ACTION ON
HEARING
~~LOSS~~
Northern Ireland

A TINNITUS STRATEGY FOR NORTHERN IRELAND

Contents

Executive Summary

"I feel I am totally in control of my tinnitus now. It doesn't mean I don't have bad days and nights but I am controlling it rather than it controlling me."

"One time I remember saying to myself, whenever it was very bad, 'How am I ever going to live with this noise in my head non-stop? I can't go on with life'. I was going to take an overdose, I just couldn't hack it."

"It destroys everything you do: when you wake in the morning, it's there, when you go to sleep, it's the last thing you hear. No matter what you do or where you go, it's usually there, it spoils your life."

This strategy aims to address the identified need for a new integrated health and social care pathway for people with tinnitus across Northern Ireland.

Research carried out in 2010 revealed gaps in the provision of services for people with tinnitus and a lack of information for both professionals and patients on what additional support exists. These findings have been confirmed through consultation with key service providers with expertise in this area.

It is clear, through consultation with healthcare professionals and our research, that there are still gaps in the provision of services, and a lack of information of what additional support exists. This strategy reviews the current pathway, asks what people with tinnitus require, proposes a new pathway and identifies what is needed to deliver a consistent tinnitus service in Northern Ireland.

While up to 275,000 people in Northern Ireland have tinnitus to some degree, our research shows that at least 7000 people have severe tinnitus, which significantly affects their ability to lead a normal life.

Delays in receiving support can lead to increased anxiety and/or depression for the person with tinnitus and in some cases they are unable to work due to the impact of the condition on their daily life. It is hoped that by implementing the recommendations in this strategy, people with tinnitus will receive information and support at an earlier stage, thus reducing the long-term impact on health services.

The key recommendations in this report are that:

- Patients and their families are provided with information on tinnitus at the earliest opportunity.
- GPs are trained to support people with tinnitus and refer appropriately.
- Each Health Trust should identify, train and resource a specialist tinnitus professional.
- Each Health Trust should provide a specialist tinnitus service.
- Other tinnitus support services should be joined up and embedded into the patient pathway at every stage of the journey.

Background

In 2009, Action on Hearing Loss published its Strategic Plan 2009-2013, with a commitment to ensuring 'that older people with hearing loss/tinnitus have access to the information and services they need to manage their hearing loss/tinnitus effectively'.

Between April 2008 and March 2010, the number of people who asked us for information about tinnitus increased by 50%.

Many people who contact us have been trying to cope with the noise and effects of tinnitus alone, or sometimes think that the noise they are hearing is a sign of a serious illness. They often contact us in great distress. People with tinnitus can feel very isolated and need support in managing and coping with their tinnitus.

Anecdotal evidence suggests that there is limited support available for people with tinnitus in Northern Ireland and an inconsistent referral pathway. This, together with the increased demand for information about tinnitus, prompted us to undertake research in 2010 with two key aims:

- To gain a better understanding of people's experience of living with tinnitus in Northern Ireland.
- To gain an overview of statutory and voluntary sector service provision for people with tinnitus in Northern Ireland.

Our research

Our report, '*What's That Noise? A Profile of Personal and Professional Experiences of Tinnitus*', found that:

- There is a lack of information for people with tinnitus.
- The majority of GPs have not had training in tinnitus.
- There are not currently sufficient resources to provide an effective tinnitus service.

The report was launched at the 'Tinnitus in Northern Ireland – Best Practice Conference' in November 2010, jointly hosted by Action on Hearing Loss and the British Academy of Audiology.

We also presented the research findings to the Minister for Health, Social Services and Public Safety, Edwin Poots MLA, in September 2011. At that meeting we committed to providing the Department with further guidance on how tinnitus services could be shaped in Northern Ireland to meet the needs of people with tinnitus.

Demand for services

From September 2011 to January 2012, Action on Hearing Loss provided one-to-one support to more than 60 people who were very distressed by their tinnitus. We also hosted four public information events across Northern Ireland, attracting 141 people. This snapshot demonstrates significant demand for support from people with tinnitus, even without large scale awareness-raising, and any additional investment. Such has been the success of this initial development and delivery of services, that audiologists and Health and Social Care Trusts have started to signpost people with tinnitus to us for support.

