

The BAA asks the following questions

- 1- What do you think of the general approach taken in this document? Please enter your views below.**
- 2- Please enter your detailed comments on the document in the table provided in Section 2 of this feedback form.**
- 3- If you have any further comments on the document please add them here.**

NCHA response

1- What do you think of the general approach taken in this document? Please enter your views below.

We thank the Service Quality Committee for undertaking this important work. We welcome the opportunity to comment on this consultation – guidelines for the direct referral of adults with hearing difficulty to audiology services.

In terms of the general approach, in our view, it would be helpful if the BAA could work with the BSHAA to produce a single document. Given that there are no significant changes to the referral criteria when compared to past criteria¹, we hope that the BAA Service Quality Committee will consider this approach.

We understand the value of removing certain criteria which the GP was unlikely to understand and/or have access to diagnostics in order to refine referral in any meaningful way – e.g. we understand the logic of removing “conductive hearing loss, defined as 25 dB or greater air-bone gap present at two or more frequencies...” from this updated guidance. We don’t foresee any unintended consequences associated with these changes and have assumed that the BAA has worked with the BSHAA, GPs, ENT-UK and BAAP regarding any material changes to the referral criteria for GPs.

The current document, we assume, offers UK wide guidance. The way in which NHS hearing care is now commissioned, and will be commissioned in the future, varies across the UK. This is important because legislation and other NHS guidance also varies in each country – and sometimes within England depending on whether choice has been extended locally. We would welcome joined-up guidance – by the BAA, BSHAA, NCHA, Action on Hearing Loss and other sector partners – to minimise the risk of providers/commissioners acting in a way that is not consistent with existing regulations/legislation in parts of the UK. For example this might be through guidance that focusses on how to manage existing patients/hearing aid users in a way that is consistent with the NHS Standard Contract and licence conditions in England, but also consistent with general UK-wide NHS and Hearing Loss and Deafness Alliance principles.

¹ Hearing Aid Council (2008) Regulations governing the dispensing of hearing aids in the UK, paragraph 5; BAA (2009) British Academy of Audiology Guidelines for Referral to Audiology of Adults with Hearing Difficulty, cited in Department of Health (2012), Adult Hearing Implementation Pack. pp. 27-28; BSHAA (2011) Protocol and Criteria for Referral for Medical or other Specialist Opinion, cited in Department of Health (2012), Adult Hearing Implementation Pack. pp. 27-28; BSHAA (2014) Guidance on professional practice for Hearing Aid Audiologists, pp.8-12; Service Quality Committee of the BAA (2016) Guidelines for Direct Referral of Adults with Hearing Difficulty to Audiology Services (2016) ; Service Quality Committee of the BAA (2016) Guidelines for Onward Referral of Adults with Hearing Difficulty Directly Referred to Audiology Services (2016),

2- Please enter your detailed comments on the document in the table provided in Section 2 of this feedback form.

Page of Document	Document Section	Text from Document	Your Comment
2	Introduction	The criteria have been written for all adults (age 16+), but local specifications regarding age range for direct referral should be adhered to.	This text – in yellow - aligns well with BSHAA referral guidance for HCPC registrants ² . HCPC registrants are legally required to have appropriate levels of professional liability insurance. Given the diversity of the workforce and models of care emerging in the UK, we think it would be helpful to remind readers of the importance of having appropriate professional indemnity cover at all times, and especially if the local referral criteria is changed. Providers might seek advice on this from their insurance provider and/or from the NHS Litigation Authority.
2	Background	There is a lack of research evidence to support some of the criteria, but they are well accepted both in the UK and internationally ^{5,6} . We recommend that these criteria are investigated further to provide an evidence base to support future guidance.	NICE is currently developing guidance on adult onset hearing loss and is likely to consider referral criteria. This should therefore address the BAA's recommendation. NICE guidance is likely to supersede any sector specific NHS guidance in England and Wales, and possibly also in Scotland and Northern Ireland. This BAA guidance is therefore important and wider sector collaboration at this stage might help reduce the risk of significant changes when NICE publishes its guidelines in early 2018.
2	Scope of this Document	Please note that these guidelines relate to the direct referral of adults with hearing difficulties to Audiology services and may not be directly interchangeable with guidelines for other pathways, for example, Any Qualified Provider (AQP).	In our view, the use of AQP in this section is not an appropriate example because it suggests there is some confusion about contracting mechanisms and clinical procedures. These guidelines are as likely to be interchangeable with single provider block contracts, competitive tenders, AQP pathways and/or other contract mechanism. Having reviewed the guideline and compared it

² BSHAA (2014) Guidance on professional practice for Hearing Aid Audiologists, pp.8-12

			to other referral guidelines, we found no evidenced-based reason to support this – in yellow – statement.
2	Scope of this Document	This document assumes that the adult being referred does not already have an NHS funded hearing aid. GPs should make themselves aware of regional policies regarding existing NHS hearing aid users.	We would welcome joined-up guidance – by the BAA, BSHAA, NCHA, Action on Hearing Loss and other sector partners – on how to manage existing patients/hearing aid users in a way that is consistent with the NHS Standard Contract and licence conditions in England, but also consistent with general UK-wide NHS and Hearing Loss and Deafness Alliance principles. There is also a risk that an existing hearing user has a problem that requires referral to ENT. The GP should – in our view – still follow the same checklist in this case. This is very different if the individual presents – for example – reporting of a gradual reduction over the five years they have had NHS hearing aids. We are concerned that the focus on the NHS funded hearing aid increases risks without benefit to the patient. It is not clear if this is an evidence-based recommendation or a health system (commissioning) recommendation. Finally if a person was wearing a private hearing aid and had one of the contraindications in the referral checklist, we would expect the GP to refer the individual to ENT.

6	Appendix	All	Referral checklists can help support busy GPs make accurate and safe referrals, and on this basis we welcome the use of a referral checklist for GPs. Pages 2 to 5 however include details that GPs are less likely to read and could inhibit them adapting the helpful checklist. We would recommend sharing the final checklist with GPs and providing all other text, after it is amended during this consultation, in an online annex. A checklist with additional fields would be helpful – for example age set at 40 which could then be changed according to local commissioning/provider agreements.
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3 - If you have any further comments on the document please add them here.

We would ask the BAA to consider working with sector partners to ensure these referral criteria – particularly the guidance for audiologists – are not later challenged on the grounds that they are being used in a way that is not consistent with the provider licence condition in England for example. We would also welcome a joined-up sector guidance on the management of existing NHS hearing aid users – particularly in England – so that legacy patients are also offered their legal right to choose a provider where this has been extended locally.