NCHA
NATIONAL COMMUNITY HEARING ASSOCIATION

BSHAA
British Society of Hearing Aid Audiologists

2015-18 GUIDANCE

Clinical Commissioning Groups
Health and Wellbeing Boards
NHS Providers
Healthwatch

ADDITIONAL GUIDANCE

ANNEX A - Outcomes Dataset
ANNEX B - Local Prevalence Dataset
ANNEX C - 5 Step Plan for Commissioners
ANNEX D - Checklist and Price Guide
ANNEX E - 10 Myths about Hearing Care

GUIDANCE:

NHS Providers

NHS AUDIOLOGY - ADULT HEARING SERVICES

August 2015

PURPOSE

As providers, we know there is significant unmet hearing need in our communities, that pressures on hospital services are acute and growing, that commissioning often fails to reflect current pressures or growing demand, and that resources intended for audiology do not always reach the front-line. More capacity and more transparency to address these issues are desperately needed. At the same time hearing still ranks low in local public health priorities (even though this is now changing at a national level)[i].

The Department of Health's and NHS England's joint *Action Plan on Hearing Loss* and a National Commissioning Framework for Hearing[ii] should begin to help commissioners and providers address these issues.

In the meantime urgent action is still needed locally. The *Five Year Forward View* sets us a clear challenge to find new ways of doing things if NHS services are to remain viable. To help close the £22bn funding gap we must

- take prevention more seriously (e.g. early intervention)
- improve the quality and responsiveness of services
- move to outcomes based commissioning
- ensure everything we do delivers value for money

This guidance sets out simple steps that all providers can take with commissioners to reshape and expand hearing services within the *Five Year Forward View* until the Commissioning Framework becomes available

- communicating and working with one another (including commissioners)
- making the case for hearing loss locally
- assessing need
- meeting the capacity challenge
- focussing on outcomes rather than inputs
- engaging front-line staff in service redesign
- agreeing clear service specifications and publishing results
- taking account of best practice recommendations.

Of these, '*communicating and working with one another*' is the most important first step.

---

[i] NHS England and the Department of Health published a joint Action Plan on Hearing Loss in March 2015. NHS England and Age UK recently issued joint guidance advising that hearing care can support people age well by reducing the risk of functional decline. NICE guidelines state the importance of hearing tests for people living in care homes. The World Health Organisation has identified hearing care for older people as a priority.

[ii] National Commissioning Framework is to be co-produced with the hearing sector - those wishing to contribute should contact their representative body.

CONTENTS

COMMUNICATING AND WORKING WITH ONE ANOTHER

NHS England and Monitor recommend dialogue between commissioners and providers – i.e. there is no barrier to collaboration when it is in the best interests of patients. Yet this rarely happens.

There are of course contract monitoring meetings between providers and commissioners but these rarely take place with all providers in the room, which **acts as a barrier to**

- honestly looking at the local health economy
- analysing what each party is contributing and can contribute
- improving outcomes for patients and the population within likely available funding.

Silo conversations rarely resolve problems and simply create divisions (and misperceptions) amongst providers which do not benefit patients or the NHS. In order for NHS hearing services to rise to the challenges ahead, all providers and commissioners must work together in the best interests of patients, the NHS and taxpayers.

ACTION 1 - If a collaborative forum for local providers and commissioners does not exist in your locality, set one up or ask commissioners to set one up. Consider inviting local Healthwatch (to bring the user perspective) and social services (so health and social care needs can be integrated). Get to know one another and try working together to solve problems.

MAKING THE CASE FOR HEARING LOSS LOCALLY

A key priority is to ensure that local decision-makers understand that hearing loss is a major public health issue and that early intervention is a key to achieving good outcomes.

Historically NHS hearing care has been regarded as a 'Cinderella' service and viewed as an easy target for cuts. With an ageing population that depends on the hearing service, it is now more important than ever for providers to challenge the "low priority" status of NHS hearing care. Local decision-makers, commissioners and populations need to know that

- Communication is an essential element of good quality of life at all ages and becomes fundamental to maintaining independence and inclusion during the ageing process[1].
- **Unsupported age-related hearing loss** increases the risk of **depression[2], social isolation[3], loneliness[4], cognitive decline[5], early retirement[6] and reduced quality of life[7].** NHS England and the Department of Health have highlighted the association between hearing loss and increased risk of **dementia**[8].
- **Hearing intervention and ongoing support can significantly improve quality of life by reducing the psychological and social effects associated with age-related hearing loss[9].** This means that early intervention could reduce the risks associated with unsupported hearing loss. This has the potential to reduce pressure on health and social services[10].
- The cost of unsupported hearing loss also falls on social care[11] and dealing with unsupported hearing loss therefore has the potential to reduce long run health and social care costs[12].
- Despite the benefits of early intervention, 3.8 million people in England have unmet hearing needs[13].
- The World Health Organisation, NHS England and Age UK recommend hearing care and ongoing support for hearing loss as part of an active ageing strategy[14].
- Tackling unsupported hearing loss will help deliver the *Five Year Forward View's* goals of taking public and preventative health more seriously.

