ACTION ON HEARING LOSS

A national charity since 1911

Valuing Audiology:

NHS Hearing Aid Services in England

Peter Kunzmann

Summary Report

Contents

Executive summary

Hearing loss affects 11 million people in the UK, including 9 million in England. With an ageing population, UK-wide numbers are expected to rise to 15.6 million by 2035[i].

Hearing loss can reduce people's quality of life, their ability to communicate with others[ii], and is associated with increased risk of depression[iii] and dementia[iv]. Mild hearing loss is associated with roughly double the risk of dementia, moderate hearing loss with three times the risk and severe hearing loss with five times the risk[iv]. It is, therefore, a large and important public health issue.

Fortunately, for most people with hearing loss, help is at hand. Hearing aids provide a lifeline to millions of people with hearing loss in England. There is gold-standard evidence that hearing aids improve people's quality of life and ability to communicate[v]. Furthermore, there is growing evidence they may reduce the risk of depression and significantly slow the rate of cognitive decline[vi].

Given the transformative impact hearing aids can have on people's lives, we set out to scrutinise NHS hearing aid services. We wanted to identify where they are performing well, where they need to improve, and whether the commissioning arrangements are fit for purpose.

Our findings paint a worrying picture.

Key findings

Lack of accountability

The most dramatic finding of the report is that Clinical Commissioning Groups (CCGs), the bodies responsible for paying for NHS services, are currently ill-equipped to do their job.

As of the start of 2019, there were 195 CCGs in England. Shockingly, over nine out of ten (95%) of CCGs lacked one or more of the basic minimum pieces of information needed to commission effective audiology services, i.e. how much they are spending; how many hearing aids they are fitting; and whether patients are satisfied with the service they are receiving.

Without this basic minimum information, CCGs are displaying grave failure in budgetary and service management. With little evidence about how many people are being helped, or the quality of the services being offered, hearing aid services will remain exposed to the risk of cuts and rationing, may miss out on crucial additional funding, and face changes that are detrimental to patients' long and short-term wellbeing.

Additionally, this systemic lack of oversight on hearing aid services demonstrates that CCGs are still not taking hearing loss and its wider implications for health seriously.

Low rates of access

While data on the number of hearing aids fitted remains incomplete, data is published on the number of people who access audiology services (even if it does not state whether those people obtained hearing aids or not).

Based on this data, rates of access to NHS audiology services are low. Fewer than one in five (19%) of adults with hearing loss accessed an NHS audiology service within the last three years. However, some areas perform better than others. In the best area, Heywood, Middleton and Rochdale CCG, over half (55%) of people with hearing loss accessed audiology, compared to just 1.3% in the worst, Thurrock CCG.

In some areas like North Staffordshire, restrictive policies are in place that deny hearing aids to some patients, even though they could clinically benefit from them.

Most people with hearing loss are, therefore, missing out on vital help – and in some areas, the situation is particularly bad.

Failures to adhere to national guidance

Considerable national guidance exists setting out best practice for delivering audiology services, including NICE guidance[vii]. Unfortunately, three out of five (59%) of CCGs lack any kind of policy for implementing the guidance.

National guidance is based on the best available evidence, and failure to implement and adhere to this guidance puts patients' quality of life and ability to communicate at risk.

The future of hearing aid technology

This report also highlights the emergence of new technology (such as remote fitting or even self-fitting of hearing aids) that could improve service efficiency, boost access rates, and improve patient experience.

Key recommendations

Building accountability

CCGs should collect key data on the audiology services they commission, at minimum: audiology spend, access rates, number of hearing aid fittings, waiting

times, and outcome measures. NHS England should require this data be collected in a consistent way and publish the information centrally.

Boosting access

CCGs should strive to improve their audiology access rate. Any policies that deny the provision of hearing aids to those who could benefit from them should be abolished. This should be an immediate first step for CCGs with restrictive policies, such as North Staffordshire. Requiring providers to meet certain numbers may be another step, which could include advertising the availability of services.