Working group

Action on Hearing Loss convened a multidisciplinary working group made up of professionals from Social Work, ENT, Hearing Therapy, Audiology and the voluntary sector. The purpose of the group was to:

- Create a strategy for the development and delivery of specialist tinnitus services in Northern Ireland.
- Identify the range of professionals needed to deliver a comprehensive tinnitus service.
- Identify the training needs of healthcare professionals working with people with tinnitus.
- Identify the range of services required by people with tinnitus.
- Identify the range of information required by people with tinnitus.
- Raise awareness of tinnitus among the general public.
- Raise awareness of the sources of support available for people with tinnitus.
- Engage the support of health service planners and policy makers, and service providers to deliver a tinnitus strategy.
- Examine and roll out existing and potential pilot programmes.
- Share best practice within Northern Ireland and across the UK.
- Influence the Northern Ireland Assembly, the Health Committee and the Department of Health, Social Services and Public Safety.

This strategy is the result of our collaboration, and we would like to sincerely thank the members of the working group for their input and support. They are:

- Cilla Mullan, Action on Hearing Loss
- Claire Lavery, Action on Hearing Loss
- Sharon Craig, Action on Hearing Loss
- Christine Martin, Action on Hearing Loss
- Martin Carroll, Irish Tinnitus Association
- David Stockdale, British Tinnitus Association
- Stephen Hunter, Audiologist, Daisy Hill Hospital
- Colette Bigley, Southern HSC Trust
- Susan Matson, Southern HSC Trust
- Martina Dempster, Western HSC Trust
- Crystal Rolfe, Action on Hearing Loss
- Clare McStay, South Eastern HSC Trust
- Frances Martin, South Eastern HSC Trust

With additional input from Raymond Flanagan, Head of Audiology, Royal Victoria Hospital (RVH), Robin Adair, ENT Consultant RVH/Ulster Hospital, Lorraine Hughes, Hunter Family Practice and Mary Mitchell, Chief Hearing Therapist RVH.

What is tinnitus?

Tinnitus, often described as ‘ringing in the ears’, is the perception of sound in the head or ears when no external sound is present. It may be acute or chronic. Acute tinnitus lasts days to weeks while chronic tinnitus is persistent, lasting for longer than six months (Daughterty, 2007).

Tinnitus may be unilateral (heard in one ear) or bilateral (heard in both ears), pulsatile or nonpulsatile. Pulsatile tinnitus coincides with the heartbeat, suggesting a vascular source, whereas the more common non-pulsatile tinnitus is continuous and constant (Holmes & Padgham, 2009).

Tinnitus is generally correlated with hearing loss, but the two can exist separately. It can be a constant sound or noise, from which the individual gets no relief, except when asleep, or can occur intermittently for several minutes to hours at a time, before stopping until the next episode.

It may indicate a disorder in the functioning of the auditory pathway and may or may not also be associated with hyperacusis (sensitivity to loud noise). It can also indicate the existence of medical conditions requiring medical, surgical or clinical management.

Prevalence of tinnitus

It is estimated that 10-20% of the UK adult population complains of prolonged spontaneous tinnitus (PST) at any one time, where PST is defined as tinnitus which lasts for five minutes or more (El Refaie, 2004).

In June 2011, the estimated resident adult population of Northern Ireland was 1,379,875. (www.nisra.gov.uk). Based on this figure, we can estimate that there are approximately between 137,987-275,975 people with tinnitus in Northern Ireland.

According to the British epidemiological investigation on the prevalence of tinnitus and its perceived severity, 0.5-1% of the general population considers their tinnitus as a problem that severely affects their quality of life (Erlandsson, 2000).

Based on the estimated resident population of Northern Ireland, we can estimate that tinnitus severely affects 6,899-13,798 people’s quality of life in Northern Ireland.

According to Holmes & Padgham (2009), 1% of people under 45 experience tinnitus, 12% of people aged 60-69 develop it and those over 70 have a 25-30% risk of developing it (Holmes & Padgham, 2009).

Over half (51%) of the 88 GPs surveyed for the ‘*What’s That Noise?*’ research stated that they see between one to three patients a month with tinnitus.

The impact of tinnitus on people's lives

Similarities have been drawn between the experience of living with tinnitus and that of chronic pain. Both are intractable, subjective, constant and unpleasant, difficult to treat and significantly affect quality of life. As they cannot be seen and sufferers often adopt outwardly normal behaviour, their impact may be underestimated (Holmes & Padgham, 2009).

The impact of tinnitus on individuals varies and is dependent on a range of factors such as severity, duration and pre-existing psychological characteristics. An individual's reaction to tinnitus may lead to a state of constant anxiety, directing attention to tinnitus and establishing a 'vicious circle' when tinnitus increases in direct proportion to anxiety (Holmes & Padgham, 2009).

