**Ok so if you could just give us a bit of background information about yourself and your role and what you do and where you do it**

Ok so I’m an advanced audiologist, I work in the primary care sector in GP surgeries and we see patients directly to assess patients reporting hearing difficulty, balance or tinnitus or balance related problems so it’s giving more assistance to GP’s, save you having to see a GP without hearing problem you can see an audiologist directly and that would be me.

**So you yourself travel round to clinics?**

Yes

**OK so if you just kind of run a search programme in your mind really over the last 6 months just kind of reflect with the following question in mind. What good or bad changes have come about as a result of people’s response to the coronavirus crisis – it could be any number of things but any kind of if we could just kind of get a list of the good and the bad that’s come about**

Ok so as a service for as start, we’ve had to change how we work in terms of triaging patients so all patients who are contacted by phone and that worked as reasonably well as it can so providing talking therapy almost through patients with hearing problems and signposting them to useful resources and information emailing out information directly to patients, patient information leaflets directly to them which we didn’t do before so that’s trying to see and help patients as much as we can remotely and then those who we need to see, arranging to see them in the surgery face to face but obviously with all the correct PPE in place so that’s been quite a change in terms of thinking about patients with hearing loss, I think they’ve had quite a tough time of it really with covid because of if you’ve got a hearing problem you may rely on lip reading, people are wearing face coverings of course that’s mandated in certain areas like public transport etc. so they have more problems with their hearing. Another issue is that a lot of GP surgeries have stopped or reduced seeing patients for ear irrigation or ear syringing as it used to be called, so that’s causing a ………. problem because of the number of patients who are trying to cope with that themselves that would normally just book in to see the nurse to have their ear irrigated, so that’s been a negative kind of ……. because of covid.

**And what kind of problems would that cause ?**

So hearing problems in the main also pain and discomfort but can you imagine if you’ve got a hearing problem and maybe you wear a hearing aid and then your ears block, which they’re more than likely to do because when you wear a hearing aid the wax can’t naturally migrate out of ears as normal and that’s going to compound their problems really

**And is there any other changes that you can think of?**

Not directly I don’t think

**So if we other changes that you’ve spoken about is there anything that is most significant, which is the most significant to you really?**

Probably the lack of access for ear irrigation for patients, they’re really left to maybe self-treat so they might try olive oil or they might purchase equipment which is not safety tested and try to DIY treat themselves which can cause problems. Also with patients with hearing aids, if you’ve got wax it can make the hearing aid feedback so whistle so which can really drive you potty if that’s the case and for everyone around them really so it’s it may seem not a big issue but it’s kind of a big knock on detrimental effect and when it’s kind of services are completely withdrawn otherwise patients having to pay for services go private and not everyone’s in a position to do that of course, so yes it’s been quite difficult from that point of view

**Yes and is there anything in particular where they maybe have suffered some of that that you’ve spoken about that’s kind of stuck with you really?**

Yes I was contacted by a GP who was seeing a patient for another matter trying to give a consultation over the phone probably over the phone but the hearing aid was whistling away and it was driving both the patient and the GP potty with the noise, it was really getting in the way of things. So that patient I was able to bring them in and see them myself and sort the problem out for them, but I’ve only got a certain amount of capacity to see patients because I’m only at surgeries maybe a morning or an afternoon a week but I was able to sort it out and that really helped the patient, but I’m thinking this is probably maybe multiplied many times around for each GP surgery.

**Yeah it’s difficult isn’t it, so obviously you’re you’ve had that particular patient and they were having that issue you described, what’s it like for them now?**

They’re fine now, I’ve seen them, I was able to do something called micro suction so it’s a different technique of removing wax from the ear, which we’re trained up to do. So once the wax is out it’s fine for them and they go away happy. So normally they would have had a similar service from the nurse but they use irrigation just the water to wash the wax out but they can’t access that at the moment

**So how many of them would you say they’ve done, at the GP surgery?**

It is quite a popular service it’s difficult to say how many but certainly every week there’s going to be 5 patients or 10 possibly more depending on the area as the demographics and it’s probably skewed towards the older population of North Wales and retirees it tends to be a bigger problem for them so it’s probably quite a big issue

**The hearing loss stuff it is a bit of a tough time thinking on patients with hearing loss in terms of obviously lip reading but it must be quite difficult for phone conversations and stuff as well?**

Oh definitely any kind of phone conversation or remote access, it’s going to be more difficult for them, it’s going to be an extra barrier for communication so it’s going to have an impact on their healthcare certainly now because probably 80% of all GP consultations are on the phone now since covid where it’s important to hear that especially if it’s about your health so it’s a problem.