Embedding national guidance

CCGs should ensure they are commissioning NHS services in line with NICE guidance and NHS England's Commissioning Framework, and prepare for future guidance such as the forthcoming Joint Strategic Needs Assessment (JSNA) guidance.

Realising the benefits of technology

NHS England should fund a trial of how new audiology technology can be integrated into NHS services.

A fuller review of the findings, and more technical list of recommendations, is provided in the full long-read version of this report.

Introduction

The impact of hearing loss

11 million people in the UK are affected by hearing loss, including 9 million in England alone[i].

It is well established that hearing loss can reduce people's quality of life, their ability to communicate with others[ii], and is associated with increased risk of depression[iii] and dementia[iv]. Research shows that mild hearing loss is associated with roughly double the risk of dementia, moderate hearing loss with three times the risk and severe hearing loss with five times the risk[iv]. It is, therefore, a large and important public health issue.

My NHS hearing aids...

"They gave me the ability to hear. To socialise and learn language, to go to school and get an education. They've had a massive, positive effect on my life."
- Kaitlin, West Leicestershire

Fortunately, hearing aids can help. There is gold-standard evidence that hearing aids improve people's quality of life and ability to communicate[v]. Furthermore, there is evidence they may reduce the risk of depression and significantly slow the rate of cognitive decline[vi].

It is vital, therefore, that NHS hearing aid services are set up effectively and efficiently, accessible to all who need them, and of sufficient quality to ensure people genuinely benefit.

Commissioning NHS hearing aid services

Hearing aids have been available free on the NHS since its foundation in 1948[i]. In England, hearing aid services, also known as audiology services, are commissioned and paid for by Clinical Commissioning Groups (CCGs). At the start of 2019 there were 195 CCGs in England[viii].

My NHS hearing aids...

"My hearing aids have a huge positive influence on my life. Without them I would be lost."
– Alistair, Richmond

CCGs do not provide NHS services themselves. They commission other organisations, such as NHS

hospitals, or private/third-sector providers to deliver services through the Any Qualified Provider (AQP) system[ix].

In order for CCGs to be sure they are commissioning high quality, cost-effective audiology services that genuinely transform people's lives, they need information. At minimum, they need to know whether services have the capacity to help the number of local people who need them; whether services are of sufficient quality to improve the lives of people seeking help; and whether CCGs are getting value for money.

Without this information, CCGs simply cannot know whether they are commissioning well or badly.

How NHS hearing aid services work

In order for someone to access a full hearing assessment, a referral from a GP to an audiology service is usually required. As recommended in NICE guidance for adult hearing loss, the GP will need to check for any underlying causes such as wax and treat accordingly[vii]. If wax is a problem, it should then be removed[vii].

If wax is eliminated as a cause, or if hearing problems persist once wax is removed, the GP should usually make a referral to the audiology service. Within audiology, a detailed hearing assessment is conducted. This includes a battery of tests, along with an assessment of symptoms and the impact the person's hearing loss may be having on their day-to-day life[vii]. Once the assessment has been completed, the results are discussed with the patient. If the hearing assessment confirms a hearing loss and hearing aids would benefit, these can be fitted and programmed either on the same day or at a later appointment.

My NHS hearing aids...

"Wearing NHS hearing aids has made my life so much happier - I can finally hear my two cats meow! You have no idea how emotional that made me feel!"
– Cheryl, Norwich

Best practice suggests people then receive a follow-up appointment within 6-12 weeks with the option of attending in person, over the phone or via electronic communication[vii]. This is to assess how well the individual is benefiting from their hearing aids and to make any changes, such as fine-tuning of hearing aids. In addition, hearing aids need to be regularly maintained, as issues such as wax or moisture, for example, can lead them to be ineffective[x] if not fixed.

Ensuring all these steps are functioning well is vital if people are to reap genuine benefit.

