



Public Health Scotland – Shaping our strategy: 2025-35

NCHA Scotland response

Document focus:

- Reducing health inequalities to improve health and life expectancy
- Using Population Health and Service Renewal Frameworks
- Focus on: social and economic drivers of health, place & community, health living, fair access to health & care services, supporting public services to be more prevention focused

Deadline: Friday 29th August 2025

Submit by: Email to phs.strategicdevelopment@phs.scot

Questions:

1. Where do you see the greatest opportunities for collaboration between your organisation and PHS in delivering the vision set out in this document?

Hearing loss is a major and rapidly growing public health challenge, particularly amongst the ageing population. It is recognised as a major public health issue by the World Health Organisation.ⁱ Adult hearing loss, which can be managed by early intervention, can go unaddressed and is often overlooked in public health assessments and strategies. This is compounded by adherence to outdated models of care and shortages of capacity in hospital audiology and ENT departments. Despite the severe impacts hearing loss can have on patients' quality of life and its associations with depression, cognitive decline and the risk of falls in older people the pathways remain unchanged.ⁱⁱ

If we can help the PHS with data and public health service design to ensure hearing loss has its rightful place in the 2025-35 strategy, that could lead to a major step forward in meeting public health needs in modern Scotland.

To support the Scottish Government's ambition for increased, fairer access to preventative healthcare, we are already liaising with the Scottish Government to help the implementation of the Independent Review of Audiology Services in Scotland and Minister Jenni Minto's commitment to explore the implementation of a primary care audiology service to parallel Scotland's world-leading primary eye care service. This will enable a great number of adults with hearing loss to access care without long waits and at a lower cost per pathway to the NHS as well as freeing up hospital capacity to address the service failures in children's care.ⁱⁱⁱ Including hearing loss in the Public Health Scotland strategy will increase the NHS and Scottish Government focus to address this acute issue which as well as being a long-term condition (LTC) for many adults in its own right can also exacerbate the effects of other LTCs. As primary

care audiology is rolled out, we will be able to share more data with PHS about long term outcomes to further inform public health strategy and policy.

2. What challenges or barriers do you foresee in achieving the ambitions set out here—either for your organisation, or for the wider system?

The low priority historically afforded to hearing care by public health and the NHS, an endemic NHS bias towards hospital models of care and stigmatisation, a lack of planning for long-term conditions, the annuality NHS funding which makes longer-term planning and cost savings more difficult and professional protectionism amongst hospital audiologists. We can expand and provide evidence on any of these; however, all are holding up progress in meeting the public health hearing needs of the Scottish population.

3. Thinking about PHS's national role where do you think we can add value and contribute more effectively to your work?

PHS can support our work by continuing to highlight the scale and severity of hearing care needs and effective models of care which improve public health outcomes for populations.

Scotland also has a particular challenge of adults who have a hearing loss in more remote locations. Here it is vital that mobile primary care audiology services are put in place to meet local needs including for wax and hearing aid care and maintenance. In some cases, charities and pharmacies may be able to part-fill gaps but they are no substitute for a professional service provided by registered clinicians to consistent standards.

4. Looking ahead, how can PHS continue to develop and strengthen how we work and collaborate with others?

We would encourage ongoing engagement about hearing loss, particularly age-related hearing loss and tinnitus with the community hearing sector, especially the NCHA. Otherwise, there is a risk that this growing public health challenge will continue to be viewed through the prism of the availability of NHS hospital care. This subsequently leads to long waiting times and patients not receiving timely and ongoing access to care they need to maintain their independence and well-being into older age.

Not all the issues with children's hearing services, which do need to be provided in hospitals, have yet been resolved. However, this should not detract from the urgent need to address adults' growing hearing needs. By addressing adults' needs more effectively, NHS Scotland should be able to free up hospital capacity to improve children's care simultaneously.

5. How can PHS best stay connected with you and your team as we move from formulating to delivering our strategy?

We are happy to engage at any time. Please contact us at: policy@the-ncha.com or call us on 0131 385 8885.

Good luck with a successful strategy review.

ⁱ WHO, 2023, World Report on Hearing, <https://www.who.int/publications/i/item/9789240020481>

ⁱⁱ NCHA, 2023, Primary care audiology – accessible ear and hearing care for all, <https://www.the-ncha.com/members/campaigns/primary-care-audiology/>

ⁱⁱⁱ NCHA, 2023, Primary care audiology – accessible ear and hearing care for all, <https://www.the-ncha.com/members/campaigns/primary-care-audiology/>