RNID Supporting people who are deaf, have hearing loss or tinnitus

DIGITAL SELF-REFERRAL FOR HEARING CARE: UNDERSTANDING PEOPLE'S NEEDS AND PREFERENCES

A Research Note

Overview

As the national charity supporting more than 18 million people in the UK who are deaf, have hearing loss, or tinnitus, RNID collects insights on the needs of people accessing audiology services.

Building on our previous research[1,2], this note focuses on understanding people's needs and preferences for digital self-referral for adult hearing services.

The findings show the need for:

- Digital self-referral services for audiology that integrate with the NHS App or trusted websites
- Testing and developing features that give people more choice over when, where, and how they access appointments and reassurance they are using the right service
- Further research into how best to support people who need more time and information before seeking advice from a healthcare professional

Background

People who try to get help with their hearing often struggle with confusing referral processes, limited appointments, and rigid options for accessing support[1]. One potential solution to make it quicker and easier to access support is to have a digital self-referral option.

A digital self-referral service is an online way to arrange support from a specialist, such as an audiologist, without needing to see a GP first.

Across the UK, Government strategies are aiming to increase the use of technologies in healthcare[3-6]. As part of this trend, there is increasing interest in digital self-referrals for tests and appointments. In England, there is an explicit ambition to put this in place across all NHS funded audiology services[7,8], with some areas already offering self-referral pathways.

Currently, there is limited evidence on what people need and want when using this type of service for their hearing health. This note provides insight to expand the evidence.

Method

In August 2026, RNID sent a short online survey to people who had completed the RNID Hearing Check between February and May 2026. Screening questions were used to only include people who are aged 18 years and over and are currently living in the UK.

We sought views to better understand:

- People's readiness to seek support
- What would make a digital self-referral service usable and acceptable
- When and why non-digital options are needed

Profile of Respondents

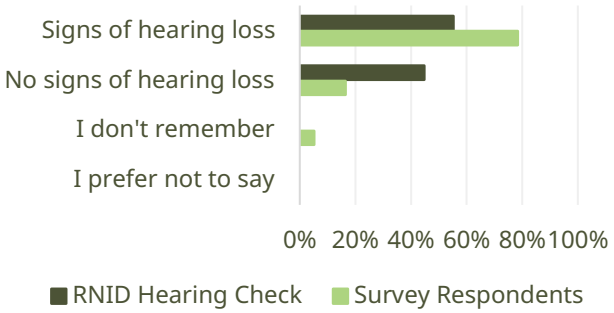
A total of 365 people completed the survey and passed the screening criteria. Due to the low response rate (2%), findings should be considered indicative and may not be representative of all RNID Hearing Check users.

Respondents are predominately older adults, with 90% aged 55 years or older. However, this is not unexpected given that hearing loss is more common with increasing age.

There is a good geographic spread of respondents from across the UK and evenly split by gender (53% female and 47% male). However, people who identify as "White" are overrepresented (95%). Respondents also access the internet more frequently than the wider population, particularly for their age demographic, with 96% reporting they access the internet daily.

People who received an RNID Hearing Check result indicating they have signs of hearing loss are overrepresented (78%, see Figure 1), compared to all those who have completed RNID's Hearing Check (55%). Consequently, survey respondents may be more engaged and in need of support with their hearing health than non-respondents.

Figure 1: Respondents by RNID Hearing Check result (n=365)



Experiences of seeking support for their hearing vary among respondents (as shown in Figure 2). Around half of respondents (42%) have had an in-person hearing test, whereas 58% have not. Among those who have not had an in-person hearing test, some have taken other steps to manage their hearing health, while others have not yet taken further action.

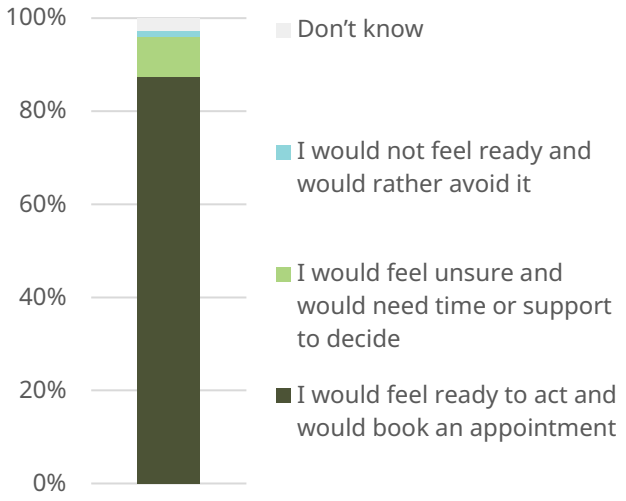
Figure 2: Respondents by follow up action (n=365)

Results

Readiness and triggers for taking action

Most survey respondents (88%) say they would feel ready to act and book an appointment if they noticed changes in their hearing in the future (see Figure 3).

