

**REPORT OF THE SCRUTINY PANEL – HEALTH SCRUTINY PILOT  
DELEGATED SCHEME.**

**PROCESS OF ALLOCATION OF NEW DIGITAL HEARING AIDS IN THE  
BRAINTREE DISTRICT AREA.**

**Contents**

- 1. Background And Terms of Reference**
- 2. Methodology**
- 3. Introduction**
- 4. The Process For Applying For A Digital Hearing Aid**
- 5. Eligibility And Prioritisation Of Patients**
- 6. How People With Hearing Difficulties are Made Aware Of The Process**
- 7. Public Private Partnership (PPP)**
- 8. Patient Numbers, And New Digital Hearing Aids Fitted**
- 9. Patient Waiting Times**
- 10. Financial Arrangements For Providing Digital Hearing Aids**
- 11. Computerised Patient Management Systems**
- 12. Patient and Public Involvement (PPI) Forums**
- 13. Hearing Help Essex**
- 14. Conclusions and Recommendations**
- 15. Appendices**

## **1. BACKGROUND AND TERMS OF REFERENCE**

The Scrutiny Panel undertook this study under powers delegated to it by Essex County Council's Health Overview and Scrutiny Committee (HOSC) as part of a pilot initiative for District Councils to undertake local health scrutiny studies.

The purpose of our review was to consider the extent to which the Modernisation of the NHS Hearing Aid Services (MHAS) programme had been successful in the Braintree District area.

The MHAS programme was funded by the Department of Health and managed by the Royal National Institute for the Deaf (RNID). Its aim was to modernise NHS audiology services across England by improving patient services and making the latest digital hearing aid technology available on the NHS.

The programme first commenced in 2000 with the government providing funding to enable an initial wave of 20 NHS Trusts to modernise their audiology services. Further government funding was announced in April and November 2002 for another 29 and 17 NHS Trusts respectively to modernise their services.

Finally, in 2003, the Department of Health announced a £94 million programme to modernise hearing aid services for all remaining NHS trusts with a commitment to make digital hearing aids available to all those who could benefit from them by 2005.

Our specific terms of reference were:

(i) to examine:-

- \* the process for applying for a digital hearing aid;
- \* the eligibility criteria;
- \* how people with hearing difficulties are made aware of the process;
- \* the waiting time from application to decision and to receipt of the hearing aid;
- \* plans for financing hearing aids;
- \* the extent to which the local NHS is evaluating uptake of digital hearing aids;

(ii) to make appropriate recommendations to the County Council's Health Overview and Scrutiny Committee.

## **2. METHODOLOGY**

We launched our study in January 2006 and initially sought written information from the following:-

Witham Braintree and Halstead Care Trust  
Mid Essex Hospital Services NHS Trust  
Essex Rivers Healthcare NHS Trust  
Essex Strategic Health Authority  
Patient and Public Involvement (PPI) Forums  
Hearing Help Essex  
RNID

An advert was also placed in the local press inviting interested members of the public to submit written comments.

The written submissions that were made to us are set out in Appendix A.

We subsequently invited the following witnesses to attend a Scrutiny Hearing that took place on the night of Wednesday 12<sup>th</sup> April 2006 at Causeway House, Braintree:-

Mid Essex Hospital Services NHS Trust

Ben Mann, Audiology Manager  
Clare Morris, Director of Burns, Plastics and Regional Specialities

Essex Rivers Health Care NHS Trust

Anne Morris, Divisional Manager  
Anna Biggins, Audiology Services Manager

Daisy Marshall from the Mid Essex Hospital PPI Forum also attended the Scrutiny Hearing with her husband Ian.

Appendix B contains a transcript of the oral evidence that was given at the hearing.

We compiled our Draft Report and Recommendations and circulated this to the NHS bodies for comment on 17<sup>th</sup> May 2006. The comments we received are contained in Appendix C.

At our meeting on 12<sup>th</sup> July 2006, we considered the comments received, and approved the Report (with a minor amendment) and Recommendations for forwarding to the County Council's HOSC.