National guidance

In 2015 a national Action Plan on Hearing Loss was published[x]. This was designed to encourage action and promote change to best meet the hearing needs of children, young people, working age adults and older people, across all public service sectors and at all levels.

My NHS hearing aids...

"I have had hearing aids since the age of seven and they have had a great influence on my life. I do not think that I would be able to cope without them. They have really made my life better."
– Brian, North Yorkshire

Following that, in 2016 NHS England published a Commissioning Framework [xi], which sets out best practice on how local NHS areas should design their audiology services. And in 2018 the National Institute for Health and Care Excellence (NICE) published guidance[vii] for the NHS on hearing loss which clearly states that hearing aids should be offered to those whose hearing loss affects their ability to communicate and hear.

This will soon be augmented with guidance for NHS commissioners and local authorities to conduct comprehensive Joint Strategic Needs Assessments (JSNAs) for people with hearing loss. JSNAs are the process by which current and future local health and care needs are met.

Adherence to national guidance ensures people receive audiology services designed in line with best-practice and in accordance with the best available evidence.

Our investigation and aims

Given the transformative impact hearing aids can have on the lives of people with hearing loss, we set out to scrutinise NHS audiology services. We wanted to identify where they are performing well, where they need to improve, and whether the commissioning arrangements are fit for purpose.

We chose to look at the level of Clinical Commissioning Groups (CCGs), the NHS bodies responsible for commissioning NHS services.

In order to get our results, we used existing data published by NHS England and the results of our own Freedom of Information (FOI) requests that we sent to every CCG in the country.

We present the results under four headings:

Accountability of NHS hearing aid services – scrutinising whether CCGs have a basic minimum level of knowledge and information about the services they commission to make genuinely informed planning decisions.

Access to NHS hearing aid services – examining how the number of people accessing audiology services in each area compares to the estimated number of people with hearing loss in that area.

Adherence to national guidance – looking at whether CCGs are commissioning services in line with existing national guidance and requirements, including NHS England's Commissioning Framework and NICE guidance.

The future of hearing aid technology – discussing emerging technology that may improve patient experience, boost the efficiency of audiology services, and increase capacity to allow for greater access.

My NHS hearing aids...

"They are amazing, I had never heard birdsong before and it was a surprise to hear how loud they actually are! My work life is so much better, although sometimes I wish it was a little quieter. They took a bit of getting used to but, with perseverance, they work great."
– Kathryn, Cornwall

Accountability of NHS hearing aid services

The most dramatic finding of this report is that Clinical Commissioning Groups (CCGs), the bodies responsible for commissioning and paying for NHS services, are currently ill-equipped to do their job.

At the start of 2019 there were 195 CCGs in England and the overwhelming majority replied to our Freedom of Information (FOI) requests.

Shockingly, over nine out of ten (95%) of CCGs lacked at least one of the bare minimum pieces of information needed to commission effective audiology services, i.e. how much they are spending; how many hearing aids they are fitting; and whether patients are actually benefiting from the service they receive.

Without this information, we cannot see how CCGs can effectively commission audiology services. There is a huge danger people that with hearing loss are unable to access NHS hearing aids, or obtain high quality services. People's quality of life, their ability to communicate, and possibly even their mental health and cognitive function, are all being put at risk.

What we found

We sent Freedom of Information (FOI) requests to all CCGs in England. In these requests we asked CCGs how much they were spending, how many hearing aids they were fitting and whether the services they commissioned recorded the patient outcome measures recommended in the Commissioning Framework, including improvements in quality of life, and reduced communication difficulties[x].

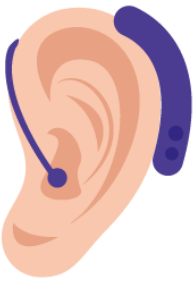
What should patient outcome data include?

