

National Institute for Health and Care Excellence

PUBLIC HEALTH GUIDELINE – Workplace health: support for employees with disabilities and long-term conditions

**Consultation on the Draft Scope from
6 March 2015 – 7 April 2015
Comments on the Draft Scope to be submitted
no later than 5pm on Tuesday 7 April 2015**

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Stakeholder Comments

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Section number Indicate section number or <u>‘general’</u> if your comment relates to the whole document	Page number	Comments Please insert each new comment in a new row.

		The National Community Hearing Association (NCHA) represents community hearing providers in the UK. NCHA members are committed to good hearing for all and are responsible for the majority of adult community hearing care services in the UK with an excellent record of outcomes, safety and patient satisfaction. BSHAA is the professional body for hearing aid audiologists providing hearing care to NHS and self-funding clients. They practise in large, medium and small companies and as sole practitioners; and they provide a professional, convenient and local service to people with hearing concerns in every community in the UK.
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1.5 (Q1) How can employees with disabilities or long-term conditions be supported to return to or stay in work? Which interventions are most effective and cost effective, and for which conditions and occupational groups? What is the effect of timing, duration and intensity of the intervention?	4	<u>Scale of the Challenge</u> Hearing loss is a very common, albeit often unrecognised, long-term condition in the working age and older working populations. In England there are 8 million people with a hearing loss (90% aged 50 and over). These data are based on a large epidemiological study and are relevant to all occupational groups. The Quality Standards Advisory Committee can access this information online using the POPPI tool (here). Age is the main cause of hearing loss (NHS England and Department of Health, 2015). The World Health Organisation (WHO) estimates that adult hearing loss in the UK will be in the top ten disease burdens by 2030 (WHO 1997). Noise-induced hearing loss is the second main cause of hearing loss. The WHO has recently reported the growing threat to good hearing posed to people using audio equipment or working in a loud environment (WHO 2015). Therefore all employers and employees should be aware of age-related and noise-induced hearing loss so that they can both help avoid hearing loss and support people that have hearing loss to stay in or return to work. For example there is evidence that unsupported hearing loss can result in earlier retirement (Helvik 2012). <u>Action Required</u> Age-related hearing loss is a long-term and slowly progressive condition and currently there is no medical intervention for the majority of people affected (Barker et al. 2014). The primary intervention for hearing loss is the use of hearing aids (ibid). Hearing aids and ongoing support can improve quality of life by reducing the psychological and social effects associated with age-related hearing loss (Chisolm et al. 2007; Davis et al. 2007; Acar 2011). Experts note that early intervention for hearing loss could also reduce pressure on health and social services (Monitor 2015). The most effective and cost-effective method to help people with hearing loss is to provide care and support at the earliest possible stage (NHS England and Department of Health 2015). Adults with hearing loss can be supported in a primary care setting (NHS England and Department of Health 2015). This ongoing support, closer to home, makes it possible for people with hearing loss to continue to age well and increases their chances of continuing in employment if they wish. The emerging threat to hearing posed by modern audio technology adds to the well-known risk to health and safety at work from loud machinery. Work should not exacerbate hearing loss. Unlike age-related hearing loss noise-induced hearing loss can be prevented through good ear protection and better public education about safe listening. It is important that both employers and employees are made aware of this.
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1.5 (Q2) For employers and the workforce, what are the barriers and facilitators to implementing interventions to support employees with disabilities or long-term conditions to return to or stay in work?	4	Employers, workers and the general population lack education about the scale of hearing loss (NHS England and Department of Health 2015), risk factors in developing hearing loss, how it might affect them and options for prevention and support. Without access to information about the risks involved and prevention strategies it is likely that noise-induced hearing loss will increase and age-related hearing loss will continue to be misunderstood and stigmatised (as opposed to supported and therefore helping people age well). It is estimated that 3.6 million people with hearing loss in England are not yet accessing hearing support that benefit them (Davis and Smith 2013). This may be because the NHS still relies predominately on a hospital-based and medicalised model of care. Experts have recognised that community-based care would increase awareness and therefore uptake of services (Monitor 2015). Community hearing providers have short waiting times, easy to access local premises and often provide services outside work hours, in