### **3. INTRODUCTION**

Under the NHS arrangements, the local Primary Care Trusts (PCTs) are responsible for assessing the health needs of their local community and commissioning services from GP practices, hospitals etc.

Insofar as the audiology services for the Braintree District area are concerned, these are commissioned by the Halstead Witham and Braintree PCT from

\* Essex Rivers Healthcare NHS Trust (for patients in Halstead and the northern part of the District) and

\* Mid Essex Hospital Services NHS Trust (for patients in Braintree and Witham and the southern half of the District).

We refer to the two NHS Trusts as Essex Rivers and Mid Essex respectively throughout this report.

Both Trusts joined the MHAS programme, but not in the same wave.

Essex Rivers began providing digital hearing aids in December 2002 whilst Mid Essex commenced in March 2004.

Mid Essex holds its main weekly hearing aid clinics at St. John's Hospital in Chelmsford. Twice monthly afternoon clinics are held at St. Michael's Hospital in Braintree. There is a volunteer group (Hearing Help Essex) (see Section 13) that has a monthly morning drop in session for repairs and advice at St. Michael's day hospital and at The Gables, Braintree.

Essex Rivers holds clinics at Essex County Hospital at Colchester and also provides some audiological services at Halstead Hospital.

#### **4. THE PROCESS FOR APPLYING FOR A DIGITAL HEARING AID**

The process for new patients and existing patients is set out below.

##### **New Patients**

A new patient who is hard of hearing and feels that he/she may need a hearing aid is first required to visit their GP.

If the patient is under 60, the GP will refer the patient to a hospital ear, nose and throat (ENT) clinic, to see an ENT surgeon. The ENT surgeon will examine the patient's ears for obvious signs of damage and disease, and will, if appropriate, ask the audiologist to carry out an assessment for a digital hearing aid.

If the patient is over 60 years of age, the GP may send the patient straight to the Audiology Department at the local hospital to have an assessment for a digital hearing aid. This is called direct referral and it means that a patient does not have to see the ENT surgeon first.

Following the assessment by the Audiology Department, the patient is advised whether the tests indicate if they are suitable for a digital hearing aid.

If so, they are placed on the waiting list.

##### **Existing Patients**

If the patient is an existing analogue NHS hearing aid user, the patient can self refer to the Audiology Department for an assessment to upgrade to a digital hearing aid.

Mid Essex patients are only eligible to go on the waiting list for an upgrade if

their current hearing aid was fitted more than two years ago.

Essex Rivers patients go on the waiting list straightaway. (When Essex Rivers began fitting digital hearing aids in 2002, there was a three year restriction (now expired) that barred existing patients who had recently been fitted with an analogue hearing aid from joining the waiting list).

Following the assessment, the patient is advised whether the tests indicate if they are suitable for a digital hearing aid.

If so, they are placed on the waiting list. As indicated above, Mid Essex patients will only be placed on the waiting list from the date that they have had their current analogue hearing aid for two years.

## **5. ELIGIBILITY AND PRIORITISATION OF PATIENTS**

Any person who has a hearing loss and needs a hearing aid or any person who wants an upgrade from an NHS analogue aid is eligible for a digital hearing aid.

We were advised that both Mid Essex and Essex Rivers each operate a system for giving priority to certain patient categories. There is an element of discretion and account is taken of an individual patient's circumstances, but as a general guideline the following patient categories are likely to be seen as priorities:-

- \* Paediatrics;
- \* War pensioners if the pension was awarded for deafness resulting from service;
- \* Patients that suffer sudden sensory loss;
- \* Patients with terminal illness;
- \* Carers of patients with terminal illness;
- \* Registered blind or partially sighted persons;
- \* Persons with a profound hearing loss;
- \* Persons who are looking to work or need their hearing aid to enable them to work;
- \* Persons who have tinnitus and may need a hearing aid as part of their rehabilitation for that condition.