Relationships with others

According to Holmes & Padgham (2009), 41% of individuals with tinnitus report negative effects on personal relationships.

"For the first six months, I was virtually impossible to live with."

Participants from the '*What's That Noise?*' research stated that tinnitus often dictated where they went and how long they stayed there for. Many participants avoided going to shops, cafés, restaurants, bars, nightclubs, cinemas, concerts and similar places on their own or with others, because they knew that the background noise in these venues would trigger their tinnitus or make it worse.

Mental health

Some people stated that at times they felt depressed; others stated that they had been diagnosed with clinical depression.

"You get down days, you get depressing days, you get days when you don't want to get out of bed, you get days where you don't want to go on living."

"I don't think I would have depression at all only for the tinnitus."

Tinnitus is associated with a higher occurrence of depression than in the general population. According to Daugherty (2007), at least 40-60% of patients with tinnitus also have a major depressive disorder, which often worsens their perception of the condition (Daughterty, 2007).

"It's just hard to keep going. I try to be positive but it's hard to be positive all the time."

It is unclear whether tinnitus is a manifestation of a depressive disorder or a factor contributing to its development. In a study undertaken by Andersson et al (2005), tinnitus preceded the mood disorder in 23.5% of the sample and in 21% of cases these symptoms arose concurrently (Holmes & Padgham, 2009). Three participants stated that they had contemplated taking their life because they could no longer cope with living with tinnitus.

"In the early stages, I felt that life isn't worth living like this. I felt suicidal. I was close to it."

Sleep

Several studies have found that sleep difficulties are one of the most frequent complaints associated with tinnitus. Sleep disturbance is reported by about 50% of those who complain about tinnitus (Henry, 2005). Almost all of the participants in the '*What's That Noise?*' research stated that tinnitus had disrupted their sleep and, on occasion, their spouse or partner's sleep. Many feared going to bed and had difficulty getting to sleep or getting back to sleep if they woke during the night. As a result they often felt tired the next day.

"I couldn't sleep, it was dreadful. I might have been getting one hour, two hours maximum."

"By the end of the day, even by six o'clock, I was completely wrecked, totally drained and totally exhausted."

A number of participants had been prescribed sleeping tablets by their GP in order to help them sleep. Some took these tablets, others did not.

Inability to concentrate

According to Tyler and Baker (1983), 33% of the respondents in their study said they were unable to concentrate as a result of tinnitus. A number of participants stated that tinnitus reduced their attention and concentration span. One participant who could no longer read for extended periods of time due to tinnitus had to abandon her dream of starting a PhD.

She described tinnitus as a *"thief of concentration"*.

Work

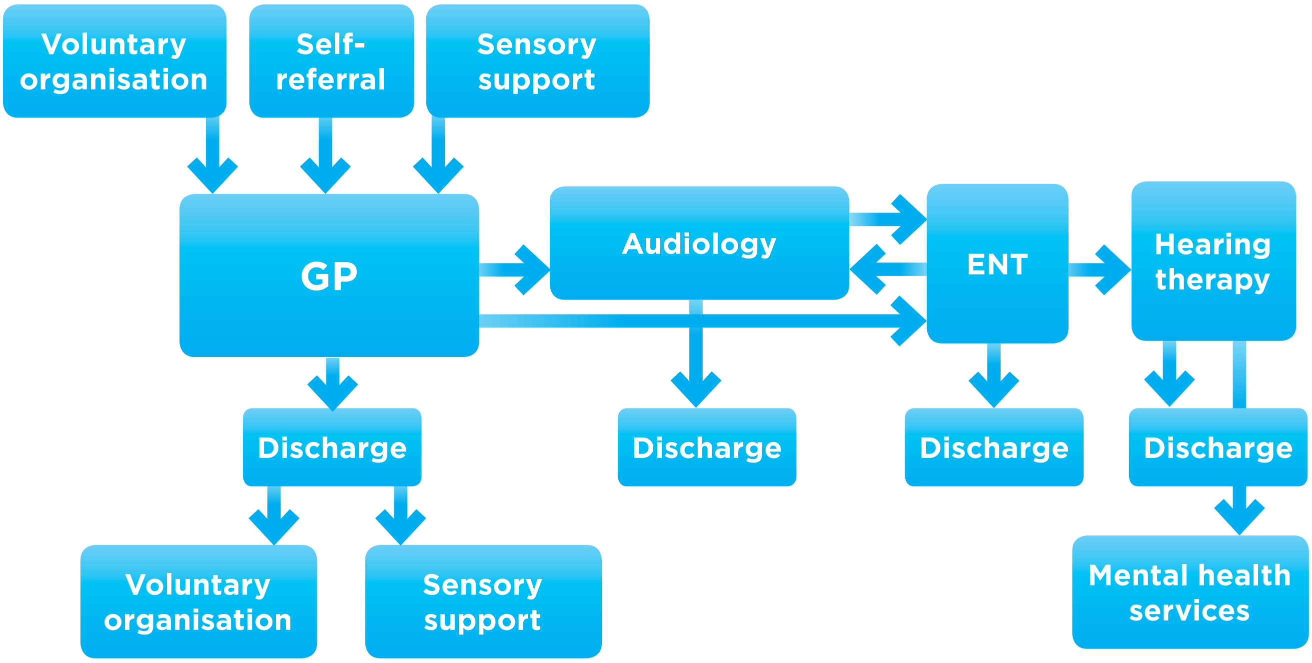
Almost half (42%) of respondents to the RNID and British Tinnitus Association (BTA) survey (2006) reported that tinnitus interfered with their work (Holmes & Padgham, 2009). In this study, one participant stated that he believed that he was pensioned off because of tinnitus. A second stated that she had to retire early because of tinnitus and others agreed that they could no longer continue to carry out the work they had previously been employed to do.