Figure 3: Readiness to seek a hearing assessment in the future (n=361)



Most survey respondents (66%) would also rely on noticeable changes in their hearing as a prompt to seek support from a healthcare professional in the future (see Table 1).

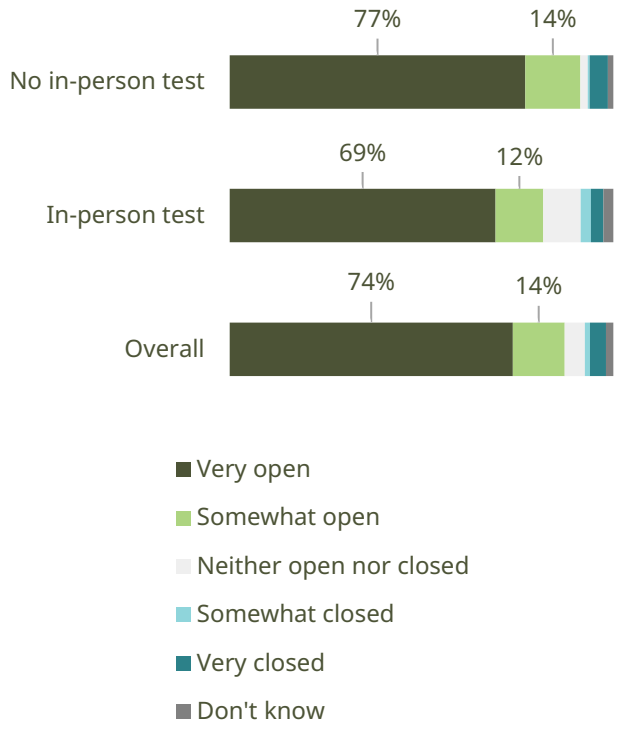
Table 1: Main influence for future help-seeking (n=364)

Factors	Percentage
My hearing noticeably affecting my day-to-day life	66%
Knowing how and where to get a hearing test	12%
Advice from a healthcare professional	9%
Results from a self-administered digital test suggesting I might have hearing loss	7%
Encouragement from family or friends	4%
A reminder from a healthcare professional	1%
Don't know	1%

What would make a digital self-referral service usable and acceptable

Most survey respondents are either very open or somewhat open (87%) to using a digital self-referral service to get support from an NHS hearing specialist (see Figure 4). Openness to use a digital self-referral service was high for both respondents who have had an in-person test (82%) and among those who had not (91%).

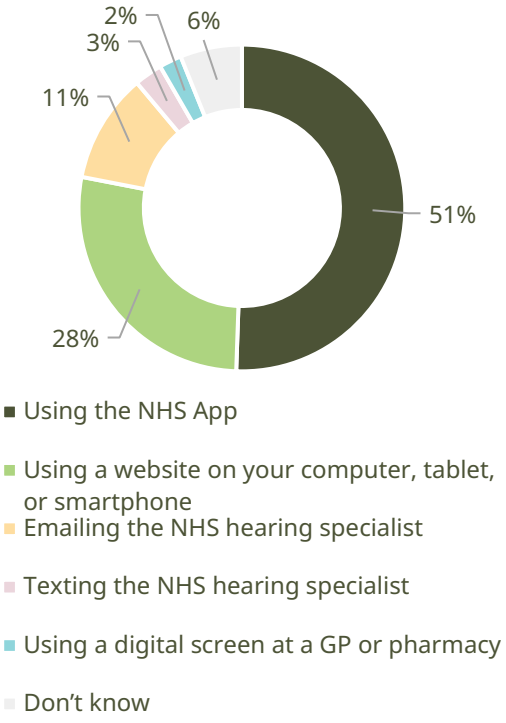
Figure 4: Openness to digital self-referrals for hearing health (n=362)



For starting the referral process, the most popular option is to use the NHS App (51%, see Figure 5). The second most popular option is using a website on a computer, tablet or smartphone (28%).