ACTION 2 – A united voice is much stronger than several weak ones working in isolation. Work together to communicate these messages to local decision-makers (commissioners, Health and Wellbeing Boards, MPs and Councillors) so that they understand why addressing unmet hearing need is a high, not low, priority.

ASSESSING NEED

The population is becoming older. In 2010 there were just over 10 million people aged 65 and over. By 2018 there will be approximately 13 million and by 2035 this figure could reach 17 million[15].

With age-related hearing loss being the main driver of audiology activity, as the population ages the demand for hearing care will continue to increase. This will put existing infrastructure under greater pressure.

If your local Health & Wellbeing Board(s) has not yet carried out a local hearing needs assessment (LHNA) – NB this may be part of a sensory impairment assessment rather than hearing alone – it is important to make them aware that the *Action Plan in Hearing Loss* states

- *"Health and Wellbeing Boards should ensure that hearing is included as part of the process to develop local health needs assessments, Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) either as part of sensory impairment or separately; and that, where appropriate, hearing is included within the local offer for children with SENs and safeguarding arrangements"*[16]

In the meantime prevalence of hearing loss estimates are available in Annex B.

ACTION 3 – Encourage local HWBs to make a local assessment of hearing need and map this to available capacity. Be open about hidden cuts such as issuing only one hearing aid when two are needed and other risks such as not being able to follow-up patients because of a lack of capacity.

MEETING THE CAPACITY CHALLENGE

Hospital providers are already facing great pressure. In the past 10 years audiology activity has increased by 142%[17] in England, yet still 3.8 million people have unmet hearing needs[18]. This means there are far too many people without support for their hearing loss and exposed to the negative, and avoidable, consequences (**Diagram 1).**

Existing (hospital) audiology departments are unlikely to be able to meet this demand alone and additional capacity is urgently needed. This can be readily commissioned from the community sector – for example using the Best Practice Guidance which delivers a three year pathway plus transparency about costs and outcomes[19]. Agreed protocols can be put in place for direct onward referral of patients who need hospital (ENT) care.

There are currently over 1.1 million hearing aid repairs (aftercare) carried out by hospitals each year[20]. With so much unmet need for hospital care, much of this could and should be provided in the community.

Given constraints on the acute sector and the aspiration of NHS England for more care to be delivered outside hospital, additional capacity in the community is likely to be needed long-term.