## **6. HOW PEOPLE WITH HEARING DIFFICULTIES ARE MADE AWARE OF THE PROCESS**

Publicity for the process has been co-ordinated by the RNID through national media campaigns with information being provided to GPs and other healthcare professionals. The RNID provide a range of factsheets about digital hearing aids and how the NHS can help people who are deaf or hard of hearing.

In addition, patients will be aware of the process through contact with their GP or the ENT Department of their local hospital.

Although Mid Essex and Essex Rivers have not performed a formal audit on the awareness of the process, we feel from our investigations that people who are deaf or hard of hearing are reasonably well informed about the procedures.

Indeed, the degree of awareness is reflected in the increased demand for the services of the Audiology Departments and the numbers on the waiting lists.

The RNID also launched earlier this year its 'Breaking the Sound Barrier' campaign aimed at 4 million people in the UK who could benefit from wearing a hearing aid, but currently do nothing about it. RNID offer a five minute telephone hearing check as the first step for people to establish whether they have a hearing loss. Following the check, callers are advised, where appropriate, to see their local GP and ask to be referred to an audiologist.

## **7. PUBLIC PRIVATE PARTNERSHIP (PPP)**

This scheme began in 2003 to increase capacity for fitting NHS digital hearing aids. Almost half of the Audiology Departments in England, including both Mid Essex and Essex Rivers, participated in this scheme to boost their capacity and reduce waiting times. Patients in participating areas are given the option of seeing a private Registered Hearing Aid Dispenser for their NHS hearing aid service. The private dispensers involved received prior training on MHAS protocols so that they fit the same hearing aids in the same way as the local NHS Audiology Department. This service remains free at the point of delivery and the NHS retains clinical responsibility for the patient at all times.

We understand that the national PPP contract finishes in September this year.

## **8. PATIENT NUMBERS, AND NEW DIGITAL HEARING AIDS FITTED.**

The figures quoted below are for the whole of the areas covered by Mid Essex and Essex Rivers and not just the area covered by the Witham Braintree and Halstead Care Trust.

### **Mid Essex**

Total number of existing hearing aid patients prior to March 2004: approx. 11,000

Total number of Digital Hearing Aids fitted to date: 5,500

Consisting of:

New patients having digital hearing aids for the first time 2,640

Existing hearing aid patients whose analogue hearing aids were upgraded to digital 2,860  
5,500

Total number of patients on the current waiting list: 1,364

Consisting of:

New patients waiting to have digital hearing aids for the first time 715

No. of existing patients waiting to have their analogue hearing aids upgraded to digital	<u>649</u>
	<u>1,364</u>

Since March 2004, an average of 871 new patients (those patients without an existing analogue hearing aid and applying for a digital hearing aid for the first time) have joined the waiting list each year.

### **Essex Rivers**

Total number of existing hearing aid patients prior to December 2002:	approx. <u>60,000</u>
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Total number of digital hearing aids fitted to date	<u>8,700</u>
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Consisting of

New patients having digital hearing aids for the first time	estimated at approx. 65%
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Existing hearing aid patients whose analogue hearing aids were upgraded to digital	estimated at approx. 35%
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Total number of patients on the current waiting list	<u>1,481</u>
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New patients waiting to have digital hearing aids for the first time	378
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No. of existing patients waiting to have their analogue hearing aids upgraded to digital	<u>1,103</u>
	<u>1,481</u>

Since December 2002, an average of 1360 new patients (those patients without an existing analogue hearing aid and applying for a digital hearing aid for the first time) have joined the waiting list each year.

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Both Essex Rivers and Mid Essex indicated to us that the age range of people applying for a hearing aid is getting younger – late 50's as opposed to middle 70's. Initiatives such as 'Breaking the Sound Barrier' (see Section 6) encouraged people to get their hearing checked earlier rather than later.

## **9. PATIENT WAITING TIMES**

We are advised that at the present time there are no national targets relating to Audiology Services in respect of patient waiting times. We have been informed that the Department of Health is introducing a target from 2008 (in respect of consultant led services) that no patient should wait more than 18 weeks from GP referral to hospital treatment. However, we understand that the Department of Health is undertaking further consultations as to whether this target will apply to Audiology Services.