Using the NHS App was more popular among respondents who had a result showing signs of hearing loss and are yet to take action (66%) compared with those that had the same result and have already taken action (46%).

Figure 5: Preferred method to start a digital self-referral (n=360)



People were asked to choose up to three things that they would need for a digital self-referral service to work well for them (see Table 2). The most frequently chosen requirement was a clear explanation of their results and next steps (80%), followed by reassurance that they are using the right service for their needs (44%).

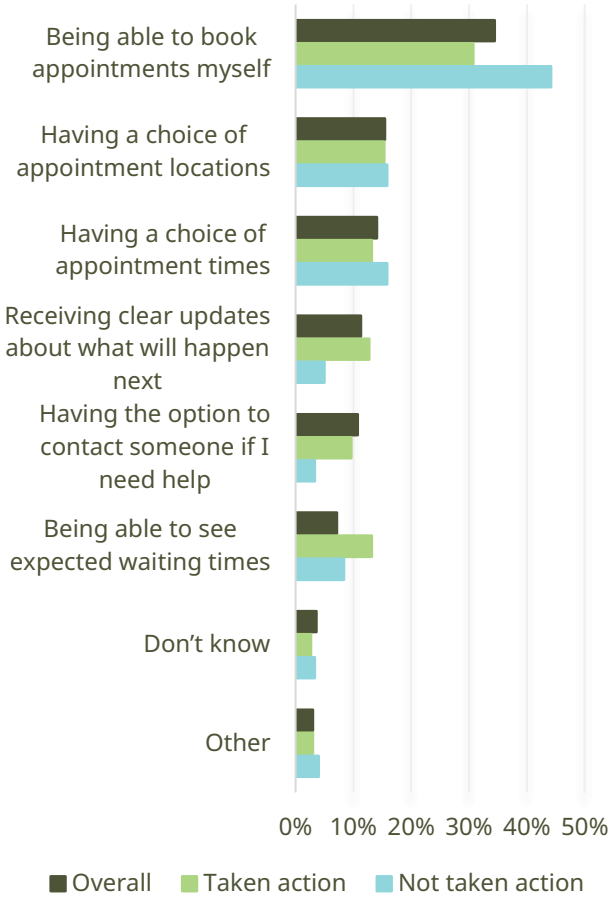
Table 2: Top requirements for a digital self-referral service (n=362)

Feature	Percentage
Clear explanation of my results and next steps	80%
Reassurance that I am using the right service for my needs	44%
Ability to choose a time that works for me	29%
Option to get help if I get stuck (e.g. phone, email or live chat)	22%
Reassurance that my information is safe and secure	22%
Ability to share my access and support needs	10%
Don't know	4%
Other (please specify)	3%

People were also asked to choose the most important feature from a list of six options (see Figure 6). The preferred feature among respondents is the ability to book appointments themselves (34%). This was more popular for respondents who are yet to take action (44%) than those who have already taken action (31%).

There is also demand for having a choice of appointment locations (15%) and choice of appointment times (14%).

Figure 6: Preferences for digital self-referral features (n=363)



When and why non-digital options are needed

Most respondents say nothing would make it difficult to use a digital self-referral service (80%, see Table 3).

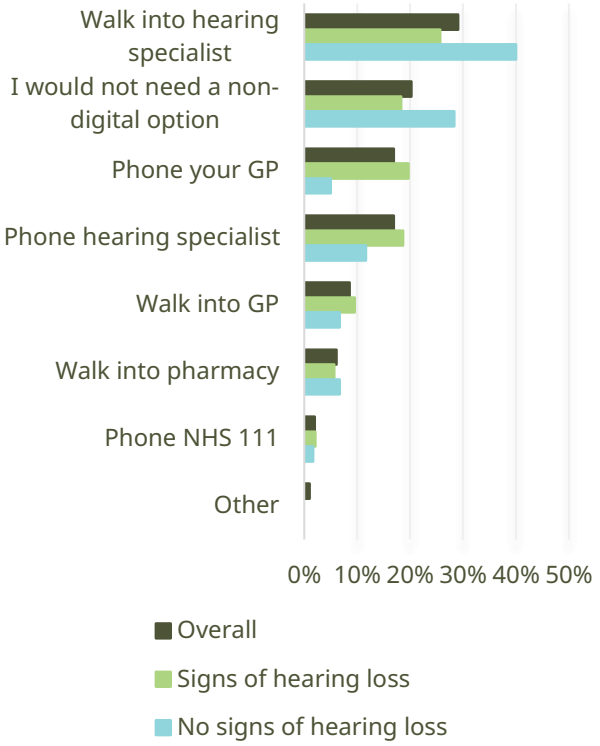
The most common potential difficulty for using a digital self-referral service is worrying about doing something wrong (11%).