the evenings and at weekends (ibid). Inaccessibility/lack of availability is therefore one barrier for NHS patients. Employees and employers willing to pay privately can access this care in a primary care setting across England without medical review in the same way as they can access opticians for display screen equipment eye exams. We see no reason not to encourage regular hearing tests for those working in certain environments, in much the same way as people working on computers are encouraged to have regular eye tests. Indeed the need for hearing tests is arguably greater as many people do not realise their hearing is deteriorating and/or wait many years before seeking help (Davis et al. 2007). Targeting prevention only on people who can (or whose employer can) afford to pay will inevitably result in increasing hearing health inequalities. The NHS is changing this in some areas but not across England, for example Public Health England et al. (2013) noted <i>“the implementation of the Any Qualified Provider (AQP) policy, which introduced a choice of provider services, has improved access to adult hearing services by reducing inequalities in access, and has improved the quality of hearing services offered to all adult patients”</i>, but this policy is only live in 60% of CCGs in England and is being decommissioned in some regions, without an evidence-based reason for doing so. This is itself a sign that the NHS has an inconsistent message on supporting people to age well and stay in work through cost-effective solutions. NICE plans to develop guidelines on adult hearing services in 2016 but, while the NHS waits for leadership on this important issue, employers and employees should be informed about the range of ways in which they might access hearing care in their local area in a convenient way that does not impact negatively on their working lives. Making accurate (unbiased) information about risks, and private and NHS options available to employees and employers, through NHS Choices, employer organisations such as the CBI, Federation of Small Business, Institute of Directors and trade unions is an important first step in a strategy that support prevention and low-cost options in primary care outside expensive hospital environments.
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1.5 (Q3) What help do employers need to review and adapt work activities, station, processes or place to support employees with disabilities or long-term conditions return to or stay in work? What sources of help are available?	4	Today there are standards in place for people who work on computers to have access to eye tests. Yet there is no requirement to support employees of all ages protect their hearing and adapt to hearing technologies such as hearing aids, even though the World Health Organisation, NHS England and the Department of Health show this is important (WHO 2002, NHS England and Department of Health 2015). It is important that employers understand that by failing to support employees and potential employees with hearing loss they risk being in breach of the Equality Act 2012. Failure to support workers with age-related hearing loss could also result in the loss of key workers and skills as people retire earlier than they would otherwise have done. (Helvik 2012). Many technological solutions exist to help people with hearing loss adapt to hearing loss and thrive at work. Hearing aids, loop systems, accessible telephones and various other appliances provide a cost effective way to keep people with hearing loss in work. There has to be a more joined-up approach to supporting people with sensory impairment – sight and hearing – because with increases in pension age and the ageing population either choosing or needing to work longer with sensory impairments, these long-term conditions will very much part of the everyday workplace. Employers should therefore be advised about the national Action Plan on Hearing Loss which is supported by NHS England, the Department of Health and many other government departments (NHS England and Department of Health 2015).
15. (Q4) What are the costs and economic benefits to employers and employees of supporting employees with disabilities or long-term conditions to return to or stay in work?	5	Unsupported hearing loss can have significant costs for individuals, businesses and society - estimated 13.5bn annually in the UK in 2006 (Shields, Chapter 5, 2006). More recent estimates suggest this has now risen to £25bn (The International Longevity Centre-UK, 2014). The evidence is that both male and female employees with hearing loss are more likely to exit the workforce early (Helvik 2012). In contrast NHS England estimates the cost of NHS hearing loss services 2010/11 at only £450m (NHS England and Department of Health 2015). Supporting people with hearing loss - one of the most common long-term conditions in older people - is thus a very cost-effective intervention and the economic benefits of supporting people with hearing loss to stay in or return to work, are considerable. NICE, building on the recently published Action Plan on Hearing Loss has an ideal opportunity to ensure a consistent message is provided about the importance, public health and social value of de-medicalising and de-stigmatising the majority of age-related hearing loss and supporting people with hearing loss more cost-effectively in the community to remain independent, active and in work, (NHS England and Department of Health 2015, Monitor 2015).

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