Written evidence submitted by Action on Hearing Loss (CSR0070)

Summary

- The distribution of health and social care funding across the spending review period is encouraging short term cuts to treatments and services in an attempt to meet targets. These are being made without proper evidence reviews or consultation processes, leading to inefficiencies, increased long term costs and major variations in care. A significant consequence of this pressure is cuts to the provision of hearing aids, despite their proven cost effectiveness and their status as the only health intervention for mild to moderate hearing loss. Government spending should support the health and social care systems to maximise the quality and cost-efficiency of care in a long-term, sustainable way.

- The comprehensive spending review increases the risk of significant social care needs not being met, including eliminating vital specialist support services from areas of the country. The government must consider the safety and wellbeing of those with complex needs when implementing funding plans outlined in the review.

- Action on Hearing Loss supports the evidence and recommendations made by the Care and Support Alliance, including calling for a more sustainable funding system and an investment in integration.

1. Background

1.1 Action on Hearing Loss is the largest UK charity representing people with hearing loss. We help people confronting deafness, tinnitus and hearing loss to live the life they choose. We enable them to take control of their lives and remove the barriers in their way. We provide information, advice and support for people with hearing loss, we campaign for equality and better services, we provide services for people with varying levels of need, and we support research efforts to find new treatments and improve the management of hearing loss.

1.2 Hearing loss is a long term condition which affects more than eleven million people in the UK, about 1 in 6 of the population. The prevalence of hearing loss increases with age. Over 71.1% of over 70 year olds have some form of hearing loss. With the ageing population, the number of people with hearing loss is set to grow in the years to come. By 2035, there will be approximately 15.6 million people with hearing loss in UK - that's a fifth of the population\(^1\).

1.3 Action on Hearing Loss welcomes the opportunity to submit evidence to the Health Select Committee inquiry into the impact of the Comprehensive Spending Review on health and social care. Our response will focus on key impacts for people with hearing loss, which can act as case studies for wider investigations of issues that have arisen.

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2. **Inefficient approaches to achieving efficiency savings and managing deficits**

2.1 The pressure on CCGs and providers to commission and run services for an increasingly elderly population, on tighter budgets, is causing difficulties for the health and social care system. The budgets and targets imposed have necessitated short term ‘quick fix’ actions that pose serious risks to those needing support and lead to long term inefficiencies and variations in the availability and quality of care.

2.2 One example of this is the increase, over the last 18 months, of CCGs proposing cuts to some mainstream services and treatments that are low cost, highly effective interventions. This includes the provision of hearing aids that have been freely available on the NHS since 1948. The reason most commonly cited is a need to reduce deficits, and consultations propose decommissioning services completely or introducing criteria that reduce accessibility. Mid Essex CCG, for example, is currently consulting on cutting four areas of care, and along with South Norfolk CCG, has included hearing aid provision on the list for consideration.

2.3 Evidence clearly demonstrates that cutting effective treatments, particularly low cost interventions, is not an effective way to manage deficits. Preventing people from accessing services and treatments at an early stage results in greater financial burdens being placed on the health and social care system, when unaddressed conditions, or other conditions resulting from them, need more expensive or prolonged treatments and support. In the case of hearing aids, they are the only viable treatment option for mild to moderate hearing loss and there is good evidence of the positive impacts of hearing aids on communication, quality of life, health outcomes, and their cost effectiveness when provided on the NHS. Studies have shown that not addressing hearing loss leads to increased costs to health and social care over the long term, and evidence demonstrates the impacts of hearing loss on communication and quality of life, and the risk of developing other conditions, such as depression and dementia, if it is left unaddressed.

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3 The Action on Hearing Loss website outlines the CCGs Action on Hearing Loss is aware of that have proposed cuts to hearing aid provision: http://www.actiononhearingloss.org.uk/hearingaidcuts.aspx


2.4 Removing hearing aids would also have financial consequences for other parts of government, particularly if people are forced to leave the employment market. It has been estimated that lower employment rates amongst people with hearing loss cost the UK economy almost £25bn per annum in terms of lost output\(^1\). It would be counterproductive if the significant investment being made by the Department of Health and the Department for Work and Pensions in the Work and Health Programme is being undermined by the commissioning decisions made by CCGs for short term savings.

2.5 In the majority of cases concerning hearing aids, CCGs have looked at the strength of the evidence and opposition and chosen not to follow through with decisions to cut the service, which means that often the result is just extensive time and resource wasted on a consultation process.

2.6 North Staffordshire CCG, however, took an unprecedented decision to follow through on their proposals and in October 2015 they became the first area of the country not to provide hearing aids to everyone who needs them on the NHS since their introduction in 1948. The impact of the CCG managing its deficits in this way is thought to affect nearly 40,000 people in the local area, and over 6000 local people signed a petition against the cuts, along with extensive evidence and engagement from professional organisations and patient groups, such as Action on Hearing Loss. In this case, because of a need to reduce costs in the short term, the CCG pushed...

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through a restriction that would have major long term impacts on the local population without a proper evidence review or a full consultation.

2.7 As a result of budget cuts, providers have also been making cuts to services that seriously impair the quality of care and the cost effectiveness of investing in the intervention. Action on Hearing Loss research\(^{12}\) found that 30% of NHS audiology providers have had their budgets reduced in real terms in the last two years, and the effects of this include increased waiting times, shorter appointments, fewer follow up appointments and, worryingly, examples of only one hearing aid being prescribed in situations where bilateral fitting is clinically appropriate. Evidence clearly demonstrates that hearing aids are most effective when fitted bilaterally\(^{13}\), and are low cost effective solutions when there is adequate follow up and support\(^{14}\). Reducing the quality of the treatment pathway undermines the effectiveness of treatments and, as a result, their cost effectiveness.

2.8 These cuts at a commissioner and provider level are inefficient, damaging and illogical. The government must give adequate financial support to NHS England, Local Authorities and wider health and social care organisations to create a high quality system that meets people’s needs and is cost efficient. This cannot happen without more sustained investment to maintain services, innovate and encourage the adoption of best practice.

3. Implications of social care funding on the quality and access to services

3.1 The social care funding gap that will continue to prevail over this spending review period will mean there are still cuts to services and stricter eligibility criteria for people needing support.

3.2 Providers are struggling to make services viable. An overview of adult social care in England, produced by the National Audit Office\(^ {15}\), outlines the challenges of the social care market. Prices that local authorities pay have not kept up with providers’ cost inflation, and nearly 50 per cent of local authority directors of adult social care said that providers in their areas are facing financial difficulties\(^ {16}\). Some providers


have reported problems meeting all but users’ basic needs and investing in staff skills and training at the basic rates paid by local authorities. Our World of Silence research\textsuperscript{17} suggests that hearing loss is already seen as less important compared to other issues such as sight loss, pain and safeguarding. The settlement outlined in the spending review may make it even more difficult for the care market to meet to the communication needs of people with hearing loss.

3.3 There is also the concern that the shortfall in funding will make it more difficult for local authorities to commission specialist services for people who are Deaf with additional needs. Action on Hearing Loss is aware of increasing moves by local authorities to reduce the number of social care contracts they hold and as result some are no longer commissioning specialist services, which will leave people without the vital care and support they need. People who are Deaf with additional needs such as mental health problems and physical or learning disabilities may require specialist care that respects the unique language and culture of people who are Deaf. People who are Deaf may use (BSL) as their first or preferred language and may identify as part of the Deaf community. It is essential that local authorities commission specialist services that meet the unique care needs of Deaf people.

25 January 2016