NHS England's Commissioning Framework for people with hearing loss highlights five key pieces of outcome data that should be collected:

- Continuation with choice of hearing intervention;
- Reported benefits from hearing intervention;
- Service user satisfaction with their choice of intervention;
- Reduced communication difficulties; and
- Improved quality of life.

Nine out of ten CCGs in England don't hold basic information to provide a good audiology service:

How much they are spending



How many hearing aids they are fitting

Whether patients are benefiting

We found:

Fewer than 3 in 10 (28%) of CCGs possessed complete information on their spend on adult audiology.

Under 1 in 7 (15%) of CCGs possessed complete information on the numbers of hearing aids they were fitting to adults.

Under 1 in 4 (24%) of CCGs reported that their providers collect the full range of patient outcome data suggested in the Commissioning Framework.

And overall – over nine out of ten (95%) CCGs lacked at least one of these vital pieces of information.

The impact of insufficient information

It seems impossible to understand how CCGs can do their job without the information set out above. If they do not have complete information on the numbers of people they are fitting with hearing aids, then it would appear impossible for them to know whether they are actually meeting the needs of the local population. If they do not have complete information on patient outcomes, then it would appear impossible for them to know if they are offering a quality service that is actually benefiting patients. And if they don't have information on how much they are spending, then it would appear impossible for them to know if they are commissioning cost-effective services.

In order to ensure audiology services are up to scratch, it is essential that CCGs hold data on how services are performing in response to local needs. Our

findings suggest that CCGs are not commissioning services based on facts or evidence, or the needs of local patients. Commissioners are displaying grave failure in budgetary and service management.

With little evidence about how many people are being helped, or the quality of the services being offered, hearing aid services will remain exposed to the risk of cuts and rationing, may miss out on crucial additional funding and face other changes that are detrimental to patients' long and short-term wellbeing.

Additionally, this systemic lack of oversight on hearing aid services demonstrates that CCGs are still not taking hearing loss and its wider implications for health seriously.

Key recommendations

In order to rectify this, we recommend that CCGs should collect key data on the audiology services they commission. At minimum, this should cover CCGs' audiology spend, access rates, number of hearing aid fittings, waiting times, and outcome measures.

Nationally, NHS England should require this data be collected in a consistent way and publish the information centrally. Action on Hearing Loss is happy to help with the development of a framework for this.

A fuller set of findings and more technical set of recommendations for how CCGs and NHS England could improve data collection is provided in the full long-read version of this report.

Access to NHS hearing aid services

Most people with hearing loss do not access NHS services and the hearing aids they provide. Fewer than 1 in 5 (19%) people with hearing loss have actually accessed an NHS audiology service in the past three years. There is also considerable variation between areas.

This is putting at risk people's quality of life, their ability to communicate[ii], and possibly even their mental health[iii] and cognitive function[vi].

What we found

In order to calculate access rates across England, we compared the numbers of people who have 'completed audiology pathways'[xii] (i.e. been to an NHS audiology service – whether or not they got fitted with hearing aids) to the estimated number of people with hearing loss in an area[xiii].

Across England as a whole, the access rate was under 1 in 5 (19%). That is, under 1 in 5 people with hearing loss had completed an NHS audiology pathway in the past 3 years. However, this hides huge variation that occurs area by area.

In the best area, Heywood, Middleton and Rochdale CCG, over half (55%) of people with hearing loss accessed audiology, compared the worst, Thurrock CCG, which had a shockingly low access rate of just 1.3%.

Worst areas

Clinical Commissioning Group	Access Rate
Thurrock CCG	1.3%
Bromley CCG	2%
East and North Hertfordshire CCG	3%
Fylde & Wyre CCG	3%
Blackpool CCG	4%

Best areas

Clinical Commissioning Group	Access Rate
Heywood, Middleton & Rochdale CCG	55%
Bury CCG	45%
Swindon CCG	39%
Berkshire West CCG	38%
Crawley CCG	37%

We also identified three CCGs that are deliberately choosing to restrict access to hearing aids. North Staffordshire CCG, Dorset CCG and Cambridgeshire & Peterborough CCG all require a high threshold of hearing loss before hearing aids are provided, which means that hearing aids are not provided to all those who would benefit from them.

