

Improving referral quality and reducing waiting times in the NHS Highland NEWAUDIO pathway

NHS Highland Ear, Nose and Throat (ENT) service worked with Healthcare Improvement Scotland to improve referral accuracy and reduce long waits for joint NEWAUDIO/audiology appointments. By clarifying vetting criteria and testing a new vetting approach, the service significantly reduced inappropriate demand on the NEWAUDIO pathway.

Situation

Significant waits were a long-standing issue for NHS Highland ENT. Through an improvement sprint with us, ENT consultants, audiology staff and managers worked together to understand the causes of delay and identify opportunities to improve patient flow.

The team used improvement tools to identify that the service was experiencing a persistent challenge where patients requiring joint ENT and audiology appointments were waiting considerably longer than those on other pathways.

Because of the geography of the Scotland Highlands, the service intends to provide a one-stop model where patients receive a hearing test and ENT consultation on a single visit. While this model benefits patients, it contributed to a routine joint appointment wait of up to 96 weeks (June 2025). Many patients were being added to the waiting list who could have been managed within Audiology alone and did not require an Audio consultant appointment.

Approach

The team used several improvement tools to understand the problem in depth:

- Process Mapping was used to visualise the full patient journey and identify where delays were occurring. This showed that the most significant bottleneck was the wait for appointments within the NEWAUDIO pathway.
- The Last 10 Patients tool confirmed that many referrals entering the NEWAUDIO pathway did not require joint assessment.

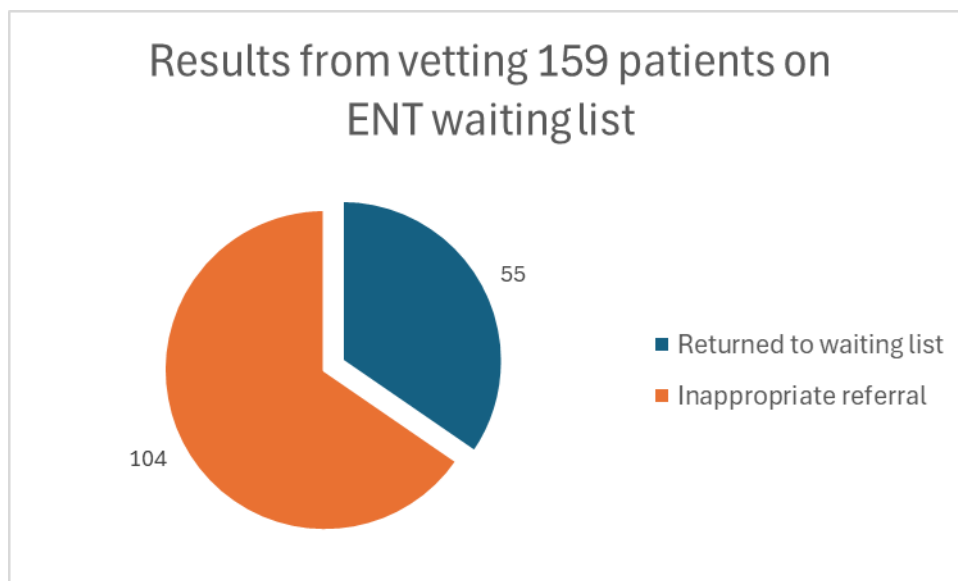
These two tools in combination showed a potential reason for the long waits. Some patients could be seen at an audiology appointment and didn't require an audio consultant joint assessment. If the team updated the vetting guidance to include input from audiology specialists, these patients could be surfaced and eliminate an unnecessary long wait.

The team refreshed the vetting criteria, codesigned by Audiology and ENT consultants, to ensure clearer and more consistent decision-making. To test the impact, they re-vetted 159 patients already on the NEWAUDIO waiting list using the new criteria, assessing whether each patient required joint input or could be managed within Audiology alone.

Aims

- Reduce demand on the NEWAUDIO pathway by 25%.
- Ensure appropriate triage and redirection; initial estimates suggested 40% of patients could be managed in audiology.
- Re-vet 159 patients using the new criteria and track outcomes.

Impact



The PDSA cycle demonstrated a substantial improvement. While initial process mapping suggested a potential 40% reduction in patients added to the NEWAUDIO waiting list, the re-vetting exercise showed an even greater impact. Approximately 65% of patients were more appropriately managed within audiology rather than requiring a joint appointment. This shift has delivered several benefits:

- Reduced waiting times for patients who genuinely need joint ENT/audiology assessment.
- Enabled faster access for patients redirected to audiology.
- Improved vetting quality and consistency.
- Supported better use of specialist ENT capacity.

Staff reported that the new vetting criteria were clearer and easier to apply, and that the process strengthened collaboration between ENT and Audiology.

Next steps

- Implement the new vetting procedures permanently within the service and create vetting

criteria cards to ensure consistency.

- Adjust staffing levels within audiology to support increased vetting and assessment activity.
- Ensure patients referred back into the NEWAUDIO pathway are seen within three months of their hearing test, maintaining flow and reducing repeat appointments.