

All Party Parliamentary Group on Deafness

Meeting | 25 January 2016 | Minutes

Committee Room 21, Palace of Westminster

Present

- Jim Fitzpatrick MP (chair)
- Lilian Greenwood MP
- Baroness Randerson
- Lord Rennard

Apologies

- Debbie Abrahams MP
- Kate Green MP
- Tommy Sheppard MP
- Lord Shipley

In attendance

- Molly Berry, Association of Teachers of Lipreading to Adults
- Jim Edwards, Chair, UK Council on Deafness
- Robert Geaney, Senior Public Affairs Officer, Action on Hearing Loss
- Ross Matthewman, Parliamentary Manager, Sense
- Dan Sumners, Senior policy adviser, Signature (minutes)
- Roger Wicks, Director of Policy & Campaigns, Action on Hearing Loss

Minutes of 7 December 2015 meeting

1. No Members commented on the minutes when they were circulated. They were accepted as an accurate record of the meeting.

Minutes of 16 December 2015 meeting

2. No Members commented on the minutes when they were circulated. They were accepted as an accurate record of the meeting.

Update on the Action Plan on Hearing Loss

3. NHS England had formed an action plan oversight group. Commissioning was the first issue it was working on.
4. The oversight group formed a commissioning advisory group made up of Clinical Commissioning Groups, Commissioning Support Units, NHS England, Public Health England, Monitor, and the Hearing Loss and Deafness Alliance.
5. The Alliance was central to the discussion at the first meeting. The advisory group largely adopted the Alliance's commissioning principles and accepted the mild-moderate-severe categorisation of hearing loss was unhelpful.
6. Two subgroups, adult services and child services, would draft commissioning guidance. The guidance would be reviewed and approved by the advisory group. Any changes made by the advisory group would need to be approved by the relevant subgroup.
7. The subgroups would meet for the first time on 9 February.

Adult hearing screening

8. The National Screening Committee (NSC) had not recommended an adult hearing screening programme. It would not review the decision for four years.
9. The NSC said the evidence was too limited to establish the type of screening test to be used, the severity of hearing loss to target, the age of the population to be screened, and the frequency of screening. It also said the effectiveness of the long term use of hearing aids and of additional interventions aimed at improving the duration of hearing aid use was also uncertain. It said a randomised control trial was needed.

10. The decision was unfortunate. It seemed the NSC had focused on anecdotes about hearing aids being left in drawers, rather than the evidence about improved outcomes.
11. The NSC decision contradicted the recognition of the action plan that hearing loss was an enormous personal, social and economic impact, and more needed to be done on prevention, early diagnosis and support for those who had permanent hearing loss. The challenge was too great to wait the five or so years it would take to conduct a randomised control trial of screening.
12. The chair would write to the Secretary of State for Health to request a between him or the relevant Minister and the officers of the Group to discuss how to make sure hearing loss was identified and treated as early as possible. Members would also seek to ask Parliamentary Questions about the NSC decision.

Update on hearing aids

13. All CCGs had paused their consultations about reducing access to hearing aids pending publication of the commissioning guidance. However, North Staffordshire was going ahead with its cuts and the risk of further rationing remained.
14. It was important people were giving good information about access to hearing aids. For example, private businesses which had Any Qualified Provider status should mention NHS aids when marketing private digital aids.
15. The chair would email all Members asking them to submit an application for a Westminster Hall debate about deafness and hearing loss. In particular, the cuts to hearing aid provision that have been made or proposed, progress against the action plan, and the NSC decision.
16. The chair would discuss a potential public health campaign with the Secretary of State or health Ministers. Amongst other things, it would aim to inform people about hearing aid provision and encourage them to have their hearing assessed.
17. Members would seek to ask Parliamentary Questions about the information AQPs must provide to people in their marketing.

Lipreading classes

18. The [Association of Teachers of Lipreading to Adults](#) (ATLA) asked the APPG on Deafness to support their efforts to increase and raise awareness of 'lipreading and managing hearing loss' classes.
19. Molly Berry made a presentation (Appendix 1). She asked for the support of the APPG to secure funding for lipreading classes.
20. Lipreading classes would be included in the briefings for a Westminster Hall debate about deafness and hearing loss. Members would also seek to ask Parliamentary Questions about lipreading classes.

Adult education

21. Jim Edwards, chair of the UK Council on Deafness and chief executive of Signature, explained there was a need to focus on adult education with respect to deafness because
 - a. the number of deaf people according to their ability still lagged behind their hearing peers; and
 - b. the number of people taking qualifications in communication with deaf people was falling.
22. The devolution of adult skills policy had its merits, but it meant skills which were of national importance might not be identified as a local priority.
23. Adult education would be included in the briefings for a Westminster Hall debate about deafness and hearing loss. Members would also seek to ask Parliamentary Questions about adult education with respect to deafness.

Next meeting

24. The next meeting would be in February/March. Dan Sumners would contact Members.

Actions

1. Chair to write to the Secretary of State for Health, requesting a meeting to discuss the NSC decision, hearing aid provision, lipreading classes and a public health campaign.
2. Members to submit applications for a Westminster Hall debate about hearing loss and deafness.
3. Members to ask Parliamentary Questions about
 - a. the NSC decision;
 - b. AQP providers;
 - c. lipreading classes; and
 - d. adult education.

Appendix 1 | ATLA presentation



Introduction

Hello, my name is Molly Berry

I am profoundly deaf, but have a cochlear implant with which I manage very well.

