaint to the Ombudsman's office.

### **Investigation and findings of fact**

7. I have examined the relevant audiology records and complaint file from Argyll and Clyde NHS. I have reviewed the copies of correspondence and comments submitted to this office by Mr C. I have sought the views of a medical adviser (who is appropriately qualified to comment). I have obtained details and sought confirmation of relevant policies and procedures from Argyll and Clyde NHS. Mr C and Argyll and Clyde NHS have had an opportunity to comment on the draft report.

#### **(a) An excessive and unnecessary delay in obtaining a replacement hearing aid**

8. Mr C complained that he was being expected to wait for up to 18 months for a replacement hearing aid despite the fact that he believed he did not require a hearing test and the details of his recent prescription were available. He considered that he would only require a few minutes of an audiologist's time to form a new ear mould. Mr C felt he was being penalised for losing his hearing aid.

9. In their response of 3 August 2005, the Board advised Mr C that there were several reasons for the lengthy waiting times for a hearing aid namely the increased staff time needed for dispensing the new digital hearing aids, staff turnover combined with difficulties in attracting replacement staff and a lack of accommodation for the service. The Board gave Mr C details of the action they had taken to address all these points. The letter stated that they hoped to continue to reduce the waiting times for hearing aids and were hopeful that Mr C's waiting time would be less than originally advised. The Board advised Mr C that it was the policy of the department to take each patient in turn. Mr C was not satisfied with this response as he did not feel it addressed his issues - he only required a replacement for a recently provided hearing aid not a new hearing aid. He raised this matter again with the Board (9 August 2005) and then this office (18 September 2005).

10. Mr C received a further response from the Board on 28 September 2005 in which they advised him again that he would require an appointment for an ear examination and a new mould to be taken, with a further appointment to fit the new aid.

11. As part of my enquiries I asked the Board for details of the policy regarding replacement hearing aids and why they apparently required that Mr C be placed at the bottom of the waiting list. The Board advised that there is no written policy but it is standard practice for each patient to be taken in turn. The Head of Audiology told me that the original mould was made of a silicon material that shrinks within a short period of time and is of no use within six weeks of fitting. Moulds are, therefore, not retained and Mr C would need a new one. Additionally the Head of Audiology for Argyll and Clyde NHS advised that each digital hearing aid requires to be set to the individual needs of the patient; it is not possible to reorder from the original fitting data and it is necessary to start the process again from the beginning.

12. In September 2005 the British Society of Hearing Aid Audiologists (the BSHAA) published a report on patient waiting times in the UK. The study reviewed the waiting times for treatment of over 250 NHS Audiology Departments. ([http://www.bshaa.com/pdf/news/finalbshaa\\_news\\_survey.pdf](http://www.bshaa.com/pdf/news/finalbshaa_news_survey.pdf)). This report found that the average wait following GP referral in Scotland was 47 weeks – the longest waiting time in Scotland being nearly two years at the Royal Infirmary of Edinburgh. I understand from the adviser's comments that hospitals are generally short of audiologists and demand has soared, particularly since the introduction of digital hearing aids.

*(a) An excessive and unnecessary delay in obtaining a replacement hearing aid*  
*Conclusion*

13. In light of the information provided by the Head of Audiology I accept that there were valid medical reasons requiring Mr C to undergo the entire fitting process and against his being fitted a replacement on the basis of previous information. It is regrettable that the lengthy waiting list caused a considerable delay in Mr C's referral. Based on the evidence of the BSHAA report I consider the delays being experienced by patients within Argyll and Clyde NHS are in line with national averages – although they are clearly lengthy and distressing to patients. I do not uphold this head of complaint. The Ombudsman has no recommendation to make in this respect.

**(b) Argyll and Clyde NHS failed to give proper consideration to his complaint**

14. Mr C complained that there were numerous excessive delays in responding to his complaint and that the response he received did not address his complaint but explained the general causes of delays within the Audiology Department.

15. The NHS complaints procedure expects that a complainant will receive a written acknowledgement of their complaint within three working days of receipt and a full written response within 20 working days. Where it appears the 20 day target will not be met, the person making the complaint must be informed of the reason for the delay with an indication of when a response can be expected. The procedure further expects that an investigation should not, normally, be extended by more than a further 20 working days. Where it may be necessary to ask the person making the complaint to agree to the investigation being extended beyond 40 working days, a full explanation should be given in writing of the progress of the investigation, the reason for the requested further extension, and an indication of when a final response can be expected. The letter should also indicate that the Ombudsman may be asked to review the case at this stage if the complainant does not accept the reasons for the requested extension.

16. My review of the correspondence between Mr C and Argyll and Clyde NHS shows that Mr C's initial letter (21 April 2005) was not acknowledged within three working days. There is no record of this letter being received until it was sent by Mr C as an attachment with his letter of 21 May 2005. This second letter was acknowledged within three business days.

17. Mr C did not receive a detailed response until 3 August 2005 – 74 business days from his original letter and 52 business days from the date of the second, acknowledged, letter.

18. The two letters sent by the Board advising Mr C of the delays did not offer any specific reasons for the delay nor did they indicate when a response was likely. Mr C was not advised after 40 business days of his right to approach this office.

19. The two detailed responses provided to Mr C (3 August 2005 and 18 September 2005) offered a general explanation for the delays being experienced in the audiology service but did not directly address Mr C's view that he did not need to wait this long as his recent prescription was readily available.

*(b) Argyll and Clyde NHS failed to give proper consideration to his complaint*

*Conclusion*

20. Argyll and Clyde NHS failed to meet a number of the expected standards of the NHS complaints procedure. The detailed responses did not address Mr C's specific points although the information provided was of relevance to the general delays. I, therefore, uphold this aspect of the complaint. The Ombudsman recommends that the Board apologise to Mr C for their failure to meet the response standards expected by the NHS complaints procedure and for the failure to respond to his specific complaint.

**Further Action**

21. As noted in paragraph 5, the Board have accepted the recommendations and will act on them accordingly. The Ombudsman asks the Board to notify her when and how the recommendations are implemented.

28 March 2006

**Explanation of abbreviations used**

Mr C

The complainant

The Board

Argyll and Clyde NHS Board