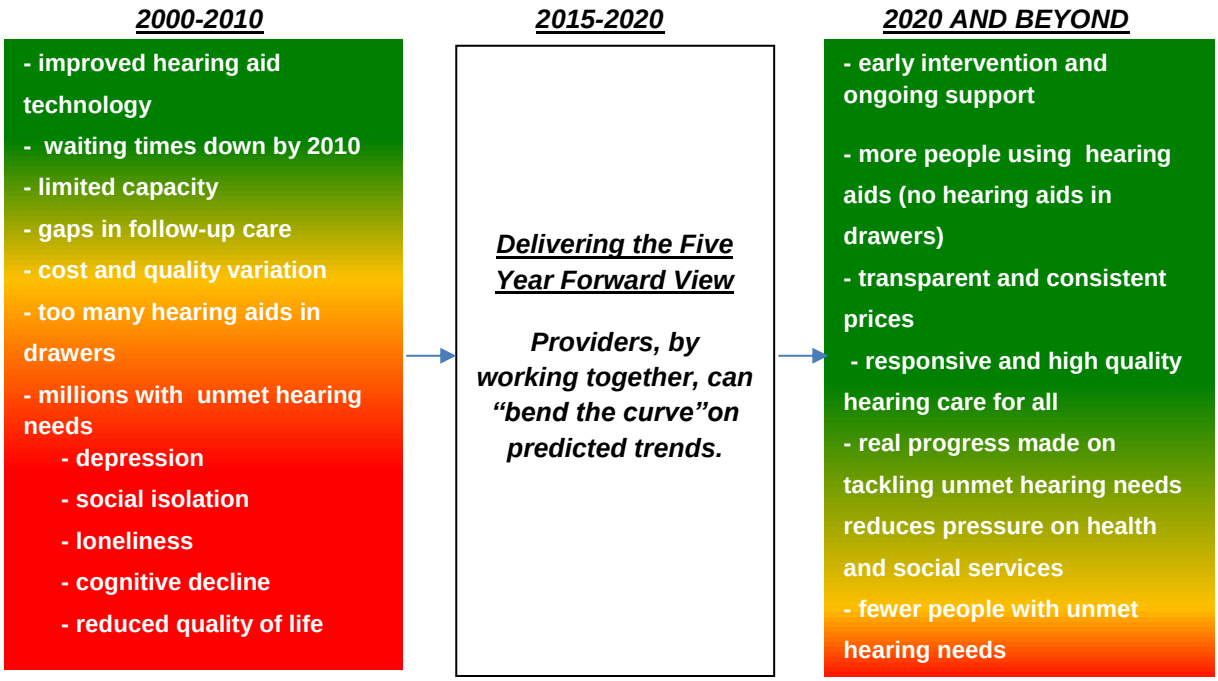


Diagram 1: Five Year Forward View, Time to Deliver. How collaborative working across the health economy can help **bend the curve on predicted trends**.

To encourage community providers to make the necessary investments and be part of an integrated network of care, community providers should be fully involved in capacity discussions. Cost per case is a function of volume and timescale and the longer the planning horizon the better value community and hospital care can be.

Monitor has also recently made clear that where Choice contracts are delivering extra capacity and meeting quality and outcomes standards they can be rolled over without retendering and also that other community providers can be brought on stream at any time in the commissioning cycle to meet demand and where local commissioners feel this would be beneficial[21].

ACTION 4 – Work together and with commissioners in line with QIPP principles to reshape care and plan capacity to meet demand. There will be some efficiencies to be made but overall, given unmet need, there is likely to be an increase in the quantum of care needed to meet demand.

FOCUSSING ON OUTPUTS RATHER THAN INPUTS

The *Five Year Forward View* commits the NHS to moving towards outcomes based commissioning. This is a challenge for all NHS providers as traditionally the NHS has counted inputs (£) and throughput (FTEs) rather than outcomes.

This is however a major challenge in hearing care because since the Health Select Committee's review of Audiology in 2007 there has been a strong emphasis on waiting times creating powerful incentives to assess and fit patients, but weak incentives to follow-up and maximise the chances of good hearing outcomes[22].

The NHS hearing service needs to now focus on outcomes and key to this will be tackling longstanding gaps in follow-up and aftercare[23]. Monitor has recommended commissioners measure compliance with hearing aids as a quality metric[24]. There is sound reasoning behind this, in that for continued use the entire patient pathway (especially on-going support) has to be responsive to the needs of each individual patient. This is still some way short of a full set of PROMs and PREMs, but it is a good start.

ACTION 5 – Work together to review outcomes and consider how these can be built into local pathways and reported on across all providers so that progress can be mapped across the whole health economy.

ENGAGE FRONT-LINE STAFF IN SERVICE REDESIGN

Recent workshops have shown front-line staff working under great pressure and feeling alienated from (and sometimes fearful of) changes going on. In some cases they have been forbidden to talk to commissioners or other providers with whom they have to work to deliver integrated care or to sort out a problem for a patient. Yet these colleagues are all united in their professional commitment to do their best for patients and frustrated when they are prevented from doing so by the system. In many cases these are the very staff who have ideas about how problems can be addressed and pathways improved.

In addition we have all been challenged by the NHS Chief Executive and the Secretary of State[iii] to

- drive out unjustifiable variation in costs
- improve value for money and
- improve quality services

to make NHS services sustainable.

It is the people who work on the front-line and patients who can best advise us on how to do this and where the problems in the system lie.

ACTION 6 – Engage front-line staff in pathway reviews across community and hospital care to enable them to work across boundaries and provide integrated care and better outcomes for patients in a transparent and accountable way. They are the NHS's most valuable asset and should be empowered to deliver their best for patients with systems supporting them not inhibiting them. Work together to unblock systems which inhibit good, joined-up care.

AGREEING CLEAR SERVICE SPECIFICATIONS AND PUBLISHING RESULTS

Audit is now an established part of clinical practice which clinicians respond to, understand and appreciate. It is also a truism that sunlight is the best disinfectant.