The current waiting times for Mid Essex and Essex Rivers are set out below:-

### **Mid Essex**

From application to decision – approx. 8 weeks.

From decision to receipt of digital hearing aid – approx. 7 months.

**Total wait** – **approx. 8 – 9 months.**

### **Essex Rivers**

From application to decision – approx. 9 months.

From decision to receipt of digital hearing aid – approx. 12 months.

**Total wait** – **approx. 2 years.**

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We were advised that the total waiting time for Mid Essex patients had reduced by about 8 weeks compared with the previous year (2005).

The total waiting time for Essex Rivers patients has remained fairly static since 2003 with the exception of the Tendring Primary Care Trust (PCT) area where the wait has been reduced to approximately 14 months. This reduction was achieved through the local PCT funding an additional PPP project to increase capacity by using the services of a private sector dispenser to provide NHS equivalent hearing aid services.

Mid Essex and Essex Rivers advise patients as to the waiting times once they have been assessed as suitable for a hearing aid. Neither Mid Essex or Essex Rivers currently advise patients at the outset as to the likely waiting times at each stage of the process.

We were advised that the most significant factors that determine the length of the waiting time were, firstly, the number of patients and, secondly, the difficulties in the recruitment of specialised audiology staff.

Insofar as recruitment difficulties are concerned, both Mid Essex and Essex Rivers indicated that there were acute problems in recruiting a sufficient number of specialised audiology staff. This reflected the shortage of audiologists nationwide. Although an audiology degree course has been introduced and more qualified audiologists are beginning to enter the profession, audiology services are struggling to keep up with the demand.

We note that of the six written submission that were made to us by interested members of the public, five respondents expressed concern at the length of the waiting times.

We were advised that both Mid Essex and Essex Rivers have Action Plans to reduce waiting times as follows:-

Mid Essex – Audiology staff are working overtime on Saturdays because of the recruitment problems. There are also plans to employ extra Audiology Assistants (to deal with the more routine and none-technical aspects of the assessments and fittings) to work alongside an Audiologist with a view to increasing the throughput of patients.

Essex Rivers – Business plans have been compiled to increase staffing levels as part of a 3 to 5 year strategy. It is also reviewing its Private Finance Initiative project that includes the future development plans for the Audiology and Hearing Therapy Services and which it is hoped will address the current capacity problems. At present, the Audiology Department is looking to use some of the out-reach clinics, including Halstead Hospital, on a more regular basis with a view to increasing room capacity. It is also hoped to increase the number of Audiology Assistants in post to carry out more of the hearing aid repair work to free up time for the Audiologists to concentrate on the patient assessments and fittings.

## **10. FINANCIAL ARRANGEMENTS FOR PROVIDING DIGITAL HEARING AIDS.**

Department of Health funding for the MHAS programme was “ring fenced” with a view to ensuring that resources were provided to cover expenditure on the necessary infrastructure, information technology and staff training.

The precise funding details and scheme conditions differed depending on what wave of the MHAS programme individual Trusts had joined.

We were advised that both Mid Essex and Essex Rivers and the local PCTs that commission audiology services, including the Witham Braintree and Halstead Care Trust, had committed to funding a continuation of the modernised service beyond the expiry of the MHAS funding. However, we were informed that it was not clear at this stage whether or to what extent Mid Essex and Essex Rivers and the local PCTs were prepared to fund any additional capacity initiatives to reduce the waiting lists.

Whilst we are pleased to note that there is a commitment at local level to continue funding of the modernised service the provision of sufficient resources, including the funding of capacity initiatives, is essential if the audiology services at Mid Essex and Essex Rivers are to reduce the patient pathway.

## **11. COMPUTERISED PATIENT MANAGEMENT SYSTEMS.**

We were advised that both Mid Essex and Essex Rivers use a computerised Patient Management System specifically for supporting the administrative processes, analysing patient data, producing reports, updating the waiting lists etc. Although the system had a great deal to commend it, we were informed, nevertheless, that there had been a number of problems in linking it with the local IT equipment and networks, and that some of these snags were still ongoing.

