



Early diagnosis and support for adult hearing loss The big opportunity for prevention in health and social care

1. Preventing the onset and impacts of health conditions on individuals, families and society is good public policy.
2. As a country we have made significant progress in tackling noise induced hearing loss at work through improved health and safety standards at work. We have also made some early progress on 'turning down the volume' on personal devices to reduce the risk of avoidable hearing loss and tinnitus.
3. As a country, however, we are seriously behind in preventative health when it comes to supporting our population to hear well and age well.
4. As our population grows older it will not be possible to prevent age-related hearing loss. Without early diagnosis and support, age-related hearing loss impacts communication and increases the risk of:
 - Social isolation and loneliness
 - Depression
 - Cognitive decline
 - Other mental health issues.¹
5. Early diagnosis and support for age-related hearing loss improves quality of life and can reduce these risks.^{1,2}
6. Independent economic evidence by NICE also shows that early diagnosis and support of age-related hearing loss is one of the most cost-effective interventions the NHS provides.²
7. Despite the risks associated with unsupported hearing loss and the benefits of early diagnosis and support, millions of people are unaware that they can and should act on hearing loss. This means a massive forgone opportunity in preventative health for our ageing population.

Quick facts about hearing loss

- 9.5 million adults in England have a hearing loss
- One of the top three long-term conditions in older adults¹
- Third leading cause of years lived with disability³
- Our ageing population means that 13 million adults will have a hearing loss by 2035

8. As financial pressures build, it is services like hearing care that are often cut first, building up risk and preventable ill health at great cost to individuals, health and care systems, and the wider economy.
9. The Health and Social Care Committee should therefore look at the evidence of risk and benefits of tackling unmet adult hearing needs in England as part of its Prevention inquiry. Now is the right time to help tackle what NICE has referred to as a 'major public health issue' which continues to be deprioritised within local NHS commissioning regions.
10. Age-related hearing loss also overlaps with many of the Committee's priority areas.

Health and Social Care Committee priority areas	Early diagnosis and support for adult hearing loss	Examples
Upstream prevention	✓	Unsupported hearing loss can increase the risk of physical and mental health issues. Early diagnosis and treatment help improve quality of life and reduce these risks and the associated costs and impacts.
Mental health	✓	
Disease prevention	✓	
Healthy environments	✓	As we age our hearing becomes less sensitive and we start to struggle to hear in noisy environments. This can result in withdrawing from social events and increase the risk of social isolation. With 1 in 5 adults already suffering from hearing loss, it is time to help support healthier sound environments.
Healthy homes and workplaces	✓	On average, people with hearing loss are paid £2,000 less per year than the general population. This is estimated to cost the UK £24.8 billion in potential economic output. Helping people with hearing loss and supporting them to stay in work is now more important than ever.

¹ NHS England, the Local Government Association, the Association of Directors of Public Health et al. 2019, Joint Strategic Needs Assessment Guidance, Guidance for Local Authorities and NHS commissioners on assessing the hearing needs of local populations

² NICE, 2018, Hearing loss in adults: assessment and management guideline [NG98]

³ Global Burden of Disease Study Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries in 195 countries, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet. 2017; 390:1211-59