This is contrary to NICE guidance which states that provision of hearing aids should be based on need, not threshold alone.

The impact of low access and possible explanations

The results indicate that access to NHS audiology services remains low overall, but with considerable variation area by area.

Given the impact of hearing loss on people's quality of life and ability to communicate, combined with the possible increased risk of depression and dementia, it is vital that rates of access are improved.

On a national level, there is evidence to show the main barriers to people accessing audiology services. These include people with hearing loss not seeking help – which could be due to failure to identify they have hearing loss, low levels of knowledge that the NHS provides free hearing aids, or embarrassment about wearing them[xiv].

There is also evidence that once people do come forward to get help, GPs often fail to make onwards referrals to audiology services. A Health Technology Assessment found that of those who have consulted their GP about hearing, under 4 in 10 (38%) also went for audiological assessment[xv].

However, it is not clear why access rates differ so dramatically area by area – and this is something that should be subject to further study. It is possible that people present at different rates in different areas – perhaps people's willingness to seek help, their knowledge of the free availability of NHS hearing aids, or their experience of stigma may differ area by area. It is also possible rates of GP referral vary area by area due to differing knowledge of understanding of hearing loss.

Recommendations

It is vital that CCGs prioritise improvement of their audiology access rate. Any policies that deny the provision of hearing aids to those who could benefit from them should be abolished. This should be an immediate first step for CCGs with such policies, such as North Staffordshire. Requiring providers to meet certain numbers may be another step, which could include advertising the availability of services.

NHS England should also push CCGs to abolish policies that restrict access to hearing aids.

A fuller set of findings and list of recommendations for how CCGs, NHS England and Public Health England could boost audiology access rates is provided in the full long-read version of this report.

Adherence to national guidance

In order to ensure people with hearing loss are helped as effectively as possible, it is vital that audiology services operate in accordance with the best available evidence. Fortunately, considerable guidance is already available to CCGs on how to do this.

Currently, the key relevant guidance consists of NHS England's Commissioning Framework[x], which sets out how audiology services should be designed, and NICE guidance[vii], which sets out what treatments and interventions should be offered. This is soon to be augmented by guidance on how local areas can conduct Joint Strategic Needs Assessments (JSNAs) for people with hearing loss. JSNAs help local areas plan services to meet local levels of need.

In order to assess whether CCGs are adhering to this, we examined whether waiting time targets and recommendations are being met, whether ear wax removal services are being commissioned properly, and whether CCGs actually have a policy on implementing NICE guidance.

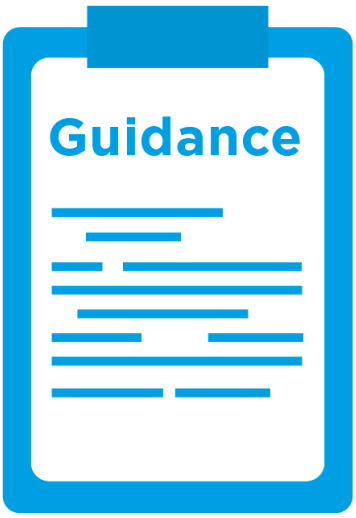
Both the NICE guidance and the Commissioning Framework state that CCGs should commission a wax removal service, and people should be able to access this in primary care.

In terms of waiting times, the Commissioning Framework recommends that referral to fitting should take place within 36 working days (approximately seven weeks). Furthermore, NHS England publishes data on how many people receive referral to treatment times in 18 weeks, which is the NHS's general waiting time target set out in the NHS Constitution[xvi].

What we found

Almost 6 out of 10 (59%) of CCGs lacked any kind of policy for implementing the NICE guidance.