In many parts of the country audiology is still bound up in inter-professional and sector rivalries, hostility and misinformation. This serves no-one's best interests least of all the NHS's or patients'.

[iii] NHS Confederation Speeches, June 2015

The best means of overcoming such barriers is transparency and professional openness about outcomes, quality and costs. There should be no hidden rationing, misuse of evidence or funding that does not reach the front-line. This is what is now holding back hearing from delivering for all patients rather than the few. The NHS can and should do better and we as providers can lead this with commissioners providing the supporting infrastructure through better commissioning and better contracts.

ACTION 7 – Agree with commissioners a clear specification for services and outcomes, deliver on it and publish results. Let in sunlight on what is being provided, how and by whom and at what cost. Then work together with commissioners to deliver best value and best outcomes across the whole sector in a public and accountable way.

BEST PRACTICE RECOMMENDATIONS

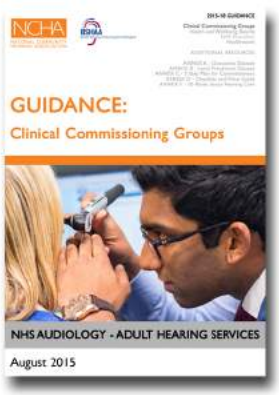
It is to be hoped that much of the above will be reflected in National Commissioning Framework when it is produced as it is already in government policy, the *Five Year Forward View*, *The Forward View into Action – planning for 2015/16* and *Five Year Forward View – Time to Deliver*. In the meantime more advice is available

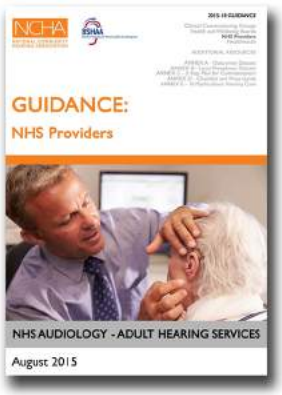
- from Monitor on choice in NHS hearing care (here)
- in the Department of Health's procurement strategy - *Better Procurement Better Value Better Care: A Procurement Development Programme for the NHS* (here)
- in the *Action Plan on Hearing Loss* particularly pages 21-22 (here) and pages 24-36 (here).

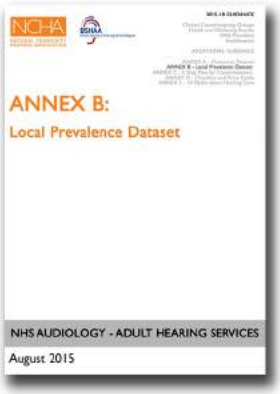
For further advice about how to address local challenges please contact the NCHA in confidence at enquiries@the-ncha.com.

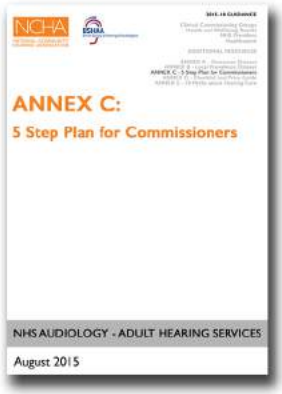
For a complete reference list click here

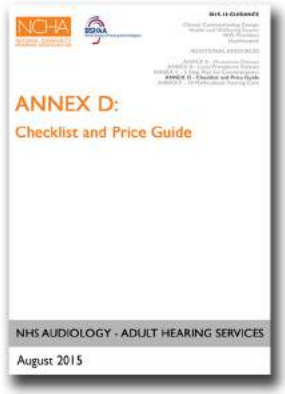
GUIDANCE IN THIS SERIES

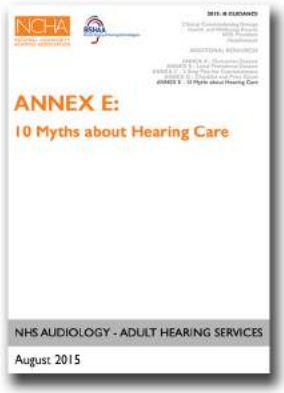


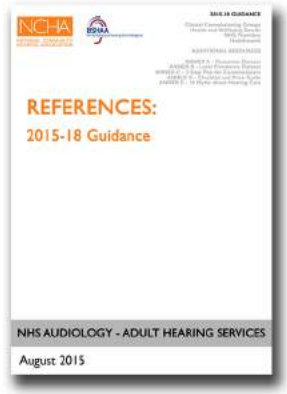












Digital copies of all the reports are available at www.the-ncha.com/guidance2015-18