Both the Audiology Managers at Mid Essex and Essex Rivers also felt that they would benefit from further guidance as to how to make the best use of the

system, and would appreciate an input into the way in which the system is developed in the future in order to make it more user friendly.

We were also advised that the Institute of Hearing Research is examining the possibility of developing a future national Audiology System which would enable the electronic transfer of patients digital hearing aid programming data between different hospitals. This is currently not possible with the existing systems when, for instance, an audiology patient moves from one hospital's area to another.

## **12. PATIENT AND PUBLIC INVOLVEMENT (PPI) FORUMS**

PPI Forums were established in December 2003. They are made up of groups of volunteers from the local community who are enthusiastic about helping patients and members of the public influence the way local healthcare is organised and delivered. PPI Forums are fully independent and work with the local NHS Trusts and Primary Care Trusts, Acute Trusts, Mental Health Trusts and Ambulance Trusts. The Forums contact local communities to find out their views on local healthcare and independently monitor the quality of local health services.

The submission made to us by the Mid Essex PPI Forum included some very helpful comments from two Forum members concerning the experience of two patients who had visited the audiology department at St. John's Hospital to have their analogue hearing aids upgraded to digital hearing aids. Concerns were expressed in one case regarding the length of the waiting list although the feedback concerning the quality of the service once the patient was seen had been very positive. The PPI's experience was that the level of hearing improvement and the consequential increase in the quality of life of the two patients who had been fitted with digital hearing aids, had been quite dramatic.

We received comments from the Witham, Braintree and Halstead PPI Forum who indicated to us that from the anecdotal evidence it had received the scheme appeared to work well locally.

## **13. HEARING HELP ESSEX**

This is a registered charity whose aim is to help alleviate the isolation and loneliness that hearing loss can bring, by offering practical help, support and guidance. The charity has a team of trained volunteers who visit clients in their own home or at regular Hearing Help Sessions. The volunteers help users to adjust to wearing a hearing aid and carry out basic maintenance to NHS hearing aids such as cleaning and re-tubing, replacing batteries, and explaining how the controls work. They can also demonstrate and advise on specialist equipment that can improve the quality of life for the hard of hearing.

Hearing Help Essex has a drop in session for repairs and advice on the morning of the third Tuesday in every month at St. Michael's day hospital, Braintree and at The Gables, Braintree in the morning on the first Friday of every month.

The charity advised that the feedback they had received from users of digital

hearing aids was very positive. Most users felt that digital hearing aids were a vast improvement on the old analogue hearing aids.

#### 14. **CONCLUSIONS AND RECOMMENDATIONS**

##### **Conclusions**

There has been substantial progress in modernising the audiology services at both Mid Essex and Essex Rivers and in distributing digital hearing aids to those patients that need them. We would like to record our congratulations to Mid Essex and Essex Rivers for the progress made to date.

However, it is clear that the transition to a modernised service has resulted in a substantial increase in demand. Whilst this is a positive indicator of the success of the MHAS programme, it has put increased pressure on waiting times for audiology services. Furthermore, as the ageing population increases and as the age of people seeking digital hearing aids gets younger, and as more people become aware that the NHS provides digital hearing aids that work well and boost the quality of life, it seems inevitable that the demand will increase. It is not clear as to the extent to which the patients on the current waiting lists are just the tip of the iceberg. The Medical Research Council indicates that there are over 4 million people who could benefit from a digital hearing aid, but do not currently have one.

Waiting times for patients differ considerably between Mid Essex (approx. 8 to 9 months) and Essex Rivers (approx. 2 years) although Essex Rivers has a considerable higher patient base.

Both Essex Rivers and Mid Essex are taking steps to reduce patient waiting times and the impact of such measures needs to be kept under review. We would like to see Essex Rivers and Mid Essex each set themselves a specific target to reduce waiting times.

