

## Commissioning Framework – Suggested Outcome measures for tinnitus pathway

### Definition of Tinnitus

The perception of sound in the absence of any corresponding external sound. This noise may be heard in one ear, in both ears or in the middle of the head or it may be difficult to pinpoint its exact location. The noise may be low, medium or high-pitched. There may be a single noise or two or more components. The noise may be continuous or it may come and go. (Source; BTA)

### KPIs/Outcomes

- Are proposed for people meeting agreed referral criteria– TBC by the content working group, this will take the following into consideration - Provision of Services for Adults with Tinnitus: A Good Practice Guide<sup>1</sup> , Map of Medicine<sup>2</sup> , NICE Clinical Knowledge Summaries<sup>3</sup> and/or local criteria

### Assumptions

- Referral into the service is direct from the GP.
- Individuals have access to ENT to exclude medically/surgically treatable tinnitus. Role of ENT is diagnostic after medical causes have been ruled out, people with tinnitus should be referred for appropriate ongoing support - i.e. not discharged and forgotten

Outcome	Quality Requirement	Threshold	Method of measurement	Comments
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<sup>1</sup> Department of Health, 2009, Provision of Services for adults with tinnitus. here

<sup>2</sup> Map of Medicine can be accessed via payment <http://mapofmedicine.com/access-map/>.

<sup>3</sup> NICE Clinical Management Summary for tinnitus

<p>Personalised Care Planning</p>	<p>All patients have an Individual Management Plan (IMP) produced jointly with patients, family and carers.</p> <p>The following should be mandatory within the IMP;</p> <ul style="list-style-type: none"> <li>• Access to sound therapy (e.g. bedside sound generators), hearing aids, combination hearing aids and novel devices</li> <li>• Information counselling and provision of information</li> <li>• Access to psychological therapies if required</li> <li>• Social support (external provision of equipment or social support that will help achieve therapeutic outcomes</li> <li>• Support groups (tinnitus support groups or treatment groups)</li> </ul>	<p>100% of patients have a plan. (refusal or if IMPO is inappropriate to be documents)</p>	<p>Biannual audit and accumulative annual audit</p>	<p>Personalised care planning underpins the process so included here.</p>
<p>Patient is able to self-manage and has knowledge;</p> <ul style="list-style-type: none"> <li>- a clear understanding of the diagnosis</li> <li>- they have been listened to</li> <li>- they can return to the service if things change/progress</li> </ul>	<p>Patient understands what tinnitus is, treatment options, feels confident in applying them and understands can return if condition deteriorates or has further questions</p>	<p>80% of patients report increased ability to self-manage</p>	<p>Patient Satisfaction Survey</p>	<p>Timescale to demonstrate improvement: improvement should be measured at 3 and 6 months</p>

- of self-help and self-management materials and strategies (e.g. local support groups, leaflets and approved web resources)	Measure: Patient Satisfaction Survey			
Reduction in the functional impact of the tinnitus	Percentage of patients reporting being more able to effectively manage the impact of tinnitus on their life  <i>Possible measures; Measure Yourself Medical Outcome Profile (MYMOP), THI, TFI, CORE-OM, COSI, VAS</i>	70% of patients report intervention has helped.	<i>Possible measures; Measure Yourself Medical Outcome Profile (MYMOP), THI, TFI, CORE-OM</i>	Timescale to demonstrate improvement: improvement should be measured at 3 and 6 months
Improved Quality of life	Improvement in patient reported quality of life  <i>Recommended measure; HUI-3 (and other validated quality of life measures)</i>	70% of patients express improved quality of life	HUI-3	Timescale to demonstrate improvement should be no less than three months and ideally 6

**Additional;**

Opportunity for patients to influence/shape services via annual focus groups, analysis of satisfaction surveys, etc.

Sources on self-management ;

- NHS England (2015) Personalised Care & Support Planning Handbook. Leeds, NHS England.
- British Society of Audiology (2012). Practice Guidance: Common principles of rehabilitation for adults with hearing- and/or balance-related problems in routine audiology services. Reading, British Society of Audiology.

## **Outcome Measures**

HUI3 Justification (as opposed to EQ-5D);

- Maes, I.H., Joore, M.A., Cima, R.F., Vlaeyen, J.W. and Anteunis, L.J. (2011). Assessment of health state in patients with tinnitus: a comparison of the EQ-5D and HUI mark III. *Ear and hearing*, 32 (4) 428-435.

No tinnitus specific outcome measure is a recommended measure as these do not reliably demonstrate change. Most are optimised to measure severity but not change. Source: Fackrell, K., Hall, D.A., Barry, J.G. and Hoare, D.J., 2015. Psychometric properties of the Tinnitus Functional Index (TFI): Assessment in a UK research volunteer population. *Hearing research*.

### ***Please Note***

***There are caveats from some Alliance members to this document, and these will be further recorded and debated by the content group and Advisory group as necessary.***