I am a lipreading tutor, and vice chair of atla
The association of teachers of lipreading to adults.

I am here to ask for help in providing lipreading and managing hearing loss classes to all who need them.



- I will tell you something about why we need classes
- What is covered and who these classes are aimed at.
- The problems we have in providing lipreading and managing hearing loss classes,
- Some solutions to those problems,
- Some of the ways you might be able to help

The problem

- As you know there are about 10 million people with hearing loss in this country, and only about 100,000 of those are born deaf sign language users, and part of the deaf community.
- The rest are struggling to be part of any community. Sign language is little use to them, as they know no one who signs.
- This is where Lipreading and managing hearing loss classes come in.



- Research has shown that hearing loss increases your chances of getting dementia by a considerable amount. This can be countered by the use of hearing aids, see -[The Paquid epidemiological program on brain ageing](#).
- Research has further shown that people with hearing loss, are less socially active, suffer more depression, poorer health, more exhaustion, and poorer earnings potential than the general population.
- Clearly there is a problem

How lipreading classes can help

- Lipreading and Managing Hearing Loss classes are aimed at any adult of any age, who struggles to hear in noise, whether they wear a aid or not.
- Most adults who become hard of hearing, don't know anyone who is deaf, they feel very alone.
- They know nothing about communication support, which this group is promoting, equipment that could help them, or even the different programs on their hearing aids.



- Their first lipreading class is a revelation! Just meeting others with similar difficulties makes a such difference.





Lipreading and Managing Hearing Loss classes could help to provide the missing community for hard of hearing people.

When North Staffordshire were first considering cutting hearing aid provision, lipreading tutors were able to pass on the information to their students, allowing them to give their views to the consultation that the CCG organised.

What is covered in a class

- The main task of a class is to improve each student's lipreading. Lipreading is a complex skill.
- A lipreader needs to watch lip, tongue and jaw movements, learn the shapes that sounds make, they follow the stress and rhythm of language, and must be aware of context, use their residual hearing, watch expression and body language, have the ability to put two and two together, and use memory.



- It is exhausting being a lipreader, you are concentrating all the time, just to be part of what is going on.
- But lipreading is only part of what is taught in a class.
- We teach checking strategies, many words look alike on the lips, where to place yourself in a group, strategies to help in noisy social situations



- We cover hearing aids, which are very clever mini computers, and can have different programs for different listening environments. Few people who join a class know about this.
- Equipment that is available to help, like door bells with a flashing light, or smoke alarms with a vibrating pad that goes under your pillow, so it will wake you at night when you are not wearing hearing aids, very important.
- Organisations that can help, and things like Access to Work, and the sensory services



- We tell our students about communication support, there is no point in having lipspeakers, speech to text reporters (STTR) and note takers, if the majority of people that could benefit from them don't know they exist, and they don't.
- The most important thing for most people is meeting others with similar problems, and the first thing that students get from classes is a boost to their confidence.



- Quotes –
- *before these classes I was too embarrassed to wear hearing aids at 20, but now I think that's silly, there are so many of us.*
- *Lipreading classes gave me the confidence to get on with life*

Why so few classes?

- So, lipreading classes are brilliant, just what hard of hearing people need, what's the problem?
- Atla has nearly 200 members, all qualified lipreading tutors, nationwide, but some of those are retired. There are some 33 teaching in Scotland, 12 in Wales, and 5 in N. Ireland, and 115 in England. There are some tutors who are not atla members, but they are often not qualified in lipreading teaching, and get no CPD, which only atla provides.



With an estimated 10 million people who would benefit, this simply isn't enough.

- So very few people know about these classes, or that they are for them. When I mention lipreading classes people immediately think of sign language!
- The Welsh, Irish and Scottish assemblies are all supporting lipreading teacher training courses (LTTCs)



- But....Many tutors struggle to fill classes especially evening classes.
- Classes can be expensive. In some places charities provide free classes.
- Adult education offer classes in some regions.
- Many tutors set up private classes, and the price of these varies according to the cost of the venue.



- There are two LTTCs running in England, one London and one Manchester, we need at least two more, in the Midlands, and the North East.
- We need all audiologists to recommend classes when they fit hearing aids. At the moment, many either know nothing of the work we do, or consider classes only to be for those who are profoundly deaf.
- We have worked with Action on Hearing Loss to provide guidance for audiologists, but if CCGs also asked them to recommend classes, it would help.

What we need

- We need adult social care groups and sensory impairment units to be aware of these classes, and to signpost clients to them.
- We need Adult community learning to put on classes.
- Doctors could prescribe classes, they save the NHS money, as our students use their hearing aids, and have taken charge of their hearing loss.

A model to follow?

- I particularly like the model in Milton Keynes, where audiology can give half price vouchers for classes. This is funded by Adult Community Learning as a service to deaf and hard of hearing people in their area. Unfortunately they only offer one class, because of the lack of tutors, the tutor for that class travels some distance to teach it.
- I would like this model rolled out across the country.



- If the skills funding agency could provide some support, it would help others follow the MK model.
- I do hope you can help put pressure on the different agencies to support and promote LTTCs and Lipreading and Managing Hearing Loss classes.
- It is excellent that this group is promoting deaf issues and communication support, but it is of little use if the people who would benefit don't know about it.



- I have spoken about why we need classes, who they are for, that there are far too few classes, the need for more tutors, and the need to raise awareness about these classes.
- Thank you for listening.
- Any questions?