Everyday activities

Most participants of the '*What's That Noise?*' research said they had difficulty coping with everyday activities such as listening to music, watching television, driving, playing sports and so on, because of tinnitus.

Current tinnitus pathway

The most common pathway experienced by people with tinnitus in Northern Ireland begins with diagnosis.



Diagnosis

A diagnosis of tinnitus is provided by a GP.

People who have tinnitus either go to their GP themselves, or to Sensory Support Services at their local Health and Social Care Trust, or to a voluntary organisation, such as Action on Hearing Loss. Both social services and the voluntary bodies routinely refer people complaining of tinnitus to their GP for a diagnosis.

The GP is the primary gatekeeper to all other services, is crucial in initiating the appropriate patient pathway, and can greatly impact upon the patients' positive or negative experiences.

First stage referral

Depending upon the GP's level of awareness, patient history, level of distress, and other diagnostic elements, the GP will either:

a) discharge the patient with no support offered

b) Refer the patient to ENT services

c) Refer the patient to audiology services.

Many patients who are discharged by their GP with no referral onwards make their way to voluntary organisations and local Sensory Support Services for support, on an ad hoc basis.

Currently many patients with tinnitus are experiencing long waiting times from referral from their GP to an ENT consultant. In one local Health Trust, the wait can be up to 42 weeks.

This delay in accessing support can lead to increased anxiety, which can in turn exacerbate or lead to other health issues.

Second stage referral

Audiology

Patients who are referred to audiology services by their GP currently receive hearing aids or tinnitus maskers. Audiology services may also refer patients to ENT, if appropriate.

ENT

Patients who are referred to ENT services by their GP can currently receive counselling, an investigation into the problem, medications, assistive devices such as hearing aids or maskers, and they may be discharged or referred to the Regional Supra-Specialist Hearing Therapy Clinic at the Royal Victoria Hospital in Belfast, or to their local Audiology clinic for a hearing aid.

Third stage referral

Hearing therapy

Patients who are referred to the Regional Supra-Specialist Hearing Therapy Clinic currently receive a combination of treatments that includes:

- An audiological assessment
- Recommendation and fitting of appropriate instrumentation; a white noise generator and/or a hearing aid(s)
- Directive counselling and cognitive therapy
- Relaxation and stress management training
- Behaviour therapy techniques.

The Regional Supra-Specialist Hearing Therapy Clinic also refers patients on to Mental Health Services, if appropriate.

It is important to note that a hearing therapy service does not solely provide services for people with tinnitus. The Regional Supra-Specialist Hearing Therapy Clinic in Belfast provides, in the main, for the needs of hearing impaired and deafened adults and adults with tinnitus, hyperacusis, vertigo and balance problems.

In Northern Ireland there are currently only two hearing therapists, and no plans to train new hearing therapists. It is expected that within ‘Agenda for Change’ and the ‘NHS Career Framework’ that someone undertaking the role of a hearing therapist would be working at a specialist and/or advanced practitioner level with a Masters qualification in the field of rehabilitation.

Other sources of support

Patients may also be referred to voluntary organisations or Sensory Support Services, depending upon the level of awareness and initiative of the professionals involved.