Only just over half of CCGs (54%) commission a wax removal service provided free of charge on the NHS. However, a large number do not, and one CCG even reported there were charges for wax removal.



More than half of CCGs lack a policy for implementing NICE guidance on hearing loss

More than 9 out of 10 (93%) people are waiting less than 18 weeks from referral to treatment. Furthermore, almost three quarters (74%) of people are being seen in under seven weeks.

What these results mean

Our results present a worrying picture of whether national guidance is being adhered to. On a positive note, most people are being seen within both the 18-week target and the seven week recommendation set out in the Commissioning Framework.

However, the majority of CCGs are not actively promoting NICE guidance, which may mean people with hearing loss are missing out on services in line with the best available evidence.

Worryingly, many CCGs are not commissioning a wax removal service. Wax is a significant cause of temporary hearing loss and a major source of inappropriate referrals to audiology services. The lack of access is likely impacting on many people's lives directly, and also consuming valuable time in audiology services, depleting resources that could be used to help more people who genuinely need hearing aids.

Recommendations

CCGs must ensure they are commissioning NHS services in line with NICE guidance and the Commissioning Framework, and implement other national guidance such as the forthcoming Joint Strategic Needs Assessment (JSNA) guidance. If this guidance is not adhered to, people with hearing loss will miss

out on services designed according to the best available evidence, putting their ability to communicate and quality of life at unnecessary risk.

NHS England should develop and roll out a quick glance good practice guide for CCGs and other NHS bodies, providing an introduction to the national guidance resources.

The future of hearing aid technology

The current system

In this report we have set out a number of actions that CCGs and NHS England could take to improve audiology services. These proposals could be implemented relatively quickly. In the slightly longer term, we believe there is scope for more radical changes to audiology services.

New hearing technology is emerging which we believe could provide significant benefits to patients, significant efficiencies within the audiology pathway, and allow for improved access rates.

When someone has suspected hearing loss, they attend an audiology service in person, where tests are conducted such as ear examination (otoscopy) and hearing testing (audiometry). If hearing loss is confirmed, the person is then fitted with hearing aids which are then tuned. People often then re-attend in person for a follow-up appointment where re-tuning may be conducted in order to optimise performance[x].

For the patient, this can involve making multiple journeys, perhaps at inconvenient times, to an audiology service. For the service itself, costs are incurred in equipment, premises and staff time – and disruption may occur if people miss appointments. New technology could help resolve these issues.

Ear examination and hearing testing

Currently, expensive equipment is required to perform ear examination and hearing testing. However, regarding the examination, it is now possible to use disposal attachments for smartphones which are relatively cheap and can be used at home, in GP surgeries or pharmacies. The images are then sent to an audiologist who can review them remotely. With respect to hearing testing, it is now possible to perform these tests via the internet or smartphone apps combined with simple headphones.

For the NHS, this presents an opportunity to reduce equipment costs. Also, for some patients at least, this would negate the need to attend an audiology service in person (although the option of attending an audiology service must remain for patients who are less comfortable or less able to use the new technology).

Premises

If fewer people need to attend audiology services in person, and the equipment used for ear examination and hearing testing can be used in more flexible settings, this provides an opportunity to reduce premises costs. Rooms currently dedicated for audiology use could be freed for other purposes or used as flexible spaces by a range of NHS activities.

Better use of audiologist time

It currently takes 90 to 150 minutes of an audiologist's time to assess and fit someone with hearing aids. A trial in Berkshire has suggested that, using certain new technology, audiologist time could be reduced to as little as 30 minutes[xvii]. Self-fitting hearing aids are also coming on to the market, which could further automate the process.

For patients who are comfortable with new technology and have the capability and dexterity, these could provide significant benefits in terms of convenience and their ability to take charge of their own health. However, the option of attending an audiology service must remain for patients who are less comfortable or less able to use the new technology.

