

GUIDANCE:

Healthwatch



NHS AUDIOLOGY - ADULT HEARING SERVICES

August 2015

PURPOSE

HOW LOCAL HEALTHWATCH CAN HELP

Healthwatch is the lifeblood of the NHS. As the national and local independent consumer champion, Healthwatch brings democratic accountability to the NHS and care systems. It ensures that the voices of patients and populations are heard and acted upon at a local level.

This is all the more important at this time of transition and change. Both the government and NHS have stated that services should be designed around patients, that more care should be provided outside hospital and that the focus should be on prevention, early intervention and the preservation of independence in the community.

Nowhere is this more relevant than in adult hearing services where

- demand is far outstripping the capacity of traditional services
- commissioning is failing to meet the needs of an ageing population or to achieve outcomes that are relevant to individuals
- stigma and local barriers prevent people accessing the care they need.

The eight Healthwatch consumer principles are key to ensuring that the 8.4 million people in England with a hearing loss have equitable and equal access to health and social care – table 1 shows these links.

This guidance sets out what local Healthwatch can do to ensure that local people are

- informed about the consequences of unsupported hearing loss
- listened to when local adult hearing services are commissioned
- not stigmatised by their hearing loss or inhibited from accessing effective services
- aware of the choices they have in terms of the care and support they receive.

Healthwatch Principle ¹	People With Hearing Loss
Essential Services <i>"I want the right of essential prevention, treatment and care services, provided to a high standard which prevent me from being in crisis and lead to improvements in my health and care"</i>	People with unsupported hearing loss and dementia or mental health problems are more likely to go straight to expensive care packages ²
Access <i>"I want the right to access services on an equal basis with others, without prejudice or discrimination, when I need them and in a way that works for me and my family"</i>	Research has found that people over the age of 80, while valuing choice, were often not provided with one based on assumptions about their preferences ³
Safe, dignified and high quality service <i>"I want the right to high quality, safe, confidential services that treat me with dignity, compassion and respect"</i>	After visiting their doctor 28% of people with a hearing loss reported that they were unclear about their diagnosis and 19% were unclear about instructions related to their medicine ⁴ . Without good communication health care is rarely safe or high quality
Information and education <i>"I want the right to clear and accurate information that I can use to make decisions about health and care and treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system"</i>	People with hearing loss value having the right to choose their provider, but only 5% have the information needed to make an informed choice ⁵
Choice <i>"I want the right to choose from a range of high quality services, products and providers within health and social care"</i>	Despite 70% of patients with hearing loss wanting a choice of provider, only 10% are offered one ⁶
Being listened to <i>"I want the right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received"</i>	For over 30 years a lack of follow-up care for people with hearing loss has meant hearing aids have ended up in drawers ⁷ . People have the right to demand service improvement, regardless of where they live
Being involved <i>"I want to be an equal partner in determining my own health and wellbeing. I want the right to be involved in the decisions that affect my life and those affecting services in my local community"</i>	People with hearing loss report that they <i>"value choice because it allows them to choose the service that best suits them and makes them feel in control of their care"</i> ⁸
A health environment <i>"I want the right to live in an environment that promotes positive health and wellbeing"</i>	NHS England and the Department of Health note <i>"that by 2032, there will be around 620,000 older people living in care homes in England and of these, almost 500,000 will have a hearing loss and will need support to maximise their independence and wellbeing"</i> ⁹

Table 1: Why Healthwatch consumer principles matter to people with hearing loss

WHY HEARING IS AN ISSUE FOR LOCAL HEALTHWATCH

Hearing is intimately linked with personal identity, communication, social functioning and wellbeing. Those who have lost both sight and hearing report that hearing loss is worse in that it cuts you off from people, from conversation, from jokes and from social interaction even within the family and support networks.

As a consequence the evidence shows that unsupported hearing loss can

- increase the risk of depression¹⁰, social isolation¹¹ and loneliness¹²
- exacerbate the rate of cognitive decline¹³
- lead to early retirement¹⁴
- reduce quality of life¹⁵ and
- result in people with existing health problems going straight to expensive care packages in care homes than they would have if their hearing loss was effectively managed¹⁶.

These are precisely the reverse of the outcomes the NHS and care system should be seeking when hospital capacity is constrained. The aim should be to help individuals maintain their independence outside hospital and care settings and add life to years.