Sensory Support Services

Sensory Support Services offer different levels of treatment, depending on the expertise within the team. Some Trusts offer Cognitive Behavioural Therapy, others offer tinnitus support groups, and some services offer information and equipment.

Voluntary organisations

Voluntary organisations providing tinnitus services include Action on Hearing Loss, the British Tinnitus Association and the Irish Tinnitus Association. These organisations offer a range of services, such as one-to-one support, information, equipment for loan and purchase, and access to other services.

Managing tinnitus

A number of elements are needed to enable people with tinnitus to manage their symptoms successfully.

Awareness

- People who are experiencing symptoms of tinnitus need to be made aware of the condition, it causes and treatments, and signposted to appropriate support.

Information

- Comprehensive, accessible and timely information needs to be made available to anyone with tinnitus and their family.
- This information needs to be positive in tone, provided at appropriate points in the patient pathway, and up to date.
- Information should be made accessible and relevant for profoundly deaf people who use sign language as their first language.
- Professionals should know how to access information resources.

Services

- A range of services needs to be offered to people with tinnitus, tailored to their individual need.
- Existing services need to be coordinated to ensure that people with tinnitus benefit from a holistic approach.
- New services need to be developed to support people with tinnitus in an equitable manner, and with adequate resources.
- Services should be made available in a timely way, with a mechanism for urgent treatment, should the person with tinnitus be in great distress.

GP services

The following should be provided:

- Medical assessment including an ear examination, medical history and triage and appropriate referral taking into consideration the level of tinnitus (mild/moderate/severe) and/or additional health problems.
- Information for patients to cover what tinnitus is, how to cope, where to find help and support, what to expect and timeframes for treatment. Content should be available offline and online, signposting information for Sensory Support Services and other organisations which provide support.
- Swift referral target times.

ENT services

The following should be provided:

- Confirmation of diagnosis and existence of medical conditions.
- Appropriate treatment and referral as per the proposed patient pathway.
- Information on how to manage tinnitus, updates on recent research, equipment and other sources of support.
- Referral to additional sources of support, such as the ‘Tinnitus Support Network’.
- Swift referral target times.
- Information to patients on their pathway moving forward and timeframes for treatment.

Audiology services

The following should be provided:

- Fitting of a hearing aid and/or provision of a masker/white noise generator.
- Information on how to manage tinnitus, updates on recent research, equipment and other sources of support.
- Referral to additional sources of support, such as the ‘Tinnitus Support Network’.
- Swift referral target times to a tinnitus specialist, if appropriate.
- Information for patients on their pathway moving forward and timeframes for treatment.

Hearing therapy

Currently there are only two Hearing Therapists in Northern Ireland, providing services to patients with tinnitus and others. One of the therapists provides a regional specialist clinic in Belfast, while the other provides a more localised service in the North West. As specialist training in hearing therapy has ended with the current model of service changing as a result, it will be necessary to provide specialist support to people with tinnitus in a different way.

The pathway we propose should include access to a specialist tinnitus service, available across Northern Ireland, based in each Health and Social Care Trust, and resourced by trained, specialist professionals. These services would be in addition to the Supra-Specialist regional clinic in Belfast which currently exists.

Those professionals may come from an audiology or ENT background, but should have a Masters qualification in rehabilitation.

Specialist Tinnitus Service

We suggest that this service should provide:

- Tinnitus management techniques such as Cognitive Behavioural Therapy, Tinnitus Retraining Therapy, complementary therapies, equipment and counselling.
- Referral mechanisms to enable referral to Mental Health Services, if appropriate.
- Information on how to manage tinnitus, updates on recent research, equipment and other sources of support.
- Referral to additional sources of support such as the 'Tinnitus Support Network'.

Tinnitus Support Network

The creation of a Tinnitus Support Network is needed to bring statutory social services and voluntary sector services together to provide a range of services in each Health Trust area.

There is currently a range of support services for people with tinnitus, operating at different levels, and in different ways, across Northern Ireland.

The creation of a formal network is recommended to ensure that organisations across the statutory and voluntary sector liaise effectively to provide a cohesive and holistic support service to people with tinnitus at each stage of their journey.

We recommend that professionals treating people with tinnitus routinely refer patients to this network at each stage of the pathway, so the patient is supported while waiting for treatment.