Table 3: Potential difficulties for using a digital service (n=363)

Feature	Percentage
Nothing would make it difficult for me	80%
I would worry about doing something wrong	11%
I do not feel confident using a computer, tablet, or smartphone	4%
My access or communication needs might not be met	4%
Other (please specify)	3%
I have limited access to reliable internet	1%
I do not have access to a computer, tablet or smartphone	0%

Among respondents who expressed a preference for a non-digital option, walking into a hearing specialist clinic is the most popular option (29%, see Figure 7). There is a higher preference for walking into a hearing specialist among respondents who received a RNID Hearing Check result that suggests they do not have hearing loss (40%).

Figure 7: Preferred non-digital options (n=361)



Discussion

The results offer insights into the needs and preferences of people already using digital hearing health tools. Overall, respondents are open to using digital self-referral services to access support from an NHS hearing specialist.

The discussion below explores what these insights could mean for future service design and access to hearing care.

Supporting easier access to NHS hearing specialist support

While the high levels of readiness to seek a hearing assessment may partly reflect the greater engagement with hearing health of survey respondents compared with non-respondents, the findings nevertheless highlight an opportunity to support people at the point they are ready to act by making it easy to book an appointment. Ensuring people know how and when to get a hearing test could support this.

Hearing loss is slow to spot and the ability to recognise symptoms can vary between different groups[9]. If people rely on noticeable changes in their hearing before seeking support in the future, then issues may not be identified early. More research is needed to understand how to help people identify when they need to seek support in the future. For example, when reassessments are needed.

Designing digital self-referral services that meet people's needs

For older adults who are digitally engaged, there is very high appetite for digital self-referral services for hearing health. This insight aligns with previous research on people's willingness to undertake a home-based hearing test[10]. Digital self-referrals are likely to be a popular and acceptable way for people to access audiology services.

Many respondents preferred to start the process through the NHS App, particularly for people who are less proactive in seeking support. This suggests integrating services into existing trusted digital channels could reduce barriers in help-seeking. Reducing barriers to help-seeking can enable timely intervention and better long-term health outcomes.

Features that matter most to respondents are those that give them more choice and reassurance.

People want more choice over when, where, and how they access appointments. This may be particularly important for people who are currently struggling to access services. Therefore, digital self-referral services should test features that give people this choice, while enabling healthcare professionals to triage based on clinical need and staff availability.

Even among this digitally engaged group, people need reassurance that they are using the right service and using it correctly. Consequently, digital self-referrals need to support people to feel confident throughout the referral process.

Maintaining choice through non-digital options

Given these respondents are particularly digitally engaged, further insight is needed into the preferences of those who struggle to access or use digital services.

The popularity of a walk-in option supports previous insights that people value the flexibility of drop-in services[1]. This suggests that a digital self-referral service is unlikely to meet everyone's needs. Services should explore how to maintain the flexibility of drop-in services while ensuring healthcare professionals can plan, prioritise, and manage demand effectively.

Limitations

The findings offer useful indicative insights into the needs and preferences of people who

have completed RNID's Hearing Check. However, there are limitations to note.

As the survey was completed online by people who had already used RNID's Hearing Check, respondents are likely to be more comfortable using digital tools than the wider population, which may influence their views on digital services.

People who completed the survey may also be more engaged with their hearing health than people who did not engage with the survey. Therefore, the non-response bias may show a stronger interest in hearing health.

Finally, while the number of responses enables analysis of overall trends and some subgroup comparisons, the findings cannot be generalised to everyone who has completed RNID's Hearing Check or the wider population.

Next steps

At RNID, we believe there is a big opportunity to enhance adult hearing healthcare by making better use of technology.

The findings show the need for:

- Digital self-referral services for audiology that integrate with the NHS App or trusted websites
- Testing and developing features that give people more choice over when, where, and how they access appointments and reassurance they are using the right service
- Further research into how best to support people who need more time and information before seeking advice from a healthcare professional

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