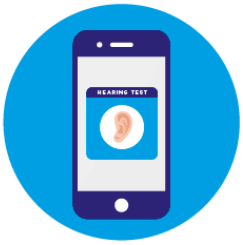
Reduction in missed appointment costs

Currently, people usually have to attend audiology services in person at specific times for assessments, fitting and tuning. The venues are not always easy to get to, and people can experience transport delays and other issues. These can all add up to missed appointments, which are a drain on time and resources. Conducting parts of the process (or perhaps the whole process) remotely would make access more convenient for service users and, in some cases, remove the need for specific appointment times. If ear examination can be conducted remotely, for example, the ear images can simply go to an audiologist's inbox and be dealt with flexibly.

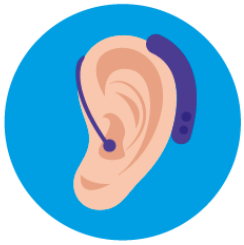
We believe the cumulative impact of these changes would make services more convenient and accessible to patients and lead to cost savings and efficiencies within audiology services.

New technology could revolutionise the hearing aid pathway.

Ear Inspection
Ear inspection can be conducted with disposable attachments for smartphones, and the images sent to audiologists remotely.



Hearing Test
Hearing tests can be conducted via smartphone apps.



Hearing aids
Self-fitting hearing aids are coming on to the market.

Tuning
Audiologists can tune hearing aids remotely, without the need for someone to attend an audiology department.

Recommendations

Given that these new technologies are beginning to enter the market, and their potential to improve the efficiency of NHS services, enhance patient experience, and boost access rates, we believe NHS England should facilitate a trial of new technology within audiology services.

Conclusions

Overall, our report paints a worrying picture. Hearing aids are a lifeline for huge numbers of people across the UK; however, the bodies that commission and pay for NHS hearing aid services are ill-equipped to do their job. With little evidence about how many people are being helped, or the quality of the services being offered, hearing aid services will remain exposed to the risk of cuts and rationing, may miss out on crucial additional funding, and face changes that are detrimental to patients' long and short-term wellbeing.

Additionally, this systemic lack of oversight on hearing aid services demonstrates that CCGs are still not taking hearing loss, and its wider implications for health, seriously. This is despite the publication of NICE guidance in 2018.

CCGs must raise their game, and NHS England must ensure they do.

Furthermore, too few people are accessing audiology services, and are missing out on the benefits that hearing aids can bring. CCGs and other bodies must strive to increase access rates. Unless they do so, people's quality of life, their ability to communicate, and possibly even their mental health and cognitive function is being put at unnecessary risk.

Although national guidance exists for commissioning audiology services, CCGs are failing to support the implementation of the NICE guidance. If patients are to receive the best possible help, in accordance with the best available evidence, it is vital that national guidance is adhered to.

Finally, in the longer-term new technology may provide a way to empower patients, make audiology services more accessible, and lead to important cost savings and efficiencies within services.

Summary of key recommendations

CCGs should:

- Collect key data on the audiology services they commission. At minimum, this should cover CCGs' audiology spend, access rates, number of hearing aid fittings, waiting times, and outcome measures.

- Prioritise improvement of their audiology access rate. Any policies that deny the provision of hearing aids to those who could benefit from them should be abolished. This should be an immediate first step for CCGs with such policies, such as North Staffordshire. Requiring providers to meet certain numbers may be another step, which could include advertising the availability of services.

- Ensure they are commissioning NHS services in line with NICE guidance and NHS England's Commissioning Framework, and make use of other national guidance such as the forthcoming Joint Strategic Needs Assessment (JSNA) guidance.

NHS England should:

- Push CCGs to abolish policies that restrict access to hearing aids, and promote the implementation of NICE guidance and the Commissioning Framework.

- Require CCGs to collect the data listed above in a consistent way and publish the information centrally.