The following support should be provided:

- Information on how to manage tinnitus, printed and online, provided face-to-face and via helplines.
- Information on assistive equipment such as sound generators.
- The provision of assistive equipment to loan and/or buy.
- Signposting to other support services.
- Peer support on a one-to-one basis, through sharing personal experiences and giving practical techniques on how to cope with and manage tinnitus.
- Cognitive Behavioural Therapy.
- Local support groups.
- Family support.
- Access to tinnitus courses to help people manage and understand their tinnitus.

Proposed tinnitus pathway

Diagnosis

As is current practice, initial diagnosis should be made by a GP.

Sensory support services, voluntary organisations and the public will continue to refer to GPs for diagnosis.

Increased public awareness of tinnitus will help to ensure that anyone experiencing the symptoms of tinnitus will go to their GP for support.

When diagnosing tinnitus, patients should always be appropriately assessed for underlying conditions and the impact tinnitus is having on their lives. People have varying degrees of tinnitus, from mild to severe, and the level of support available should be tailored to each individual's needs.

Mild: The patient is able to cope with their tinnitus with no impact on their daily lives.

Moderate: The patient has tinnitus that is impacting on their lives but they have coping strategies. However this can change depending on daily/weekly circumstances.

Severe: The patient has tinnitus that is affecting their daily lives and which can result in a lack of sleep, interruption to work, difficulty in carrying out daily living skills, and has a significant impact on the quality of their life.

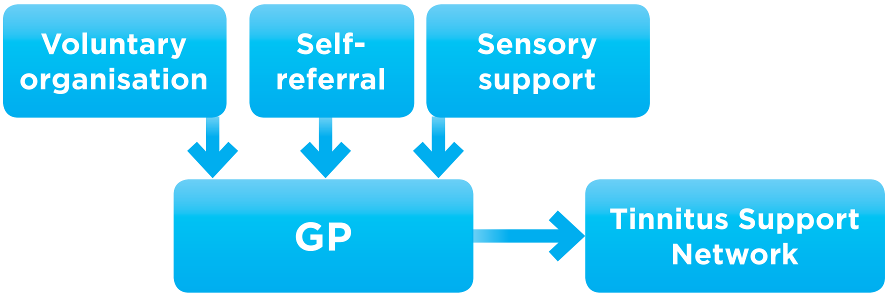
It is vital that support for people with tinnitus is provided at the point of diagnosis, that GPs are trained and resourced to offer positive approaches to tinnitus to patients, and that they offer information and signposting to other sources of support, such as the Tinnitus Support Network, and appropriately refer onwards.

Three levels of support

People with tinnitus will require different levels of support at different times, depending on the severity of their tinnitus, the impact it is having on their life, their capacity to learn how to manage their tinnitus, and how long they have been living with it.

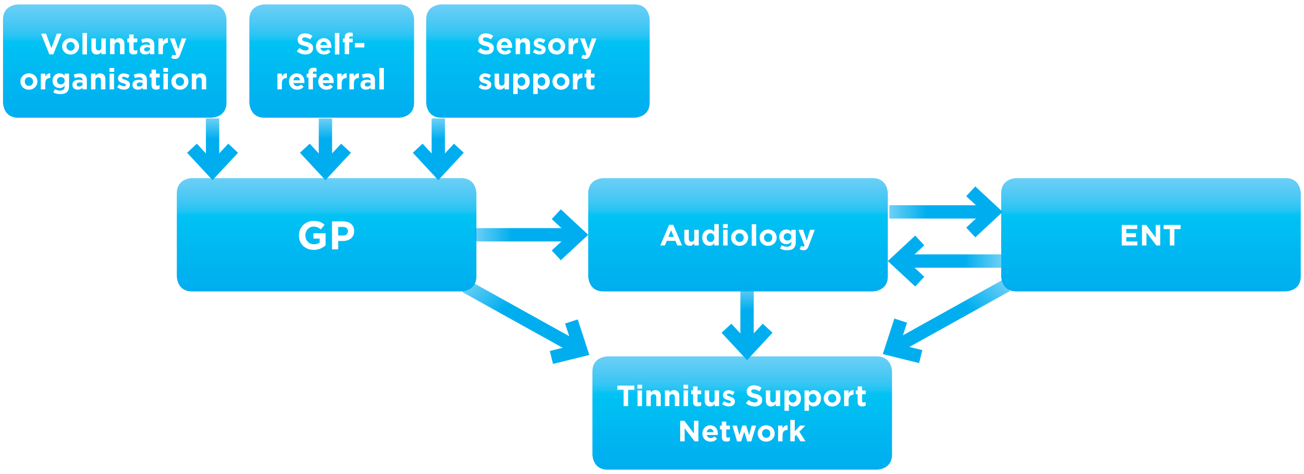
Level 1

People presenting with mild/moderate or severe tinnitus at their GP should be given information and signposted to the Tinnitus Support Network. It is important that the information provided at this point is positive in approach.