Maintaining good hearing is essential to these goals and yet people wait too long before seeking help and this reduces the chance of successful outcomes¹⁷. This delay means that people are on average aged 75 before accessing NHS hearing care¹⁸.

To appreciate the scale of the challenge

- 3.8 million people in England already have unmet hearing needs¹⁹
- adult hearing loss is already the 6th leading cause of years lived with disability in England²⁰
- age-related hearing loss is by far the main cause of hearing loss²¹. As the population ages the demand for hearing care will continue to increase exponentially²².

Unmet hearing need not only exposes individuals and their families to risks, but can also increase cost pressures on the NHS and care system²³.

The good news is that local Healthwatch can make a real difference here and *“bend the curve on predicted trends”*²⁴

Unlike using spectacles for age-related vision loss, wearing hearing aids is still perceived to be shaming and associated with weakness, loss of autonomy and frailty. The challenge is to assess local preferences and help develop accessible non-stigmatising services so that people seek help, support and intervention when problems first occur. This will lead to better outcomes for individuals and populations and better use of resources across the care system.

Once people overcome barriers to seeking help and choose to access care, it is important that the service they receive is of high quality and responsive to their needs. NHS England and the Department of Health have already raised concerns about the variation in access and quality of services – e.g. there is significant variation in access to adult hearing assessments across England²⁵. This is unacceptable when research has shown that good commissioning and engagement with providers and patients can increase access and choice, improve standards and deliver more for less²⁶ as required by NHS England’s *Five Year Forward View*.

Commissioners and providers should be working together, rather than in institutional silos, and with patient representatives (local Healthwatch), to deliver QIPP and Right Care goals¹ and ensure patients get the access, care and outcomes they need. For example, research by Monitor has shown that 70% of patients with hearing loss value having a choice but that only 10% are offered one - local Healthwatch teams are best placed to change this through local patient, CCG and GP engagement initiatives.



**NHS adult hearing services in England:
exploring how choice is working**



Our research examined how choice is working for people with suspected or diagnosed age-related hearing loss



Only **1 in 3** people who could benefit from hearing aids has accessed them. This means **4 million** people have unmet needs

There are lots of reasons why patients want a choice

“Made it easier for me as my local hospital was too far”

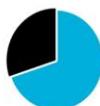
“I was not satisfied with the service that I received so I moved”

“I feel that choice is better even if I choose to stay with the service I’m with now”

“I would have liked the opportunity to go to a practitioner who is prepared to discuss social, emotional and employment aspects”

Choice can benefit patients

We found that people being treated for hearing loss can benefit from improved access and greater control over their care in areas where choice is available



7 out of 10 people who were offered a choice of provider indicated that they valued it



8 out of 10 patients who weren't offered a choice indicated they would have wanted one

But... we found that most patients are not offered choice by their GP even in areas where choice is available



Just **1 in 10** NHS patients being treated for age-related hearing loss was offered a choice of who provides their care by their GP

More could be done to **help patients choose** who provides their NHS hearing aids

Choice enables patients to choose the service that **best suits their needs**

Source: Monitor’s infographic on how choice is working in adult hearing services (short form, adapted). To see the original Monitor infographic on choice please [click here](#).

¹ Quality, Innovation, Productivity and Prevention ([here](#)); right care, right place right time

ACTION FOR LOCAL HEALTHWATCH

16% of the population have a hearing lossⁱⁱ. Clinical Commissioning Groups (CCGs) and providers should be planning to meet this need using all available capacity – hospital and community – in a transparent way and focus on access and the outcomes patients themselves want. Where they are not doing this, as local consumer champions, local Healthwatch can

1. challenge commissioners about why this is not happening
2. set up a patient reference group and request formally that it is involved in commissioning discussions and decision-making
3. ensure local people are aware of the choices they have and that they have access to good information to make informed choices – e.g. only 10% of people with hearing loss are offered a choice
4. champion the interests of people who are denied a choice based on assumptions about their age
5. challenge Health and Wellbeing Board to carry out a hearing needs assessment, whether or not as part of wider sensory needs assessment, to ensure current and future needs are being planned for
6. challenge commissioners and providers on outcomes data and where necessary visit providers to inspect service levels and quality and report back to commissioners
7. ask patients about the outcomes of the care and service they have received and feed these back to commissioners and providers and into the commissioning process
8. ensure that local people are informed about both successful and failing services
9. publicise the challenge of age-related hearing loss to local populations, patients and health and care professionals and destigmatise seeking help and hearing intervention when symptoms first appear
10. support healthy ageing, social inclusion and independence by ensuring sensory impairment is taken seriously and included in local long-term condition programmes and carers support assessments.