- Develop and roll out a 'quick glance' good practice guide for CCGs and other NHS bodies, providing an introduction to the resources that are available around hearing loss such as the Commissioning Framework, NICE guidance, and the forthcoming Joint Strategic Needs Assessment (JSNA) guide.

- Fund a trial of how new audiology technology can be integrated into NHS services.

Action on Hearing Loss will:

- Explore national levers and policies to drive up access rates to, and the quality of, audiology services.

A more detailed list of recommendations is provided in the full long-read version of this report.

References

[i] Action on Hearing Loss (2015) Hearing Matters

[ii] Mulrow et al (1990) Quality-of-life changes and hearing impairment, a randomized trial. Annals of Internal Medicine 113(3): 188-94; National Council on the Aging. 2000. The consequences of untreated hearing loss in older persons. Head & Neck Nursing 18(1):12-6

[iii] Saito, H., Nishiwaki, Y., Michikawa, T., Kikuchi, Y., Mizutari, K., Takebayashi, T., & Ogawa, K. (2010). Hearing handicap predicts the development of depressive symptoms after 3 years in older community-dwelling Japanese. *Journal of the American Geriatrics Society*, *58*(1), 93-97.

[iv] Lin, F. R., Metter, E. J., O'brien, R. J., Resnick, S. M., Zonderman, A. B., & Ferrucci, L. (2011). Hearing loss and incident dementia. *Archives of neurology*, *68*(2), 214-220.

[v] Ferguson, M. A., Kitterick, P. T., Chong, L. Y., Edmondson-Jones, M., Barker, F., & Hoare, D. J. (2017). Hearing aids for mild to moderate hearing loss in adults. *Cochrane Database of Systematic Reviews*, (9).

[vi] Maharani, A., Dawes, P., Nazroo, J., Tampubolon, G., Pendleton, N., SENSE-Cog WP1 group, & Constantinidou, F. (2018). Longitudinal relationship between hearing aid use and cognitive function in older Americans. *Journal of the American Geriatrics Society*, *66*(6), 1130-1136.

[vii] NICE (2018) Hearing loss in adults: assessment and management, [NG98]

[viii] NHS England, Clinical commissioning group details https://www.england.nhs.uk/ccg-details/

[ix] NHS Clinical Commissioners, About CCGs https://www.nhscc.org/ccgs/

[x] NHS England (2016) Commissioning Services for People with Hearing Loss: A framework for clinical commissioning groups.

[xi] NHS England (2015) Action Plan on Hearing Loss

[xii] NHS England, Direct Access Audiology Data https://www.england.nhs.uk/statistics/statistical-work-areas/direct-access-audiology/daa-data/

[xiii] NHS England (2016) Prevalence of hearing loss by CCG area (2014 ONS estimates) https://www.england.nhs.uk/publication/prevalence-of-hearing-loss-by-ccg-area-2014-ons-estimates/

[xiv] EHIMA (2018) Eurotrak Survey.

[xv] Davis, A., Smith, P., Ferguson, M., Stephens, D., & Gianopoulos, I. (2007). Acceptability, benefit and costs of early screening for hearing disability: a study of potential screening tests and models. *HEALTH TECHNOLOGY ASSESSMENT-SOUTHAMPTON-*, *11*(42).

[xvi] Department of Health and Social Care (2015) Handbook to the NHS Constitution.

[xvii] Sethi et al Maximising value of hearing technology: RCT of Screen & Fit pathway.

Action on Hearing Loss (formerly RNID) is the largest UK charity helping people who are confronting deafness, tinnitus and hearing loss.

We give support and care, develop technology and treatments, and campaign for equality.

We rely on donations to continue our vital work.

To find out more, visit **actiononhearingloss.org.uk**

Contact our free, confidential Information Line:

Telephone	0808 808 0123
Textphone	0808 808 9000
SMS	0780 000 0360 standard text message rates apply
Email	information@hearingloss.org.uk

Join us

Action on Hearing Loss

@ActionOnHearing