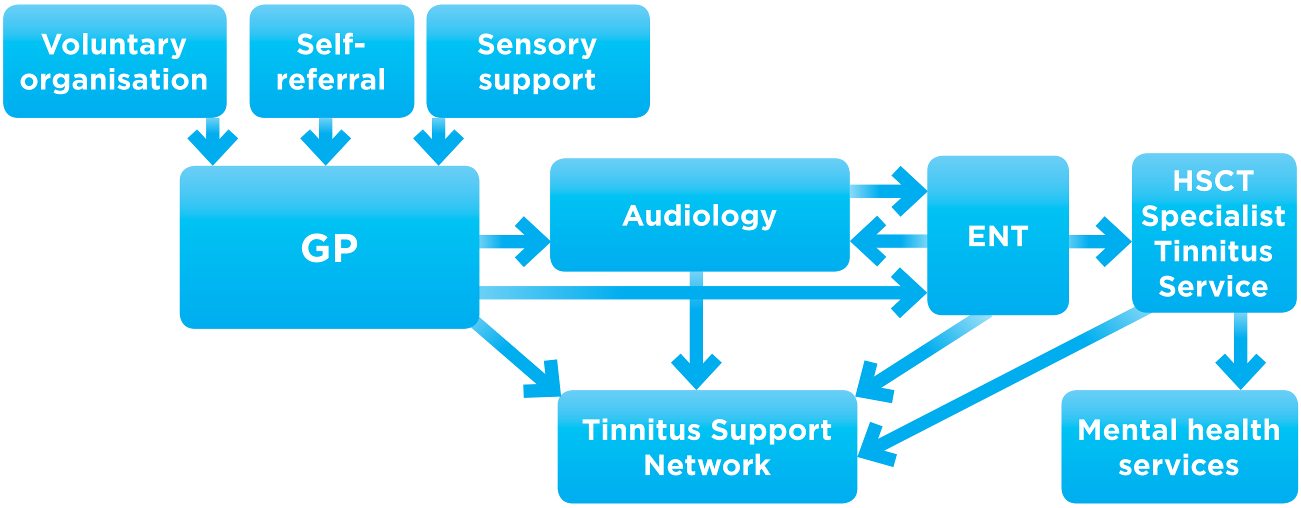
Level 2

People who are unable to cope with their tinnitus, either mild/moderate or severe, should be referred to ENT/Audiology for assessment to determine the cause. The patient should be given an outline of what will happen next and a timescale for treatment. ENT services will then respond with appropriate treatments, as they do currently. A key change proposed here is that patients should be given information, positive messages about prognosis, a clear indication of waiting times, and signposted to the Tinnitus Support Network.



Level 3

People with severe tinnitus are referred through the tinnitus pathway to ENT/Audiology for assessment to determine the cause and priority must be given for immediate referral to a Specialist Tinnitus Clinic for support. A key change proposed here is that patients should be given information, positive messages about prognosis, a clear indication of waiting times, and signposted to the Tinnitus Support Network. The Specialist Tinnitus Clinic in the local Health and Social Care Trust then provides in-depth treatment and support to enable the person with tinnitus to learn how to cope.



Training and professional development

This section of the strategy identifies the type of training required by each professional group.

Medical students

As part of their undergraduate degree, medical students should receive tinnitus training. It is vital that they understand:

- what tinnitus is
- the effects of tinnitus
- the tinnitus pathway
- what support services are available
- the importance of positive messages regarding diagnosis and prognosis.

GPs

Key findings on training from the ‘*What’s That Noise?*’ research:

- 51% of GPs see between one to three patients a month with tinnitus
- 53% of GPs rated their knowledge of tinnitus as average or below average
- 57% of GPs have never received tinnitus training or received it more than five years ago
- 77% of GPs would like to receive tinnitus training
- 82% of GPs did not have opportunities to undertake CPD courses on tinnitus.

All GPs should receive tinnitus training so they understand:

- what tinnitus is
- the effects of tinnitus
- coping techniques
- how the Tinnitus Support Network can help
- the importance of positive messages regarding diagnosis and prognosis
- the onward referral tinnitus pathway.