**So when you’ve got to contact people and they’re hard of hearing how do you do it now?**

Currently we’ll do it on the phone where we can so obviously if they can hear effectively so it may mean that we have to use communication tactics rather than kind of shouting down the phone, you would re-phrase things, say it in a different way to give them a better chance of getting the meaning from you. We would use kind of headsets but they don’t tend to convey the sound too well. If possible we have been able to do video for remote consultation so they can see you but obviously there’s a difficulty there where people just can’t manage the technology at their end so it’s just managing them issues but where possible that’s really good.

**How has the pandemic been for you in your role and changed the way you work how has it been for you?**

Yes so I was re-deployed so I was re-deployed to healthcare pathology so I was trained to give training on a new piece of equipment a blood gas analyser, so myself and a colleague were trained at a DGH as this piece of equipment was going all round the hospital and everyone in terms of the doctors and nurses needed training so there was a massive demand for training on this new machine so we were able to get trained ourselves and then train others so that was really good and we were helping out and kept us kind of distracted from the stresses of the outbreak when it first started. I found that useful

**How long did you do that for?**

A good 3 months

**So you did that for quite a while**

Yes so we trained a lot of people, and they are now in place those machines and they are useful for covid patients too so there’s a direct benefit

**You’re having that direct impact**

Yes

**That’s great, yes I was re-deployed to work at the field hospital so it’s been a strange time hasn’t it really**

Yes it has a lot has changed hasn’t it

**So how is your service running now, how is it kind of, I hate to say it, an overused phrased the new normal, what situation are you in now?**

We’re getting back to where we were gradually, so it’s very much down to individual surgeries, some surgeries don’t want me physically in to see patients so I can only offer a remote service, telephone at the moment, others are happy for me to come in, they’ve got all the PPE sorted and I can phone patients, triage them, bring in the ones I need to see and see them face to face. That’s working well, it’s quite varied really according to the surgery. It’s just surprising really

**It is isn’t it I didn’t, that’s really surprising**

I thought they’d be more consistent, quite different approach in different surgeries

**Have you seen any patterns or trends in that or anything in terms of areas or anything like that or is it just completely random?**

I think it’s fairly random, according to the leadership team for the surgery really. An issue it probably is the building that they’re in, so some buildings are much more suited to socially distancing waiting areas you know the modern buildings, whereas the older buildings are maybe based in a kind of house you know the old doctor’s house they’re not suited with narrow corridors, limited space but that would be a big factor

**That’s really interesting, so you’re getting back to normal a little bit more now so do you work for a team? So how many work in your team?**

There’s about 6 of us

**And are you all audiologists**

Yes in the Health Board patch

**What area do you work in?**

I’m mainly work in one of three health board areas

**So the 6 of you cover the whole of North Wales pan BCU?**

The service does yes, we’re not in kind of every surgery obviously but we’re in every cluster

**Every cluster, so there’s 6 audiologists is there?**

Yes it’s kind of a similar model with physiotherapy a similar approach where they’ll see patients in primary care so it’s bringing services closer to the patient

**Definitely, I know it is isn’t it, it’s so much better now, I got a text the other day saying you can get dieticians appointments at the gp surgery, having physio there as well and it is so much better than waiting referring, getting a hospital appointment and stuff for the patient, it’s great isn’t it. Thank you that’s really useful, obviously just shedding some light on some of the issues that particular patient groups are affected by is really useful. What I’ll do is I’ll get this conversation transcribed and I’ll send it over to you as well just so you can see it and I will send you a report that your feedback is included in as well. Is that alright?**

Yes, that’s great

**Thanks for taking part**