It follows that sufficient resources must be made available to the Audiology Departments at Mid Essex and Essex Rivers in order to reduce the patient pathway.

We would like to see patients informed at the outset as to the current waiting times for each stage of the process, and updated if waiting times substantially increase.

From the evidence submitted to us, it appears that the process for applying for a digital hearing aid is reasonably well known.

Anecdotal evidence indicates that patients fitted with a digital hearing aid are generally very positive about the substantial improvement to their level of hearing and the consequential boost that this has brought to their quality of life.

Given the current recruitment difficulties we would like to see the audiology profession promoted at a national and local level as a worthwhile career to pursue within the NHS.

In view of the current capacity problems in the audiology service, there should be some flexibility within the training process to enable further education/degree courses in audiology to be undertaken through part time, distance and modular learning.

### **Recommendations**

We recommend to the County Council's HOSC as follows:-

**1.** Patients should be advised at the outset of the current waiting times for each stage of the process for applying for a digital hearing aid.

If, subsequently, the waiting times increase significantly patients should be advised of the revised waiting times;

**2.** Given that the recruitment of audiology staff is one of the major difficulties facing Audiology Departments in achieving the 'Modernising Hearing Aids Service' programme, the further use of locum staff and private sector providers should be considered if pressures on the waiting list increase;

**3.** As part of the Action Plan for increasing capacity and reducing waiting times, the respective NHS Trusts should set down a specific target to reduce waiting times significantly before 2010.

The target should be adjusted as necessary if, in future, national standards in waiting times for hearing aid services are laid down by the Department of Health;

**4.** The resources allocated to the Audiology Departments at the respective Trusts should be kept under close review to ensure that those departments are properly resourced to provide a high quality service to patients;

**5.** Given the continual advances in technology, the positive feedback received from patients on the improvement in quality of life and the likely increase in demand, we would like to see service models and clinic management regularly reviewed to see if there are smarter ways of getting things done, whilst continuing to ensure that the patient remains at the centre of the service;

**6.** The audiology profession should be promoted at a national and local level as a worthwhile career to pursue within the NHS with a view to helping to address current recruitment difficulties. We welcome the profession being degree based as a positive step, but in view of the capacity problems in the service there should be flexibility in the training and education process to include part time, distance and modular learning;

**7.** Whilst we note that the RNID and the Institute of Hearing Research are looking to the future development of a national computerised Audiology system, the technical difficulties and training issues identified with the existing computerised Patient Management System used by the respective Trusts need to be addressed to ensure that audiology staff are in a position to make the best use of the current system and that they have an input into its development.

Finally, we would like to record our thanks to all those individuals and the NHS bodies who have contributed to this review and for the written and oral evidence that has been submitted to us by witnesses.

**The Scrutiny Panel**

J. E. B. Gyford (Chair)

B. T. Broyd

Mrs. H. W. Catley

J. C. Collar

N. D. C. Edey

B. J. Gaught

M. J. Banthorpe (Vice Chair)

D. Mann

D. E. A. Rice

A. F. Shelton

R. A. G. Tincknell

Ms. L. R. Watson

Councillor D. Finch was also a member of the Scrutiny Panel at the time of the Hearing on 12<sup>th</sup> April 2006.

15. **APPENDICES (NOT ATTACHED)**

**Appendix A** – Written Submissions from potential witnesses.

**Appendix B** – Transcript of oral evidence given at Scrutiny Hearing held on 12<sup>th</sup> April 2006.

**Appendix C** – Comments of NHS Bodies on the Panel's Draft Report and Recommendations.

**APPENDIX A**

**WRITTEN SUBMISSIONS FROM POTENTIAL WITNESSES**

**APPENDIX B**

**TRANSCRIPT OF ORAL EVIDENCE GIVEN AT SCRUTINY HEARING  
HELD ON 12<sup>TH</sup> APRIL 2006.**

**APPENDIX C**

**COMMENTS OF NHS BODIES ON THE PANEL'S DRAFT REPORT AND  
RECOMMENDATIONS.**