GPs should consider:

- work shadowing at ENT Clinic/Audiology clinic/Specialist Tinnitus Clinic
- opportunities to undertake professional development training in tinnitus management as part of their CPD.

One example of good practice is being delivered by the Health and Social Care Board in the Southern area, where protected training time is provided on a regular basis for all members of the GP practice teams, both clinical and admin.

ENT

ENT consultants should:

- undertake further development/training
- know the importance of positive messages regarding diagnosis and prognosis
- have a clear understanding of the onward referral pathway.

Audiology

Audiologists should:

- receive training on tinnitus, as part of their undergraduate degree, in how to support people with tinnitus
- have opportunities to undertake post-qualifying training in how to support people with tinnitus
- know the importance of positive messages regarding diagnosis and prognosis
- have a clear understanding of the onward referral pathway.

Specialist tinnitus healthcare professional

All specialist professionals should:

- gain a Masters qualification in Rehabilitative Audiology, accredited by the BAA Higher Training Scheme (HTS)
- complete training in tinnitus management and all relevant management techniques to enable them to provide specialist support for patients with tinnitus
- know the importance of positive messages regarding diagnosis and prognosis
- have a clear understanding of the onward referral pathway.

Tinnitus Support Network

All sensory support staff, frontline support staff in the voluntary sector and mental health professionals should receive training on:

- what tinnitus is
- the effects of tinnitus
- available tinnitus equipment
- the importance of positive messages regarding diagnosis and prognosis
- the onward referral pathway.

Training courses

Training courses are available from BTA/ITA but it is recommended that tinnitus training becomes part of the training provided to medical students, audiology students and consultants.

Conclusions

There is a clear need to improve and grow existing tinnitus services in Northern Ireland. Action on Hearing Loss and our partners in the expert working group that developed this report, have identified a number of barriers which will need to be overcome in order to take forward the development of tinnitus services, including:

- Lack of awareness and training among GPs about the impact of tinnitus and how to offer appropriate information and support.
- Lack of clarity within the health and social care system about referral pathways and options for treatment and support.
- A shortage of specialist tinnitus support professionals and no forward planning to meet the growing need.
- Lengthy waiting times for support, leading to increased distress and anxiety for people with tinnitus.
- A negative and conflicting approach to how people with tinnitus are treated.

The current pathway for people with tinnitus to access services, is not adequate to meet their needs. A new pathway needs to be designed so that people with tinnitus, who may be experiencing different levels of impact, receive the support they need, at a time and in a way that enables them to manage their tinnitus successfully.

In light of the changing environment in this area, where hearing therapy training will no longer exist, and the current service is working at full capacity, it is imperative that Health and Social Care Trusts grow their specialism in tinnitus to meet the needs of people in their local areas.

It is also crucial that GPs, as the gatekeepers to all other services, and important influencers on patients' propensity to manage their tinnitus successfully, are given appropriate training.

Lastly, it is important that Health and Social Care services work in partnership with colleagues in the voluntary and community sector to provide a holistic intervention and create a network of support around the person with tinnitus.

Recommendations

We have combined the findings of the '*What's That Noise?*' research with the expertise and experience of the tinnitus working group to form a series of recommendations for the future development of tinnitus services in Northern Ireland.

- Deliver a programme to raise awareness of tinnitus among the public, and sources of support.
- Deliver an awareness campaign of the risks to hearing health of overexposure to loud noise.
- Audit what information exists, who provides it and when, and if it is appropriate and useful to patients and professionals.
- Develop and provide consistent, accurate, constructive, accessible and comprehensive information resources on tinnitus.
- This information should be:
  - available to patients and their families, and include coping strategies and sources of support
  - provided at a time and in a way that is appropriate for each patient, based on their assessed need
  - made available in all GPs, ENT Surgeries, Audiology clinics and Sensory Support Services.

- Provide information for healthcare professionals on treatments available, approaches to take, sources of support, referral pathways etc.
- Ensure training for healthcare professionals includes:
  - how to diagnose and treat tinnitus
  - how to approach tinnitus in a positive and constructive way
  - sources of support to direct the patient to
  - options for specialist training in cognitive behavioural therapy etc.

- Develop guidance and protocols to manage the information-sharing between professionals, referral options and treatment options in the delivery of tinnitus services.
- Set targets for waiting times.
- Develop existing services and invest in further research into the effectiveness of services.
- Improve communication and collaboration between professional groups, and between healthcare professionals and voluntary sector service providers.
- Establish specialist tinnitus clinics in each Trust area.
- Identify and train lead professionals in each Trust area to deliver specialist services.

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