Local Healthwatch can make this positive change happen, helping millions of older people who at the present time lack a strong voice.

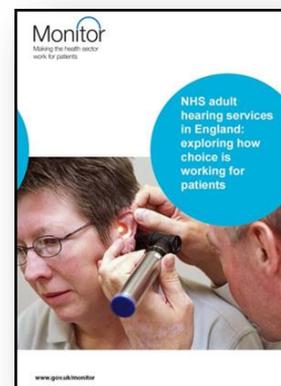
ⁱⁱ [Click here](#) for local prevalence estimates for CCG areas in England.

FURTHER SUPPORT

Healthwatch Stockport offers a good case study on how local people can engage through Healthwatch to ensure services are held to account for ongoing care and support²⁷. The NCHA and BSHAA welcome and support such initiatives. CCGs should ensure that local GPs are aware of such findings so that patients benefit from the most appropriate and convenient referral which meets their personal needs.



Monitor will also be working with local Healthwatch teams to help inform local populations about choice. Healthwatch teams should contact Monitor directly for more information enquiries@monitor.gov.uk



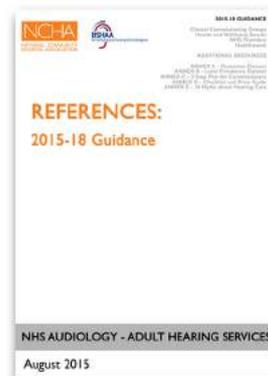
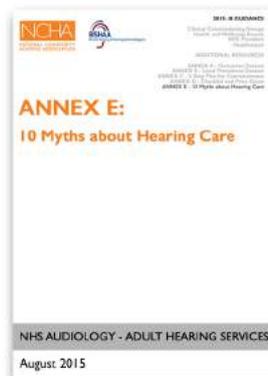
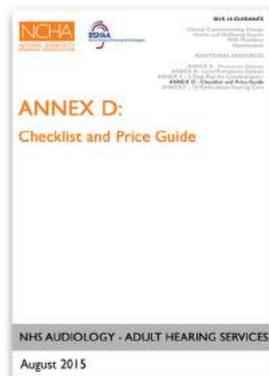
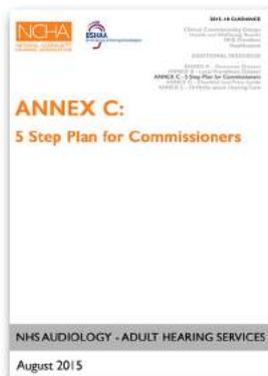
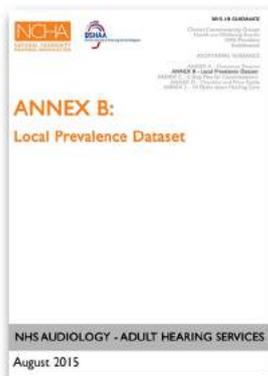
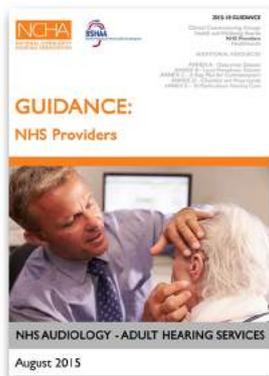
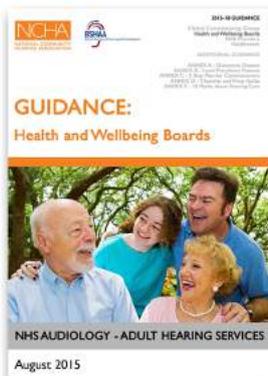
More information about hearing loss can be found in NHS England and the Department of Health's *Action Plan on Hearing Loss*.



Healthwatch teams can also contact the NCHA for support and information at any time – email enquiries@the-nhca.com

A complete list of references for this and all adult hearing loss guidance can be downloaded at <http://www.the-ncha.com/guidance2015-18/>

GUIDANCE IN THIS SERIES



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